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Abstracts of theses 1920-1966

Smith College. School for Social Work
Smith College

ABSTRACTS OF THESES

Abstracts of all the theses submitted to the Smith College Schoo for Social Work will be published in the *Smith College Studies i Social Work*. The requirement of a thesis for the degree of Maste of Social Science was first made in 1920, and to date something ove three hundred theses have been submitted. The abstracts of thes theses will appear in the first few numbers of the Studies, followin the classification set forth below, which is intended merely to assis the reader and should not be considered as rigid.

In this number are published the abstracts of theses dealing wi mental disease and deficiency. At the beginning of each abstrac appears the name of the student, the institution at which she di her field work, the year of her graduation from the School for Soci Work, and the title of her thesis. Each abstract contains a statemen of the number of cases studied and of the method by which they we selected, in so far as it was possible to ascertain these facts.

The following is the classification of titles which will appear this or in subsequent issues:

I. Mental Disease and Mental Deficiency
   - A. Types of mental diseases
   - B. Social origins of mental disease.
   - C. Follow-up studies
   - D. Effects on the families of patients
   - E. Legislation
   - F. Social work practices in dealing with the mentally di eased or defective

II. Physical Diseases and Defects
III. The Practice of Social Work
IV. Behavior Problems of Children; Juvenile Delinquents
V. The Family
   - A. Emotional relationships within the family
   - B. Effect of the attitudes of various members of the fami on the child
   - C. Broken homes; illegitimacy
   - D. Foster and step-children; children in institutions
   - E. Ordinal position, sex, and intelligence of children with a family

VI. The School
VII. Recreation
VIII. Foreign Groups and Their Attitudes
IX. Economic and Social Conditions

H. L. W.

A. Types of Mental Disease or Deficiency

Dementia Præcox

im, Rosemary (Worcester, Mass., State Hospital, 1928). A Study of the Social Factors in the Cases of Thirty-five Catatonic Dementia Præcox Patients.

Material for this study was found in the Hospital Social Service records, plemented, in the cases of ten patients, by intensive work on the part of the ter.

was found that the onset of the disease in those patients having desirable grounds, favorable social and home relationships, and out-going personalities sudden and severe, preceded by a shock which acted as a precipitating or. In others the psychosis developed gradually, no marked precipitating or being present.

ifty per cent of the first group recovered well, as contrasted with fourteen ent of the latter group.

Three case histories are given in detail.

nker, Dorothy (Boston State Hospital, 1921). A Study of Thirty-ive Ex-service Men Treated at the Boston State Hospital.

All cases in the Hospital between January and June, 1921, that were diag- ed as having dementia praecox or manic depressive psychoses were studied n attempt to discover the relation between the disease and their war services, question of compensation depending on that relationship.

apman, Margaret (Michigan State Psychopathic Hospital, 1921). A Social Study of the Dementia Præcox Cases of Washtenaw County Discharged from the Michigan State Psychopathic Hospital over a Period of Fifteen Years.

Of the fifty cases selected for study, the histories of the sixteen who were ng outside the institution, and of nine others committed to the institution, discussed under the following headings: history before illness, length of illness, k, recreation, and economic status after illness. Few conclusions are drawn.

bson, Gladys (Boston State Hospital, 1928). A Study of the Per- onality Traits and Social Background Factors of Thirty Dementia Præcox Patients Admitted to the Boston State Hospital in 1925.

A study of thirty patients transferred from the Boston Psychopathic to Boston State Hospital in whose cases the diagnosis of dementia praecox was agreed upon by both hospitals.

Their personality showed a complicated mixture of schizoid and cyclothymic traits with a high degree of maladaptability in emotional, social, and occupational spheres. Their social background seemed fairly normal and could not account for their breakdown. Precipitating environmental situations were unknown in 65 per cent of the cases; but in 70 per cent of those whose personality was considered normal such a factor was known.

One case in given in detail.

Kempton, Edith (Worcester, Mass., State Hospital, 1930). A Comparison of the Social Adjustment of the Catatonic Before and After His Episode.

This study, based on 40 cases, represents an attempt to discover whether social maladjustment is an important element in catatonia and what the psychiatric social worker may be expected to contribute to the situation. Most of the discussion centers around a group of 20 that had been out of the Hospital from four to seven years, and with whom intensive psychotherapy or social service had been used.

In this latter group it was found that two had regressed to a childhood level of adjustment, three were living vegetatively happy lives, and that the rest were adjusting on the same or a higher level than before the onset of the psychosis.

The rôle of the psychiatric social worker in effecting such adjustments is discussed.

Kilpatrick, Mary (Boston State Hospital, 1922). A Study of Personality and Onset in Forty Cases of Dementia Præcox.

Twenty-six cases were studied through hospital records, and fourteen, selected at random, through home interviews. A history of personality traits before the onset of the disease showed a large proportion classified as "sensitive," "high-strung." Most of them were rated high on emotional and low on social qualities.

Wilson, Anne (Manhattan, N.Y., State Hospital, 1923). Four Dementia Præcox Patients with Criminal Records.

Four detailed case studies. In all cases several crimes preceded the recognition of the psychosis. Hereditary findings were negative. Fathers were all autocratic; there was little supervision of the patients as children; physical conditions of the homes were poor. In personality traits, all were sensitive as children, but the basis for inferiority was obvious. All were excessively alcoholic, given to truancy, and illicit sex conduct.

Manic-depressive

Arrington, Winifred W. (Boston State Hospital, 1921). Study of 347 Cases of Manic-depressive Psychoses at the Boston State Hospital

Between 1907 and 1916, 347 persons at the Hospital were diagnosed as manic-depressive, excluding those who died and those transferred to other institutions. In 1920, three hundred were outside the hospital jurisdiction. Questionnaires, sent to the relatives of these persons, were answered by sixty, on whom this study mainly deals, though the hospital records of all 347 were analyzed.

There were twice as many women as men. Duration of first attack averaged seven months; recurrent attacks, twelve months. Average interval between attacks, 3.4 years. Age at onset, 24-44, with the peak at 39.

Of those sixty for whom questionnaires were returned, eight had died and nine were in mental hospitals, while forty showed no symptom of the disease and the rest showed mild symptoms.

Goodrich, Helen (Boston State Hospital, 1926). Social Problems Relating to Manic-depressive Psychoses.

A study of the fifty-two women diagnosed manic-depressive and admitted during 1924 and 1925. The possibility of suicide, economic stress—due to inability to continue work, to extravagance and destructiveness of the manic state—maladjustment in the home situation, and the creation of public nuisances makes the manic-depressive patient a social problem. Two case studies show the complications that may result.

Petersen, Hilma (Danvers, Mass., State Hospital, 1930). A Study of Thirty-six Manic-depressive Cases in Whom the Economic Factor Appeared to Have a Bearing on the Psychosis.

Of the 84 cases diagnosed manic-depressive at the Hospital between June, 1929, and May, 1930, there were 36 in whom the economic factor seemed to be the cause of the psychosis. The heredity, life history, and personality of these patients were compared with those of the remaining 48.

Two-thirds of the "economic" group showed a positive heredity, a considerably larger proportion than was found in the "non-economic" group. Economic pressure, however, appeared to be an aggravating causal factor and, in some cases, the precipitating factor in the psychosis.

The two groups are compared statistically for various traits and brief case studies are given of all the "economic" group.

Robbins, Arlene (Danvers, Mass., State Hospital, 1930). A Study of Twenty-eight Manic-depressive Cases Showing Suicidal Threats or Acts.

The cases in this study were selected from the same group of 84 as those studied by Petersen and included all those persons who attempted suicide. This group was contrasted with the remaining 56 who did not attempt suicide.

More of the suicidal group were found to have a positive heredity and more were under great emotional and environmental strain. Fewer precipitating causes of the psychoses were known in the suicidal group and what causes were known

seemed of a less intense character. The suicidal group thus appeared to be mo generally unstable.

Brief case studies of all the suicidal patients are included.

Rodee, Evelyn (Danvers, Mass., State Hospital, 1929). A Stud of the Social Aspects in the Recurrences of Fifty Depressive P tients.

Fifty patients suffering from manic-depressive psychoses who were return to the Hospital between January 1, 1927, and January 1, 1929, were studi to see whether there were social factors that might help to account for th recurrence of the disease.

There was some evidence of fewer recurrences in those patients who cam from homes in which both parents were living and in which the other membe of the family were quite stable emotionally. These patients were better adjust to their homes and to their work than were the others. Two-thirds of th group having fewest recurrences showed a definite environmental precipitat cause for the attacks, while but one-half of those with more recurrences show such causes.

Trump, Elizabeth V. (Foxboro, Mass., State Hospital, 1922). Thi Cases of Manic-Depressive Psychosis: a Study of the Social Situ tions Discovered at the Onset of the Attacks.

Three studies illustrate types commonly found in state hospitals: a middl aged person whose own interests are accomplishing the cure; one with who the difficulty lies in a present situation and who must have the aid of a psy chiatrist; one needing long-time supervision in whom the problem is soci social in nature.

Other Psychoses and Neuroses

Ehlert, Ethel (Foxboro, Mass., State Hospital, 1927). A Study the Records of Forty-three Male Alcoholic Patients Admitted a State Hospital During a Five Year Period.

A study of all the male alcoholic patients (43) in the hospital January 1927, or on visit during the years 1922-1927.

The percent of admissions showing alcoholic psychoses fell in 1921 compared with the 1915-1920 period), rose in 1923 and 1924, and declin slightly after that.

Thirty-three patients showed purely alcoholic psychoses while in ten ca alcoholism complicated other psychoses. In the first group 75% were "solitar drinkers, and one-half had "unsatisfactory" sex lives. Very few had unde able personality traits. In the other group 70% drank in crowds but in oth respects the groups were much alike. Findings for family backgrounds an environmental factors were largely negative, and it is concluded that the caus factors lie more in the make-up of the individual than in his environment.

urich, Lorraine (Worcester, Mass., State Hospital, 1930). A tudy of the Various Types of Psychoses Associated with Pregnancy.

he study deals with thirty married women patients known to the Hospital 929-1930 who had suffered from post-partum psychoses. Eighteen had rned to their own homes. The twelve still in the Hospital were chosen on asis of their ability to cooperate in the study. Material was secured from ase records and from personal interviews with the patients.

ine women had had previous psychotic attacks, in seven of whom the at- were also associated with child-birth. The psychoses were of the types iently found in hospitals (16 dementia-praecox, 6 manic-depressive, and est largely organic psychoses) and there was nothing sufficiently distinctive ifferentiate them from psychoses occurring at any other period in life.

he physical complications incidental to pregnancy were rarely precipitating rs. In those cases in which sexual relationships were satisfactory, pregnancy hild-birth were less frequently important as possible contributory factors in sychosis than was the case with other patients. Following the removal of train a great improvement was noticeable in all patients.

orne, Beth (Boston State Hospital, 1928). The Relation Beween the Personality and the Environmental Factors in Ninety-hree Cases of Involution Melancholia.

inety-three cases studied by Dr. J. O. May in forming his hypothesis that lution melancholia is a clinical entity with the climacterium as an etiological r. 25 men and 70 women.

0% of the men and 35% of the women were single. All the married men ll but 16% of the married women had children. The first child was born e women between 30-35 in 44% of the cases. Since they were almost ly of skilled or unskilled worker status, this seems unusually late.

% of women had the onset of the psychosis between 40-49; 60% of men, een 50-59.

% of the women reported difficulty at menopause.

% showed deviations from normal personality before the psychosis set in, ven among the normal there was a tendency to sensitiveness and worry.

he study did not bear out the theory that involution melancholia is due to l maladjustment.

s, Margaret (Connecticut Society for Mental Hygiene, 1927). he Anxiety Neuroses of Fifty Women Patients, and the Influence f the Mother's Neurosis on the Behavior Problems of Her Chilren.

ne-half the cases studied were private patients and the other half came the psychiatric clinic of the Connecticut Society for Mental Hygiene. tion was made on the basis of completeness of records, women with marked

physical or mental disabilities being excluded. Modal age, 30-40; all but nine were married. Clinic patients were largely of foreign extraction, marginal economic status, and had an average of two children. Private patients were American, of comfortable status, with one child, none of them having more than two.

84% were dissatisfied, largely on economic grounds and because of heavy responsibilities; 58% were emotionally retarded, due largely to the attitude of their parents or to sex traumas; 78% lacked affection for their husbands. Only 20% had physically normal intercourse with their husbands, and none secured satisfaction.

10% of the clinic and 46% of the private patients whose progress was known showed marked improvement under psychotherapy.

Eight case studies.

About half the mothers in both groups had "problem" children.

Mitchell, Betsey (Boston Psychopathic Hospital, 1921). Social Work with Traumatic Neuroses.

A description of the disease, a history of its legal implications, and a discussion of fourteen cases. Linked up as it is with the question of malingering, especially in industrial accident claims, the question of diagnosis is of real importance. The social worker can help in assembling the facts and in treatment.

Brown, Katherine (Boston Psychopathic Hospital, 1922). Possibilities of Social Work with Constitutional Psychopathic Inferior Patients.

The value of records in diagnosing, treating, and supervising such patients is discussed, and five case studies are given as illustrations.

Crounse, Dorothy (Manhattan, N.Y., State Hospital, 1922). Life Reaction Disorders of Psychopathic Personalities.

Three case studies showing the reactions of psychopaths with dull-normal intelligence. All showed a family history of emotional instability.

Olson, Elma Marie (Manhattan, N.Y., State Hospital, 1923). A Study of the Emotions in Psychopathic Personalities, Based on the Pressey X-O Tests.

Twenty-four patients of psychopathic personality, but having no psychosis, were studied by means of Pressy X-O tests; twelve men, twelve women. Age range, 16-37; average 26. Mental age, 14-16.

Results obtainied were compared with a tentative norm based on 114 college students. The norm was most nearly approached in anxiety tendency and departed from in richness of emotional association. In total affectivity the women were nearer the norm than the men. Men showed greatest affective response to the fear of hypochondriacal words and women to suspicion and hypochondriacal words. Five case studies show that the emotional score on the test compares favorably with emotional make-up revealed in the history.

Farrill, Hilda (Foxboro, Mass., State Hospital, 1927). A Study of the Conduct Disorders of Thirty Psychopathic Personalities.

All the psychopathic personality cases (30) in the Hospital between 1914 and 1927 were studied. One-third of the group had no custodial care until after thirty. Half had I.Q.'s above 80; half below that point. Seventeen were married, nine separated and divorced, and four unhappy in their marriages. Twenty presented sexual irregularities; fifteen had been arrested for various offenses; and all showed conduct disorders of some type.

Davis, Marian (Worcester, Mass., State Hospital, 1929). A Study of Twenty-three Psychoneurotics Admitted to the Worcester State Hospital.

An analysis of the case records of the twenty-three psychoneurotic patients admitted to the Hospital between 1926 and 1929. Nine were between 20 and 30 years old; the rest were older. There was a large proportion of typical, borderline cases.

Two-thirds showed postive family histories of personality disorders but there were few psychoses among their relatives. 43% were above the average of the population in intelligence. Home situations and sex life seemed to be causal factors while physical defects played a minor rôle. Thirteen out of the twenty-three were responding well to hospital treatment.

Griffin, Edith (Michael Reese Dispensary, Chicago, 1930). The Neurotic Child: a Study of Fifty Children Manifesting Functional Nervous Disorders.

50 cases of children diagnosed as psycho-neurotic, emotionally unstable, emotionally infantile, or having marked feelings of inferiority were selected at random from the clinic files. Ages ranged from four to sixteen.

The group as a whole was found to be extremely restless and excitable, oversensitive and irritable, showing personality rather than anti-social behavior problems. The mothers of 67% of the children were also neurotic; the parents of half showed marked marital discord; discipline was faulty in 70% of the cases, and the parent-child relationship unwholesome in 75%.

The children themselves showed an undue proportion of external defects which marked them as conspicuous in the group, and they had had numerous debilitating diseases. The emotionally unstable group was differentiated from the marked by inferiority feelings in that it showed more problems of an anti-social type and that its difficulties seemed traceable to environmental rather than physical causes. The psychoneurotic group had few physical disabilities and a preponderance of neurotic mothers. The problems of the emotionally infantile group also largely traceable to the mothers' attitudes.

Other Diseases or Defects

Crawford, Helen C. (Barnes Hospital, St. Louis, 1924). The Paretic and His Home: a Study of Seven Cases from the Tryparsamide Clinic of Barnes Hospital, St. Louis.

An intensive study of seven paretic male patients given tryparsamide therap at the Barnes Hospital, St. Louis; to determine their adjustment in their hom during treatment. A clearing of the mental processes was found in some, whi in others the progress of the deterioration was arrested.

Moffit, Margaret (Boston State Hospital, 1920). Social Problem Relating to Neurosyphilis.

Sixty cases of neurosyphilis were chosen at random. The character chang accompanying the disease creates special problems for the individual and hi family. The social worker is useful in supervising the treatment of the disea and in aiding in adjustment.

Howgate, Mary (Boston Psychopathic and Munson State Hospitals 1921). The Epileptic in Industry, a Study of the Industrial His tory of Twenty-eight Male Epileptics.

A description of the jobs held by epileptics before they became patient in the hospital. The need of training them in occupations suited to their disea and their capacities is discussed.

Killam, Mary W. (Worcester, Mass., State Hospital, 1927). Som Aspects of the Relations between Crime and Psychiatry.

All known court cases sent to the Hospital from 1881 to 1926 (108; 78 me and 30 women) were studied to learn the disposition of cases by the Hospita and to gain a picture of the type needing long institutional treatment.

In the crimes which were committed those against "decency and good orde were most frequent (42) and those against persons (27) and property (26) nex Psychiatric diagnosis showed 26 without psychosis and three "defective de linquents." There was no correlation between the seriousness of the crime an the type of psychosis.

By 1927, 43 had been discharged from the hospital or some other institution

Detailed discussion of many cases leads to the conclusion that individualiza tion in investigation, diagnosis, and treatment is necessary.

Winslow, Dorothy (Boston State Hospital, 1926). A Study of Fift Boston State Hospital Patients Charged with or Convicted o Crime.

A study of all the cases of this type that were referred to Social Servic Department of the Hospital during 1924-26. Most frequent offense was drunk enness (22); then larceny (16), and assault and battery (10). These patient were found to be similar in psychosis, personal factors and background to th other patients at the hospital, their crimes being largely chance events, not reall distinguishing them from others of their type.

Six case studies illustrate the different crimes they committed.

Dinsmore, Kate (Dallas, Texas, Child Guidance Clinic, 1924). A Study of Personality Differences in 150 Mentally Defective Chil dren.

All the cases (150) of borderline or moron intelligence referred to the Clinic ween February, 1923, and June, 1924, were studied. They made up 27.5% the total referrals. 50% were of borderline intelligence; 33% were high-grade ons.

Analysis of the cases followed an outline suggested by Dr. Howard Potter the analysis of personality traits. Illustrative cases are given.

ompson, M. Louise (Foxboro, Mass., State Hospital, 1929). Types of Emotional Difficulty in Children and Their Treatment as Observed in Forty Cases at the Brockton Neuropsychiatric Clinic.

Forty cases selected by the Director of the Clinic to illustrate types of children ing there as patients: 28 boys, 12 girls, 60% being between 8 to 11 years 30% had I.Q.'s above 110; 20% were under 80 in intelligence.

ases were grouped into five types recognized by the psychiatrist in charge asic to their difficulties: inherent mental handicaps—22.5%; inherent physical icap—25%; psychic trauma within the home—35%; psychic trauma from environment—10%; combinations of these—7.5%.

ase histories of children representing each type are given, and certain facts the others are discussed. The case of a child who was successfully psycho- zed is included.

B. Social Origins of Mental Diseases

ckett, Helen May (Worcester, Mass., State Hospital, 1929). Re- igious Elements in the Psychosis as Related to the Social Back- ground and Religious Training of Twenty-nine Women Patients.

All the psychotic women (29) entering the Hospital in February and between ch 20—April 19, 1929, were interviewed on the subject of their attitude rd religion and their religious training. This material was supplemented the case histories.

Twenty had some religious element in their psychosis. Comparison of these the nine who had no religious element in the psychosis showed no relation- between this concern and age, education, economic status, and church mbership. All cases of involution melancholia and dementia praecox showed gious concern. Single women, those having strict religious training in child- those attending church regularly, and those believing in a God of anger voritism were more apt than others to have a religious element in their chosis.

The form this religious element took seemed to depend on the type of psy- and the character of the patient. Religious training seemed rather to dy color than to cause the psychosis. Numerous illustrative cases scattered ugh the text suggest that the church might profit by a knowledge of iatry.

Crutcher, Hester B. (St. Louis and Dallas Child Guidance Clinic, 1923). A Study of the Environment of One Hundred Psychopathic Personalities.

The cases of 27 girls and 73 boys diagnosed as being of psychopathic personality were studied. Age range, 4-18, with mode between 11 and 14.

Two-thirds showed no mental disturbances among parents or siblings. One-half came from homes characterized as quarrelsome; one-fourth had siblings who were delinquent. Only one-fourth lived in unbroken homes. These and other statistics suggest that environment is more important than heredity in the production of a psychopathic personality.

Two case studies.

Gorovitz, Martha (Boston Psychopathic Hospital, 1927). A Study of the Influence of Environment and Social Factors in Psychoneurosis.

A study of all the cases (71) known to the Social Service Department, 1922-1926; 26 men, 45 women. 32 were foreign born, and all but four of the others had foreign born parents. These facts of change of country or conflict between the generations due to the change are shown to be factors in the maladjustment process.

The Jewish (25) and non-Jewish (46) patients were then compared, and the conclusion drawn that Jews perhaps succumb to less intense situations than do non-Jews.

Illustrative cases throughout.

Hegner, Nancy (Public Health Service, American Red Cross, Cincinnati, 1921). Environment as an Etiological Factor in Psychoneurosis.

A study of 26 ex-service cases diagnosed as suffering from psychoneurosis. Causative factors and the effect of treatment carried on by a psychiatric social worker are discussed.

Henderson, Bernice (Boston Psychopathic Hospital, 1922). Environmental Factors in the Cases of Adolescent Girls Studied at the Boston Psychopathic Hospital.

Case studies of seven representative adolescent girls sent to the Hospital for observation: an analysis of the factors in their home backgrounds that might account for their condition and a description of the treatment for a year following discharge from the Hospital. Poor discipline and lack of suitable recreational facilities figured in all the cases, and all showed psychologically inadequate home backgrounds.

Johnston, Nancy (Foxboro, Mass., State Hospital, 1923). Juvenile Manifestations of Subsequent Mental Disease.

114 out of 869 hospital patients showed symptoms of mental disease in childhood. Twenty-five were chosen for intensive study. Their case records were supplemented by personal interviews with their relatives.

School difficulties (53) was the most frequent symptom, followed by seclusiveness (38) and economic inefficiency (32). Truancy, sex delinquency and stealing occurred seldom. Only nine showed court records. Forty-three cases showed mental disease or alcoholism in their family.

Twenty-five brief cases.

Krichesky, Frederika (Foxboro, Mass., State Hospital, 1928). A Study of the Social Situations of Thirteen Families in Which Two or More Siblings Were Patients in a State Hospital.

All of the cases of this type (28 cases; 13 families) in the Hospital during the past ten years were studied. The incidence of mental disease in siblings, parents, uncles, aunts, and grandparents is shown on charts. Only one parent was psychotic, but there were five families with some history of mental disease. The psychoses of siblings tended to be similar—nine out of thirteen falling within the same classification. Age at onset tended to be similar within a family. All but two families were characterized by definite social tension.

Histories of all cases are included.

McCreery, Mary Agnes (Danvers, Mass., State Hospital, 1929). A Study of the Early Life of Nine Patients with Manic-depressive Psychoses.

In February, 1929, there were 32 patients in the Hospital diagnosed as manic-depressive and under 40 years of age. In 17 cases the diagnosis was later changed. Of the other 15 only nine had reliable sources of information in regard to their childhood. These formed the basis for this study.

The cases were analyzed for physical and environmental factors in childhood that might have contributed to the disease. In four cases the disease seemed due to a combination of defective constitutional equipment and a bad environment. Two others showed questionable inheritance and poor environment, the latter being most defective in habit training and education to responsibilities. In the other three cases there was nothing in the history to indicate either constitutional endowment or environment, but the patients were all differentiated from their siblings by some specially unfavorable elements.

Nine cases are given in outline form.

Morrow, Louise (Worcester, Mass., State Hospital, 1928). A Study of the Early Home Situations of Fifty Patients Admitted to the Worcester State Hospital.

The histories of fifty psychotic patients are compared with those of fifty non-psychotic individuals.

The groups differed in economic status (twenty-two psychotic and eight non-psychotic being dependent) and education (fourteen psychotic as compared with

two non-psychotic being illiterate). A comparison by personality traits show the psychotic patients much higher in those traits making for social maladjustment. (Grouping the traits another way, the psychotic patients greatly exceed the non-psychotic persons in passivety and withdrawal and were exceeded by them in "excessive consciousness of self" and aggression.)

Definitely more of the psychotic patients had alcoholic, delinquent, mentally abnormal parents, were markedly devoted to one or both parents, and were the favorite children, while the groups did not differ in the matter of broken homes, type of discipline, or ordinal position.

Six case studies of psychotic patients.

Perry, Clara Elizabeth (Boston Psychopathic Hospital, 1924). A Study of Early Histories of Dementia Præcox Patients Suggesting Possibilities of Prevention.

Five cases referred to the Social Service Department, selected for study on the basis of availability of material (three were carried by the writer, two by a fellow-worker), were studied in an effort to show the psychogenic basis of the disorder.

Shapiro, Sadie (Manhattan, N.Y., State Hospital, 1923). A Study of the Personality Traits of the Siblings of Ten Hebrew Dementia Præcox Patients.

Personality studies, according to plan formulated by Hoch and Amsden, were made of the siblings of ten dementia praecox patients. All belonged to Orthodox Jewish families and lived on the East Side of New York. Modal age was 25. None were found mentally diseased and only one sibling (out of 26) was feeble-minded, but nearly all showed shut-in, seclusive traits and many conflicts.

Veo, Louise (Boston Psychopathic Hospital, 1930). Personality Studies of Children Who Later Became Psychotic.

Among the patients of the Boston Psychopathic Hospital were found eight persons who, from two to ten years previously, had been studied by the Judge Baker Foundation. The Foundation records are abstracted in this study in an attempt to discover whether mental disease can be predicted on the basis of certain personality traits.

In six of the eight cases the Foundation found serious maladjustments in the patients when they were children, but a prognosis of a mental breakdown was made in only two cases. Three of the four children who later developed dementia praecox showed a constellation of traits usually described as schizophrenic.

In those children who were first examined before the age of puberty there was no evidence looking toward a mental breakdown, but soon after puberty mental symptoms were noted. The treatment recommended by the Foundation was carried out in only a few cases, and those individuals were beyond the age of puberty when first examined. There is thus little evidence to show whether early treatment would have prevented the psychosis.

[illegible], Margaret D. (Boston Psychopathic Hospital, 1927). Social and Environmental Factors in the Behavior Reactions of Nineteen Neurotic Children.

Nineteen cases were selected for study on the basis of their diagnosis, age (6 to 12), I.Q. (over 100), and the fact that they attended school. Physical findings were negative on the whole.

Seven were oldest, five youngest, and two only children. Three came from homes of luxury, and six from comfortable homes. Domestic friction was acknowledged in eleven cases, while in seven information on this subject was lacking. Thirteen out of seventeen mothers, and twelve out of fifteen fathers for whom information was available were described as neurotic. All the girls were separated from their mothers at from two to four years of age.

Intensive treatment carried on in three cases was not of great assistance in overcoming the difficulty.

Follow-up Studies

[illegible]ckey, Eileen (Worcester, Mass., State Hospital, 1930). A Follow-up Study of Children Previously Attending Special Classes.

The after-careers of fifty children leaving a "special class" of the Worcester Public Schools, between 1927 and 1929 were studied through personal interviews with their parents. There were 20 boys and 30 girls; I.Q.'s ranged from 58 to 79. According to standards of success outlined in the study, 13 were adjusting very well, 16 satisfactorily, 12 poorly and 9 were considered failures. Intelligence was not found to differentiate these groups. The girls adjusted somewhat better than the boys. Favorable parental attitudes and desirable personality traits led to successful adjustment.

[illegible]ennan, Margaret (Manhattan, N.Y., State Hospital, 1927). Some Factors in the Successful Social Adjustment of Six Cases of Dementia Præcox, Hebephrenic Type.

A follow-up study, five years afterward, of six men suffering from dementia præcox, discharged as recovered or improved and not returned to the Hospital. They were found well-adjusted in their work, four using it as a means of emotional satisfaction. In five cases the families helped to make adjustment easy. The prognosis had been considered unfavorable in several cases. Six case studies.

[illegible]e, Blanche E. (Illinois Institute for Juvenile Research, 1924). The Problem of Social Adjustment Following Epidemic Encephalitis in Children (Published in *Mental Hygiene*, Vol. VIII, pp. 977-1023).

The post-encephalitic condition with its periods of extreme irritability and emotional upsets demands careful adjustment of the home environment to the child. This study describes the situation and shows what the social worker was able to accomplish in the cases of ten children. Treatment consisted largely in educating the adult persons involved in establishing a strict but quiet régime

Scott, Dala (Boston State Hospital, 1925). A Study of One Hund and Forty Unsuccessful Hospital Parolees.

Out of 346 patients released in 1923, the 140 who were returned with year are the subject of this study. 55 were under 30 and 57 over 40 y of age; 78 were single. Dementia praecox (58) and manic depressive were the most frequent psychoses found.

In only 22 cases had the physicians definitely recommended parole. W on visit, only 47 were able to do useful work. 105 were returned due definite recurrence of the mental symptoms.

18 brief illustrative cases.

Shope, Mary K. (Boston State Hospital, 1927). A Study of Bos State Hospital Cases Discharged Against Advice, July, 192 July, 1928.

All the cases (30) discharged from the Hospital against advice betwee above dates were studied. 20 women, 10 men; ages 16 to 72.

16 returned to the Hospital, the average time out being ten months, w 14 were still out at the time of study. Various facts about the two groups tabulated, and four case histories are included.

Sperry, Jeanette (Wrentham, Mass., State School, 1926). A St of Forty-four Girls Maladjusted while on Parole from a Sch for the Feeble-minded.

This study is concerned with the 44 maladjusted girls out of the 21 parole during 1921-1925. Their average I.Q. was 60. Family histories showed poor background.

16 were paroled to relatives, usually against the wishes of the School parole, bad traits which were exhibited before admission usually reappe 16 were returned to the School because of sex difficulties, 13 because of p placement, and two for general inability.

Summaries of all cases are given.

Waterhouse, Eleanor Hale (Foxboro, Mass., State Hospital, 192 Community Adjustments of Dementia Præcox Patients Relea from the Hospital.

42 patients were "on visit" Sept. 1925—May 1926; 26 of these the Sc Service Department was in contact with. Of these 26, 15 were found adjusted, seven partially, and four maladjusted. All who returned to envi ments in which the disease was understood and in which the patient was jected to little strain were well adjusted, while two out of the five who retu to definitely unfavorable environments adjusted well. Three case studies.

West, Harriet (Foxboro, Mass., State Hospital, 1926). The Envir mental Adjustment of Married Psychotic Patients on Release a State Hospital.

married, separated or widowed patients officially "on visit" January to 1926, were studied; 33 men and 55 women.

enty women and four men had manic depressive psychoses; thirteen n and six men, dementia praecox.

half of the women and one-third of the men adjusted to an outside tion of the same or a superior type to that they were engaged in before ment. Most of the women, however, returned to housework, and ay account for the difference. Half of both sexes adjusted well in their

ee case studies show the rôle of the social worker in the adjustment

ans, Ruth (Boston State Hospital, 1928). A Study of Fifty riminal Insane" Patients Committed to the Boston State Hos- l Under Sections 100 and 104, Chapter 123, General Laws.

study is concerned with the 50 such cases in the Hospital from January, October, 1927; 40 men, 10 women.

se sections provide that all persons showing mental symptoms before ing trial or while serving sentence shall be sent to a state hospital for tion.

range, 18-60, with over half between 30-50. Alcoholic psychoses were frequent in occurrence (13), with manic depressive (10) and dementia x (6) being the only other type found in five or more of the patients. were without psychoses; two had psychopathic personalities; one was ly deficient and two were without mental defect. Crimes against persons nd violation of the drug and liquor law were most frequent offenses.

were returned to the court for disposition, of whom eight were sentenced nal institution and eight were put on probation, while the rest were on file or nol prossed.

the time this study was made, six had died, twenty-three were in hospitals mentally diseased, five were in penal institutions and sixteen were in mmunity.

D. Effects on the Families

Mildred (Foxboro, Mass., State Hospital, 1925), Mental alth of Children of Psychotic Mothers.

he psychotic mothers (33) admitted during 1924 who were under 60 at least one child under 21 were studied. Hospital records, other social records, and personal interviews with fathers and relatives served as of information.

of mothers had dementia praecox; 28%, manic-depressive psychosis.

study shows practically same results as one made by Canavan: 72% of were normal; fourteen were "nervous," eight showed conduct dis- three were feeble-minded, and five retarded. Two had dementia praecox. nerous illustrative cases.

Rockwell, Olive (Foxboro, Mass., State Hospital, 1923). The F ily's Attitude Toward a Psychopathic Member.

A study of 105 patients known to the writer. The various attitudes of relatives toward them are described and the causes analyzed. A favo attitude was found of great value in the treatment and adjustment of patient. Unfavorable attitudes were found largely based on ignorance o disease and a feeling of disgrace.

Wells, Ada (Worcester, Mass., State Hospital Child Guidance Cl 1927). A Study of Fifteen Maladjusted Children Each of Wh Had a Parent in a State Hospital.

113 married patients under 60 years of age and having children were mitted to the Hospital in 1926. 42% had maladjusted children, the propo being higher among those with functional psychoses.

In 15 families the children were patients at the Child Guidance Clinic. studies and discussion of each of these are given and the conclusion drawn the mental disability of the parent was a definite factor in the children's p lems both directly, while he was in the home, and indirectly due to the econ and social losses occasioned by his removal. Several cases showed the possib of inheritance of mental instability.

Williams, Prudence (Boston Psychopathic Hospital, 1925). A S of Some Familial Influences Upon Children.

Four case histories of families in which one member was a patient o Hospital but lived at home. All were of immigrant stock, rather low intelli and of marginal financial status. The effect on the children (not easily marized) is discussed.

E. Legislation

Hamm, Florence G. (Boston State Hospital, 1927). The Th five Day Observation Commitment Law in Massachusetts and Relation to Social Service.

There were 96 cases in the Hospital under this law in 1926. Forty discharged at the end of the observation period. Of these six reentered Hospital within the year. The case histories of these patients are given the conclusions drawn that the observation period should be lengthened and there should be supervision of all discharged cases by the Social Service partments, as much preventive work could be done.

McCabe, Elinor Johnston (Boston State Hospital, 1920). Legisla on Commitment in Massachusetts With Particular Reference to sanity, Epilepsy, Feeble-Mindedness and Contagious Diseases.

A historical review of the laws.

F. Social Work Practices

Fernell (Manhattan, N.Y., State Hospital, 1924). The Place Psychogenetic Material in Psychiatric Case Records.

udy of case records from a hospital for the mentally diseased to show pe of material should be included in the record in order to make possible chogenetic interpretation of the case. 150 records were analyzed on the of the concrete acts they portrayed, and the method of concrete acts own helpful as illustration but useless in itself. Twenty-five records of losed successfully were studied to show what material in them had proved to the psychiatrist. It was concluded that records must contain material for dynamic psychology.

Dorothy Q. (Cornell University Clinic, 1921). Inadequate al Examinations in Psychopathic Clinics.

iscussion of the value of the social worker in diagnosis and treatment tal diseases.

Esther (Public Health Service, American Red Cross, New k, 1921). Developments in the Field of Mental Hygiene Dur- he Past Eighty Years.

urvey of mental hygiene theory with special emphasis on the theories of r (1850) Ray (1863), Hoch (1873), and recent physiological and psy- al investigations.

Cornelia D. (Boston Psychopathic Hospital, 1920). De- pment of Social Trends in Mental Hygiene.

istorical review of the treatment of the mentally diseased in America ed by the development in one institution, the Northampton State al and a discussion of the social trends in the mental hygiene treatment groups.

Elizabeth O. (Boston State Hospital, 1924). Social Service k with the Psychopathic Personality.

ase studies showing the treatment carried on by the social worker from ive years—usually without much success. The need for clearer psychiatric s of the underlying mechanisms is stressed.

Edith (Michael Reese Dispensary, Chicago, 1930). A Study e Results of Occupational Therapy with Mental Patients.

scription of the occupational therapy shop connected with the out-patient ent of the Michael Reese Hospital and an analysis of its results with patients. The shop is about two years old and has treated 38 patients. oved greatly during attendance at the shop; 14 improved somewhat, and not improve at all.

Improvement was found to have no relationship to sex, diagnosis, intelli quotients, work adjustment or social adjustment before the onset of the ease, or to the attitude of the families. It was found to bear some relation to age, marital condition, financial status, personality, education, medical his home adjustment, cooperation on the part of the patient, and the length o of attendance at the shop.

McBee, Marian (Michael Reese Dispensary, Chicago, 1927). Study of the Changes in Behavior of Three Cases of Psychopa Personality Correlative to Social Treatment.

Three cases, a mother and her two daughters, carried from two to three a half years are given in detail. In the mother fixed habits interfered and a good intelligence helped her adjustment. One daughter, dull-normal aided slightly, while for the other—younger and with a higher I.Q.—the prog was considered good.

Porter, Annie C. (Boston State Hospital, 1925). A Study of Results of Different Types of Social Therapy in Relation to Di ent Groups of Mental Disease.

Fifty-three cases, selected to illustrate different mental diseases, with intensive work had been done. Mental hygiene with the patient, arrangin environment, and explanation to relatives were the types of treatment by the social worker. Manic depressives and paranoids responded best to m hygiene, dementia praecox to occupational therapy, while with the psycho rotics and psychopathics, success depended more on the personality and social situation than on the type of treatment. Work with the me deficient was generally unsuccessful.

Smith College Studies in Social Work

LUME I DECEMBER, 1930 NUMBER 2

THE SOCIAL ADJUSTMENT OF CHILDREN OF LOW INTELLIGENCE

A FOLLOW-UP STUDY OF TWENTY-SIX DULL-NORMAL PROBLEM CHILDREN[1]

IDA OLIN

ecent years child welfare programs have been greatly supple- d and enriched by the mental hygiene movement. The new iatry not only has given an interpretation of the social ior of the individual but has suggested ways in which nality can be modified by early environmental experiences. hild guidance clinics have been perhaps the chief agencies to use of these new psychiatric principles, but, because they so recent origin, there has been little opportunity to deter- heir success in the treatment of problem children. This study ep in the direction of evaluating results. It attempts to es- and to account for the present adjustment of a group of en studied at the Minneapolis Child Guidance Clinic three to ars ago.

clinic, established in the autumn of 1924, was the first lete mental hygiene unit to be operated entirely within an can public school system. Its establishment followed directly mination of the Twin City Demonstration Clinic which een organized and maintained for a year by the Common- Fund of New York.

im of the Clinic, as stated in its annual report, is "to aid ent, perplexed, or genuinely interested adults in their sion and guidance of the disturbed child. In cooperation

[1] esis submitted to The Smith College School for Social Work in August, ed on case records and material collected by the student during her period ork at the Minneapolis Child Guidance Clinic.

with parents, teachers, and agency workers, the Clinic endeavo
to assist disturbed children to an improved physical and men
condition, to a more adequate and gratifying intellectual expre
sion and achievement, and to a satisfactory emotional stability
fundamental factors which tend to facilitate academic progre
vocational selection, acceptable recreational satisfaction, a
ultimate social adaptation."[2]

Since this clinic is an integral part of the school system it seem
to present definite advantages for a follow-up study of a group o
cases which constitute a school problem—the dull-normal chil
As schools are now organized, the dull-normal child has lit
opportunity to succeed. He is above the mental level of th
"special class" group and below that of the regular graded pub
schools. He is almost forced to compete in a school program ma
for the average child, where he is constantly confronted with a se
of failure. Children in such a situation would seem to present
especially difficult problem to a child guidance clinic, and it seem
worth while to inquire into how much a clinic had been able
accomplish with a group of them.

The group selected for follow-up study was composed of tho
children with I.Q.'s of 85 or less who had been patients of t
Minneapolis Child Guidance Clinic three to five years ago. The a
was to discover how these children were progressing in school, ho
they were adjusting in their social relationships, and what pa
clinic treatment and other environmental forces had played
their adjustment.

In selecting the cases, only those problem children who had be
given a complete study (psychological, physical, and psychiatr
by the Clinic were included. In order to control the perso
factor in the psychiatric treatment, all Demonstration Clinic ca
were eliminated, and only those cases seen at the Clinic betwe
January, 1925, and January, 1927, were chosen. In other wor
the children were all originally treated by only one psychiatri
This selection of cases allowed a three to five year interval to ela
between the initial study and the follow-up study. Then, since
adjustment of the children in school was one point of interest, o
those were chosen who were still in school; that is, children w
were sixteen years of age or under.

[2] Chamberlain, Herbert E., "Child Guidance Clinic," *Annual Report of
Minneapolis Public Schools*, 1928–1929, p. 1.

Thus out of all the cases given complete study by the Clinic
ween January, 1925 and 1927, those were selected for follow-up
dy who had shown problem behavior, had I.Q.'s of 85 or less,
were still under the compulsory school age. Forty-two children
his type were found. Their present home addresses and school
cements were traced through the Board of Education Census
partment. Sixteen cases had to be eliminated because the
milies had moved from the city, or because the children, upon
aching their sixteenth birthday during the fall semester, had
opped out of school.

Methodology

The clinic record of each child was read and analyzed, sympto-
ic behavior problems and all possible causal factors as indi-
ed by the original study being noted. Two follow-up visits were
made on each case—one to the mother or mother substitute,
other to the school.

Most helpful in the home interview were the suggestions for the
ervation of a child's progress made by Healy and Bronner.[3]
, however, to the nature of the visit and lack of time it was im-
ssible to follow their suggestions in detail. The interviews
ed in length from fifteen minutes to two hours, most interviews
ng about half an hour. In each case an attempt was made to
k on the presence or absence of problems noted at time of the
nal study and any home deviations which seemed to have been
ors in producing those problems. A modified questionnaire
was used in recording this information and in comparing it
data obtained from the original case record.

In order to facilitate the collection of necessary information from
school, a questionnaire for the teachers was devised. It was
mitted to the child's two most recent teachers, except in the
of children in "special classes." In these cases the teacher had
the child at least more than one semester. The question-
was explained to each teacher before she filled it out.

Achievement" was defined as meaning the child's school work
stood in relation to his classmates, whether in special class or
ed school. In checking the "behavior" traits, the teachers
instructed to rate each child on all of the eight traits. Those

[3] Healy, Bronner, Baylor, Murphy, *Reconstructing Behavior in Youth*, Knopf,
p. 346, f.

SCHOOL QUESTIONNAIRE

Permanent Record-Card Information

a. Grades skipped or repeated_____
b. Attendance _____
c. Schools attended _____

Information to be given by Teacher

a. Achievement (Check)
Failing Fair Good Very good
b. Special Abilities_____ Disabilities_____
c. Class-room Behavior (If average in the trait, check the center column)

1. _____ Respect for authority	_____	Defiant of authority	_____
2. _____ Listless	_____	Attentive	_____
3. _____ Shows initiative	_____	Needs supervision	_____
4. _____ Trustworthy	_____	Irresponsible	_____
d. Social Behavior			
5. _____ Unpopular	_____	Popular	_____
6. _____ Leader	_____	Follower	_____
7. _____ Sensitive	_____	Invulnerable	_____
8. _____ Confident	_____	Timid	_____

children who were not adequately described by either extreme of a given trait (for instance, neither markedly "respectful of authority" nor "defiant") were to be checked in the center of the column as average.

In securing the information, the purpose of the study was not disclosed. Mothers readily accepted the explanation that the Clinic was interested in "getting a report of children previously studied." The school for the most part was interested to know that the Clinic was "making a follow-up report on old cases". The retardation of the child at the time of the original study was not mentioned.

PRESENT ADJUSTMENT

The twenty-six children to be studied consisted of seventeen boys and nine girls. This sex distribution is in accord with the general clinic distribution, there being about twice as many boys as girls referred for study. Their age at referral to the Clinic ranged from five to eleven years and at the time of the follow-up study from nine to sixteen years, nineteen of the children being then thirteen years or older.

The I.Q. range was from 64 through 85. Twenty-four of the twenty-six children had I.Q.'s above 74. This lack of children with very low I.Q.'s was due to the fact that teachers who were sure that a child was deficient referred him to the Board of Educa-

Psychological Clinic instead of to the Child Guidance Clinic unless outstanding behavior or emotional problems were also present.

In economic status, three children belonged to "dependent" families: they lacked the necessities of life and received aid from public funds or from persons outside the immediate family. Four were classed as "marginal": the families were living on earnings but had accumulated little or nothing and fell into the dependent class during short-time emergencies. Ten cases were classified as "adequate": they were under financial strain but had enough to meet short time emergencies and to maintain a fair standard of living. Six were "comfortable;" that is, they were ordinarily free from financial strain; and three were "affluent"—had large incomes and accumulated resources.

All the children, when first referred, were in the regular graded public school, ranging from kindergarten through the seventh grade. The problems for which they were referred to the Clinic are shown in Table V.

Any study that attempts to determine the relative degree of adjustment of a group of individuals meets the objection that success and failure are subjective terms, based on purely personal prejudice. The criticism is largely valid, but even its most vigorous opponents will agree that there are differences between the social adjustment of various individuals and even that the extremes can be quite easily recognized and agreed upon. But if extremes can be recognized, certain crude gradations can be made between extremes and a semblance of a scale of adjustment arrived at.

Given a group of school children, what are some of the commonly accepted criteria by which their relative social adjustment is judged? It would seem that the following are some of the points which the man-on-the-street would look for. How do they get along with other children? Do they have companions of their own age and sex? Is their school work consistent with their intelligence? Do they stand out as problems in the school room, either because of aggressive or restless behavior or because of unusual quietness or shyness? Do their parents find them helpful and happy, or are they a constant source of irritation for one reason or another? What is their reputation in the neighborhood? All of these are questions on which a certain amount of reliable information can be obtained by a social worker through visits to the home and school,

and, while the answers will be far from "scientific," the materi
secured should be of some value.

Such a method of judging adjustment was used in this study
and the following were the points on which information was s
cured:

1. *The child's behavior in his home*—Did he fit in harmoniously with the oth
members of the family?
2. *His symptomatic behavior problems*—Had the problems for which he w
referred to the Clinic disappeared? Had any new problems developed?
3. *Friends and interests*—Did the child make friends easily? Were his frien
of his own age and sex? Were his interests those usual for his age and se
Was he "social" or "solitary?"
4. *Home duties*—Was certain work assigned to him at home? What was
attitude toward it?
5. *School progress*—His grade in school and the quality of his work there.
6. *Attitude in the class-room and personality traits shown there*

On the basis of this information the children were placed
five adjustment groups, ranging from those three who seemed ve
well adjusted, to the six who were rated as poor on at least fo
of the above six criteria. The first group, to be known as A, seem
to be fulfilling favorably all of the above criteria of adjustme
Five cases fell in the B group. They were rated lower due eit
to the presence of a symptomatic problem or to their type
friends and interests; in other words, they did not satisfy al
the criteria. Four cases, rated as C, were below standard in
least two of the criteria. Eight cases, the D group, were fail
in three of the requirements for a good adjustment. The si
cases were noticeably lacking in four or in all of the criteria.

Allowance must be made for the unreliability of a single subj
tive judgment. However, the writer is fairly certain that Gro
A and E are correctly placed, and it is believed that if the B
and D groups were rated by several persons they would not
changed on the scale more than one step up or down.

Table I gives, in summary, the data by which the adjustment
each child was judged.

The A, B, and C groups together contained just about hal
all the children studied, so it would seem that three to five ye
after clinic study about fifty percent of this group of dull-nor
children were at least fairly well adjusted at home and scho

The grades in school which these children of limited intelligen
were able to reach and the quality of the work they did the

interest. If it is granted that a child of seven years should be
least in the first grade, of eight years in the second grade, and
on, it will be seen from Table I that five of these children were
grades in keeping with their chronological age and that seven
hers were not more than one year retarded. Twelve were in
least the seventh grade, the usual first class in the junior high
hool, three of these being in the senior high school. Fifteen,
cluding those in special classes, were reported as doing at least
ir" work. All of this would seem to be quite out of keeping with
eir I.Q. ratings.

In personality traits, as noted by the teachers on the question-
re (see page 110), there was a considerable range. Those ranked
most adequately adjusted were largely described as being "aver-
e" in the traits, while the number of "negative traits" increased
her consistently with the decrease in degree of adjustment.
A rather striking difference in type of friends and interests is
own among the various adjustment groups. Those judged best
justed had friends of their own age and were well liked by the
oup. Those in the C and D groups were generally solitary or
yed with younger children; but the delinquent children in the
group appeared to be quite as gregarious and popular as the
ldren in the A group, the difference lying in the type of children
h whom they associated.

Differences in family attitudes and organization are probably
ected in the category, "home duties," in which marked differ-
es in type of tasks and children's attitudes toward them are to
een.

Factors Associated with Adjustment

The important question to be answered is—what can account
these differences in the children's adjustment? A group of
er objective traits will be considered first—the age, sex, and
of the children, their school history, the economic status of
parents, and the problems for which the children were re-
d to the Clinic.

There seemed to be little relationship between age and ad-
ment. Only one out of the eight children thirteen years of
or younger was in the A or B group, while a third of the
teen children over that age were in those groups. But, on

TABLE I
Data on Which Adjustment Rating Was Based

Case Number	Sex, Age, I.Q., and Adjustment Rating	Mother's Estimate	Symptomatic Problems Noted by Mother	School Achievement	Teacher's Estimate of Traits (See key at end of table)	Friends and Interests	Home Duties
1	Boy, 16 yrs. I.Q.—84 Rating—A	Favorite of family; responsible, obedient, industrious	None	10A—fair or good. Repeated 1C, 2C. Skipped 3A by summer school	1.A 5.A 2.A 6.A 3.A 7.A 4.A 8.A	Four boys own age. Reads a great deal; foot-ball, track team, H.S. Orchestra, plays cards.	Mops floors, yard work, some cooking.
2	Boy 12 yrs. I.Q.—80 Rating—A	No trouble; happy-go-lucky.	Slight oral inactivity. Has to be told "time for school"; dirty in play.	5A—good. Repeated 1B; 4A at S.S.	1.? 5.A 2.+ 6.A 3.A 7.A 4.A 8.A	Three or four boys own age. Skiing, sliding; carpentry; dislikes reading.	Few, but willing. Errands to store, wipes dishes occasionally.
3	Boy 16 yrs. I.Q.—79 Rating—A	Helpful; no stealing for two yrs.; seldom lies.	None	9B—fair or good. Repeated 6B, 7A, 8B. Likes new school.	1.+ 5.+ 2.? 6.A 3.? 7.A 4.A 8.A	Three or four boys own age, shuns girls. Out-door activities; takes saxophone lessons.	Hauls ashes, delivers packages, yard work, drives car.
4	Boy 15 yrs. I.Q.—83 Rating—B	No trouble; average child, not obstinate.	Stutters less—only when excited.	Vocational H.S. —failing shop; good in academic. Repeated 1A, 2A, 3B, 5B.	1.? 5.? 2.+ 6.A 3.? 7.? 4.+ 8.A	Four boys own age. Reads excessively; hiking, foot-ball, Y.M.C.A. Club.	Yard work, paper route.
5	Boy 15 yrs. I.Q.—83 Rating—B	Favorite boy of the family; pleasing personality.	Avoids physical combat or exposure.	10A—fair. Repeated 1B, 7B.	1.A 5.? 2.? 6.? 3.— 7.? 4.— 8.A	Popular with boys and girls own age. Teaches Sunday School class of little boys; dramatic club, golf; refuses to go to camp.	Few or none; eager to work.
6	Boy 16 yrs. I.Q.—80 Rating—B	No trouble.	No delinquency since excellent probation record two years ago.	Special Class—good or fair. Completed 6A; Repeated 4B, 5A.	1.— 5.A 2.+ 6.? 3.A 7.— 4.+ 8.—	Delinquent boys, younger brother. Attends Big Brother camp; plays in R. R. yards and market.	Few; brings home spoils of market.
7	Girl 14 yrs. I.Q.—79 Re-test—89 Rating—B	Companionable, kind.	Fearful of being taken from foster-mother. Complains of small ills.	7B—fair Repeated 2B; 2A at S.S.	1.+ 5.+ 2.+ 6.A 3.+ 7.— 4.+ 8.A	Sociable; Camp Fire Girls; leader with younger girls; swims; cares for small children.	None.
8	Boy 14 yrs. I.Q.—78 Rating—C	Kind, thoughtful, companionable.	No problems. (Possible over-attachment to mother.)	6A—good or fair. Repeated Kg. A, 1C (3), 2B (2), 3A, 4B.	1.+ 5.A 2.? 6.— 3.? 7.— 4.+ 8.—	Usually with mother at home, prefers this. Church activities; plays horn.	Helps when mother does day-work.

TABLE I
Data on Which Adjustment Rating Was Based

Case Number	Sex, Age, I.Q., and Adjustment Rating	Mother's Estimate	Symptomatic Problems Noted by Mother	School Achievement	Teacher's Estimate of Traits (See key at end of table)	Friends and Interests	Home Duties
9	Boy 12 yrs. I.Q.—76 Rating—C	Improving; kind, thoughtful.	Feels inferior to older brother; incoordination, sensitive.	4B—fair. Repeated Kg., 4B.	1.+ 5.A 2.+ 6.− 3.? 7.? 4.+ 8.?	Older or younger boys; easily teased by boys of own age. Base-ball, foot-ball; expert at bridge and checkers.	None; no handwork.
10	Boy 15 yrs. I.Q.—78 Rating—C	Thoughtful, eager to work; no trouble.	Untidy, temper at school; dislikes special class; ashamed of it.	Special Class—fair or good. Completed 5A; repeated 1C, 1B, 2A.	1.A 5.? 2.+ 6.? 3.? 7.? 4.? 8.	One or two boys own age; never in a gang. Works evenings in a barber shop; movies, Citizens Club for amusement.	None.
11	Girl 14 yrs. I.Q.—78 Rating—C	Improvement over previous nervousness; annoys mother.	Irritable, nervous; bites nails, puts hands on face.	7B—good. Repeated 1A, 2A, 4B, 6B.	1.+ 5.A 2.A 6.− 3.A 7.A 4.+ 8.A	One girl, 12 yrs. old. Plays ball; reads excessively.	Few; unwilling; cleans, wipes dishes.
12	Boy 12 yrs. I.Q.—85 Rating—C	Helpful; no stealing or lying.	Reading disability.	4B—failing. Repeated 1B, 2B, 2A, 3A.	1.? 5.A 2.− 6.? 3.? 7.A 4.− 8.A	Boys own age. Movies every Sunday with a friend; sold magazines until recently.	Carries ashes; lawn work.

Case Number	Sex, Age, I.Q., and Adjustment Rating	Mother's Estimate	Symptomatic Problems Noted by Mother	School Achievement	Teacher's Estimate of Traits (See key at end of table)	Friends and Interests	Home Duties
13	Girl 16 yrs. I.Q.—82 Rating—D	Hard to handle; less nervous.	Irritable, magnifies ills, self-depreciatory. Feels school doesn't like her. Can't go down town alone.	9B—failing. Repeated 1C (2), 1A, 2C, 2B, 2A, 3B.	1.+ 5.A 2.− 6.− 3.− 7.− 4.+ 8.−	One or two girls; father forbids going with boys. Plays ball; cares for children.	Few; complains of these; sews a little.
14	Girl 15 yrs. I.Q.—74 Rating—D	Kind, good worker; mother worried over extreme shyness	Very sensitive, bashful, nervous	8A—fair. Repeated Kg., 1C, 1A(2), 3A.	1.+ 5.A 2.A 6.− 3.+ 7.− 4.+ 8.−	Unsocial, seclusive; likes to play with babies. Reads, writes stories, goes to movies	Helps in store; neat, shows initiative.
15	Boy 9 yrs. I.Q.—85 Rating—D	Irritates mother; happier since in special class; better arm coordination.	Very self-conscious; occasional temper outbursts at mother.	Special Class. Completed 3B; Fair or good. Repeated 1B, 2B	1.+ 5.+ 2.− 6.− 3.− 7.A 4.A 8.A	Solitary—few friends; in neighhood of Jews. Skiing, skating, bicycling, carpentry.	Few; picks up clothes in the morning.
16	Girl 13 yrs. I.Q.—75 Rating—D	Humiliated over class transfer but happier since achieving. Sympathetic, lovable, dependable.	Nervous, bites nails; sensitive, cries; twists story when excited; needs prodding	Special Class—fair. Completed 4B; Repeated Kg, 1B, 2A, 4B	1.A 5.+ 2.A 6.A 3.− 7.− 4.− 8.+	Younger children and babies; friends own age take advantage; won't fight, runs away. Music lessons; teaches little sister to read; skating, skiing.	Washes dishes, cleans, errands to store, sews

TABLE I
Data on Which Adjustment Rating Was Based

Case Number	Sex, Age, I.Q., and Adjustment Rating	Mother's Estimate	Symptomatic Problems Noted by Mother	School Achievement	Teacher's Estimate of Traits (See key at end of table)	Friends and Interests	Home Duties
17	Girl 14 yrs. I.Q.—81 Rating—D	Helpful, obedient; takes responsibility.	Easily irritated; tired all the time; suggestible; conscious of home inferiority.	6B—failing. Repeated 1A(2), 1B, 3B, 4A, 6B.	1.+ 5.A 2.— 6.— 3.— 7.— 4.— 8.—	No friends brought home; accepted at school. Reads excessively	Wants to work outside home; cooks, sews; responsible for home when mother confined.
18	Girl 11 yrs. I.Q.—83 Rating—D	Beyond control; gets on her nerves	Cannot be held to any task; appears immature. Incoordination; sucks thumb since stopped masturbating; craves sweets.	5A—failing. No repetitions	1.? 5.A 2.? 6.A 3.— 7.? 4.— 8.?	One girl of own age; sociable. Bicycling, skating, tennis; music lessons until recently.	Hates to help; will pick up own clothes if prodded.
19	Boy 15 yrs. I.Q.—84 Rating—D	Improving; hard to handle.	Sensitive; wants own way, distractible. Day-dreams; conscious of brother's superiority.	7A—failing. Repeated 3A, 6B, 7B, 7A.	1.+ 5.— 2.? 6.A 3.— 7.— 4.— 8.A	One boy own age; easily teased, boys call "sissy"; liked by adults and children. Inventive; tinkers with old car; tennis, drives car.	Few

Case Number	Sex, Age, I.Q., and Adjustment Rating	Mother's Estimate	Symptomatic Problems Noted by Mother	School Achievement	Teacher's Estimate of Traits (See key at end of table)	Friends and Interests	Home Duties
20	Boy 10 yrs. I.Q.—85 Rating—D	Hard to handle	Disobedient; cannot concentrate; Incoordination. Quarrelsome; slow to grasp ideas.	Special Class; Completed 2B; Repeated Kg., 1B, 1A	1.+ 5.+ 2.— 6.— 3.— 7.— 4.— 8.—	Boys own age. Reads, carpentry, boxing, sliding, hiking.	Few; own garden.
21	Boy 15 yrs. I.Q.—64 Rating—E	Uncontrollable	State Training School for "incorrigibility"; erratic behavior	4A—fair. Special Class after 3B in Mpls. Repeated 1C, 2C(2) 2B(2), 2A	1.A 5.? 2.— 6.— 3.— 7.A 4.— 8.A	Not known	Few
22	Boy 15 yrs. I.Q.—84 Rating—E	Uncontrollable	State Training School for stealing. Wants attention, flighty, hard to manage	9B—fair. Repeated 1C (2), 2C, 4B.	1.+ 5.+ 2.A 6.+ 3.— 7.— 4.— 8.+	Delinquent boys, popular, sociable; boxing	Few
23	Boy 15 yrs. I.Q.—80 Rating—E	Uncontrollable	State Training School for truancy. Disobedient, steals	8B—failing. Repeated 1C, 3A, 4A, 6A (2), 7A(2)	1.— 5.— 2.— 6.— 3.— 7.A 4.— 8.A	Delinquent boys, sociable. Part-time work in garage; likes mechanical things.	None
24	Boy 16 yrs. I.Q.—78 Rating—E	Uncontrollable	State Training School for stealing. No inhibitions; irresponsible.	8B—fair. Repeated Kg. A, 6A	1.A 5.+ 2.A 6. A 3.— 7.? 4.A 8.+	Delinquent boys, sociable. Out late nights; parties.	Few

TABLE I
Data on Which Adjustment Rating Was Based

Case Number	Sex, Age, I.Q., and Adjustment Rating	Mother's Estimate	Symptomatic Problems Noted by Mother	School Achievement	Teacher's Estimate of Traits (See key at end of table)	Friends and Interests	Home Duties
25	Girl 9 yrs. I.Q.—66 Rating—E	Uncontrollable	Temper tantrums, destructive, erratic, sensitive, nervous; fears physical injury, poor coordination	Special Class—good. Completed 1B; repeated Kg. A.	1.+ 5.+ 2.A 6.+ 3.− 7.+ 4.− 8.−	Children tease, called "dumb." Popular at school; plays in the street	Few—cleans shelves in the store
26	Girl 15 yrs. I.Q.—75 Rating—E	In an institution; feels sorry for her; "pathetic."	Stuttering, unattractive, careless; wants approval; over-demonstrative	Special Class—good or fair. Completed 5B. Repeated 1B, 1A, 4A.	1.+ 5.A 2.− 6.A 3.+ 7.− 4.+ 8.+	Eager to have friends; obscene notes to boy in another special class. Reads, movies, hiking, cares for children	Receives $1 a week and maintenance for work in laundry at Home in which she is placed.

Key to Teacher's Estimate (see p. 110)

Trait Number	Extremes of the Trait		Trait Number	Extremes of the Trait	
	Positive	Negative		Positive	Negative
1	Respects authority	Defiant	5	Popular	Unpopular
2	Attentive	Listless	6	Leader	Follower
3	Shows initiative	Needs supervision	7	Invulnerable	Sensitive
4	Trustworthy	Irresponsible	8	Confident	Timid

other hand, the proportion of children in the E group was larger ng the older than among the younger children.

TABLE II
Relation of Age to Adjustment

Age	A	B	C	D	E	Total
9	—	—	1	1	1	3
10	—	—	—	1	—	1
11	—	—	—	1	—	1
12	—	—	1	—	—	1
13	—	1	—	1	—	2
14	—	2	2	1	4	9
15	—	1	1	2	1	5
16	2	—	—	—	—	2
Total	3	4	5	8	6	26

le boys seemed to be making a slightly better adjustment than irls. Seventy-seven percent of the girls were in the D and E

TABLE III
Relation of Sex to Adjustment

Sex	A	B	C	D	E	Total
Boys	3	1	1	5	2	9
Girls	—	3	4	3	4	17
Total	3	4	5	8	6	26

s while only forty-one percent of the boys were making n adjustment.

TABLE IV
Relation of I. Q. Rating[4] to Adjustment

I.Q.	A	B	C	D	E	Total
60 to 69	—	—	—	—	2	2
70 to 79	—	—	—	2	1	3
80 to 89	1	1	1	—	—	3
90 to 99	1	1	3	1	1	6
100 to 109	1	2	—	2	—	5
110 to 119	—	—	1	3	1	5
Total	3	4	5	8	6	26

s were based on the Stanford Binet scale.

There was a slight relationship between I. Q. and adjustme
All the children in the A and B groups had I.Q.'s of at least
while nearly forty percent of the children in the D and E grou
had I.Q.'s under that point. On the other hand, the proporti
with I.Q.'s of over 82 was about the same at both extremes.
may be concluded that the I.Q. rating in itself is not a good in
cation of future adjustment.

Knowing that most behavior problems are purely sympto
atic, one would expect to find little relationship between the pr
ent adjustment and the problems for which the children we
referred. Table V shows this situation.

Truancy occurred only in the E group, while sex delinquen
masturbation, and enuresis were restricted to the D and E grou
Aside from these problems, there seemed to be no significant re
tionship between referral problems and present adjustment.

TABLE V

Relation of Referral Problem to Adjustment

Behavior Problems	A	B	C	D	E	Tot
Truancy	—	—	—	—	3	3
Stealing	1	1	2	1	2	7
Incorrigibility	2	1	1	1	3	8
Lying	2	—	2	1	2	7
Sexual delinquency	—	—	—	1	1	2
Temper tantrums	—	—	1	1	3	5
Fighting	1	—	—	—	—	1
No social judgment	1	—	—	—	1	2
Erratic behavior	1	—	—	—	2	3
Sensitiveness	—	1	1	3	1	6
Distractibility	1	1	1	2	1	6
Fear of physical injury	—	1	—	—	—	1
Sullen, resentful	—	—	1	1	—	2
Desire for attention	1	1	—	2	1	5
Lack of interest in school	1	1	1	—	1	4
Unpopularity	—	1	1	—	—	2
Hypochondria	—	—	1	1	—	2
Irritability	—	—	1	1	—	2
Inferiority feeling	—	1	—	2	—	3
Day dreaming	—	—	1	1	—	2
Incoordination	1	—	1	2	1	5
Speech defect	1	1	—	1	1	4
Masturbation	—	—	—	1	2	3
Enuresis	—	—	—	1	2	3
Nervousness	2	1	1	3	2	9
Feeding difficulties	1	1	—	—	—	2
Untidiness	1	1	1	—	2	5

In comparison with this, it is of interest to find which problems had disappeared by the time of the follow-up study, which were still present, and what new problems were noted. Table VI shows the distribution.

Truancy, temper tantrums, and sensitiveness continued in all the cases in which they had been present at time of referral. For the most part, untidyness remained. Sex misconduct, masturbation, enuresis, and feeding problems disappeared. Relatively few new problems were noted, but it is obvious that the information on these problems was less accurate than on the original problems. At the Clinic, frequent school transfer is often considered a factor in the child's behavior. The follow-up study showed that there was some relationship between the number of schools attended

TABLE VI

Status of Problems at Time of Follow-up Study

Problems	Cases showing problems on referral to Clinic		Cases showing new problems at time of follow-up study
	Now Present	Now Absent	
Truancy	3	—	—
Stealing	2	5	1
Incorrigibility	3	5	—
Lying	3	4	1
Sexual deliquency	—	2	—
Temper tantrums	5	—	1
Fighting	—	1	—
No social judgment	1	1	—
Erratic behavior	2	1	—
Sensitiveness	6	—	2
Distractibility	4	2	—
Fear of physical injury	1	—	1
Sullen, resentful	1	1	—
Desire for attention	2	3	—
Lack of interest in school	3	1	—
Unpopularity	1	1	—
Hypochondria	1	1	1
Irritability	1	1	1
Inferiority feeling	2	1	—
Day dreaming	1	1	1
Incoordination	3	2	—
Speech defect	3	1	—
Masturbation	—	3	—
Enuresis	1	2	—
Nervousness	6	3	—
Feeding difficulties	—	2	—
Untidiness	4	1	—

and adjustment. (Table VII.) Promotion from grade school to a junior or senior high school in the same school district was not considered as a school transfer, since it did not require a marked readjustment to another school group.

TABLE VII
Relation of Number of School Transfers to Adjustment

Number of School Transfers	A	B	C	D	E	Total
0	2	—	—	1	1	4
1	1	—	3	3	—	7
2	—	2	1	1	—	4
3	—	1	1	2	—	4
4	—	—	—	1	1	2
5	—	1	—	—	1	2
6	—	—	—	—	2	2
7	—	—	—	—	—	—
8	—	—	—	—	—	—
9	—	—	—	—	1	1
Total	3	4	5	8	6	26

On the whole, the children with the poorest adjustment have been transferred the most frequently, but which of these factors was cause and which effect it is impossible to say. The one child in the B group shown in Table VII. as having five school transfers suffered four of these before being brought to the Clinic, while the one child in the E group with no transfers was considered a possible post-encephalitic patient.

There has been much discussion as to the advantage and disadvantage of the "special class" as a means of training dull-normal children, and the Clinic has at times recommended placement there. Table VIII shows the relation between the type

TABLE VIII
Relation of Type of School Attended to Present Adjustment

Type of School	A	B	C	D	E	Total
High School	1	2	—	—	—	3
Junior High School	1	—	—	2	—	3
Grade School	1	1	3	2	—	7
Other Schools	—	—	1	1	—	2
Special Class	—	1	1	3	2	7
State Training School	—	—	—	—	4	4
Total	3	4	5	8	6	26

school the child was attending and his degree of adjustment. All of the children in the A group were in the regular public schools, while those in the E group were in either a special class or the State Training School. The B, C, and D groups were found in all types of schools.

The proportion of children in a special class increased rather consistently with each decrease in adjustment. This may only mean, of course, that the less hopeful cases were transferred there, but it does at least throw a doubt on the efficacy of these classes for training dull-normal problem children.

The number of school grades repeated shows some relationship to later adjustment. (Table IX.)

TABLE IX
Relation of Grade Repetitions to Adjustment[1]

Grade Repetitions Semesters	A	B	C	D	E	Total
0	—	—	—	1	—	1
1	2	1	—	—	1*	4
2	—	1*	1	1*	1	4
3	1	1	1	1	1*	5
4	—	—	1	2*	1	4
5	—	1	1	—	—	2
6	—	—	—	2	1	3
7	—	—	—	1	1	2
8	—	—	1*	—	—	1
Total	3	4	5	8	6	26

[1] Stars indicate that the children were placed in special class after the number of grade repetitions noted.

No child in the A and only one in the B group had more than three semester repetitions, while only a third of the children in the other three groups combined had so few repetitions. Of course it must be remembered that the child's progress in school was used as one of the criteria of adjustment so that this correlation is largely spurious. While it may, therefore, not go far in accounting for adjustment, it does give weight to the validity of the adjustment grouping.

Regularity of school attendance was also somewhat associated with adjustment, as Table X shows. The A group attended both repeated and non-repeated grades regularly, while the E group was irregular at all times. In the other groups many more child-

ren attended their non-repeated grades than their repeated grade regularly.

In general, then, the children's school histories were reflecte in their adjustment. Those who were considered best adjuste

TABLE X
Relation of School Attendance to Adjustment

Attendance in Repeated Grades	A	B	C	D	E	Total
Regular	3	2	2	4	1	12
Non-regular	—	2	3	4	5	14
Total	3	4	5	8	6	26
Attendance in Non-repeated Grades	**A**	**B**	**C**	**D**	**E**	**Total**
Regular	3	4	5	7	1	20
Non-regular	—	—	—	1	5	6
Total	3	4	5	8	6	26

were seldom transferred from school to school, attended the re ular rather than the special classes, repeated relatively few grade and were regular in attendance, while those who made the poo est adjustment were characterized by the reverse of these trai

It has been already stated that the parents of most of the children were of at least middle-class economic status. Table shows that economic status was not highly associated with adjus ment.

Only one child in the A and B groups belonged to a family less than "adequate" status, while half of the E group were

TABLE XI
Relation of Economic Status to Adjustment

Economic Status[1]	A	B	C	D	E	Total
Dependent	—	1	—	1	1	3
Marginal	—	—	2	—	2	4
Adequate	2	1	2	3	2	10
Comfortable	1	1	—	3	1	6
Affluent	—	1	1	1	—	3
Total	3	4	5	8	6	26

[1] See page 111 for definitions of economic classes.

uch a situation, but the C and D groups showed a wide variation n financial standing. It would appear that adequate financial esources were almost necessary to a good adjustment, but that hey did not insure it.

The preceding traits showed varying degrees of relationship to djustment. The problems for which the children were referred, heir age and sex, and the economic condition of their families eemed to be poor indicators of adjustment, while their I.Q.'s nd their school histories were of somewhat greater value. But one of these traits offered a real explanation of differences in djustment.

The next factors to be considered are less objective than these nd cannot be treated in the same manner. They deal largely with he children's environment and with changes that took place in between the time of clinic study and the follow-up visit, which ight be thought to have a bearing on their adjustment. Table II summarizes this material briefly, while the case abstracts on which the table was constructed are to be found on page 136f.

In Table XII, Column 1 shows changes in the children's health, +" indicating a change for the better, "−", for the worse. Col-mn 2 shows the "emotional tone" of their homes. Here "+" dicates either that there was a change for the better and the tone as now favorable to a good adjustment, or that it had always been vorable; "−" indicates the reverse of this situation. The atti-des of the mother and the father toward the child (Columns 3 nd 4) are designated in the same manner. Column 5 shows the ses in which some person who influenced the child's adjustment ad been removed from the home. In most of the cases the change s favorable (+), as when a bed-ridden grandmother who had en a disturbing element in a home died; but in some cases it s unfavorable (−), as when a father, companionable to his son, s kept away from home by a new job.

Column 6 shows the shifting of parents' attention to other sib-gs. Sometimes it was favorable to the patient (+), as when her siblings were considered "problems" instead of the patient; metimes it was unfavorable (−), as when other siblings began receive more praise. Column 7 shows whether or not the pa-nts had some points on which they felt superior to their siblings, hile the last two columns indicate whether there had been favor-

TABLE XII

Factors Possibly Accounting for Differences in the Children's Adjustment

Case numbers by adjustment groups	Change in health	Emotional tone of home	Attitude to patient: Mother	Attitude to patient: Father	Removal of some person from contact with patient	Parents' attention shifted to other siblings	Patient has some points of superiority over other siblings	School transfer or treatment in school	Change in recreation
A group									
1	++	+++	+++	+++	+	+	+++	+	
2					+			+	+
3									
B group									
4	+	−	−	−					
5	−	+	+	−		++	+++	+++	+
6	+	−	?	−					
7		+	+	+	+				
C group									
8	++++	+	−	−	+		−	++	+
9			+	−	+	+	−	−	+
10			+	−	+		−		
11			+	−			−		
12			+	+			−		
D group									
13	+	−	−	−	+		−	+	
14	−	+	−	+	−		−	+	
15	+	−	−	+			−		
16			−	−			−		
17	−	+	−	−			−		
18	−	−	−	−	++		−		
19			−	+			−		
20			−	−			−		
E group									
21	−	−	−	−	−	−	−	?	
22								−	
23									

le or unfavorable changes in school or in recreation, usually a result of clinic treatment.

The change in the proportion of "+'s" and "−'s" from Group A to Group E is most striking. The A group shows only positive changes; the E group very few changes for the better.

CHANGES IN HEALTH

Two of the children in the A group had formerly been ten per nt or more undernourished, and all three were now in good alth.

In the B group the health of two of the four children had im-roved. One had practically overcome a marked speech defect, nd his deafness had disappeared following a tonsillectomy; the her had recovered from malnutrition. Case 5, on the other hand, ighed over two hundred pounds and had diminutive genitalia. s pleasing personality and reputation for being a "good fellow" those interests which did not demand physical combat or ex-sure seemed to be an effective compensation for this defect.

All five children in the C group, as in the A and B groups, were good health at the time of the follow-up study. The epilepti-m attacks of Case 8 had disappeared. Case 9 had had convul-ns and rickets in infancy, and frequent colds due to sinus trouble caused absence from school. His teacher now claimed that test would show that his I.Q. had raised. Case 10, previously teen percent underweight, was now up to normal. Case described originally as suffering from a choritic infection, was good health.

In contrast, only two of the eight children in the D group had no physical handicap or defect, and one of these had been ternourished. Two children were obese; in one the endocrine dy proved negative, but the feelings of difference shown by ness and withdrawal from the group undoubtedly were partly d upon this defect. The other was under treatment for thy-deficiency and was gradually losing weight, but since this very recent change, the effect can only be conjectured. In e 15 a deformed arm caused by injury at birth gave rise to ling of difference seen in his extreme self-consciousness. Case d diminutive genitalia. Why this was a factor in his malad-ent as contrasted to the more adequate adjustment of Case

5, who had a similar defect, is better expalined under sibling re
tionships, which will be discussed later.

Four of the six children rating E adjustment showed some ph
cal handicap. Case 21, until an operation in 1926, was lame fr
infantile paralysis incurred at a year and a half. Extreme m
nutrition was still present in Case 22. There was a question
encephalitis and starvation in infancy in Case 25. Case 26 h
a premature birth. Her marked stutter was a handicap in mak
social contacts.

In general, then, the D and E groups both had poorer hea
records at the time of clinic study and improved less in this resp
than the other groups.

Changes in the Home Situation

Changes in the home situation were even more enlighten
as an explanation of the children's present adjustment. In
three cases in Group A there were changes in the home w
counteracted the factors which seemed to cause maladjustmen
the time of the initial clinic study. If considered in themsel
some of these changes would lead one to assume they would h
had a negative effect. However, when considered in the light o
individual child's needs, it is apparent that they were decid
constructive factors toward his adjustment. Two examples
illustrate this situation.

In Case 1, the mother had a "nervous breakdown" which required care and
at home, and the father worried over his financial obligations because of the do
bills. But, since much of this child's previous maladjustment seemed to be du
the pressure exerted by the parents in constantly demanding superior achieve
both at school and home, their preoccupation with themselves was a timely s
factor for the boy.

In Case 3, one might suppose that the boy's extreme insecurity and unhapp
due to the presence of the uncle in the home might have been aggravated wh
mother married the uncle. But as stepfather, the uncle was less harsh to th
and, more significantly, the mother still gave him much individual affection
defended him against the stepfather. The mother was not well, but this con
caused her to depend upon the boy for much assistance at home, thereby m
him feel that he was needed in the family group and adding to his sense of sec

The siblings of all three children in the A group either evide
a lack of desirable traits which the patient possessed, or they w
retarded in school. The general emotional tone of all these t
homes either continued to be harmonious or there was less
tion than formerly.

In the B group, for the most part, the home situation seemed
show less improvement. There were destructive factors, such
over-ambition, nagging, drunkenness, and immorality. In
se 7, however, the foster home placement which had been made
the time of the initial clinic study was proving most satisfac-
y.

In this B group, sibling relationships seemed to be more impor-
t as factors making for the child's adjustment. Feelings of
ference which seemed to have arisen because of a child's re-
dation in school were overcome in part because some or all of
siblings were now retarded as much or more than he was, and
because they had some personality traits which made them
pear as "problems" to their parents.

For the most part, the general emotional tone of the homes in
up C continued to be harmonious or there was a lessening of
tion.

In contrast to the siblings in Group A and B, most of the siblings
the C group presented no behavior problems and were either
bright or less retarded in school than the patients. An older
her used to call one patient "dumb," and now taunts him with
g "sissy," while he himself is an A student in high school and
od athlete. In another case, a younger sister who is very bright
tened to get ahead of the patient, who was recently trans-
ed to special class.

of the eight children in Group D came from homes where
was a general emotional tone of tension. Most of the mothers
ed to be over-protective and either deprived the children of
portunities to develop self-reliance, or had too high standards
hievement for them. In this group there also seemed to be
ges in the home since the time of the first clinic interview,
the changes tended to be destructive in effect. The only ex-
on was Case 13, in which the previous strain due to the pres-
of a bed-ridden grandmother in the home was removed by
eath two years ago.

siblings, too, seemed to be a factor in the poor adjustment
s group of children. Three of the girls, for instance, had sis-
who were more attractive and were not retarded in school.
the E group, four boys had been committed to the State
ng School. In three of the four homes there was no change
home attitude of constant nagging, friction and useless

threats. The homes of the two girls in Group E also showed factors which would tend to make for maladjustment. Sibling relationships in most of these cases were also destructive.

In general, Table XII shows that while in the A, B, and C cases the emotional tone of the homes was almost universally good and the attitudes of the parents had improved, just the reverse had taken place in the D and E groups. Then, too, all but one of the children in the A and B groups had come to possess some trait that made them feel superior to their siblings; in the C, D, and E groups only one child felt such an advantage. Thus changes in the situation within the home seemed to distinguish the adjustment groups from one another even more sharply than did changes in health.

Changes in the School Situation

Although the home situation seemed to explain much of the children's adjustment or lack of it, there were factors outside the home which also greatly modified their behavior. Among these the school was important.

In at least two of the cases in Group A, a change in the school situation seemed to facilitate school progress.

For instance, in Case 1, the boy transferred to another grade school shortly after the original clinic study. His former teacher was said to have been very impulsive and nervous, and demanded high achievement. (His mother had the same traits.) There seemed to be a decided improvement under the new teacher, who was more unemotional and did not require as high standards of achievement.

In the B group, too, the school played a constructive part in the adjustment of three of the four children.

In two of the five cases in Group C the school helped by encouraging the children and providing opportunities for group activity. In two other cases, however, the school situation seemed to have a destructive influence.

Case 6, for example, whose home life presented such gross factors as drunkenness and immorality, had been overgraded in school and was a class-room behavior problem. He was transferred to special class where he was found to have superior ability in doing detailed work with his hands. Opportunities were given by the teachers to demonstrate this, and he ceased to be a disciplinary problem.

Case 10 presented no symptomatic behavior at home, but was a "problem" at school. This boy resented his transfer to special class three years ago. At that time he said he lost all his friends by it. He still is resentful and defiant and often

...ally shows violent outbursts of temper. He especially dislikes the reed work, ...t hurts his hands, but in the academic subjects he is doing better than average ...

...n the D group the school appeared to be a definitely construc... factor in four out of eight cases, while in the E group its in...nce seemed somewhat questionable.

Effect of Clinic Treatment

...o an attempt to evaluate the part played by clinic treatment ...he modification of each child's behavior, there are obvious ...tations. Many of the cases were carried cooperatively with ...visiting teacher or other social agency. In some cases there ...no report of the treatment given by them or else it was too ...and not complete.

...he treatment seemed to fall into certain general types: (1) ...e cases with no treatment; (2) those in which clinic treatment ...ed to be instrumental in improving the family attitude, (3) ...anging the school attitude or (4) in changing both school and ...e attitudes; (5) cases in which clinic treatment seemed to be ...mental or, for the most part, did not effect any change in ...hild; (6) cooperative cases in which information on treatment ...not available; (7) cooperative cases in which the treatment ...seemed to be a positive factor in the child's adjustment, and ...ooperative cases which seemed to be detrimental or for the ...part did not effect any change in the child. Table XIII

Table XIII

The Relation of Treatment to Adjustment

Types of Treatment	Adjustment Groups					Total
	A	B	C	D	E	
...reatment	1	—	—	—	—	1
...c cases						
...mily attitude changed	1	—	2	3	1	7
...hool attitude changed	—	—	—	2	1	3
...mily and school attitude ...changed	—	1	2	—	1	4
...rimental or no change	—	—	—	3	—	3
...erative cases						
...o information	1	—	—	—	—	1
...provement	—	3	1	—	—	4
...trimental or no change	—	—	—	—	3	3
Total	3	4	5	8	6	26

shows the distribution of these treatment types as related to present adjustment.

Only one of the three cases in Group A seemed to be affected by the clinic treatment.

In Case 3, the mother stated at the time of the follow-up study that she had gained much from the clinic study in how to manage the boy and understand him better. She believed the stepfather had tried to be less harsh since his mistreatment was pointed out to him. However, when it is seen that this change occurred after the uncle married the mother, it loses much in force.

In the B group both the school and home attitude was changed in one case, and three cases showed improvement when some of the clinic recommendations were carried out by cooperating agencies.

It was through the clinic recommendation that Case 5 was transferred to another school in order to repeat a grade. The school was given an understanding of the boy's home situation and his need for achievement. This probably accounted for the teacher's writing a note of praise concerning the boy to his over-ambitious mother. The parents refused to accept the clinic diagnosis of mental retardation but nevertheless they have not demanded so high an achievement and have encouraged his social interests.

In two cases in Group C clinic treatment seemed to effect a change in the family attitude toward the child, as by helping to relieve much of the mother's pressure in demanding high school achievement or changing the mother's attitude toward the child's illness. In two cases both school and home attitudes were affected.

In one of these cases, Case 12, through a close contact with the family during a period of particular stress, the Clinic was able to show the need of more satisfying outlets for the boy and delinquency was apparently forestalled.

In Case 10 the visiting teacher, in carrying out the clinic recommendations, helped the boy by interesting a neighborhood house leader in encouraging him to participate in group activity. After he stole candy and fruit from a nearby grocery store, she was able to persuade the store keeper to employ him as a delivery boy and the stealing ceased. However, it was through the clinic recommendation that this boy was transferred to a special class. At time of follow-up study this appeared to be the only factor tending toward his maladjustment.

In the D group there were three cases in which the family attitude was somewhat changed, two cases in which both home and school attitude were improved, and three cases in which the clinic treatment appeared to be detrimental or to have no effect.

Throughout the foregoing discussion it has been seen that in the E group there were more destructive environmental factors. The

seemed to be more deep-seated in origin or were not altered as much by circumstantial changes as was the case in the better adjusted groups. However, in one case, clinic treatment seemed to be helpful in changing the family attitude somewhat; in another, the school situation was affected favorably, and in another both school and home were helped. In the three cooperative cases treatment seemed to be either detrimental or of no effect.

In Case 21 the clinic recommendation for the boy's transfer to special class was carried out. It was also recommended that if delinquency continued, he should be sent to the State School for the Feebleminded. After two periods of probation and two commitments to the County Home School for Boys, an attempt was made to enter him there. There was no record to show whether an effort was made to change the home situation, and at the time of the follow-up study there appeared to be no change.

In Case 22 the Clinic kept close contact with the cooperative agencies working with the family, trying to make the family attitude more tolerant. In this case the school was very cooperative throughout, giving the boy individual attention, special room duties, and encouraging him to enter group activity at the neighborhood house.

The visiting teacher also tried to change the family attitude. In working with the boy she reprimanded him when necessary but in a friendly way and appealed to his reason, and he always responded. But when a very serious offense for stealing at school was discovered, all previous technique in handling the boy seemed to be forgotten, and she threatened him with telling his mother about it the next day. This directly preceded stealing a car and lead to his commitment to the reform school.

In Case 23 the school carried out the clinic recommendation to demote the boy and provide him with opportunities for success in the group. After that there was apparently no further modification of the school program. The visiting teacher tried to change the attitude of the family, but felt it was hopeless, since there were many adults in the home who were constantly criticizing and two young brothers who were the center of attention. Notwithstanding the emphasis in the clinic case summary on the inconsistent discipline in the home and the use of ineffectual threats, each time the boy was brought into court the probation officer threatened punishment for further delinquency by commitment away from home.

At the time of the follow-up study, a chance remark made by the stepmother in Case 24, when speaking of the attempts of the family to carry out the clinic recommendations, seemed to be significant: "The boy has turned out just as the doctor predicted. He is absolutely irresponsible, and will steal whatever he wants regardless of training."

In Case 25 the school was most cooperative, but no treatment could be carried out with the family. The aunt felt her time in taking the child to the Clinic had been wasted and that she herself was too busy to attempt to carry out its recommendations.

The Clinic, in Case 26, was instrumental in keeping the girl in the present home, avoiding a placement in her own home where she was not wanted, or a com-

mitment to the State School for the Feebleminded. She was helpful about the Hom and especially happy over recently being given a wage of a dollar a week in addi to her board and room.

In general, then, differences in the children's present adjus ment seemed largely explainable on the basis of changes (or la of changes) in their health or in their family and group relati ships. Some of these changes were effected by means of cli treatment, but many of them were the result of more or le accidental circumstances. A clearer picture of just what happe in each individual case is given by the following case summari

Case Summaries

Case 1—Male, 16; I.Q., 84, grade, 10A. Adjustment—A

On referral—Age, 11; econ. status, adequate.

Problems: Excitable, nervous, stubborn; defiant of authority, lies; erra appears "unbalanced."

Psychiatric Summary: "A boy of low average intelligence, restless and o active. He has been considered superior at home and school. This undue p sure, together with poor home hygiene and inferior physical make-up ha centuated his restlessness and general maladjustment."

Recommendations

1. Parents to be given report of findings, pointing out this boy's limited telligence.
2. Mother should do the disciplining, and father should not threaten.
3. Sleep alone.
4. Diet and rest periods for malnutrition.
5. Younger brother should have his own companions.
6. Teacher to be given a report of findings, and to praise patient for his
7. Summer camp.

Treatment: Cooperative case with Visiting Teacher; no treatment record.

Factors possibly accounting for adjustment.

In child

1. Up to weight. Good health.
2. Severe pneumonia during infancy may have caused early retardatio school.

In home

1. General emotional tone has been harmonious. Parents are congenial.
2. Maternal grandparents moved from home two years ago. Grandmothe nervous, sickly, irritable. The home is less crowded.
3. Mother no longer presses the boy by demanding high achievement. She a nervous breakdown two years ago which required rest care in the for several months.
4. This boy, being the oldest child, had to assume the home responsibili

they could not afford to hire help. Mother believes "he could get all A's if he studied more," but, is more preoccupied with her own health.
5. Father is more companionable, but still expects a high standard of achievement. He is under some financial strain trying to pay mother's doctor bills.
6. Siblings are considered "problems" by the mother. Younger brother is "slow" in school, but studies hard. He attends another school where he has made his own friends.

Of the two younger sisters, one is "spoiled," and the other is repeating the 2B grade due to inability to learn to read.

In school

1. Shortly after the initial clinic study this boy was transferred to another grade school. Former teacher was said to be very impulsive. Mother noted a decided improvement with the new teacher who was more unemotional and did not require as high standards of achievement.

2—Male, 12, I.Q., 80; grade, 5A. Adjustment—A

referral—Age, 7; econ. status, comfortable.

Problems: Awkward, slow, incoördination; food fads, nail-biting, stuttering; fights, dislikes school.

Psychiatric Summary: "Boy of very poor intelligence. Malnutrition may be factor. He shows marked inactivity of his speech organs when he talks. This a typical type of oral inactivity found in feeble-minded and retarded children. His behavior is to be expected from one with physical and mental handicaps."

Recommendations

1. Diet for malnutrition. Tonsillectomy.
2. Require only minimum essentials in school work.
3. Parents to be given a report of findings pointing out patient's limited mental ability.
4. Stress need for consistent training and discipline.
5. Father to take more interest.

Treatment: Clinic case

1. Letter was sent to mother asking her to come to the clinic for a report of findings. She did not keep appointment.

possibly accounting for adjustment.

child

1. Up to weight. Good health.
2. Very slight oral inactivity.

home

1. General emotional tone is harmonious as always. Parents are congenial.
2. Father previously had worked away from home, being absent several months at a time. His work now enables him to live at home. He is companionable; has a rather "easy-going," happy disposition.
3. Mother previously was over-protective, evidenced by her marked affection for this boy and extreme apprehension for his welfare. She was nervous, fearful of noises, and insisted that he sleep with her. She now allows him more freedom and is less apprehensive, although very fond of him.
4. Older brother is very bright in school, and plans to enter the University next

fall. However, he is more shy and studious, and lacks the "happy-go-lucky" disposition and ability to make friends which characterize this boy. He is also less adept in mechanical lines.

CASE 3—Male, 16; I.Q., 79; grade, 9B. Adjustment—A

On referral—Age, 11; econ. status, adequate.

Problems: Stealing, lying, poor school work; poor social judgment.

Psychiatric Summary: "Boy of very inferior intelligence. He does not know why he steals, appears childish. He is very unhappy in school and home, tremendous feeling of insecurity. He has not been taught property rights, and lies. His inability to make proper social judgments is a significant factor in his behavior."

Recommendations

1. Simplify educational requirements so as to win success in school.
2. Give habit training he can understand.
3. Uncle to be less severe, and less partial to sister.
4. Allowance.
5. Later, to be encouraged to join the Boy Scouts, Y. M. C. A.

Treatment: Clinic case

1. Mother and uncle were given a report of findings at the clinic.
2. Social service contact at the school.
3. Mother had treatment interview with psychiatrist five months after report of findings.

Factors possibly accounting for adjustment

In home

1. Previous tension and friction has been lessened since uncle married mother four years ago.
2. As step-father, uncle is less harsh, although apt to criticize the boy.
3. Mother defends the boy and acts as a buffer between stepfather and boy. She is not well (menopause) and depends upon son for help, praising him for anything he accomplishes.
4. Sister is openly step-father's favorite. She, however, is "slow" in school.

In school

1. Boy transferred to another school second semester upon entering high school. He disliked the former school and felt that "the principal was against him." He is now happy in the present school and likes it.

Clinic treatment

1. Mother said she had gained much from the clinic study in how to manage the boy, and understood him better. She believed step-father had tried to be less harsh since his mistreatment was pointed out to him.

Other factors

1. Delinquent companion moved away from the neighborhood.

CASE 4—Male, 15; I.Q., 83; Boys' Vocational High School. Adjustment—B

On referral—Age, 10; econ. status, adequate.

Problems: Stuttering, poor school work, obstinate, food fads.

Psychiatric Summary: "A boy with a marked speech disorder, showing incoordination of the muscles of his lips, throat, and vocal cords, with letter substitution and gutteral sounds. An inferiority feeling is present, based largely on this defect. Emotional blocking is indicated by his general restlessness and tendency to fidget."

Recommendations

1. Continued speech training.
2. Early vocational placement with reduction of educational requirements.
3. Let him feel success.
4. Group recreation as soon as possible.
5. Removal of tonsils and adenoids. Examination of hearing and if necessary advise lip reading, etc.

Treatment: Cooperative case with Bd. of Education Speech Department—no treatment record.

Factors possibly accounting for adjustment.

In child

1. Speech defect is much less marked.
2. Tonsillectomy; disappearance of deafness.

In home

1. General emotional tone of the home suggests tension. There seemed to be little change in this respect.
2. Father is companionable, but firm, and ambitious for the boy.
3. Mother is nervous and quick-tempered. (Recently she had an operation for "internal goitre.")
4. Siblings are more of a "problem": twin sister, lame from infantile paralysis, is shy and sensitive, humiliated over a transfer to special class. Younger brother is also dull in school. Older brother is a successful tailor.

In school

1. Speech training

Other factors

1. Special interest by the Y. M. C. A. secretary to encourage the boy in group activity; showed him individual attention.

5—Male, 15; I.Q., 83; grade, 10A. Adjustment—B

referral—Age, 11; econ. status, affluent.

Problems: Lack of school adjustment, mischievous; called a "sissy"; physical coward.

Psychiatric Summary: "A boy who is retarded so that he is not able to do his work and is over-graded. The boy has a profound feeling of inferiority and discouragement about his school work. His lack of intelligence prevents him from making the social adjustments and from competing with the other children on equal grounds. Added to this difficulty, he is fat and has a feminine contour of the body and is not able to compete with the other boys in athletics. This has given rise to an even more profound discouragement than his school failures. He has a pleasant personality. He has been misplaced in school and is unable to compete with the other boys in their games because of his physical make-up."

Recommendations

1. That his mental capacity be recognized by the school and that he be allow to do what he can do and be praised for it and remain in the same grade u he catches up. He should repeat his present grade next year.
2. That the mother cease worrying about his school work.
3. That he be given some training in athletics—tennis and boxing—so th there are some things in athletics in which he can excel.
4. Drop idea of summer school.
5. Transfer to Jefferson Junior High School, thus making less conspicuous repetition.
6. Have patient go to a boys' camp for this summer if he is able to get anywh with his athletics. If not a camp, the family should go out to the lake.

Treatment: Clinic case—Report of findings given to parents by the psycho gist.

Factors possibly accounting for adjustment

In child

1. Obese—six feet tall and weighs over 200 pounds.
2. Diminutive genitalia.

In home

1. General emotional tone is harmonious as always. Parents have been "ide happy,"
2. Father, as formerly, refuses to consider the boy as having limited me ability. He still hopes he will be a doctor like himself. He is companiona
3. Mother gives little opportunity to develop independence at home. Howe she is less exacting and does not expect as high standard of achievement b praises the boy for any improvement and is very proud of his pleasing sonality.
4. Two older brothers are both retarded, and are shy and seclusive. Du pressure from parents they graduated from high school after six y Family favorably compares his boy to older sister who is bright, gradu from the University, and is popular socially.

In school

1. Teachers in Jr. H. S. took a special interest in the boy, and reported to pa his splendid effort and pleasing personality.

Clinic Treatment

1. Parents refused to accept the clinic diagnosis of mental retardation.

CASE 6—Male, 16; I.Q., 80; special class. Adjustment—B

On referral—Age; 12; econ. status, dependent.

Problems: Continually annoying in school, distractible, defiant.

Psychiatric Summary: "A boy who has borderline intelligence. Ther wretched home conditions with insufficient recreational outlets. He is graded in school; the teachers sympathize with him because of his hom have given him credit for more intelligence than he has."

Recommendations

1. Transfer to special class.

2. To be given recreational outlets and training in habits of cleanliness.
3. Regular meals and cod-liver oil.
4. Family Welfare to continue case-work with the family and also send a visiting housekeeper.
5. Big Brother camp.

Treatment: Cooperative case with Visiting Teacher—No treatment record. One entry from the Juvenile Court stating patient had been committed to County Home School for Boys 11–25–27. Released 2–24–28.

ctors possibly accounting for adjustment

In child

1. Up to weight; formerly undernourished.

In home

1. Very low standards. Drunkeness and immorality. Parents speak only Polish. Intensive case-work by Family Welfare has made no apparent change. House is filthy and barren of any cheer.
2. Father is alcoholic, shiftless; had several work-house sentences. Encouraged boy to bring home spoils from the market and pick up coal from the railroad tracks.
3. Mother is also alcoholic and there are rumors of immorality. However, the children seem fond of her.
4. Eight older siblings in Poland. Next younger brother is a close companion of this boy. He is doing well in junior high school and is not a behavior problem. Two younger sisters are retarded and also in special class.

In school

1. This boy showed superior ability in doing detailed work with his hands. Teachers gave him opportunities to demonstrate it before the class.
2. A hot lunch was given free to the special class.

Other factors

1. Three months committment at County Home School for Boys two years ago. Head master reported a marked improvement under this changed environment. There has been no recurrence of delinquency (burglary and petty larceny) since that time.
2. Big Brother Camp.

7—Girl, 14; I.Q., 79 (Clinic re-test, 89); grade, 7B. Adjustment—B

eferral—Age, 9; econ. status, comfortable.

roblems: sensitive, conscious of mother's lack of interest; stealing; placement advice required.

Psychiatric Summary: "A girl who is definitely feeble-minded. Alert expression and pleasing personality give the impression that she is more intelligent. he is sensitive and conscious of mother's rejection."

ecommendations

To be placed in an easy-going home.

reatment: Cooperative with Childrens' Protective Society—No treatment record until 2–5–30, when referred to clinic for complete study to determine the desirability of present foster home with elderly widow, no siblings.

Factors possibly accounting for adjustment

In home

1. General emotional tone is harmonious.
2. Foster-mother is easy-going and does not have a high standard of achie ment. She is over-protective, anticipates the girl's needs and shields h from any duties which would "interfere with her school work."
3. They frequently visit in the homes of foster-mother's two married sons.

Clinic Treatment

1. Instrumental in placing the girl in present foster-home five years ago.
2. Recent study approved of foster-home; also encouraged more contracts ou side the home.

Other factors

1. A year ago the neighborhood circulated a petition to have this girl remove from foster-home, complaining that she had played with younger childr sexually; but this was never verified. Incident seemed to have left a dee impression on the girl and may account for her fearfulness of being separa from foster-mother.
2. Three previous boarding homes; the present home was the first perman placement.

CASE 8—Male, 14; I.Q., 78; grade, 6A. Adjustment—C

On referral—Age, 9; econ. status, marginal.

Problems: irresponsible, no self-control, convulsions; jealous, obstinate, defia

Psychiatric Summary: "A boy of unknown heredity who since the age of o year has had attacks strongly resembling idiopathic epilepsy. The scatte on tests and poverty of emotion and thought suggests deterioration of an leptic type and intellectual deterioration caused by epilepsy. If he is a epileptic, irritability will increase and there will be progressive me derioration.det

Recommendations

1. Foster-parents to be given a report of findings.
2. Transfer to special class.
3. School to be more tolerant.
4. Institution to be considered in light of the poor prognosis.

Treatment: Clinic case—9–25, mother given a report of findings at cli 7–28, mother and boy seen at clinic; two social service visits to sch 12–28, 10–29.

Factors possibly accounting for adjustment.

In child

1. No epileptiform attacks for four years.
2. Good health.

In home

1. Some tension over fear of being separated from foster-mother.
2. Foster-parents obtained a divorce four years ago and epileptic attacks ce about that time.

3. Foster-father remarried. No interest in the foster-mother nor boy. Occasionally he bought clothes for the boy.
4. Foster-mother is over-demonstrative. She still loves her husband and did not seek the divorce.

In school

1. Principal and teacher showed the boy individual attention.
2. He was encouraged to enter sports and social activities.

Clinic Treatment

1. Encouraged foster-mother to give boy more outside interests.

Other Factors

1. Family Welfare refused relief during the winter when foster-mother was ill because the boy had no legal status in the family. Foster-mother and boy became more fearful of being separated.

E 9—Male, 12; I.Q., 76; grade, 4B. Adjustment—C

referral—Age, 7; econ. status, affluent.

Problems: Poor school work and poor motor coördination.

Psychiatric Summary: "A boy of borderline intelligence, who is timid, sensitive, and complains of physical ailments. He is indifferent, apathetic and rather suggestible."

Recommendations

1. Better posture. Retest eyes. Sinuses watched.
2. Less supervision by mother; more by father.
3. Not to expect fine movements.
4. To remain in same grade with present teacher.
5. To consider a transfer to boarding school.

reatment: Clinic case—Report of findings to mother; two social service contacts at school.

ors possibly accounting for adjustment

child

1. Premature birth may have been a factor in retardation.
2. This is the first winter boy has had good health and did not have to miss school.

home

1. General emotional tone is harmonious, as always.
2. Father did not take more responsibility, but was lenient with the boy. He is twenty-five years older than mother.
3. Mother is inclined to be over-protective, allowing the boy little opportunity to develop independence. Occasionally she defends him in fights at school, although not as frequently as before. She worries less about his school-work, and praises him for any improvement; also discourages any unfavorable comparison with brothers.
4. Older brother is very bright in school and a good athlete. He used to call the boy "dumb," and now taunts him with being "sissy."

school

1. Teachers have not expected as high standard of work, and have praised him.
2. School principal believes his I.Q. has raised.

Clinic Treatment

1. Helped to relieve much of mother's pressure in demanding school achievement.
2. School more understanding.

CASE 10—Male, 15; I.Q., 78; special class. Adjustment—C

On referral—Age, 11; econ. status, marginal.

Problems: no progress in school, untidy, occasionally steals; considered "peculiar."

Psychiatric Summary: "A boy of borderline intelligence, who is doing poor school work and is over-graded. Home discipline is wretched. Very poor physical conditions."

Recommendations

1. Transfer to special class.
2. Visiting Teacher to work with the family in regard to diet and sanitation. If necessary enlist Family Welfare.
3. To be given clothing, and play equipment—skates and foot-ball.
4. Enlist the interest of Mr. ——— at the Citizens Club.
5. Cod liver oil; regular meals; bath at school if needed.

Treatment: Cooperative case with Visiting Teacher.

Factors possibly accounting for adjustment

In child

1. Up to weight (fourteen percent underweight on referral).

In home

1. Much less friction than formerly. Less crowded and better hygiene in home.
2. Father has long working hours which now keep him away from home. His irritable disposition and violent temper has been a chief factor in causing the home friction.
3. Mother has a calm, unemotional attitude. Children are all very fond of her.
4. Four older brothers and two older sisters have married and moved away from home. They used to annoy this boy by constant nagging and criticism.
5. Next older brother left junior high school at sixteen (retarded). At present he is out of work, irritable at home, and considered a "problem." Younger brother is also dull, but a leader and sociable.

In school

1. This boy resents special class transfer. He said he lost all his friends by it.
2. Dislikes hand-work and prefers the academic subjects in which he achieves more than the average pupil in special class.
3. He is eager to work full-time, and resents being compelled to remain in school until sixteen years of age.

Clinic Treatment

1. Upon recommendation of the clinic Visiting Teacher arranged for a weekly bath at school.
2. After an episode of stealing candy and fruit from a near-by grocery store three years ago, it was arranged for him to be employed as delivery boy and the stealing ceased.
3. Man at the Citizens Club encouraged boy to participate in their club activity, and gave him individual attention.

CASE 11—Female, 14; I.Q., 78; grade 7B. Adjustment—C

On referral—Age, 10; econ. status, adequate.

Problems: motor incoördination: irritable.

Psychiatric Summary: "A girl of borderline intelligence, who is over-graded in school and is therefore under a great strain, who is in wretched physical condition, apparently has a choretic infection at the present time which affects the right side of the body. It interferes with her writing and to some extent her walking. Under emotional stress, this condition grows worse. This seems to be a case due primarily to physical causes."

Recommendations

1. Refer to the University Hospital for more careful examination and perhaps treatment. Examination for tuberculosis also to be made.

Treatment: Clinic case—two social service contacts at home, and one social service contact at the school.

Factors possibly accounting for adjustment

In child

1. Good health.

In home

1. General emotional tone is harmonious, as formerly.
2. Father takes less interest in family. He lost his former position and had to accept a more menial one. Tired at night.
3. Mother is frail-looking, nervous, and tires easily. She tries to discourage girl's recalling of previous illness, and is not as concerned over small complaints as formerly.
4. Siblings are all of average ability and hold fairly successful positions. Two older sisters live away from home.
5. Next older sister recently graduated from high school and works as messenger in a bank. She is fond of the patient.

Clinic treatment

1. Helped to change mother's attitude toward girl's illness.

CASE 12—Male, 12; I.Q., 85; grade, 4B. Adjustment—C

On referral—Age, 8; econ. status, adequate.

Problems: Stealing, lying, poor school work.

Psychiatric Summary: "A boy of dull-normal intelligence, with a broken home. There are no playthings and few recreational outlets. He has had inadequate training in honesty."

Recommendations.

1. Care of teeth.
2. More toys and recreation.
3. To be encouraged in mechanical work; later to learn a trade.
4. School to be given a report of findings.

Treatment: Clinic case—Report of findings by social worker to family. Five social service contacts with family during 1927. Grandmother seen at the clinic.

Factors possibly accounting for adjustment

In child

1. Reading disability.

In home

1. Previous friction has been alleviated. General emotional tone is harmoni
2. Paternal grandmother who aggravated children has moved to another nei borhood.
3. Father married young house-keeper two years ago.
4. As step-mother, house-keeper gives the boy more attention and discipl also more sympathy.
5. Family has discontinued exploiting the boy's singing by performance on stage. Singing lessons discontinued until he can learn to read.
6. Father is sympathetic, and companionable; depressed during the wi because of unemployment.
7. Siblings present no problems—older sister is more companionable step-mother; younger sister is bright in school.

In school

1. He was passed on because of size.
2. No attempt made to give remedial instruction in reading.

Clinical Treatment

1. Through close contact with family during a period of particular stress C was able to show need of more satisfying outlets for the boy and delinqu was probably forstalled.

CASE 13—Female, 16; I.Q., 82; grade, 9B. Adjustment—D

On referral—Age, 12; econ. status, adequate.

Problems: severe nervous condition with phobias, crying, insomnia, fe dying.

Psychiatric Summary: "Patient has had a severe nervous condition phobias, crying spells, insomnia and inability to do her work since she saw a child whom she had known. She has been out of school most of the time. in school she has sobbed all day, has refused to go to school or home alone her mother has had to sleep with her. She complains of pains in various pa her body and is afraid she is going to die."

Recommendations

1. Report findings to parents.
2. Report findings to school.

Treatment: Clinic case—Report of findings to school; one social service tact with school and home; mother and girl seen by psychiatrist at clin

Factors possibly accounting for adjustment

In child

1. Good health.

In home

1. General emotional tone suggests tension.
2. Maternal grandmother who was bedridden and acted as a restraint children's activities died three years ago.

Father is overambitious and expects high achievement. He closely supervises the girl's recreation.

Mother also is over-protective. She continues to be apprehensive, has little confidence that the girl can depend upon herself and tends to cheat her of any opportunity to develop self-reliance.

Older brother is also nervous; disappointed father by not graduating from high school, and worked as a delivery boy.

Younger brother is retarded in school and nervous; younger sister is not nervous and is succeeding in school.

In school

Teachers helped to overcome severe nervous state by reassuring, providing opportunities to succeed, and taking a friendly attitude.

Tried to persuade family to send the girl to Vocational High School.

Clinic Treatment

Instrumental in changing the attitude of the school.

14—Female, 15; I.Q., 74; grade, 8A. Adjustment—D

ferral—Age, 10; econ. status, adequate.

oblems: stuttering; nervous and bashful; enuresis; retarded in school.

Psychiatric Summary: "A girl of very inferior intelligence showing a marked ling of insecurity and inferiority resulting in speech defect due to her feeling anxiety. Low mentality explains low school rating."

commendations

Tonsillectomy and adenectomy; endocrine study.

School not to expect high achievement.

Parents to be told her mental ability and relieve pressure.

Continue speech training to build up self-confidence.

Environment to be simplified wherever possible and the girl given a chance for success and praise.

atment: Clinic case—Report of findings to mother at clinic.

possibly accounting for adjustment.

child

Obesity; endocrine study proved negative.

home

General emotional tone of the home is harmonious; parents are congenial.

Mother has a confectionery store in conjunction with the home. Little opportunity for home-life.

Father is good-natured and fond of the girl.

Mother, as formerly, tends to baby the girl, and anticipates her wants. Encouraged her to be more sociable, but showed a lack of confidence in her ability to make social contacts.

Older sister is very attractive in appearance; had no difficulty in school. She married and now lives at home with her baby while husband travels.

ic treatment

Mother no longer expects high standard of achievement, but appears more ive since she understands the limitations.

CASE 15—Male, 9; I.Q., 85; special class. Adjustment—D

On referral—Age, 5; econ. status, comfortable.

Problems: poor school progress; self-conscious; desire for attention.

Psychiatric Summary: "A boy who was injured at birth and shows bor line intelligence. He appears more immature than his mental age. Depende is due to mother who is anxious, worrying, over-agressive, and on the defen for him. She is not happy with father, and very attached and solicitous o boy."

Recommendations

1. Promote to first grade. Teacher to be told his limited mental ability. T given freedom in movement, and work with concrete material.
2. Reeducation of mother to make the boy more independent. Satisfy mother's ambition in the achievement of the other two children, and h her not expect high achievement from the boy.
3. Father to handle the boy more frequently.
4. Speech class for relaxation.

Treatment: Clinic case—Mother and school given a report of findings a clinic; one social service contact at school and home.

Factors possibly explaining adjustment.

In child

1. Deformed arm much improved through mother's daily massage and occ tional therapy.
2. Left-handed, but mother insisted that he use the deformed right han order to strengthen it.

In home

1. General emotional tone is one of tension. Parents are separated.
2. Father's work now takes him out of the city, causing him to be away months at a time. There is an unusual bond of understanding between and the boy.
3. Mother is less solicitous, has discontinued during the past year the massage of the deformed arm. Although deformity is not noticeable, m uses this to explain the boy's transfer to special class, and insists that tutor him nightly so as to keep up to regular grade standard. She is aggressive, and appears to identify the boy with father, saying "I nev like boys"; favors the two sisters. Becomes easily irritated and impa with the boy.
4. Older sister is bright, resents mother's impatience with the boy, an sympathetic toward him.

   Younger sister is very bright, threatens to get ahead of the boy in sch favorite of the mother.

In school

1. Transferred recently to a special class in school for crippled children great majority of the children are very deformed. Bus ride to and from s because of the distance leaves less time at home.
2. Shows superior ability in weaving rugs.

Clinic Treatment

Encouraged father to be more companionable. Mother allowed boy more freedom.

16—Female, 13; I.Q., 75; special class. Adjustment—D

eferral—Age, 8; econ. status, adequate.

roblems: distractible, suggestible; inferiority feelings; disobedient.

Psychiatric Summary: "The girl is a retiring, quiet child with a dull facial xpression. It is difficult to hold her attention; very suggestible, and definitely hallow intelligence. There is a justified feeling of inferiority. No indications of onflicts or fixations. The girl's low mental age explains her low school rating nd lack of interest in social matters. Constant home pressure increases her nhibitions and inefficiency."

ecommendations

Transfer to special class.
Family to understand her inferiority and to accept it.
Timidity to be stressed as an asset.

reatment: Clinic case—Report of findings to mother and school at clinic.

rs possibly accounting for adjustment.

home

General emotional tone suggests tension. Family is deeply humiliated over the girl's transfer to special class and tries to keep it a secret, avoiding explanations to relatives and friends. Parents are congenial.
Father, as formerly, is indulgent, quiet, and fond of the girl; felt special class was a disgrace.
Mother fought special class transfer; continued to be over-ambitious. Concerned over future vocational training. Beginning to see the girl's need for praise and opportunities to succeed in the home.
Younger sister is very bright in school, will not let friends know that the patient is in special class. Youngest sister, not yet in school, is very bright.
Patient gained considerable satisfaction in teaching her reading as taught in special class.

chool

Friction between mother and school over special class transfer. Tried to make mother accept the girl's mental retardation.
Special class teacher gave the girl individual attention and praise.

inic treatment

Mother refused to accept the clinic diagnosis of mental retardation.

17—Female, 14; I.Q., 81; grade, 6B. Adjustment—D

eferral—Age, 10; econ. status, dependent.

roblems: suspected of stealing; sullen, refused to talk, cried; no interest in school.

Psychiatric Summary: "A girl who is conscious of inferiority of home and ing, is on the defensive through sullenness, refusal to talk and defensive ing. Defective if she did not steal and lie in that home."

Recommendations

1. Continue in present grade. Teachers to praise good work and express
confidence in her.
2. Provide recreation and association with acceptable children; Sunday S
3. Consider boarding out.

Treatment: Clinic case—Report of findings to the school.

Factors possibly explaining adjustment.

In child

1. Up to weight; previously undernourished.

In home

1. No change in home situation. Overcrowded living conditions with no fa
for hygiene. Strong family solidarity, on defensive against neighbo
and social agencies.
2. Father shiftless, braggadocio, indifferent. Is believed to encourage chi
to steal.
3. Mother weak, vacillating, unstable. Tends to restrict the girl's outsi
terests because fears the dangers of the city for one as suggestible as th
4. Older brother, since transferral to another school, is doing average
and is well-liked by the school.
5. Five younger siblings attend grade school nearest home. They are sh
by the other children; steal and lie, and are retarded in school.

Four other siblings not yet in school, and mother is pregnant wi
twelfth child.

In school

Present school takes an interest in the girl. She is only one of
in the school. Lapse of stealing and lying in the new school situation

Clinic Treatment

Aroused sympathy of the school for girl because of her home si
and encouraged opportunities for her to be accepted favorably.

CASE 18—Female, 11; I.Q., 83; grade 5A. Adjustment—D

On referral—Age, 6; econ. status, comfortable.

Problems: masturbation, very nervous, boisterous, distractible.

Psychiatric Summary: "The girl is restless, uncontrolled, very inf
her questions and answers. Shows flight of ideas. The mother's undue
may be a causative factor. Mother is annoyed and exasperated.
intelligence plus poor discipline account for her uncontrolled habits."

Recommendations

1. School work to be simplified and emphasis to be placed upon fundam
2. Mother to accept child's limitations.
3. Mother to set up one habit at a time, praise her, and show affection
4. More opportunities to play with girls her age or younger.
5. Boarding school to be considered.
6. Dispel worries of mental disorder from masturbation.
7. Regulation of diet.

Treatment: Clinic case—Report of findings to parents at clinic; five
service contacts with mother.

possibly accounting for adjustment

hild

besse. Endocrine study showed thyroid deficiency.

ome

eneral emotional tone of the home is one of great tension.

ather took law course at night and has less time to devote to family. asily irritated by this girl; more companionable with brothers.

Mother is still extremely nervous, and easily irritated; tendency to be psychotic" (attempted suicide; very suspicious.) Has taken many courses n child training and is convinced that she is unable to manage this girl. onstantly nags.

lder brother is a close companion of father; average intelligence; in trouble school for breaking rules. Younger brother is average, no problem.

ic treatment

chool recommendations not carried out.

hanged mother's attitude in regard to the girl's masturbation, which is no onger a problem.

oarding school was arranged for, but parents took the girl home when she omplained of being lonely. Mother still expects a high standard of achieve- ent.

—Male, 15; I.Q., 84; grade, 7A. Adjustment—D

al—Age, 10; econ. status, affluent.

lems: delicate health, sensitive, petulant; poor motor coördination; temper ntrums.

ychiatric Summary: "A boy of inferior intelligence from a very superior . Domineering, worrying, anxious mother and aunts. They expect too of him, and as a result there is nervousness, marked feeling of unhappiness, nferiority with occasional temper tantrums."

mmendations

port findings to father.

ncourage an interest in sports.

ncourage mechanical interests; he should have a shop of his own.

other not to interfere with the school.

consider boarding school.

ent: Clinic case—Father given a report of findings at clinic; social ser- contacts with mother.

ossibly accounting for adjustment

ld

ysically immature, slight build with diminutive genitalia.

me

eral emotional tone is one of tension. Parents are congenial.

o maiden elderly aunts live with family. One is depressed, the other vous and irritable.

her, a successful doctor, of happy disposition, is a companion to the boy.

ther, intelligent, but emotional, sentimental, and over-ambitious. She over-protective, evidenced by too close supervision of the boy's play;

defends him in any school fight, and gives him little opportunity to d... self-reliance.

5. Siblings are very superior, intellectually and physically. Older brothe... cently won scholastic honors at Harvard Prep school; good athlete. A... brother, although three years younger, is one-half year behind the ... school; has won several athletic honors at school.

Clinic Treatment

1. Family encouraged mechanical interests.

CASE 20—Male, 10; I.Q., 85 (re-test, 75); special class. Adjustment—D

On referral—Age, 6; econ. status, comfortable.

Problems: school retardation, "peculiar," motor incoördination, disob... speech defect.

Psychiatric Summary: "A boy of dull-normal intelligence showing ... muscular coordination and oral defect. Mother needs to be more firm ... discipline."

Recommendations

1. Mother to know the boy's retardation, so as to train him according ... capacity.
2. Speech class.
3. Firmer discipline; spankings to be given occasionally.

Treatment: Clinic case—Mother was given a report of findings at the clini... was referred back for complete study four years later.

Factors possibly accounting for adjustment

In child

1. Speech defect no longer present.
2. Muscular incoordination

In home

1. General emotional tone of the home is harmonious as always. Paren... congenial.
2. Father, as formerly, is easy-going and indulgent.
3. Mother expresses doubt in the boy's ability. She tends to cheat him ... opportunity to develop self-reliance.
4. Older brother, in junior high school, has average mentality. He ... with the patient and is apt to nag.

Other Factors

1. The boy was given a psychological test at the University and a disco... written report of his retardation was given to the patients, stating ... rating.

CASE 21—Male, 15; I.Q., 64; grade, 4A. Adjustment—E

On referral—Age, 10; econ. status, marginal.

Problems: truancy, stealing, masturbation, violent temper, poor schol... erratic behavior.

Psychiatric Summary: "A boy having the mental level of a moron ... strain may have caused him to test lower. His behavior is due to being ...

impossible situations in school. Delinquencies seem to be of a minor nature at any child in his situation may have. He needs habit and occupational ining for the retarded. Temper outburst should be checked and taught to ntrol."

commendations

Transfer to special class.
Dietary for the family.
Sleep in other room from sisters.
Encourage recreation. Give him sled and skates.
Send to Faribault (State School for Feebleminded) if he continues to be delinquent.

eatment: Cooperative with Juvenile Court—transfer to special class was made.

possibly accounting for adjustment

child.

Operation for deformity of foot caused by infantile paralysis when one year old.

home

General emotional tone of the home is one of friction; overcrowded living conditions.
Father, fond of the children, but too tired after work to take much interest in the home.
Mother lacks force; useless threats; weak, ineffectual sort of person.
Two older siblings had a juvenile court record; five younger children received more attention than the boy.

er Factors

On probation from juvenile court three times for stealing and incorrigibility.
Two commitments for three months each at the County Home School for Boys
There was no opening at the State School for the Feebleminded; therefore he was committed to the State Training School on charge of incorrigibility.

2—Male, 15; I.Q., 84; grade 9B. Adjustment—E

oral—Age, 10; econ. status, marginal.

blems: unmanageable at home and school; slovenly, restless, excitable; tem- er tantrums.

Psychiatric Summary: "A boy from a home where there is continual nagging correcting. No consistent discipline. The boy has been spoiled by the her. Hyperactivity shows lack of inhibition and irritability of the nervous em. This has been accentuated by malnutrition and poor physical hygiene. bility to inhibit. Mother is forceless and dependent. She should not expect achievement of the boy."

mmendations

Mother to give firm, consistent discipline.
sters to refrain from nagging.
ep alone; regular meals; diet, tonsillectomy.
achers not to expect high achievement; to be given more freedom in the om.

4. Trade training; part-time job.

Treatment: Cooperative case with Visiting Teacher—No treatment record
4–28. The boy was seen at the clinic for treatment twice; two social
contacts with cooperative agencies—Jewish Family Welfare and Visi
Teacher.

Factors possibly accounting for adjustment

In child

1. Extreme malnutrition has not been changed by attendance at school fo
undernourished.

In home

1. General emotional tone of the home is still one of friction, constant nagg
and useless threats.
2. Father is dead.
3. Mother, older sister, and boy have light housekeeping rooms with an
family. This family is also impatient and critical of the boy.
4. Mother is now tubercular, sickly. She is inconsistent: sometimes nagg
and critical; threatened reform school; sometimes defensive; cried over
5. One older sister married and lived away from home. She also is critic
the boy when with him. Older sister at home nagged him.

In school

1. Attempt was made during the fall to enter the boy at Vocational H. S
they had a full quota, and knowing that he was a behavior problem re
to accept him.
2. Visiting Teacher arranged for a double industrial program, gave him
books free, and also free hot lunch.
3. Visiting Teacher tried to modify the family's attitude.
4. A threat by the Visiting Teacher to inform mother of a stealing episo
school preceded stealing of a car which lead to commitment to State Tra
School.

Clinic Treatment

1. The clinic advised attempts at special school program.
2. Placement was made in home of a printer as an apprentice.
3. Advised Jewish Family Welfare worker in her contacts with the famil

CASE 23—Male, 15; I.Q., 80; grade, 8B. Adjustment—E

On referral—Age, 10; econ. status, comfortable.

Problems: truancy, no interest in school, hard to manage at home.

Psychiatric Summary: "A boy who is definitely borderline in intelli
Very poor home and little consistent discipline. Solidarity of the home
asset. They expect the boy to have high achievement in school. He truan
escape."

Recommendations

1. Demote to 5B if he is not sensitive over it; give some manual training
2. Teacher to know the boy's intellectual limitations; praise him, make
pleasant.

Treatment: Cooperative with Visiting Teacher—Demoted to 5B; given sp
duties and attention.

tors possibly accounting for adjustment

In home

1. General emotional tone is one of tension. Parents are congenial. In better financial state; moved to comfortable home.
2. Father is anxious; grieved over the boy's commitment to State Training School.
3. Mother, as formerly, was over-protective; allowed the boy little freedom; Useless threats of reform school; compared him unfavorably to other siblings. Is deeply humiliated over commitment to State Training School.
4. Three older brothers and one older sister live at home. Each tried to discipline the boy; criticized him. Two younger twins, now in school, are very bright, and are the center of attention in the home.

In school

1. School program only slightly modified.

Other Factors

1. When put on probation in juvenile court, probation officer threatened commitment to County Home School for Boys if he continued to steal. Threatened that if he ran away from there, he would be sent to State Training School.

24—Male, 16; I.Q., 78; grade, 8B. Adjustment—E

ferral—Age, 12; econ. status, adequate.

roblems: truancy, stealing, poor school work, lying.

Psychiatric Summary: "A boy of borderline intelligence. After mother's eath he was boarded three years and learned to steal from a boy in the boarding ome. There is consistent stealing; he takes anything he wants. Poor training nd intelligence, and immaturity prevent inhibitions. Home situation is very ifficult. The step-mother does not understand how to discipline the boy, and e grandmother interferes. Lack of interest in school due to over-grading."

ecommendations

1. School to understand his mental capacity. To be given more manual training.
2. Transfer to special class.
3. Mother and father to be given a report of findings. Discipline by step-mother to be more consistent and have more rewards.
4. Worker to talk with sister so as to cooperate with step-mother.
5. More recreational outlets.

eatment: Clinic case

1. Step-mother and grandmother given a report of findings at the clinic.
2. Report of two commitments to County Home School for Boys; on probation in juvenile court twice for petty larceny; sentenced to State Training School.

s possibly accounting for adjustment

ome

1. General emotional tone is harmonious. Step-mother and father are congenial.
2. Less economic strain.
3. Paternal grandmother moved from city two years ago.
4. Father concerned over the boy; grieved over his commitment to State Training School; kind.

4. Step-mother is sympathetic, but felt she was at a disadvantage in trying discipline him because of being a step-mother.
5. Older sister, attractive, bright, graduated from H. S., now works and at home. Sorry for the boy.

In school

1. Expected to keep up to average standard; no special program.

Clinic Treatment

1. Helped to make family more tolerant and understanding.

CASE 25—Female, 9; I.Q., 66; special class. Adjustment—E

On referral—Age, 5; econ. status, adequate.

Problems: erratic, uncontrolled behavior; "peculiar."

Psychiatric Summary: "A borderline mental defective. Conduct expla by mental age and erratic, vascillating training. Doubtful if she wil respond to average level. With firm, kindly treatment may get better res

Recommendations

1. Teeth, tonsillectomy, psychological re-test in six months.
2. Inform aunt concerning her mental ability; she is not to be the cen attention; requests and demands to be carried out.
3. Good food habits
4. Continue with present teacher.

Treatment: Cooperative with Speech Department, Board of Education—S Teacher reported findings to aunt.

Factors possibly explaining adjustment

In child

1. Question of encephalitis in infancy.
2. Starved in infancy.

In home

1. General emotional tone of the home suggests tension. Management grocery store in conjunction with the home prevents family life; ver
2. Father remarried and no longer lives with child in home of uncle and Does not want the child. Own mother remarried and also does not wa Father occasionally visits the child; she is fond of him. Child dislikes and is sensitive over rejection.
3. Uncle is easy-going, defends the girl, and believes she is bright.
4. Aunt is generous, erratic, very much on the defensive. Blames the and clinic for the girl's behavior, ashamed to have the girl in specia
5. No siblings.
6. Child spends most of her play-time in the store or on the street; gain attention by tantrums.

In school

1. Child responded to firm, consistent discipline.

Clinic Treatment

1. Changed the school attitude toward the child.

CASE 26—Female, 15; I.Q., 75; special class. Adjustment—E

On referral—Age, 10; econ. status, dependent.

Problems: school retardation, stuttering, masturbation, exhibitionism; very demonstrative.

Psychiatric Summary: "A girl who is childish in appearance and behavior. o marked scatter on psychological test, no morbid emotions; rather a dead-evel of simple-mindedness. Typically retarded child. Stutter is an emotional ffect due to her inferiority. She cannot win success, and the stutter shields her. he needs the supervision of an understanding and sympathetic environment nd proper inhibitions developed."

ecommendations

To remain in the Institution for the Aged and Children.
Special class.

reatment: Cooperative case with Children's Protective Society—Not trans-rred to special class until 1928; school simplified academic work; attended speech class.

s possibly accounting for adjustment

child

Premature birth (7 mo.).
Marked stutter.
Unattractive appearance.

home

Likes the routine of the Home. Matron kind and sympathetic.
Illegitimate child; paternity unknown.
Mother indifferent; stepfather occasionally visits her.

nic Treatment

Instrumental in keeping girl in the Home.
Encouraged matron to give her opportunities for achievement.

CONCLUSIONS

ollow-up study of twenty-six dull-normal problem children ade at the Minneapolis Child Guidance Clinic. Those en were selected for study who had I.Q.'s. of 85 or less, were d by the Clinic three to five years ago, and were still in school. rder to determine their status at the time of the follow-up certain criteria for adjustment were selected: (1) the child's ion in the home, (2) symptomatic behavior problems, (3) s and interests, (4) home duties, (5) school progress, and (6) des in the classroom.

on these criteria an estimate of the children's adjustment was They were rated A, B, C, D, or E, according as they ful-his standard. Three children seemed to satisfy the highest cations of the criteria and were rated A. Four children he B group, five in the C group, eight in the D group, and he E group. Allowance must be made for the unreliablity ngle subjective judgment, but it is believed that A and E

groups were correctly placed and that if B, C, and D groups w
rated by several persons, they would not be changed more th
one step up or down on the scale.

An attempt was made to determine what factors were rela
to adjustment. It showed little relation to either I.Q. or a
Seventy-seven percent of the girls were found to be poorly adjus
as contrasted to forty-one percent of the boys.

Number of school transfers seemed to show a moderate relati
ship to adjustment. Of special interest was the fact that no o
in the A group changed schools more than once, while in th
group, with one exception which was explainable by other co
teracting forces, the number of school transfers ranged from fo
to nine. Regularity of school attendance showed only a slight re
tionship. Of the seven children in a special class, only one
making a B adjustment, and the rest were in the C, D and E grou
How much of this was actually due to placement in special c
it is hard to say, but several reports from homes and schools sho
detrimental attitudes concerning it.

Economic status showed a large scatter, indicating little
tionship to adjustment.

For the most part there was no relationship between ori
problems and adjustment. Truancy, however, occurred on
the E group, and sex delinquency, masturbation, and enu
were restricted to the D and E groups. A check on the pres
or absence of original problems showed that truancy, temper, s
tiveness, and untidiness continued. Sex misconduct, enu
and feeding problems disappeared.

A more detailed analysis of the individual histories show
close relationship between type of adjustment and certain cha
in the child himself or in his home or school relationships.
seemed to be a close relationship between health or phy
defects and adjustment.

The fact that these twenty-six dull-normal children
"problems" when first examined indicated their emotional
dition. When studied in connection with home and school
ations, it was found that the periods of disturbance were asso
with specific and observable factors in that environmen
removal or improving of the situation was directly associated
improvement in the adjustment of the children.

An attempt was made to evaluate the effect of clinic treatment,
see whether it was a factor in aiding adjustment. The in-
mpleteness of the records, due to the fact that much of the
atment was cooperatively carried, greatly hampered this
empt. The use which cooperating agencies made of the clinic
dings was of special interest. Although in several cases cooper-
ve treatment seemed to be helpful, there were cases in which
cooperative worker disregarded the clues to treatment revealed
the clinic findings and dealt with the patient in such a way
apparently to recall the old, unacceptable behavior response.
e proportion of successfully adjusted cases was, however, some-
at higher among the cooperative than among the clinic cases.

In view of the limitations of the study, no conclusions can be
ched which are more than tentative, partial, and suggestive.
e results seem to indicate that no one factor explains adjust-
nt, but that it is due to the cumulative effect of many factors,
ne of which are accidental and not traceable to social treatment.
e high correlation that was found to exist between beneficial
nges in the home and school environment and the children's
justment would seem to suggest that further research of this
e would be fruitful.

II. THE SOCIAL AND ECONOMIC ADJUSTMENT OF A GROUP OF SPECIAL CLASS GRADUATES[1]

EILEEN BLACKEY

In 1919 Massachusetts passed an act[2] "to determine the numb of children retarded in mental development and to provide their instruction." The school committees of those cities in wh ten or more children were found to be retarded three or more ye were required to establish "special classes to give such child instruction adapted to their mental attainments." It is the purp of this paper to inquire briefly into the after-school careers o group of children who attended a special class of this type i Massachusetts city, and to attempt to find some clue as to w factors make for the successful social adjustment of such fee minded children.

The special class which is the subject of this study was in e ence long before the passage of the state law. In 1898 the sc committee of the city singled out a group of sub-normal an foreign children for special instruction, and in 1900 the subnor group was placed in the school which is the subject of this pa In subsequent years ungraded classes were formed in other sc buildings, but this school has been consistently more experime than the others. In 1913 it inaugurated a plan for specia training. Each child was given work best suited to his me level regardless of his chronological age. Such fundamental demic subjects as reading, spelling, writing, and arithmetic w retained in the school program, but part of each day was given to manual work. Girls were taught knitting, weaving, baske and housekeeping; boys were instructed in toy-making, weav and basketry.

From this beginning there has emerged an organization whi looking forward to the time when its program can be inc enough to give every mentally handicapped child a specia training and can supervise and guide his activities in the com ity after the completion of his school career.

[1] A thesis submitted to the Smith College School for Social Work in 1930. The material was collected during the period of the student's field at the Worcester (Mass.) State Hospital and Child Guidance Clinic.

[2] This act was amended and materially changed by Chapter 231 of the of 1922.

The school has greatly enlarged its enrollment and its staff. addition to the work previously mentioned, the boys are now ght sand-papering, brush-making, chair-caning, painting, and od-work. The girls are instructed by the school nurse in home sing, hygiene, and first aid. Housekeeping is carried on in a del home-making department where the girls prepare and serve als, emphasis being placed as much on their social success as their ability in cooking. Both boys and girls are taught physical ercises.

The children in this school thus presumably receive the best struction which the city offers to their type. It would be interest- to know whether they get along more satisfactorily after leaving ool than do children from the special classes of other schools, this paper will be concerned only with the question of how well y do adjust, leaving the other question for later study.

Graduation from the school takes place automatically on the d's sixteenth birthday. In the spring of 1930, when this study made, thirty-one graduates who had been out of school two rs could be located. To these were added five who had been three years, and fourteen out one year. Most of the school ords of children graduating three years ago contained in- quate material, and one year seemed a rather short period on ch to base an estimate of after-school adjustment. Hence the year group was added to only after it was found that its num- were too small for an adequate study. In all, sixty-two ldren were chosen for study, only fifty of whom could be ted.

The material on which the estimate of adjustment was based secured from the school records and from an interview with the d and his parents in his home. It was impossible in one visit go deeply into the numerous factors which make up family itudes and responses, but sufficient impressions were secured to a picture, favorable or otherwise, of the individual in his ronment. The findings of these interviews and the conclusions wn from them form the subject matter of this paper.

The group chosen for study contained twenty boys and thirty who ranged in I.Q. from 59 to 79. The mean I.Q. was 66. placement in the school does not occur until a child is three retarded, and graduation takes place automatically on his

sixteenth birthday, there was no uniform period during which
group attended the class. Table I shows the distribution in
respect.

TABLE I

Distribution according to Number of Years in the Special Class

Number of Years	Number of Children		
	Boys	Girls	Total
1	3	10	13
2	4	5	9
3	9	7	16
4	3	4	7
5	—	3	3
6	1	1	2
Total	20	30	50

Though there was a scattering over a six-year period, the ma
ity of the children were in the class three years or less. A thi
the girls were in attendance only one year, which means tha
did not enter the class until they were fifteen, while almost h
the boys were enrolled for a period of three years, enteri
thirteen.

In most cases the children had been in special classes be
their transfer to the school which is the subject of this stud
that in the following table the age at entering that school
necessarily the age at which the child was found to be defici

TABLE II

Age at Entering the Class as Related to Mental Ratings

Age at Entrance	Intelligence Quotients[1]				
	58–59	60–64	65–69	70–74	75–79
10	1	1	—	—	—
11	—	—	1	2	—
12	—	1	1	3	2
13	3	5	5	2	—
14	1	—	4	3	—
15	—	3	9	—	—
Total	5	10	20	10	2

[1] Intelligence quotients of three children were unknown.

The table does show, however, that there was little corre
between the I.Q's. of these pupils and the age at which the

to the school, and it suggests that intelligence was not the
determinant in their school careers.

he school does not limit its enrollment to any particular
on of the city but draws its students from the entire school
m. Table III shows the group of children distributed accord-
o their fathers' nationality and economic status. Any con-
ons concerning these factors must be made with caution, since
distribution in the population of the city as a whole is un-
wn.

TABLE III

Nativity of the Fathers of the Students and Their Economic Status

ivity	Economic Status[1]				
	Dependent	Marginal	Adequate	Confortable	Total
m	7	7	1	2	17
ican	2	5	1	—	8
sh	—	3	—	1	4
	1	2	1	—	4
sh	—	1	1	2	4
dian	1	3	—	—	4
anian	—	2	1	—	3
	2	—	1	—	3
ish	—	—	2	—	2
	—	1	—	—	1
l	13	24	8	5	50

conomic status was defined as follows: dependent—in receipt of aid from
ources; marginal—in need of outside aid in emergencies; likely to become
ent; adequate—sufficient money for maintenance of health but little for
or for supplying unusual facilities for their children; comfortable—all
he class designated "adequate."

ty-seven (seventy-four percent) of the cases fell within
st two economic classifications—dependent and marginal—
only thirteen of the group (twenty-six percent) came from
offering adequate or comfortable conditions. The natural
sion here is that mental defectives are being produced largely
those in the lower economic strata, but this may well be
ous.

he first place, although the proportion of "dependent" and
rtable" homes in the city is unknown, it is obvious that
oor far outnumber the rich. Perhaps the ratio of five "com-
le" to "thirteen" dependent is what should be expected
ndom sample. Then, too, many "comfortable" families

make use of private schools for the training of their feeble-minded children. Whether this is the case or not, it is clear that the children from the special class that was investigated were not only handicapped by low intelligence, but they lived under economic conditions which may have intensely aggravated their difficulties.

In this connection it is interesting to notice the tendency toward and association between the families' economic status and the attitude they assumed toward their sub-normal children. The letters A, B, C, and D have been used to designate four types of homes which differed in their degree of understanding of the problem of feeble-mindedness and their sympathy for the child. The following extracts from the case records illustrate the types:

Type A

CASE 1—Mother and father intelligent. Mother uneducated but accepted her deficiency and did not try to urge him beyond his capacity. Home was pleasant and offered adequate recreational outlet. Siblings were encouraged to help the patient.

Type B

CASE 2—Parents were illiterate, but sympathetic and intelligent to a fair degree. Methods of approach to the child were not always the best but they were made in good faith. There was a spirit of good-will in the home.

Type C

CASE 3—Mother was good-natured and pleasant but not very intelligent. Child was well-treated but no problem was recognized and nothing was done to help.

Type D

CASE 4—Father was alcoholic and a deserter; mother was mentally defective, promiscuous, and alcoholic; home was a boot-legging establishment. Girl was expected to do all the work and to support mother and small brothers.

TABLE IV

Parental Attitudes as Related to Economic Status

Economic Status	Parental Attitudes				
	A	B	C	D	To
Comfortable	4	1	—	—	
Adequate	1	3	4	—	
Marginal	—	4	13	7	24
Dependent	—	—	4	9	13
Total	5	8	21	16	50

The table shows a high positive correlation between the economic status of the families and their attitudes. Thirty-seven of the families were rated as C and D in their attitudes while only thirteen measured up to the A and B standard. None of the dependent group had in any way dealt with the problem of mental deficiency, and only four out of the twenty-four in the marginal group had any understanding of the situation. Of the eight families in the adequate group four were rated as being cognizant of the problem and making some attempt to solve it, while four of the seven families in the comfortable group handled the situation in an understanding and intelligent fashion.

Parental attitudes were also found to be somewhat related to the size of family. As might be expected, the A and B attitudes were found only in relatively small families, though most of the families showed considerably more children born than would probably be expected in a random sample of the population.

TABLE V

Parental Attitudes as Related to Number of Children Born

Number of Children Born	Parental Attitudes				
	A	B	C	D	Total
1-5	5	3	6	2	16
6-10	—	5	10	11	26
11-15	—	—	4	3	7
Over 15	—	—	1	—	1
Total	5	8	21	16	50

Three hundred and fifty-six children were born to these fifty pairs of parents. Forty-nine died under one year of age, and five between two and ten years. When interviewed, eighteen of the families contained from one to five children, and the remaining thirty-two, from six to eighteen children.

In summary, then, this study deals with fifty children sub-normal in intelligence—twenty boys and thirty girls— who had been pupils in a special class. The mean I.Q. of the group was 66; the period of enrollment in the class averaged about three years. The children belonged, for the most part, to large, foreign-born families of low economic status, most of whom had little appreciation of the problem of mental deficiency. The question to be

answered is, with such handicaps, how were these children adju
ing in the community from one to three years after leaving scho

An investigation of the work histories of the children shows th
since leaving school they have been employed at forty-two differ
kind of jobs, not one of which could be classified as skilled labo
The jobs they held have been arranged into the classes shown
Table VI.

TABLE VI
Distribution of Children according to Types of Jobs

Type of Job	Number Holding the Job
Factory work—Sorting and trimming in:	18
Valentine shop	
Garter shop	
Corset shop	
Shoe factory	
Envelope factory	
Wall-paper factory	
Book bindery	
Mill work—Spinning, specking, sewing and packing in:	17
Woolen mills	
Silk mills	
Manual labor—	9
Mixing cement	
Road work	
Farm work	
Truck driver	
Restaurant work—	8
Lunch counter	
Bus boy	
Kitchen girl	
Waitress	
Peddlers—	8
Fruit	
Milk	
Handbills	
Groceries	
Ice	
Machine shop	7
Miscellaneous	5
Nurse-maid	
Errand girl	
Caretaker	
Housework	4

Seventy percent, at one time or another, were employed in tories and mills doing very routine work, such as sorting, labell- trimming and packing. Manual labor and peddling recruited a ge percentage of boys. Only a few of the girls were engaged in mestic service.

As a whole, the boys and girls said they were satisfied with their rk. In discussing their jobs, the majority of them stated that ir work gives them a rather high degree of satisfaction. As has en pointed out in several studies, the mentally defective child ay be at an advantage in industry, in that he is unmindful of its notony and seems to enjoy the routine and sociability of the tory. Pound puts this very aptly when he says:

> "Just as deafness is an advantage in certain industrial occupations—our shops ploy many mutes with satisfaction both ways—so mental lacks may become sets for certain industrial purposes. Given enough sense to master simple routine cupations and appreciation of duty, or fear of relatives, to come to the shop regu- y, the below average person can soon be found to be adjusted industrially. And en adjusted, the moron will be found immune to many of the pricks which ate the normal man into seeing red, less fretted by monotony, less worn by thmic clatter. There is less in his soul striving to release itself; he has brought the shop comparatively little that the shop cannot use; and so he accepts mbly his appointed place in the scheme of things industrial, remains unbitten mbition, and reacts not at all against subordination. The less mind one has, less it resents that invasion of personality which is inseparable from large-scale mechanized enterprises. I have heard industrial engineers and welfare workers hat industrial efficiency, as working out in our day, puts a premium on mental iency."[3]

There is a point here, however, which is often overlooked. Per- these children are satisfied with their work because they have r known anything better. This may be due in part to the fact they have not been trained for anything but unskilled jobs. ir lack of specialized training is shown by the wide variety of s held and the frequent changes made, a situation which cannot tributed entirely to economic conditions. The boys in the ol under discussion participate in such manual training ties as brush-making, chair-caning, and rug-weaving, while irls are instructed chiefly in domestic duties. If the future stment of these children is the ultimate goal, it would seem their training might be along more practical lines. Davies' ments on this point are of particular interest:

[3] Pound, Arthur, *The Iron Man in Industry*, New York, 1924, pp. 53, 54.

"In special class work with the younger children, basket-weaving, clay-mode rug-weaving, chair-caning, and various forms of woodwork do well enough as cational projects. Activities of that type do not serve so well for the later years w the special classes should devote themselves to more definite vocational trai This is especially true of the boys' training. It has been found that very few gain employment at wood-working, chair-caning, broom- and brush-making other types of activity carried on in the usual special classes. They are more l to find opportunities for employment, if at all skilled, as plumbers' helpers, chinists' helpers, bakers, barbers, machine tenders in factories, chauffeurs, ga men, and the like. *The fact that most of the boys and girls graduating from sp classes today are compelled to accept wholly unskilled work does not necessarily ind that many of them are not capable of doing skilled or semi-skilled work, but si that they have not been the recipients in school of genuine occupational training.*"[4]

A comparison of the industrial careers of the two sexes sugg that the girls were somewhat more stable. This may mean o that they had less opportunity of shifting jobs.

TABLE VII

Comparison of Boys and Girls with Reference to Intelligence, Time out of S Number of Jobs Held, Number Holding One Job, Unemployment, and Wages

Employment History	Boys	Girls
Average I. Q.	66	66
Average months out of school	23	19
Average number of jobs held	2.5	1.5
Percent holding one job	13	46
Average months out of work	9.4	7.2
Average weekly wage	$12.80	$8.94

The average intelligence ratings of the boys and girls were id tical. In the matter of work, however, the boys changed jobs rate almost double that of the girls. Only thirteen percent o boys as compared with forty-six percent of the girls were hol the same job they took on leaving school. On the average boys were unemployed forty-one percent of the time after left school; the girls, thirty-eight percent. In judging the sig cance of this fact, however, it must be remembered that the po studied was one of severe unemployment in New England, ma facturing in the city in question being especially depressed.

The preceding discussion has given some indication of the a ment of the group as a whole, as measured by the work hist

[4] Davies, Stanley Powell, *Social Control of the Mentally Deficient*, New 1930, pp. 309, 310.

there was, of course, considerable variation within the group. this variation and the causes for it that are the chief interest his study.

"We have been impressed with the fact that those elements that go to make he failure or success of mental defectives in life are in no sense different from e elements that affect the lives of normal persons. Those same elements of char- and personality make-up, those same conditions in the home, and those same ors in training that speak for the successful career of a normal child, bear with l force on the career of the feebleminded child."[5]

These conclusions, which came as a result of a mental hygiene vey of Cincinnati, are equally applicable here. Investigation on s point, however, means dealing with rather intangible, but ly important social factors—personality traits and mental tudes.

n effort has been made to classify the personalities and atti- es of the children studied as one basis for determining the degree heir social adjustment. Accompanying each classification is a example, which may aid in definition. The alphabetical ar- ement, is somewhat indicative of the estimated ability of each up.

roup A—These cases were the most promising. They were ng and anxious to try, were likeable, social, and had "good mon-sense." They were leaders in their own groups and were behaved.

ASE 5—Tony (18; I.Q. 65) came from an excellent home in which the parents, an, were thoroughly Americanized. The boy was a leader at school, was ent, and willing to learn. He was somewhat bashful, but when the occasion nded could speak well and exercised a good choice of words. Tony's disposition easant and his sense of humor quite mature. He was skilled in skating and ming.

oup B—This group was fairly responsive and had some qual- of leadership. Many of them were quarrelsome and emotion- nstable, but under sympathetic supervision they did well ade rapid progress.

E 6—Hilma (18; I.Q. 58) came from an unusual Swedish home in which there reat deal of understanding and patience. She was neat and very capable lowed to do handwork or housework. She was easily discouraged, however,

[5] nderson, V. V. and Fearing, Flora May, *Report of the Mental Hygiene Survey nnati*, The National Committee for Mental Hygiene, May 1922.

and cried frequently. Her inability to read was a severe handicap to her enjoym of music, in which she was rather talented.

Group C—The children in this group showed an active rese ment to their handicap by pronounced egotism and conceit. T were domineering, resentful of authority, and often unpopu Beneath the exterior of bravado, however, there was usuall very workable basis for training and treatment.

CASE 7—Harry (18; I.Q. 63) belonged to a family in which there was m tension. His father was alcoholic and his mother on the verge of a mental coll Harry was egotistical, suggestible, stubborn, easily angered. He was well and good-looking, talked incessantly and appeared to be thoroughly satisfied himself. He was a bully and a coward, but when this defense was broken dow was fairly responsive.

Group D—These cases were the least troublesome from the po of view of discipline, although this lack of response may not h been a healthy indication. The group was made up of dream who were, in most cases, reserved, well-liked, and coopera They needed helpful and constant supervision.

CASE 8—Margery (19; I.Q. 67) belonged to a family in which there was history of insanity and alcoholism. Her mother was the dominant factor home and sheltered Margery to the extent of finding jobs for her. The gi seclusive and shy, had few friends, but was well-liked by those she did have was very capable around the house, liked to cook and sew, and gave no tro

Group E—In this classification was placed the impul giggling type of girl who was otherwise well-behaved and like She seemed particularly well fitted for the routine of industry

CASE 9—Ora (18; I.Q. 62) had a mother who was mentally deficient and who deserted. The girl was very slow, inattentive, and somewhat erratic. S unusually pretty and capitalized this as a compensation for her mental defic She was rather difficult to handle because of her "flightiness," but was capa doing neat work if supervised.

Group F—These children were sullen, irresponsible, and re ful of authority. They were extremely hard to handle becau their aversion to supervision and their quarrelsome nature. this group fell those who were either delinquent or were te toward delinquency.

CASE 10—Eunice (17; I.Q. 67) had one of the worst backgrounds in the Her father was serving a prison sentence for abusive treatment of his fam her mother was a chronic deserter. Eunice had gonorrhea at 13 and made

pt to commit suicide. She was ill-tempered, had no inclination to learn, and ed constant and close supervision because of her mental retardation and nquency.

These personality groupings are, of course, not clear-cut. Per- ality under any circumstances is an elusive term, and when an mpt is made to interpret the personality traits of subnormal viduals, definition becomes even more difficult. Nevertheless, se groupings may serve as a rough classification of personality. e children were distributed among the groups as Table VIII ws. In Table IX they are compared on various points.

TABLE VIII

Distribution of Cases According to Personality Group

Personality Group	Number of Cases
A	7
B	13
C	6
D	11
E	5
F	8
Total	50

TABLE IX

ison of Personality Groups in Sex and Average Intelligence, Time out o School, Unemployment, Number of Jobs Held, and Wages Received

ality ups	Sex		I.Q.	Months out of School	Number of Jobs	Months out of Work	Weekly Wage
	M	F					
	4	3	65	19	2.0	9	$13.19
	6	7	67	25	1.9	10	11.16
	4	2	67	19	2.3	4	10.68
	2	9	65	19	2.5	6	8.49
	—	5	66	24	1.7	5	9.30
	4	4	67	19	1.8	9	10.90

ligence ratings—In the distribution of I.Q. averages, the A was found to have the lowest, 65, while the average of the F was 67. The variation among the six groups was so slight, ver, as to lead to the conclusion that differences in personality be accounted for on the basis of I.Q.

—Group E, by definition, was composed wholly of girls mpulsive, giggling" type) and Group D (the shy but cooper- ype which needs much supervision) contained a high pro-

portion of girls. In the other personality groups, the proportion o
boys exceeded that of girls. These facts influence, to some exten
the other figures in the table. (See Table VII.)

Months since leaving school—Groups B and E were out of scho
two years; the other groups nineteen months. While this may ha
come slight bearing in accounting for the personality of t
"impulsive, giggling" group, it seems of more significance in ind
cating that time out of school bore little relation to personality.

Number of jobs held—The average number of jobs held by the
boys and girls after they left school calls for some explanation.
general, it was greatly affected by the prevalence of unemployme
As work became scarce in one industry, many of the children w
laid off and then found work where they could, whether it w
temporary or permanent. One boy, for instance, formed a partn
ship with an older man and both of them sold bananas from
peddler's card; another boy mowed lawns; and another worked
night on a milk wagon. Despite this abnormal situation, howe
there is some basis for considering these figures an index to
various personality ratings. Groups A and B changed jobs le
frequently than did C and D. These groups met with a comp
atively high degree of success and consequently had an incen
to remain with one employer longer. Those in C and D, on
other hand, proved less satisfactory—Group C perhaps becaus
their egotistical, domineering nature, and Group D because o
need of constant direction and supervision. This is reflected in
short unemployment periods of these two groups. They were
off more frequently, but they had sufficient desirable person
traits to secure other jobs and hold them until the less desir
traits became evident.

The low average of 1.70 for Group E can be accounted fo
several ways. The group was made up entirely of girls who, a
VII showed, had few changes of jobs. Then, too, their doc
probably enabled them more easily than any other group to fi
the monotonous routine of the factory. They were usually s
factory workers because of their willingness to comply
requests, and they may have stayed because they lacked
initiative to quit one job and look for another.

It is equally necessary to explain the low job turnover in G
F. Two of the boys were in reform schools and another boy re
to work. At the time of the visit to his home, this boy had

working for two weeks in a dairy at $15.00 a week, but he was already dissatisfied with the idea of work. Had he made any previous attempts to secure work, his record would without doubt have made a difference in the average number of jobs held by his group.

Unemployment averages—In reference to the unemployment averages, it must be pointed out that because of the period in which this study was made, these figures are probably not truly representative. The children were studied after the industrial depression had been in progress for at least a year, and with few exceptions, they had been out of work for months. However, fourteen of the fifty children were able to stay at one job after completing their school training.

The personality groups varied considerably in their average amount of unemployment. The C group (egotistical and domineering) was out of work the least amount of time, and the two groups composed largely of girls came next in frequency. The A and B groups, presumably the most promising, were unemployed for considerably longer periods, but they had a smaller job turn-over and earned higher wages.

Average wage—The wages earned by Groups A, B, and C seem quite consistent with their various traits and attitudes. As might be expected, the A's earned considerably more per week than any other group. This group can be illustrated by a boy who was out of school only one year, out of work only one month, and was earning $20.00 a week consistently. A girl in the same group earned $14.00 a week for the past year with a loss of only three months work.

If we exclude from Group F the boy last discussed, the wage average of $10.90 falls to $9.38, thus making the last three groups quite uniform. In considering these wage groups, it is important to remember that none of them represents the highest earning capacity of the children in them. Because of the scarcity of work, these earnings have been smoothed out over slack periods so that a girl who usually earned $12.00 a week might be forced for months to work only three or four days a week, and thus her wage would be brought down to seven or eight dollars a week.

Dividing these children into groups according to their personality thus gives some indication of their vocational adjust-

ment. Another way of looking at the problem is to divide them int groups according to success on the job and to attempt to fin points on which such groups differ.

In measuring the success of these boys and girls, groups we defined as follows:

Class A—This group consisted of those who had unquestionabl adjusted well, as evidenced by such qualities as responsivenes industry, reliability, pleasant disposition, attractive person appearance, and ability to profit by criticism. Their work histor were indicative of stability.

Class B—This group was divided into two sections. B1 include those who more closely resembled Class A, while B2 consisted o those who leaned toward Class C. In B1 were found such cha acteristics as obedience, friendliness, reserve, a certain amou of egotism, and a rather high degree of dependability. The childr in B2 had most of these qualities also, but to a smaller degre They were apt to project the blame for their failures on others an as a consequence, were not able to remain long at one job.

Class C—This group contained the failures—those who, for o reason or another, became delinquent or gave evidence of becomi delinquent. They were lazy and shiftless, easily led, sullen, a in need of constant supervision.

Thirteen children were judged to belong to Class A, sixte to Class B1, twelve to Class B2, and nine to Class C. Group those in A and B1 together, twenty-nine children (fifty-eight pe cent) were found to have attained a satisfactory degree of succe while twenty-one (forty-two percent) were poorly or rather poo adjusted. The Federal Children's Bureau,[6] in a study of a thous special class children out of school for several years, classi seventy-eight percent of the boys and eighty percent of the g as doing satisfactory work. Practically similar percentages found in our group if Classes A, B1, and B2 are grouped togethe

The question next is what has contributed to the succes failure of these children? The following tables attempt to an this question by showing the relation of the degree of succes intelligence, sex, economic status, parental attitudes, and pers ality.

[6] *Fourteenth Annual Report of the Chief of the Children's Bureau*, pp. 12–14

TABLE X
Distribution of Success Groups According to Intelligence

Intelligence Quotient	Success Groups				
	A	B1	B2	C	Total
58–59	2	—	3	1	6
60–64	2	3	2	1	8
65–69	7	7	3	3	20
70–74	2	5	2	3	12
75–79	—	1	—	—	1
Total	13	16	10	8	47

TABLE XI
Distribution of Success Groups according to Sex

Sex	Success Groups				
	A	B1	B2	C	Total
Male	5	3	6	6	20
Female	8	13	6	3	30
Total	13	16	12	9	50

TABLE XII
Distribution of Success Groups according to Economic Status

Economic Status	Success Groups				
	A	B1	B2	C	Total
Dependent	1	4	4	4	13
Marginal	6	9	6	3	24
Adequate	2	2	2	2	8
Comfortable	4	1	—	—	5
Total	13	16	12	9	50

TABLE XIII
Distribution of Success Groups according to Parental Attitudes

Parental[1] Attitudes	Success Groups				
	A	B1	B2	C	Total
A	4	1	—	—	5
B	4	4	—	—	8
C	3	7	8	3	21
D	2	4	4	6	16
Total	13	16	12	9	50

TABLE XIV

Distribution of Success Groups according to Personality

Personality Groups[2]	Success Groups				
	A	B1	B2	C	Total
A	5	1	1	—	6
B	5	3	4	1	13
C	1	5	4	1	11
D	1	2	1	2	6
E	—	4	1	—	5
F	1	1	1	5	8
Total	13	16	12	9	50

[1] See page 164.
[2] See page 169.

It is very clear that success was not dependent on intelligence. An I.Q. range of 58 to 74 is found in the very successful group and an identical range among those who were ranked as failures.

The girls apparently were somewhat more successful than the boys, as evidenced by the fact that twenty-one of the thirty girls were placed in the two upper groups while only eight of the twenty boys were so classified.

Economic status seemed to play an important part in the successful adjustment of these children. None of those from "comfortable" homes were classed as failures, while the proportion of children from "dependent" homes increased with each decrease in amount of success.

Favorable parental attitudes were also closely associated with success, as would be expected from Table IV, which shows economic status and parental attitudes highly correlated. Eight of the thirteen children in the most successful group belonged to homes in which the parents were cognizant of their difficulty and understanding in their handling of it. Three came from homes of fair attitude, and two succeeded in spite of ignorance and discouragement at home. The B1 group showed a smaller proportion of children from homes of sympathetic understanding. In the B2 group and in the C group there were no homes of this type.

Personality appeared to be a factor in success, due partly to the fact that in judging success personality traits were used as one of the criteria. The various types of personality, however, were scattered among the various adjustment groups, the A personality

being concentrated in the A adjustment group. This finding is in agreement with Davies, who says:

> "When one comes to the so-called moron group, with mental ages ranging from eight years up, one cannot be sure, by knowing the mental age alone, whether that individual can or cannot get along successfully in the community. All the elements of personality . . . . enter as determining factors for success or failure. The individual with a nine-year mind, who has socially agreeable characteristics and other personal qualities which enable him to make the most of his limited intelligence, is doubtless a fitter citizen and a better workman than the one with an eleven-year mind, whose personal characteristics are such that he cannot get along with people, has little or no judgment as to moral standards, is unwilling to apply himself in acquiring the means of livlihood, and thus becomes a community burden or menace. Finally determined by the social test, the former individual with a mental age of nine years appears not to be feebleminded, while the latter with a mental age of eleven would be classified as feebleminded.[7]

A low I.Q. did not prevent a considerable group of these children from attaining success on the job and an adequate social adjustment. In such an adjustment, economic sufficiency and sympathetic understanding on the part of their parents played an important part. The extent to which the training in the special class was of assistance to these children can be judged only by a comparative study of children similarly handicapped and lacking the training which such a class gives; but it seems highly probable that that training also was a definite factor in their adjustment. In summary, then, our findings are in strict agreement with Davies', who writes:

> "These studies of the after-school careers of the mentally deficient indicate definitely that the large majority of special class graduates are able to take their places in community life as ordinary, decent, working citizens, who mind their own business and make their way in such a manner as to be in no sense social burdens or menaces. Many of these graduates may be regarded as social and industrial assets. In other words, though deficient according to the usual grading of intelligence, they do not properly be called feeble-minded."[8]

CONCLUSIONS

This study is concerned with the after-school careers of fifty children who attended a special class in a Massachusetts city in 1927, 1928, and 1929. Those children were chosen for study who

[7] Davies, Stanley Powell, op. cit., p. 8.
[8] Ibid., p. 323.

had been out of school from one to three years. The average tim
out was two years, but a few children were out three years an
others out but one year. There were twenty boys and thirty gir
in the group; their I.Q's. ranged from 58 to 79.

According to the standards for success adopted for the stud
thirteen children made an unquestionably acceptable adjustme
sixteen attained a satisfactory degree of success; twelve were rat
as making a poor adjustment; and nine were considered failur

The study of this group of cases showed the relation of the fo
lowing factors to success:

1. Intelligence was not a factor in social adjustment.
2. The girls were somewhat more successful than the boys.
3. Economic sufficiency of the home, although not an absol
determinant of success, was undoubtedly an aid to it.
4. Parental attitudes were an extremely important factor in
degree of adjustment attained by the children.
5. Desirable personality traits very definitely contributed to s
cess; and, since economic sufficiency and favorable parental a
tudes determine personality to a large extent, all three of these we
judged to be vital factors in adjustment.

What can the school do to make for more successful adjustm
of such children?

The fact that desirable attitudes were so essential to succ
suggests that through social service in the home, the sch
could become a constructive force in the community.

Because personality was an important determinant in succ
those children who possess undesirable personality traits migh
helped considerably in the modification of them while still
school.

The following plan outlined by Taft[9] suggests a most desira
way of accomplishing the aims just discussed:

1. Adequate mental clinics under a psychiatrist and psyc
logist—

> To pass on the mentality of every child entering school so that as
> ment of a child to special class will not be delayed several years.

[9] Jessie Taft, "Supervision of the Feebleminded in the Community," *Co
of Social Work Proceedings*, 1918.

2. Social service—

> From the time the child enters the special class, the visiting teacher should keep in touch with his home and school adjustment, carrying on education in the home and deciding what is to be done with the child when he leaves school. She would know his abilities and chances of success and his tendency toward anti-social behavior.

3. A vocational and employment bureau—

a. Should aim to place the child in an occupation for which he is best fitted.
b. Should give careful supervision at the time of a crisis in the life of the child.
c. Should give explanation to the employer of the child's abilities and limitations.

THE ROLE OF THE PSYCHIATRIC SOCIAL WORKER IN THE TREATMENT OF POST-ENCEPHALITIS:

A STUDY OF RESULTS WITH THIRTY-FIVE PATIENTS[1]

LULU M. SCOTT

Marked changes of personality and the onset of behavior difficulties in children are sometimes traceable to an illness which parents describe as "flu" or sleeping sickness but which has been recognized for about twelve years under the name of epidemic encephalitis or encephalitis lethargica. A few cases of this type are known to each child guidance clinic, and the question of how best to treat them is one that concerns social workers as well as physicians. It is the purpose of this paper to review the literature on the subject, to show the present status of thirty-five cases that were examined and treated by the staff of the Illinois Institute for Juvenile Research between 1921 and 1929, and to describe the social case work carried on with nine typical patients.

I

ETIOLOGY AND SYMPTOMS

Epidemic encephalitis is an infectious disease of unknown etiology but of well-established pathology. The cerebro-spinal nervous system, especially the brain, bears the brunt of the infection. Several theories as to its etiology have been advanced. One states that it is a toxic disturbance of the central nervous system due either to toxins produced by organisms located probably in the respiratory or gastro-intestinal tract or to toxins elaborated as the result of metabolic disturbances; another, that it is caused by cultivable bacteria, and a third that it is caused by a filterable virus.[2]

Symptoms may persist without intermission from the acute illness or may develop weeks or months after the patient has apparently made a good recovery.[3] Though the interval is usually

[1] A thesis presented to the Smith College School for Social Work, August, 1929. Series C, No. 166, Institute for Juvenile Research publications.

[2] Neal, Josephine, "The Present Status of Epidemic Encephalitis," *The Lancet*, Vol. 214 (June 30, 1928), p. 1328.

[3] Editorial, "Encephalitis Lethargica," *The Lancet*, Vol. 214 (October 22, 1927), p. 873.

than twelve months, a Parkinsonian syndrome (physical disturbance) is known to have developed as long as five years after the original attack.[4]

The clinical pictures presented after encephalitis are exceedingly varied, the majority of cases falling into one of three groups distinguished by their principal symptoms: motor, respiratory, or mental[5] (personality changes).[6] The latter appear most frequently in children while adults usually show physical disturbances. Mackenzie states that it is a remarkable fact that in this disease in which pronounced aberrations of conduct are found there should be practically nothing in the nature of a dementia, as that term is understood by the alienist.[7]

Motor Disturbances.

These disorders are shown most frequently by the rigidity of the muscles and a consequent loss of automatic movements. The result is a general stiffness of the body, slowness of movement, and a masklike, staring expression. In some cases the difficulty of movement may become so great that the patients are unable to feed and dress themselves and even have difficulty in chewing. Owing to the stiffness of the muscles some patients' mouths are habitually held open, and excessive salivation causes drooling. In the true Parkinsonian disease there may be a loss of equilibrium, a tendency to run forward or backward, or, when sitting, to let the body sink slowly forwards or sidewards.[8] Tremors of different parts of the body occur chiefly as a complication of the Parkinsonian syndrome. This is found in the shaking of the head and jaws, clicking of the teeth, to and from movements of the tongue, and a rhythmical sucking action of the tongue.[9] Speech defects in the form of stumbling, stammering, and lolling are seen. In many

[4] Ibid., p. 214.

[5] Ibid., p. 873.

[6] *The Lancet*, an English journal, uses the term "mental" where an American psychiatrist would say "personality change."

[7] Mackenzie, Ivy, "Epidemic Encephalitis," *The Journal of Mental Sciences*, Vol. 73 (October, 1927), p. 574.

[8] Editorial, "Encephalitis Lethargica," *The Lancet*, Vol. 214, (October 22, 1927), p. 874.

[9] Riddock, George, "The Acute Psychiatric Type of Epidemic Encephalitis;" *Journal of Mental Science*, Vol. 7, (May, 1928), p. 504.

patients speech is slow and painfully thought out, and the
has a monotonous tone.

A rapid increase or decrease of weight may take place afte
cephalitis. Parsons[10] finds that patients suffering from pathol
obesity have not improved under treatment but have defi
deteriorated and in all cases have developed unmistakable
of an early Parkinsonism.

The appearance of Parkinsonism is regarded by some obs
as of ominous import, as in the majority of cases the patie
comes hopeless and unfitted for his work. Physical and often
tal deterioration is evident in the helpless cases, and severe ast
may characterize the closing stages.[11]

Abnormal drowsiness often persists and may merge int
Parkinsonian syndrome. On the other hand, patients m
troubled by a peculiar insomnia in which night is turned int
and day into night, the so-called "inverted sleep rhyth

Respiratory Disturbances.

Respiratory disturbances are often shown by behavior
reminds one of hysteria. Wimmer[13] describes a girl who deve
episodic giddiness, headaches, and fainting spells soon after h
encephalitis. About three years later she was seized with a se
quick, clonic jerkings of the muscles of the neck so that he
was thrown back. At the same time her mouth opened wide
marked gasping for breath was noted. Frequently durin
attacks there were myoclonic jerks around the mouth and
left shoulder. These seizures occurred as frequently as one hu
and thirty times a day. A second type of rigid seizure deve
later, which accompanied the polypnea.

Wimmer[14] concludes that the same anatomo-physiological
ous apparatus is disturbed in hysteria patients as in encep
patients.

[10] Parsons, Allan, "Report of an Inquiry into the after Histories of
Attacked by Encephalitis," *Reports of Public Health and Medical Subjects*,
p. 65. H. M. S. Stationery Shop, London.

[11] Ibid., p. 54.

[12] Ibid., p. 61.

[13] Wimmer, August, "Hysteriform Respiratory Seizures in Chronic E
Encephalitis," *International Clinics Quarterly*, Vol. IV, December, 1927, p.

[14] Ibid., p. 92.

tal Disturbances (Personality Changes).

ildren who were docile and tractable before the attack may
me aggressive, untruthful, quarrelsome, untidy, and unin-
ed in sex interests. Parents and teachers irritated by this
vior generally attempt to break the will of the child. The
t is the appearance of hyperactivity and violence.

verly and Sherman[15] find the following traits most frequent:
ge in disposition, inability to sleep at night, violent out-
s of temper, irresponsibility, incorrigibility, changes in school
cruelty to animals, emotional shallowness, childish manner-
impulsive delinquencies, poor insight, appearance of deterior-
hyperactivity, irritability, alertness, emotional instability,
sive reactions, and marked indifference."

times the children realize the atrociousness of their actions,
showing spontaneous regret and evidence of trying to control
selves, weeping or giving signs of the most genuine repentance
complaining that they could not help it. Advice, admonition,
unishment, though the patient receives them with genuine
nce and promises amendment, are without effect, for primit-
ndencies cannot be influenced and as soon as these arise again,
atient relapses.[16]

Misbehavior, whether immediately following the acute attack
pearing only after some months, develops to a maximum
rapidly, and then runs a steady course for years, not pro-
g or regressing, except that in some cases Parkinsonism
venes and, when pronounced, abolishes it. The cases may
ue in a mixed state but behavior disorders do not occur in
and are not usually lessened by mild Parkinsonism."[17]

nd and Partridge[18] find that true psychoses are rare, but when
ng they "have usually taken the form of some phase of
depressive insanity, a profound hebephrenic, praecox-like
n." The patients preserve, as a rule, sufficient mental keen-

Beverly, Bert I., and Mandel Sherman, "The Factor of Deterioration in
n Showing Behavior Disorders Following Epidemic Encephalitis," *Archives
rology and Psychiatry*, Vol. 10 (September, 1923), p. 335.

ll, T. R., op. cit., p. 4.

bid, p. 2.

ond, Earl and G. E. Partridge, "Post-Encephalitic Behavior Disorders in
nd Their Management in a Hospital," *American Journal of Psychiatry*,
926), p. 93.

ness to compare their attainments with those prior to the illness. They appreciate the fact that they have changed and feel less able to cope with mental problems. In consequence they frequently withdraw from society and become seclusive.

It is sometimes stated that the catatonic stupor of dementia praecox closely resembles encephalitic Parkinsonism. This is true in the outward appearance of the two diseases, but there is a profound difference in mentality. If the encephalitic is aroused, he is accessible, his answers are rational, and he will not express any delusional ideas.[19]

Forms of Treatment Prescribed

At the present time no form of treatment has proved universally helpful for post-encephalitic patients.[20] Good hygiene and a simplified life, with educative and especially occupational programs, seem to have brought improvement in some cases. Bond and Partridge[21] developed a routine life for eighteen post-encephalitic boys whom they had under observation in the Pennsylvania Hospital. Marked eccentricities of conduct were noticed in nearly all of these patients during the first period of their admission. After eighteen months of good physical care and routine life the children responded well to simple methods of discipline. A group spirit could be aroused in spite of the patients' strong individualistic behavior before their entrance. The boys progressed in school work; they gained physically, were more easily managed, and remained happy with no wish to leave the hospital. On the other hand, there was little evidence that the predominant cause of the patients' difficulties had been done away with, and it seemed highly probable that their bad behavior, which was confirmed by years of practice at home, would again be resorted to if they were discharged.

Certain drugs, such as belladonna, hyoscine, parathyroid, iodines, have made some patients more comfortable, particularly by reducing the constant flow of saliva, which is such an unpleasant feature of the Parkinsonian state. Most of these measures, how-

[19] McCowan, P. K. and L. C. Cook, "The Mental Aspects of Chronic Epidemic Encephalitis," *The Lancet*, Vol. 215 (June 30, 1928), p. 1318.

[20] Parsons, Allan, op. cit. p. 118.

[21] Bond and Partridge, op. cit., p. 25.

ever, are only palliative and do not in any way arrest the progress of the disease.[22]

Hill[23] has found some encouraging results in the use of bulbocapnine. Though its pharmacological action is quite different, it has a chemical structure closely related to that of apomorphine. Hill found that some of the patients taking bulbocapnine improved to such an extent that they were no more troublesome than normal boys. The Parkinsonian patients, however, became rigid by the use of the drug, and their behavior disorders were little affected. The beneficial effect which was operative on the patients having behavior disorders disappeared at once on omitting the drug. He concludes that bulbocapnine exerts a specific depressive action on the thalamostriated level of the brain and has little or no action in the cerebral cortex.

As only temporary improvement followed the use of drugs and as chronic encephalitis has a resemblance to general paresis, the inducing of malaria has been used as a means of treatment by some English specialists. Craig[24] reports upon eight Parkinsonian cases in which mosquitoes infected with malaria were allowed to inoculate the patients. Nine rigors were aimed at, and quinine was given to check the malaria. He concludes that some temporary degree of improvement was apparent in all the cases. There was a decrease of salivation, quicker cerebration and improved facial expression. Some degree of improvement in the mental condition seemed to have taken place. On the other hand, McCowan and Cook,[25] who have had years of experience in treating general paretics with malaria, conclude that the malarial treatment which they tried on fifteen post-encephalitics was in no way beneficial. They found that it had a debilitating effect owing to the poor recuperating powers of the encephalitic.

[22] Craig, Roy, "The Treatment of the Parkinsonian Syndrome Following Encephalitis by Malaria," *The Lancet*, Vol. 214, (October 22, 1927) p. 860.

[23] Hill, T. R., "Juvenile Behavior Disorders in Epidemic Encephalitis and Their Treatment by Bulbocapnine," *The Lancet*, Vol. 216 (May 11, 1929), p. 968.

[24] Craig, Roy, op. cit., p. 860.

[25] McCowan, P. K. and L. C. Cook, "Chronic Epidemic Encephalitis Treated by Induced Malaria." *Lancet*, Vol. 214, (October 22, 1927), p. 863.

II

Description of Thirty-five Patients Studied by the Institute for Juvenile Research

Between 1921 and 1929 thirty-five post-encephalitic patien were examined and treated under the supervision of the staff of th Illinois Institute for Juvenile Research.[26] They came from varied social backgrounds and ranged from three to twenty-four years in age and from 51 to 126 in intelligence quotients. They showed a wide variation in personality types and were referred to the Institute because of diverse behavior problems. The only cha acteristic which the group had in common was the diagnosis o post-encephalitis.

Sources and Causes of Referral.

The thirty-five cases studied became known to the Institu for Juvenile Research in the following ways: nine were referred by hospitals, six by social service agencies, eight by school auth rities, four by court workers, seven by some member of the fami and one by a family physician.

The problems for which they were referred were varied. Twenty six came because of some aggressive behavior (truancy, stealing sex interest, lying, and quarrelsomeness). Phantasy[27] (regressive behavior) was mentioned as a reason in thirteen of the cases, in which seven also showed some form of aggressive behavior. Un difference to surroundings was given a reason in five cases; four these patients were definitely diagnosed as having the Parkinson syndrome. Incorrigibility and temper tantrums were listed twenty-six patients. This indicates the encephalitic child's desi to have his own way and shows why teachers and parents find so difficult. Lack of concentration and emotional instability w mentioned in referring twenty-eight of these children. Some of physical disorder (inverted sleep rhythm, respiratory disord

[26] Ten of these thirty-five cases have been described in former papers. Bla E. Cole, "The Problem of Social Adjustment Following Epidemic Encephali Children," *Mental Hygiene*, Vol. VIII, pp. 977–1023, Haahti, Helvi, "The P bility of Re-education for Post-encephalitic Children Following Methods Use Crippled Children," *Welfare Magazine*, March, 1926.

[27] "Phantasy" is here used to include mild hallucinatory experiences, dreaming, and the weaving of stories, such as "my father killed my mother morning and then he ran away, so I no longer have a home."

hyperactivity) were given by twenty-eight of the referring ents as one reason for asking to have the patients examined.

ge and Sex

Seventeen of the cases studied were girls, and eighteen were ys. In age at the time of referral the patients varied from three to enty-four years, about half being from nine to twelve years old. (Table I). Special arrangements were made to have the three tients over eighteen studied, as the Institute for Juvenile Re- arch seldom accepts those over that age. Two of them were erred primarily because of apathy, while the other was manifest- serious antisocial behavior.

telligence

Table I shows the age and sex of the thirty-five patients and ir intelligence quotients as measured at various times by nford Binet tests.

The group as a whole showed a range in I.Q. which suggests that re is no relation between intelligence and the post-encephalitic ndition. Two children were found to have superior intelligence, n on retests, and ten had I.Q's. under 80, leaving twenty-two h I.Q's. between 80 and 110.

While case number ten was found in two successive years to have intelligence quotient of ninety-seven, the other cases fluctuated ewhat on the retesting. Twenty-nine out of the thirty-five ents were retested. In seventeen of these cases the variation ween the first and second test was less than ten points. In the r twelve cases, four improved from ten to fifteen points, and declined from fifteen to twenty-four points. The examiners d emotional instability and distractibility, traits which are, ourse, characteristic of the disease and which may account ome of the changes in I.Q. ratings. Taking the test results eir face value, however, it would appear that somewhat more a fourth of the patients who were retested showed a real ne in intelligence while about an eighth showed decided im- ement. This finding is not strictly in line with that of Bond and ridge,[28] who conclude that if there are any changes in intelli- e they are very slight in comparison with the emotional and

[28] Bond and Partridge, op. cit., p. 100.

TABLE I

Sex, Age, and Intelligence Ratings of Thirty-five Post-encephalitic Patients

Case Number	Sex	Age at first test	Intelligence Ratings in Various Years											Change in I.Q. between first and last test
			1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	
1	M	3						67		76		79		+12
2	F	6			114		99	97		90				−24
3	F	6	73					77						+ 4
4	F	7							95		88			+ 7
5	M	7									88	71		−17
6	M	8				93	105	100						+ 7
7	F	8								88	96	74		−
8	F	9							83					+ 8
9	M	10				94			97	97		75		−19
10	M	10												0
11	M	10						90		86		72		−18
12	M	10						83		99		86		+ 3
13	F	10							101	130				−15
14	M	10					76	81	128					+ 2
15	F	11			71	136					81	69		+10
16	M	11			121	92								+15
17	F	11			86			79	78	83		77		+ 6
18	M	11										79		+ 4
19	F	11												−
20	F	11												−
21	F	12			83	93	80		69	84		77		+10
22	F	12							81	86		79		− 3
23	F	12						84		69				− 2
24	M	12					79	64						+ 2
25	F	14									85		70	−10
26	F	14				78	81					51		−15
27	F	15					55			73	80	101		+ 3
28	M	15									88			− 4
29	F	16												+ 7
30	M	17				101					76			+13
31	M	17												−

instinctive reaction changes. They believe that low intelligence is a serious handicap in the treatment of the patients, since the reconstruction of the behavior depends so largely on reëducation.

Habitat and Occupations of the Parents.

One child studied had the onset of encephalitis in New Orleans, one in Detroit, another in a small town in southern Illinois, while the others had the disease while residing in Chicago.

Seventeen of the fathers were unskilled laborers, fourteen were skilled or clerical workers, and two were in the professional group. These data bear out the findings of others that encephalitis is not peculiar to any one locality or economic group.

Type of Family.

Of the thirty-five cases studied, twenty-four came from families in which both parents were in the home. In all other cases there was, added to the disease problem, the additional problem of a broken home situation.

Nationality.

The parents of seventeen children were born in America; three of these children were negroes. The foreign-born parents came from Sweden, Holland, Hungary, Ireland, Poland, Russia, Czechoslovakia, and Germany.

Family Attitudes.

Twenty-seven of the patients came from homes in which the attitudes of the parents and other siblings were unfavorable to recovery. Some of the parents were at times over-protective while at other times they complained of the patients' behavior. In other cases, the parents considered the patients "subnormal," criticized their drooling, their table manners, and their impulsive behavior. Others clearly showed that they no longer wished the children in the home. The other siblings were ashamed of the patients and would not allow them to accompany them on recreation trips. In only one case were the family attitudes found to be really helpful. This is the case which is believed to have made the best adjustment.

Table II shows that of the thirty-five cases, nineteen had the onset of the disease between five and eleven years of age. Three

TABLE II
Age of Patients at the Onset of the Disease

Age	Number of Children		
	Male	Female	Total
2– 4	2	1	3
5– 7	5	3	8
8–10	3	10	13
11–13	0	2	2
14–16	5	0	5
17–19	0	1	1
Unknown	2	1	3
Total	17	18	35

of the patients and their families could not recall any symptom such as a high fever, seeing double, pains, weakness or abnorm drowsiness, which are usually found in encephalitis. The diagnos of these cases were based on the neurological signs, such as imm bility of the facies, abnormalities of the pupils, tremors, a changes in reflexes, gait, and speech.

Time between Onset of Disease and Later Disorder.

The length of time elapsing between the disease and the onset behavior disorders was not noted in all of the social histor However, sixteen of the thirty-two informants who described onset stated that changes were noted immediately after the per of stupor and weakness had passed.

School Problems.

Thirty of the thirty-five patients studied were in schoo some period during the time they were known to the Institute, each of the thirty presented some type of school problem. Inco gibility, quarrelsomeness, demand for attention, and lack of co centration were the major complaints.

Present Status.

Table III shows the status of the cases in the spring of 19 when a follow-up study was made.

Nine patients were at home unable to work or to attend sc and eleven were in some form of institution. Three of the pat were in special boarding schools, and one patient was attend crippled children's school. Two of the four patients attending

Date of Onset of the Disease as Related to Present Status

Present Status	Date of Onset												Total	
	1918–19		1920–21		1922–23		1924–25		1926–27		Unknown		Number	Percent
	M	F	M	F	M	F	M	F	M	F	M	F		
Adequate Adjustment														
working full time					1								1	
married and well adjusted		1											1	6
Partial Adjustment														
attending grammar school	1			1			1	1			1		4	
attending special school			1			1	1					1	4	
working part time													1	
married			1										1	28
Unimproved or Deteriorated														
convalescent home				1									1	
at home unoccupied	1		1	2	1		1		2		1		9	
parochial training school								2					2	
correctional institution	3				1								4	
feebleminded institution		1					1						2	
state hospital		1		1									2	
penitentiary				1									1	60
Dead					1								1	3
Not located	1												1	3
Total	6	3	3	6	3	2	4	3	0	2	1	2	35	100

lic grammar schools were repeatedly in difficulty and on the borde of expulsion, while the other two were progressing fairly well. On patient could not be traced; in June, 1928, he was in the county infirmary, deteriorating physically and mentally. Another boy die in 1928 in an institution for the feebleminded. He was bedridden with progressive paralysis before his death. One girl was in a con valescent home, as her hyperactive condition and choreiform movements had increased. Previously, she had been considered behavior problem in the foster home in which she was placed. On boy was working full time; another, who was handicapped physi cally, was working part time. Two girls were married, and each had gone through one pregnancy successfully. One of these was ob viously better adjusted than the other.

Summing up the present status of the thirty-five patients, it will be seen that twenty-one have not been able to make an ade quate adjustment to the usual demands of school or work. Nine of these were at home unoccupied, while twelve were in some form of institution. One could not be traced, and one had died. Of the remaining twelve, two were making fairly adequate adjustments being married or at work, while ten were partially adjusted, being able to attend school or to do some work.

It is interesting to compare these findings with those of other studies. In 1927 MacKenzie[29] of Glasgow said that he knew of only one recovery among fifty post-encephalitic cases. Parsons[30] cites two studies made in England. In one study of three hundred and thirty-four patients who had the onset in 1924, twenty-three could not be traced, thirty-eight had died, and of the remaining two hundred and seventy-three who were examined fifteen to eighteen months later fifty-six percent were unfit for work or school. The total incapacity rate was estimated at forty-two percent.

Date of Onset in Relation to Present Status.

Table III also correlates the date of onset of encephalitis with the present status of the patients. This correlation is of interest because the theory has been advanced that the earlier epidemics were more severe. It will be seen that three men having the onset in the 1918–19 epidemic were in correctional institutions, one woman having the onset in 1921 was in the state penitentiary, and

[29] MacKenzie, Ivy, op. cit., p. 570

[30] Parsons, Allan, op. cit.

two women having the onset in 1918 were in state hospitals. On the other hand, the two patients making the most adequate adjustment had the onset of their disease in 1919 and in 1922; while of the twelve who had the disease in 1924 or later, none were adequately and only four partially adjusted. It would therefore seem that the date of onset bears little relation to subsequent adjustment.

III

Nine Cases Illustrative of Types[31]

The following cases were selected for illustration of the different maladjustments found in post-encephalitic children and of the social service treatment which was used with them.

Case 2[32]

This case shows some of the conduct disorders found in post-encephalitic children and indicates the importance of getting an adequate and accurate social history.

Carrie, aged six, was referred to the Institute of Juvenile Research in 1921 by the pediatrics department of a general hospital because of incorrigibility, temper tantrums and suspected retardation.

Personality changes were noted by the family several months before Carrie was examined. She had formerly been considered a good child by her parents and the kindergarten teacher. At the time of referral the mother complained that she pulled the furniture around the house, was destructive in her play, and had temper tantrums.

In the psychological test given in 1921, she had an intelligence quotient of 114; in 1923 she made a score of 99 on the Stanford Binet Test and 103 on the Seguin test. A year later, she had difficulty on some of the tests as she could not read them but made a score of 97.

A diagnosis of "psychopathic personality" was made, and it was advised that consistent discipline be used in the home. The social worker visited the home every afternoon for a month to observe the patient and compelled her to lie down to rest for a half an hour. The patient fought and swore at the worker and showed little improvement. Her behavior at times improved and at times became worse. Attempts to regulate the home routine met with little success.

In 1923, Carrie persisted in standing or sitting on the street car tracks. When removed by the street car motorman, she would return again before he could start

[31] Several of these cases have been described in the studies mentioned above. Hohman, op. cit., described the cases here named Donald, Edith, Larry, and Henry under the initials I. D., E. S., L., B., and H. H., and Haahti, op. cit., described Larry under the initials L. B. A.

[32] The case numbers correspond to those given in preceding tables.

the motor. She used to throw herself on the floor, scream, kick, bite, scratch and swear voluminously. She initiated quarrels with other children by thumbing her nose and teasing them. Court action was taken to place her in a foster home, as her mother appeared to have no control over her. She was refused placement by the children's agency interested, as she caused such an uproar in the receiving home. Since there were no other sources available, she was returned to her home.

Information about an illness was not elicited from Carrie's mother until 1924. Finally, after going over the patient's past history with the mother very carefully, she recalled that the family had been asked to move from a certain flat because of the patient's behavior following the "flu." Carrie's older brother then recalled that her eyes had been crossed and that she complained of seeing double. Upon the basis of the neurological findings and this history of the illness, a diagnosis of post-encephalitis was made. Twelve hours of sleep each night, warm baths, and activities at a near-by settlement house were recommended.

Carrie was so unmanageable at a summer camp which she attended in 1926 that it was necessary to return her after the second day. She masturbated and had precocious sex interests. She was ingenious in eluding adults and constantly ran away from home. The family could not be persuaded to move to a less congested part of the city, and they failed to understand that her behavior was due to her former illness.

Her anti-social behavior continued. Purses, costumes, hats, and other finery were brought home, with the statement that people gave them to her. She was expelled from the parochial, public and crippled children's schools because she fought with the children and was incorrigible. On one occasion when refused a pair of scissors in the school office, she grabbed the scissors and dashed through the halls threatening everyone she met. Sex curiosity and uninhibited play continued, resulting in intercourse with several boys.

Social service treatment consisted in urging the parents to use more consistent supervision, interpreting her illness to the family and her teachers, and in supervising her recreation. She became so unmanageable in 1927 that it was advised that she be placed in a parochial training school. Institutional life seems to have had a calming influence. Carrie was a great problem at first but adjusted gradually so that in a year and a half's time she was able to return home. She has now attended public school for a year without any outstanding problems occurring.

A washing compulsion was present for several months after her return home. This was interpreted by the psychiatrist as being a transfer of the "cleansing" to "washing" beliefs taught at the parochial institution. Hyperactivity, excessive fatigue, demand for attention, and emotional instability are some of the characteristics still present. However, it has been possible for her to adjust to some degree in the home and school. Parental supervision has been more consistent, and she has been threatened with returning to the parochial institution if she is not obedient. It is questionable how long this control will prove effective.

Case 30

This case is presented as an example of a Parkinsonian syndrome.

Martin, a Jewish boy seventeen years of age, was referred by the Psychopathic Hospital in 1927. The complaints were that the patient sat around all day and had no interest in what was going on about him. He did not get up until noon, and all his movements were slowed up. The mother reported that in 1925 Martin's arms began to jerk, his hands twitched, and he complained of being very tired and sleepy. He slept a great deal at this time.

The physical examination in 1927 indicated that he was of normal height and weight. The right shoulder drooped and his right leg dragged. Mask facies and spasticity common to the Parkinsonian syndrome were described. Brisk reflexes and tremors of the lids and tongue were present. He had an enlargement of the thyroid. A diagnosis of post-encephalitis was made.

In 1927 Martin showed an intelligence quotient of 88 on the Stanford Binet test. A year afterward he made a score of 101 on the same test. At this time a good vocabulary and excellent definitions were noted. He confided to the psychologist that he could do much better if he were not so self-conscious.

In the psychiatric interviews the patient talked about suffering for the world. It was his philosophy that each day he was to save someone from an accident. A voice told him the way in which he should work. He found this voice rather disturbing but continued to obey it. Sex interests were also troublesome. Martin wondered if he would not be justified in going to a prostitute.

He lost interest in the recreational activities and club he formerly belonged to in his neighborhood. A great deal of time was required for him to dress. He lathered and re-lathered his hands many times. He walked with a shuffling gait. He complained of dizziness in school and inability to concentrate, so that he was advised to leave school. His inability to move fast and coordinate his movements more successfully suggested that he would adjust better in a crippled children's school where he would be treated as a sick child. Martin was opposed to this suggestion, and the family did not urge his attendance.

For a year he has worked part time for a druggist and is discouraged because he is unable to do more. His mother has given him several kinds of patent drugs. The family are satisfied that one kind of medicine is "pepping" him up some. He gets up in the morning more readily, as he is not so troubled by insomnia as formerly.

There appears to be a harmonious family spirit, although the mother is ambitious and talks at length about one son who has been unusually successful. There is undoubtedly a great deal of plodding of the patient and his lassitude is discussed with everyone the mother meets. Martin is made to feel dependent on the family. The mother nags at him about his slowness.

The psychiatrist believes that if the foci of infection are removed, and he is given medication his condition will greatly improve. His behavior so far has not included any anti-social acts, but a psychosis might be expected from the hallucinations he describes.

Case 34

The third case illustrates the severe social consequences that may result from the disease. A patient, unable to control her tendency to steal, although recognized as a "sick" person, was nevertheless sent to the penitentiary, where her behavior disorders were aggravated.

Mary is a white woman now twenty-seven years of age. She was referred by the county social service department in 1924 because of stealing. The social history revealed that she had always been a "highstrung" girl and received "poor" in deportment at school. In 1920, following an attack of influenza, she became more quarrelsome, unstable, and was found stealing. She was depressed, said that everyone was against her, and talked about jumping in the river. She cried and struck at people in her anger. Many of her reactions were childish. She stole wearing apparel and some property which was of little worth to her. While in the county jail she was violent, used profane language, and was insubordinate.

In 1924, the examiner noted that her pupils were sluggish and that she had tremors of the hands. She was suffering from gonorrhea. She showed an intelligence quotient of 96 on the Army Alpha Test given in 1924.

In the psychiatric interview the patient resented the questions asked, and her attention was sustained with difficulty. She made the following statements: "I am not insane. There is nothing the matter with my head. I just take things I want when I see them. It has been this way ever since the sleeping sickness. Somehow I can't stop."

The following report was sent to the county social worker. "The ordinary legal test of responsibility in my opinion is not applicable here within the definition of the law, which requires merely consciousness and intelligence sufficient to guarantee awareness. This girl is responsible. In view, however, of the marked degree of involvement on the part of the midbrain as a result of the encephalitis, it is not likely that she could at present control her behavior sufficiently to give any guarantee of the future. It seems also obvious that punishment would be of little avail in such a condition, but on the contrary might aggravate the situation by arousing resentment and other inferiority reactions.

The only hope in a case of this sort is a carefully planned and strictly supervised system of re-education by which it may be possible to train latent brain centers to take over the functions of those destroyed. How effectual this would be it is impossible to state in advance. In order to carry it out it would be desirable to have some legal authority over the girl, since she is twenty-two years of age."

Intensive social work was carried on from December 24, 1924, to March 20, 1925. Mary was asked to report to the Institute daily by telephone. She was offered suggestions as to working and sleeping arrangements. In March, 1925, the patient stole a diamond ring and swallowed it when she was suspected. It was recovered and returned to the jewelry shop. As they did not prosecute, Mary was again placed on probation.

During the following year, she had twenty-five different jobs. Unable to inhibit she again stole a diamond ring, and this time was sentenced to the penitentiary for one to ten years. As the psychiatrist's earlier report to the judge indicated, Mary was believed incapable of governing her actions. However, as she was not insane she was held responsible in the eyes of the law.

The mental health officer at the penitentiary reports that during the three years she has been imprisoned, Mary has been in repeated difficulty for violation of the disciplinary rules of the institution. She has shown great emotional instability, impulsiveness, and incorrigibility. At one time, as a result of trying to escape, she was placed in a solitary cell and handcuffed to the bars. This punishment was continued on a diet of bread and water for about a week. Mary cried

for sympathy, claimed that she was pregnant, refused to touch the bread fed her, and drank only water throughout the period of her punishment. She continued to insist that she was pregnant until a full nine months had passed when she had to abandon the claim because no child was born. When not employed she tests her desire to work, but when given employment she finds fault with the work, the matron in charge, and the behavior of the other inmates working with her.

The neurological examination made in March, 1929, revealed very acute allopathic and epicretic sensation. Her sense of motion and position was normal. Coordination tests were fairly well done but there was some overlapping in the finger test. Her station and gait were normal but there was a slight swaying noticed in the rhomberg position. Eye movements were normal, but there was a slight ptosis of the eyelids. The reaction to light and accommodation was very sluggish. A slight asymmetry of the face with a flattening of the left side was noted. The tremors of the eyelids, mouth and tongue were very marked. No evidence of atrophy or hypertrophy was found anywhere about the body. The deep reflexes were active and equal.

The patient's sleep has been much disturbed. At times she showed almost a manic flight in her conversation. Her content of thought is distinctly tinged with paranoid ideas. Her desire for sympathy because of her nervous disorder has caused her to exaggerate her symptoms and to make less effort to succeed.

The plan is place her in one of the state hospitals upon her release from the penitentiary, as she cannot adjust in the community and is in need of custodial care. Here her behavior will be understood on the basis of her illness.

Case 9

In treating case nine, schools of many types were used. His family, as many others in such circumstances, was unable to understand and/or to cope with his problems.

Henry, a white boy now sixteen years of age, was referred by the school principal in 1922 because he was "nervous" and a behavior problem.

His mother reported that he had a slight attack of the "flu" in 1918. A year after this time he complained of being hot and refused to be dressed. His arms and legs twitched, and his eyes had an "odd look." The twitching was soon alternated by short breathing spells. This condition was thought by the family physician to be chorea.

The physical examiner in 1922 noted tremors of the hands and tongue, rigidity of the muscles, mask expression, an undernourished condition, heavy breathing and chorea.

The psychological test given in 1922 showed that he had an intelligence quotient of 94. He became angry during the test, threw the papers on the floor and had an attack of polypnea. In 1925 his score was 83 and in 1928, 75.

The psychiatric examination revealed that he had a number of fears. There was marked resistance during the interview and considerable restlessness.

The patient is the youngest of four children. Before his illness he was considered a sincere, obedient child. After the illness he was impertinent to his mother and grandmother and often resorted to force in gaining his ends. He learned to relieve

the twitching of his legs and arms by breathing deeply. These attacks were noti
able in the morning and at night. Enuresis occurred several times a week.

After being expelled from the public school in 1922 for ringing the fire ala
he was placed in a boarding school where he made fair progress. His mother w
asked to remove him because of incendiary tendencies. In 1923 he was placed i
private school where special attention was given his physical condition. He w
expelled after a year's fair work because he was a nuisance and teased other chi
dren. Following this he attended a private school where there were many retarde
children. The boy felt superior to the other children and hated it there. He
turned home and attended classes at another special school where he was asked
leave several months later because of exhibitionism.

In 1928, when he was expelled from the school last mentioned, the re-examin
tion revealed slow speech, stuttering, hyperkinesis, explosive reactions, sex int
ests, desire for excitement, and Parkinsonian syndrome. The family repor
cruelty to animals and mischievous behavior as evidenced by his ringing door be
and fire alarms. On several occasions he tried to snatch purses.

Although from 1922 on, repeated explanations concerning Henry's illness w
given the family and suggestions were made relative to discipline, he continued
act like a spoiled child. He quarreled with his brothers who were attending
university. They found him troublesome and in the way. He blackened his m
ther's eyes and threw things at her on several occasions. He was placed in
detention home for observation where he was caught attempting homosex
relations and was committed to the older boys training school in 1928. The psy
atrist at the training school reports that Henry's reactions are childish. It is belie
that he is showing the effects of inconsistent discipline. His physical condition
greatly improved through medication, and the infantile behavior is being atta
through psychotherapy.

Case 6

This case was chosen because it illustrates what little ef
continued social service treatment and placement in correcti
institutions may have on an encephalitic patient.

Larry, a white boy of Dutch descent, now fourteen years of age, was re
by a children's hospital in October, 1922, because of stealing, truancy, and oth
havior disorders.

He is reported to have had diphtheria in February, 1922. He was rem
to a hospital where he slept for two weeks. The hospital record shows that he
weak, lethargic, and that he urinated frequently. His temperature was 99.
diagnosis was post-diphtheria nephritis. During convalescence and the p
following he slept most of the time.

On the psychological tests Larry proved to have adequate intelligence
February 1922, his intelligence quotient as measured by the Stanford Bine
was 93; no irregularities were observed. In March 1923 he made a score o
The examiner notes that he moved about in his chair considerably. His sco
100 in December, 1923. Poor effort, restlessness, and unsustained attention
observed.

The physical examination showed that he was suffering from post-encephalitis.
ere was a left convergent strabismus; the left pupil was irregular and reacted
ggishly to the light. He attended the nutrition clinic for a year, in 1922–23.
assermann Tests were negative. In 1928, there was a pituitary disturbance.
rays showed the sella unusually small, but there was no other apparent pathology.
In the psychiatric interview in 1922 he admitted all his delinquencies and sex
periences freely. There was a moderate flight of ideas. He was physically and
ntally restless. After changing the subject several times he invariably came
k to his sex experiences of which he was proud. When given one wish, he said
t he would like to have intercourse with a certain girl he knew. In February,
, he talked about seeing boys and girls having intercourse in barns and sheds.
admitted masturbating several times a day in the bathroom. He appeared
ck in detecting any laxity on the part of those who supervised him. Although
was docile during psychiatric interviews, closer observation revealed that he
the evasive, sly, and lied readily and cleverly.

The mother described him as a good child before his illness, affectionate and
dient.

Following his illness Larry became uninhibited about sex. He was instructed
x practices by his older sister, who had learned them in the neighborhood.
m that time on he has been predominantly homosexual but has attempted
ions with his sister and other girls and has masturbated. Enuresis and fecal
ntinence have occurred regularly.

His mother worried greatly over the change in her son. The other children were
tracted and behavior problems began appearing in them. The younger brother
ed truant from home and school with the patient. The father resorted to severe
nishment, and Larry showed some remorse but forgot easily. In 1923 the family
so emotional over the patient's behavior that the psychiatrist advised that he
placed in a foster home where there would be a minimum of excitement, he
ld not receive severe punishment and would lead a routine life.

As the family could not afford to pay for the patient's care, numerous agencies
boarding schools were consulted in an attempt to place him, but there was
ing available. As a slight measure, Larry and his brother were transferred
m the parochial to the public school, where the teachers showed unusual patience.
y did not truant for four months, but he stole things from the other children
was a general annoyance. Larry said the "other kids got him crazy," and then
ole. After tampering with the fire extinguisher he was expelled from school.
ecreation, less severe punishment and better habits were arranged by con-
d social service treatment. Improvement was shown for a time until the mo-
had to undergo a serious operation, when Larry became so unruly that the
y could not control him. He was placed in the parental school, as there were
her available resources. Although his parents wept bitterly at his departure,
ook hands gayly and showed no concern. He was unimpressed by anything
to him at parental school. Stealing and truancy ceased but other difficulties
nued. Enuresis began again and caused the other boys and his teacher to
e him. He was demonstrative to the social worker and to the cottage matron.
wo later occasions he was placed in this parental school because of inability
trol the impulse to steal and because of truancy. Teachers at the parental
considered him "subnormal" and never felt that he was a sick boy.

Upon his return home in 1925 sex practices increased. The mother could no leave him alone with the other children, as he persistently played with their ge talia. The mother took him to a practical psychologist whom she thought helpe him for a time. When a sudden outburst of stealing occurred he was taken to t Detention Home. The Institute recommended foster home placement near t crippled children's school, whose principal was interested in post-encephalitic chil ren. Placement could not be brought about, and the court ordered him to a bo training school. From June until August, 1925, Larry made thirteen attempts escape. He was successful upon two occasions, returning home one time and t former neighborhood on another occasion.

As his parole was not kept, he was ordered to an older boy's training scho The crowded conditions and restricted program caused the boys to sit idle several hours a day. During this inactivity the patient attempted to kill flies an eat them. It was observed that he showed a voracious appetite, and his fly-catchi habits were given up when his diet was increased. Close supervision has be observed at the training school as they knew of Larry's homosexual interests, few such attempts have been made by him, and he appears very remorseful wh punished.

This boy and his family were under the supervision of social service departm continually from 1922 to 1925. During the entire time practically no change made in the boy himself, and it was felt in reviewing the case that the only th accomplished was the separation of the patient from the other members of family. Larry needed twenty-four hours of supervision in an institution where program could be varied. He reacted best when under frequent change of prog constant activity, occupations which furnished some physical fatigue, and in wh his hyperactivity would not form a problem.

At the present time he is not receiving a varied program, and the enforced ness appears detrimental. He is in custody, but nothing is being done to relie disorders. It seems apparent that state training schools are too crowded and not have facilities for caring for post-encephalitic patients.

Case 31

This case showed decided improvement. The family attitu toward the patient were modified through social service conta An attack of malaria may have accounted for some of the provement.

Donald, a Jewish boy now twenty-three years of age, was referred by a fam welfare agency in 1922 because of personality changes following sleeping sick He had been in bed for five weeks and for two weeks received treatment in a hos tal where the diagnosis of encephalitis was made. Before this illness he ambitious and devoted to his family. After it he was irritable, drowsy, ha reasonable desires, and lost interest in everything.

During the psychological test in September, 1922, he was talkative and ev remarking about knowing more than the teacher and boasting of his vocabu He made a score of 101 on the Stanford Binet Test. Six months later he m score of 109. He continued to show poor judgment.

In the physical examination old residuals of encephalitis were found. The right pil was somewhat larger than the left and reacted sluggishly to light. During he psychiatric examinations he appeared emotionally shallow and boasted about ding psychology. He interrupted the examiners to tell jokes and apparently shed to be the center of activity.

The patient is the second of seven children. Prior to the encephalitis he accepted sponsibility and got along well with others. At the age of thirteen he graduated om the eighth grade where his teachers reported good work. For two and a half ars before his illness, Donald worked as a file clerk earning seventy-five dollars month. He left this position at the time he had encephalitis. He was interested reading books and writing reviews for newspapers. This was the one interest hich continued after his illness. Numerous attempts were made to find him mployment, but he refused to take work which did not pay well or did not appeal him. Although he was urged at home to find employment, he did not take his ligations seriously. He was discharged from several reporting jobs, as he was slow inefficient. He did considerable writing during this time and had several re- ws accepted by newspapers.

The mother talked with the psychiatrist and social worker on several occasions. She was so anxious to help Donald in every way that she carried out their sug- tions of warding off irritating situations in the home and did not permit the fa- er and other siblings to react emotionally to the patient's behavior.

In the spring of 1923 some improvement was noted, although he continued to poor judgment in relation to his work. In August, 1923, he had malaria, fol- ng a "bumming" to New Orleans. He was delirious during this time and had ry high fever. The mother reports a gradual improvement since that time. ald has been able to keep work over periods of time. For two years he drove a for the Checker Cab Company. He has been regular in payments made to the ily welfare association. He stays home in the evenings, spending his time ng and enjoying the radio.

Donald is not cured yet, but he has been able to adjust in the family group and ep positions over a period of time. He realizes that he is not able to meet sud- emergencies or unusual strain but he has assumed an attitude of acquiescence. amily has been unusual in its tolerance toward him and does not nag or irri- him excessively.

Case 21

his girl made the best adjustment of the thirty-five patients ied.

dith, a white girl now twenty years of age, was referred in July, 1921, by a chil- s hospital because of breathing attacks during which she trembled, groaned, d as if she did not know where she was, and often fell. She did not become and the attacks lasted only a minute or two. At other times she mutilated ever was near her. She tore her nightgowns into shreds, swore, spit, and bit. uring the psychological tests she worked well for a time. As the tests became difficult her breathing difficulty began. She ran about the room in a jerky on and out to see her mother. After wetting her handkerchief, throwing it nst the wall and putting her arm about the examiner, she quieted down and

completed the examination. She made a score of 83. This rating was be
unreliable because of her distractibility. She had been out of school for two
previous to the test.

Physical examination showed that she was fifteen pounds underweigh
pupils were irregular, reflexes were exaggerated. and vasomotor instabilit
present. The special fluid and Wasserman tests were negative. An attac
witnessed by the physical examiner. Edith had previously been smiling and co
ating well, when suddenly she had panting and respiratory movements wi
ness of the neck, open mouth and dilated pupils. She moved about constan
the room, fingering the various objects while going from one to another, tear
paper, attempting to scratch the examiner, and spitting at him. Her muscle
tense. When spoken to she did not respond. The entire duration of the atta
four minutes. Increased respiration was the only symptom noted afterward

The child was in a convent when the disease started. The sister in cha
ported irritability, restlessness, and loss of interest in her school work in t
of 1919. She was ill at home for two or three weeks at that time. The
physician made a diagnosis of influenza. Breathing spells were noticed immed
after she recovered but were not as violent as those witnessed at the Ins
Before her illness Edith was described by her family and teachers as being ob
her interests were well directed, and she was well liked by the other children

The deep breathing attacks increased to ten or twelve times a day.
impossible to prevent destruction of whatever was near her during these at
Falling spells occurred about twice a day when she would suddenly grasp wh
was near, holding on rigidly, staring, and not responding to her name. She s
greatly exhausted after these attacks. She was a restless sleeper. There were p
when she would get in and out of bed at frequent intervals. Fecal incontine
curred and was a matter of interest to her.

She was kept away from other children and not allowed to go to school re
until 1922, as the children irritated her and caused her to have temper tan
After coming to the Institute the mother and step-father discontinued punis
and were consistent in requiring a routine life. No friends were allowed to c
the home, the family spoke in low tones, and every effort was made to eli
excitement. She was taken to the country nearly every day where she was a
complete freedom.

Her step-father discovered that if she were held tightly as soon as
breathing spell began and told firmly to control herself the attack lasted
less time.

Recovery went on rapidly. Upon her return to school in the fall of 192
were two attacks the first week. The teacher told her to control herself an
her no special attention. The patient had only one more attack at school,
progressed fairly rapidly.

She completed the eighth grade in the public schools and attended a C
girls' school for two years. At present she is making a good adjustment as
ried housewife caring for her small child. She talks about her illness and
quent behavior in an objective manner. The breathing and falling attac
completely disappeared.

It is difficult to assume that any one method brought about this girl's re
As she was an only child, the mother and step-father devoted their entire ti

ery. They made it possible to allow her freedom in the country and they kept
rom all exciting influences and had confidence that these methods would
er. When she was stronger, they arranged that outside activities should come
y gradually.

CASE 29

his is another illustration of the failure of psychotherapy and
l service treatment.

Marie, a white girl, was referred in 1925 because of change in personality,
er, and "nervousness." She was sixteen years of age at the time of the first
ination.

he had been severely ill in 1918, a diagnosis of influenza being made at that
During the illness the family had to waken her to feed her. As she was in bed
e months, she became so weak that she had to be carried for several months
wards. She was drowsy and sleepy for some time after her illness. Decided
nality changes were observed by her family. At the time she was referred,
ished placement, as they were afraid that she would become "more nervous."
a psychometric test given in 1924 at the Juvenile Court, Marie made a score
In April, 1926, she showed an intelligence quotient of 73, and in August,
she made a score of 80 on the same test.

the physical examination she was found to be undernourished, to have a visual
exaggerated reflexes, fine tremor of the hands and tongue, and facial and
twitching. She refused to have a Wasserman test made. A diagnosis of post-
alitis was made in view of the clearcut history of the illness and the person-
hanges.

ring the psychiatric interviews Marie was apprehensive and resistent.
ver, she talked quite freely at times about the way people looked at her
se of her choreiform movements) and she seemed depressed over her inability
k. She knew that she would not work among well people, and she refused to
upational therapy work "because of the sick people." She appeared dull and
foolishly. There was a lack of continuity in her thought processes. She would
don't know" to many questions, and then there would be a rush of words.
r behavior now shows a lack of control and great instability. She is easily
ed and has temper displays but she has overcome the habit of striking her
and screaming. She stays away from home much of the day and lies about
ngs she does during that period. Other children do not like her because she
hem and makes rude remarks. Her sleep is disturbed, especially if she has
d an exciting movie. The family complain that she wrings her hands, jerks
y and shrugs her shoulders.

928, while in a general hospital for observation, she twice tried to commit
These attempts followed quarrels with a nurse and internes when she was
wed her own way. She now complains that she does not receive enough
egetables at home and that the family nag at her about going to work.
bility to partake in activities as her two younger sisters do adds to her
ency. She feels that she would recover if allowed to live on a farm where
uld be away from the noise and crowds of a city.

l service treatment has consisted of trying to interest the girl with occu-

pational therapy and physical activity, such as tennis, roller skating, and ming. She could not be persuaded to attend occupational therapy classes that "other nervous and crippled people made her worse." Their presence to remind her of her own handicaps. She attended the physical activities regularly, her excuses being that she forgot.

Removal from the home seems advisable since her unemployment is irritation to her parents but it has been impossible to place her anywhere of lack of financial resources. The family does not wish her removed at p saying that she is improving since her attack of influenza a few months ag

CASE 10

This is a patient who was unwanted in the home after havior and personality disorders were recognized. It also the difficulty of adjustment in a large public school system.

Edwin, a white boy now fourteen years of age, was referred to the Ins Juvenile Research in 1925 by his maternal grandmother. The complai sleep disturbances, quarreling with other children, and swearing.

On the mental tests given he was found to have an average intelligenc

The physician examining the child in 1926 noted the following: "asy facies, mouth breathing, mild right convergent strabismus, visual de tremor of hands and tongue, vasomotor disturbance, over-developed ge A positive diagnosis of encephalitis lethargica progressive was made severa afterward.

Psychiatric study revealed that the boy was the unwanted child Neither parent would tolerate his misconduct, and they threatened to away. They beat him and deprived him of privileges continuously.

Edwin admitted masturbation and visualizing heterosexual relati mother was angered by his continued interest in playing with the geni other siblings and neighborhood children. The grand-parents report th found exhibiting himself on several occasions. He annoyed girls in the at school.

After some treatment his "inverted sleep rhythm" improved so tha almost as soundly as the other children. Formerly he prowled about rustled papers, and caused so much disturbance that the family could no

It is believed that the parents' lack of insight and severe punishment h sified the patient's conduct disorders. While helping in his grandfather's behavior problems were noticed, probably because he was occupied an his grand-parents were interested in him.

It was recommended that the boy be removed from the home and p foster home where he would receive considerable attention and where control would not be too severe. Although the mother admitted wishin of Edwin, she and the father would not consent to foster home placeme did not like one home recommended. They refused to cooperate with the and other interested agencies so observation of the boy was carried on b school.

His teachers were surprised to learn that Edwin had average intel he showed no interest or progress in school. He spent his time day-dr

g to perform errands. When called to the office because of some misdemeanor variably had a smile on his face and appeared honored that some attention was owed on him. At times when individual assistance was given he worked and d good ability, but these efforts were not long sustained. He forgot to bring his s to classes and went to the library during class hours, saying that his teacher excused him for that period. These conditions have continued until the teachers thoroughly disgusted with him. Arrangements are being made for him to at- the Spaulding Crippled Children's School.

His inability to work independently and lack of concentrated effort have made possible for him to adjust in the public school system as it is administered. eeds to be in a school where the teachers understand his behavior and where ll have a certain amount of recognition intermingled with duties which he is form.

hese cases show that one of the most outstanding handicaps e post-encephalitic child is the failure of those about him to ze that he is ill and to attribute all his behavior to "mean- ". Case 2 illustrates this point: although Carrie's mother was repeatedly that her behavior deviations were due to illness, id not fully grasp the situation. This same lack of under- ding is illustrated in case 34: the attendants in the peniten- believe Mary is a "bad actor," since she causes them trouble s constantly under discipline. Because of this failure to gnize the full significance of behavior disorders and per- lity traits the methods of control used only aggravate the ncephalitic to further delinquency. In case 10, Edwin's vior deviations became the more pronounced as his parents shed him the more severely.

e average home is often the most harmful environment for ost-encephalitic patient. It was found that twenty-seven of patients were living in homes in which the parents' and s' attitudes were unfavorable. Ambitious parents fail to e the seriousness of their actions when they nag the patients finding work and make the patients feel unwanted. Case 29 a girl whose feeling of hopelessness was increased through alization that her two sisters were carrying on their usual school activities while her own lack of concentration and her lity prevented her from competing with them. On the hand, as shown in case 6, the patient's delinquencies may be mental influence on the other siblings and may keep the family in a continued uproar. It thus seems often unfair to tient and to the other members of the family to keep the t in his home.

The average public school is as unequipped to meet these pr
lems as is the average family. Competition and conformity
such major factors in the public school system that the encephali
child is looked upon as queer. Case 10 is an example of this:
teachers did not understand the child's behavior and, with
large number of pupils in the classroom, did not have the time
give him individual assistance and encouragement even a
his diffculties were explained. Many post-encephalitic patie
anti-social behavior on the playground or in the halls brings th
into conflict with the school regime, as was seen in cases 2 an
When an individual becomes too much of a nuisance in the pu
school classroom he is sent to a room for incorrigibles. From th
he may proceed to parental school, and then he often comes un
the jurisdiction of the Juvenile Court and may be sent to a
rectional institution. Larry (case 6) is an example of a p
encephalitic child following this course.

A few post-encephalitic children have been placed in one o
Chicago schools for physically handicapped children, the Spaul
School. Here the children's disorders are understood and
with patiently. Methods such as hydrotherapy, rest periods,
muscular exercises are employed.[33] Possibly, case 2 would h
improved if she had been placed at the Spaulding School sev
years before her aggressive behavior became so well establish
However, this school cannot keep patients whose actions m
endanger the other crippled children.

Recreation resources have been utilized by the Institute
Juvenile Research workers in the hope of substituting constru
and socially acceptable behavior for anti-social conduct. In
2 and 6, recreational recommendations were carried out to s
degree, and improvements were observed in the patients d
those periods. The difficulty often goes back to the parents
do not understand the significant role which recreation may p
In Case 10 for instance, when the parents deprived Edwin o
recreation they accentuated his misconducts. Case 29 shows
an older girl, although desirous of outside interests, did not a
in a recreational group because she was apprehensive abou
other girls' not liking her.

Regular employment is almost out of the question for the p
encephalitic patient, since he is distractible, is fatigued rea

[33] Haahti, Helvi, op. cit., p. 9.

d exhibits personality difficulties which bring him into conflict
h employers and fellow workers. Choreiform movements and
r motor coordination are other obstacles in the way of his
ployment. Yet he is eager to work, and it is not an unusual
erience for him to go from job to job, as is shown in the case
Mary (case 34), who had twenty-five jobs in one year. It would
be surprising to find that Martin (case 30) will have difficulty
adjusting to any work situation, since he spends twice as long
a job as the usual person does.

The mental hygiene clinic has a definite place in the interpreta-
n of the behavior disorders to the patient's family. The psy-
trist and social worker become the medium for modifying the
ient's environment by removing as many as possible of the
ating factors. Cases 21 and 31 showed definite improvement
oon as the families became less emotional and more objective
reatment. If, however, encephalitis includes an organic lesion
ch causes a chronic excitation of the thalamus, psychotherapy
ld appear to have little value. Case 29 is an illustration of an
teen year old girl who was unable to benefit from the thera-
ic plans.

side from interpreting and educating the family and teachers
espect to the patient's illness, the social worker can do much
rd establishing a regimen of life for the patient, while con-
with other organizations which can aid in treatment are
itated by her. Social treatment, then, consists in padding the
ent's environment until it becomes adapted to his needs. It
cessary for the social worker to repeat to the family again and
that the patient is sick and that he requires a shifting,
athetic environment.

comparing the present methods of treatment with those used
923 and 1925, we find that little progress has been made. A
made in 1923,[34] showed that social treatment for post-
phalitic patients then consisted in educational work with
ts, teachers, and other adults involved, in establishing for
atient a regimen of life that would aid in convalescence, and
otecting the mental life of other members of the family by
ing the conflicts that were almost sure to arise. Special
tions for post-encephalitic patients were thought to be the
mode of treatment. However, as there were no such re-

Cole, Blanche, op. cit., p. 46.

sources, treatment of the individual in the home was the o
resort. A study made in 1925[35] emphasized the improveme
made by post-encephalitic children in the Crippled Childre
School. Treatment then consisted in eliminating all irritat
factors in the child's environment or protecting the patient fr
the environment as far as possible. This form of treatment w
called the negative or protective type.

The cases used for illustrative material show that treatmen
the present time consists of the same methods in the home th
were used formerly and that the Spaulding Crippled Childre
School is often recommended to meet the school problem.

However, we are faced with the question of what recommen
tions to offer after the above methods have been tried and ha
failed. It is known that correctional institutions do not offer
proper treatment in caring for these behavior problems. As
shown in cases 6 and 9, the inmates receive the minimum o
dividual attention. They remain unoccupied for hours and ha
very little done to them to improve their physical condi
Illinois has recently adopted the plan of admitting pos
cephalitic patients to two state institutions for the feeblemi
in which a specialist from the Mayo Clinic is supervising ex
mental work with serums and vaccines. Post-encephalitic pa
are admitted irrespective of age or intelligence. Two of the pa
studied have been placed there. The treatment, however, ha
been carried on long enough to examine the results.

A national committee, the William Mattheson Commissio
Epidemic Encephalitis, has been appointed to study the pa
throughout the country. Their findings will undoubtedly
more light on the etiology of the disease and with this knowle
it is believed that special institutions for post-encephalitics
be created by the different states.

Conclusions

1. Epidemic encephalitis is an organic disease of unk
etiology but well known pathology. For this reason, it is
possible to treat the causative factors.

2. Conduct disorders, personality changes, and physical h
caps are the sequelae of encephalitis. The uninhibited beh
of the post-encephalitic causes him to become a social pro

[35] Haahti, Helvi, op. cit., p. 23.

3. The community in general fails to realize that post-en
phalitic patients are ill and this misunderstanding aggravates
patients' behavior.

4. From the thirty-five cases analyzed in this study, one patient's
od adjustment is attributed at least in part to the family's
lligent care. Another patient's partial recovery may be based
he mother's untiring efforts in removing all irritating factors
he home.

5. The forms of treatment attempted have been (1) educational
k with the family and teachers, (2) setting up a routine life
he patient with recreational outlets suited to his needs, (3)
ement, particularly in the Spaulding School for Crippled
ldren.

6. In spite of such treatment, however, (and it must be re-
bered, of course, that the cooperation of the parents was not
ys secured nor were the conditions always changed to accord
the Institute's recommendations) but two of the thirty-
post-encephalitic patients have made satisfactory adjust-
ts. It would appear that the solution for these patients'
anent recovery lies in the field of medical science.

7. Social service treatment is of value in interpreting the patient
s family and other individuals involved and in "padding"
nvironment so that irritating factors do not prevent the
vidual from making the maximum adjustment of which he is
ble.

ABSTRACTS OF THESES, 1920–1930

Abstracts of all theses submitted to the Smith College Sch for Social Work in partial fulfillment of the requirements for degree of Master of Social Science will be published in this journ The September, 1930, number contained abstracts of thes dealing with mental disease and deficiency The following abstracts of theses on physical diseases and defects and of tho concerned with social work practices. The name of the studen the institution in which she received her field work training, a the year of her graduation from the Smith College School for Soc Work head each abstract.

II. Theses Dealing With Physical Diseases and Defects

Buncher, Miriam (Massachusetts General Hospital, 1925). Th Place of the Child in the General Hospital.

991 children were admitted to the Hospital in 1923. The study gives the tistics on age, diagnoses, and financial status of these children and discusses special equipment needed for their treatment.

Brigham, Helen (Massachusetts General Hospital, 1921). So Social Problems Involved in a Group of Patients with Chro Orthopedic Condition.

A description of the usefulness of a social worker in treating the patient maintaining the family unit. Eight cases illustrate the type of problems that

Draper, Merle (Allegheny General Hospital, Pittsburgh, Pa., 19 Social Work with Diabetics.

A description of the disease and its treatment, showing the value of the worker in securing the needed cooperation of the patient.

Five case studies.

Duncan, Mildred (Allegheny General Hospital, Pittsburgh 1924). A Study of the Medical, Educational, and Social S tions in Sixteen Children Suffering from Bone Tubercu

All cases referred to Social Service Department in one year (16) are di from the angle of what a hospital and social worker can do in aiding the need for more specialized institutions where hopeless cases can be isola hopeful cases better treated, for more nurses and social workers in rur and for more open air classes is pointed out.

Sixteen case studies.

ge, Corinda (Massachusetts General Hospital, 1925). A Study of Under-nutrition in Children; Based on 247 Cases so Diagnosed t the Massachusetts General Hospital during the Years 1923 nd 1924.

Medical records of the 247 children diagnosed in 1923 and 1924 as under-nished are given. Intensive investigation was made of the fifty-two known to ial Service and sixty-six others chosen at random as a control group. The group owed up by the Social Service Department showed much greater improvement ealth than did the other group, 44% of which never returned to the clinic for her treatment.

lt, Mabel (Massachusetts General Hospital, 1923). The Medical-ocial Aspects of Pre-natal Work as Related to Syphilis.

Twenty patients, selected because they presented potential medical and social blems, were studied. The value of the social worker in educating the mother as e significance of the disease and in securing her cooperation in treatment is own.

odnough, Frances (Illinois Institute for Juvenile Research, 929). A Study of the Behavior Reactions of Forty Physically Handicapped Children.

rom 154 cases of long-standing physical disease (defined as a condition cting the activity of the child over a long period of time) forty were selected tudy, those showing intelligence quotients under 80, inadequate information, mutism, or a disease not crippling in competition being omitted.

he handicap itself was found to produce certain problems with a physical basis, as restlessness and distractibility. Normal group competition and adjustment prevented, producing feelings of inferiority and insecurity. Only 20% were ar with other children.

ourteen children were over-protected and fifteen rejected by their parents. parental attitudes, often based on the disease, seemed more important than isease itself in determining the child's behavior.

es, Estella (Kalamazoo State Hospital, Michigan, 1923). cial Significance of Huntington's Chorea (published in *erican Journal of Psychiatry*, Vol. IV, Pages 537–574).

choretic cases (46) in the Hospital between 1871–1923 were studied by of hospital records and interviews with the families. They gave a history cases of the disease in their families, three-fourths of which were traced h the 5th and 6th generations. A study of these 218 cases shows:

The disease is directly inherited and does not seem to develop in the children e who escape it.

Potential choretics do not differ from their siblings in early personality traits.

3. Two-thirds of the choretics showed behavior difficulties, often of an extre nature.

4. Most of the families were in the United States prior to 1800, and fifteen them were traced to N. Y.

Lewis, Ruth (Massachusetts General Hospital, 1920). Soci Aspects of Mitral Stenosis.

A discussion of the value of a social worker in the supervision of persons suffer from heart diseases. Illustrative cases.

Lincoln, Miriam (Massachusetts General Hospital, 1923). I dustrial Aspects of Heart Disease.

Eighty industrial workers chosen at random from industrial patients attend the heart clinic were interviewed: fourteen women, sixty-six men; modal ages, t to sixty.

Those with rheumatic heart disease with only structural damage were abl carry on work better than any other group. Suggested classifications for us judging a patient's capacity for various types of work were made. Five case st show that under proper care persons suffering from heart disease can be self-supp ing and satisfied.

McCollister, Crystal (Boston Habit Clinics, 1926). A Study of Habit Clinic Children Having Convulsions.

Out of the 1600 total referrals, the 124 children who had convulsions prior t fourth year, not associated with an acute or chronic condition, were studied. had first convulsions associated with acute infection, 15% with reflex-irrita and 34% with gastro-intestinal upsets. 44% were either "mentally defici retarded." 84% had the first convulsions under thirty months of age. histories of fourteen cases.

Maxwell, Mary (Massachusetts General Hospital, 1926). A S of Seventy-one Surgical Hip Cases.

All the hip cases operated on in a sixteen month period were studied by low-up interview eighteen months later when twenty-nine were still under ment. A description of the types of cases, the social cost involved, and the of social service in such cases is given. At least forty out of the group were to have a handicapping mental attitudes toward their disease.

Potter, Kathryn T. (Essex County, N. J., Juvenile Clinic, 1 Some Aspects of Reactionary and Endogamous Disturbanc Adolescent Girls.

Six cases studies, three illustrating adolescent disturbances due largely to o circumstances and three due largely to physical make-up of the individual. Th group tended to respond well to treatment, while with the second group litt accomplished.

terman, Mary (St. Louis, Mo., Hospital, 1924). Straightening he Child: a Study of Ten Orthopedic Cases Treated Over a eriod of More Than Ten Years.

en case histories of child patients, showing the contribution of the medical l worker in treatment. She aided by securing uninterrupted medical treatment, terpreting the needs of the child to his parents, and the home to the physician by providing adequate home care, transportation, outdoor summer vacations, placement in employment.

on, Hilda (Massachusetts General Hospital, 1925). Social actors Present in Fifteen Cases of Exophthalmic Goiter.

ifteen case studies of goiter patients showing that all were subjected to various s of strain in the period preceding the onset of the symptoms.

h, Mary (Out-patient Department, University of Penn. ospital, 1920). Social Case Work in the Campaign against yphilis.

rief summaries of 29 syphilis patients show in what ways social work may aid atment.

gue, Marian (Sloane Hospital for Women, N. Y., 1921). Survey of Sloane Hospital for Women.

elaborate analysis of a maternity hospital in which all the facts shown in cords of 1578 patients are tabulated and brief case summaries of 176 patients om broken or irregular marital relations created special problems are given.

g, Carol (American Red Cross, Cincinnati, 1921). The Em- yment of Seventy-four Neurocirculatory Asthenia Patients.

is disease, whose subjective symptoms are out of proportion to the physical ance involved, calls for careful supervision by the social worker. Of the s studied—ex-service men diagnosed by a government clinic—less than half ployed and those usually at light work.

m, Frances I. (Massachusetts General Hospital 1924). The portance of Individual Social Treatment of Children Crippled Infantile Paralysis.

e hundred cases—nearly all of patients attending the clinic for infantile is in 1924—were analyzed. Ages, seven to sixteen. Eighty-five were visited homes and fifteen in institutions.

ee-fourths were found of foreign parentage, living in crowded districts, and d insufficient incomes. The attitude of the parents toward the patient was wholesome in 56% of the cases. 30% of the children had made satisfactory ments in the family and neighborhood groups, while 60% showed behavior ties. Over half adjusted normally in school.

need for special schools and careful case work is discussed.

III. Theses Dealing with the Practice of Social Work

Alsberg, Pauline R. (General Medical Clinic, Washington University Dispensary, 1924). The Social and Medical Significance of Social Service in the Asthma Clinic (Published in *Hospital Social Service*, XIII, 317).

Successful treatment of bronchial asthma necessitates a thorough knowledge of the patient's environment, and also supervision to see that the proteins to which the patient is sensitive are removed from the environment. This implies attention to the most minute details of food, clothing, to household furnishing. To this must be added the re-educating of the patient himself. Several case studies make it clear that in both diagnosis and treatment the physician must be aided by a well-trained social worker.

Beals, Katharine (Philadelphia Family Society, 1930). A Study of the Effect of Long-time Relief upon Children of Working Age.

Seventy-five children belonging to families who were in receipt of relief for at least four years were studied with a view to ascertaining the effect of such relief on the child's attitude toward work and toward relief. An equal proportion of these children were found to be continuing in school after they became fourteen years old as were going to work. Only a few were found to be "drifting" or to be developing anti-social behavior. There seemed to be little evidence that long-time relief tended to make the children dependent.

Bemmels, Violet (Institute for Child Guidance, New York, 19[illegible]). A Study of Methods Used in the Treatment of Three Over-protective Mothers.

The study attempted to evolve a method for analyzing the treatment of over-protective mothers and to discover just how three such mothers were treated. The method evolved was an analysis of only that part of the treatment that had been verbalized and recorded: what the social worker said and what the mother's immediate reaction was were noted. Discussion centered around *what* was done, *how* it was done, and *when* it was done.

The objective in all the cases was found to be the freeing of the mother from the child; it was an education in independence for the mother. In the first case "specific suggestion" therapy was frequently and unsuccessfully used. In the second case the greatest amount of time was spent on preparing the mother to release the child by means of what is termed "superficial treatment." The mother's own fundamental problems were not broached until near the end of the treatment and then unsuccessfully. The mother did, however, release the child. In the third case the same methods were used as in the second case but not so intensively.

Blakeslee, Lydia M. (Illinois Institute for Juvenile Research, 19[illegible]). Revised Form of the "Process Interview" Record Form.

Discusses the advantages and disadvantages of the "process interview" form, formulated by Mrs. Sheffield and Miss Myrick of the Committee on Interviewing, and of other older types of recording in which the subjective element was omitted. A "revised form" which omits much of the quoting of conversation which is characteristic of the "process interview" type and yet retains the description of the process is proposed, and examples are given of similar interviews written up according to both methods.

[illegible]sken, Rose (Philadelphia Family Society, 1929). Interviews: The Effects of the Case Worker's Attitude in Seven Situations Involving Problems of Family Relationships.

This thesis might have been called an analysis of a psychiatric social worker's conscious technique. Extracts from interviews are given showing how the case worker definitely attempted to influence her client by her attitude. In one group of cases, direct interpretation of one person to another was used; in another an attempt was made to break down emotional attachments; while in a third the worker tried to influence the client through underlying mechanisms rather than through overt behavior.

[illegible]er, Margery (Opportunity Room, Longfellow School, Oak Park, Ill., 1927) Social Case Work as Applied to Problem Children in a School in Which There is No Visiting Teacher.

A review of the work done by a social worker in helping to adjust a group of problem children, educationally backward.

[illegible]gan, Catherine I. (Boston State Hospital, 1921). A Study of the Development of Social Work at the Boston State Hospital.

A description of the work between 1913 and 1920, showing the set-up of the social service departments and the type of cases handled.

[illegible]ett, Annette (Institute for Child Guidance N. Y., 1928). The Treatment of the Shut-in Type of Adolescent.

Three intensive studies which show the use of the mechanism of identification and transfer in the treatment of shut-in problem adolescents. Shut-in personalities are shown to be best approached through an understanding of their underlying identifications, and the role that the psychiatrist or the social worker should play in treatment should depend upon those identifications. Both should guard against involvement of their own identification processes.

[illegible]smith, Rose (Boston Psychopathic Hospital, 1930). A Study of the Relationship between a Psychopathic Hospital Out-Patient Department and the Family Case-Work Agencies in the Community.

All cases referred to the Clinic by the Family Welfare Society and the Jewish United Charities of Boston during 1929 were studied in order to see what service such agencies desired and what were given to them. 61 cases were covered.

The Clinic seemed to be meeting the community needs in the diagnosis and treatment of mental disorders and in the recognition of mental deficiency, but seemed to be failing to get at the underlying motivating forces in the behavior difficulties of less severe cases of social maladjustment.

The social agencies appeared to be unskilled in the recognition of mental hygiene problems and to lack training needed to interpret and treat the factors involved in such maladjustments The Appendix contains charts showing the type of services requested from the Clinic, the recommendations made by it, and the extent to which the recommendations were carried out.

Graham, Margaret E. (Foxboro Mass., State Hospital, 1924). Is There a Need for Psychiatric Social Work in Industry?

Twenty-two short case histories of industrial or store employees who came to the Clinic because of mental disorders or were committed to the Hospital. The value of mental hygiene and the need for a psychiatrist or factory medical staff is discussed.

Hayes, Elizabeth C. (American Red Cross, Minneapolis, 1921). Case Correspondence: a Method of Psychiatric Social Work (Published in *Mental Hygiene*, VI, 125.)

A discussion of the technique of carrying on psychiatric social work with service men by correspondence. Several general principles were evolved by the writer, illustrations of which are given in this study.

Healy, Elizabeth (Department of Child Guidance, Board of Education, Newark, New Jersey). The Feasibility of Using the Psycho-analytic Approach in Case Work Interpretation and Treatment.

Three very detailed case studies showing how the ego-libido type of analysis as worked out by Kenworthy may be used by a social worker in interpretation and treatment of personality problems. It is briefer than other methods of analysis, makes the social worker emphasize the emotional factors in the situation, and bases treatment on the actual experiences of the patient.

Howland, Katherine E. (Boston State Hospital, 1923). Social Service in Relation to Those Patients in the Boston State Hospital Not Over Twenty-five Years of Age at First Admission (Published in *Mental Hygiene*, VII, p. 804–830).

Hospital records of all cases (385) active on November 20, 1922, coming under the above description were analyzed and tables of the outstanding facts drawn. There is a discussion of the value of social work in prevention and cure.

Jones, Ellen Bodley (Boston State Hospital, 1921). Occupational Therapy: Educational Requirements and Relation to Social Work.

A discussion of the principles of occupational therapy, its field of value, its relation to social work, and the institutions offering courses of training.

[illegible]ce, Ada Reeve (Boston Psychopathic Hosptal 1925). Social Treatment of Problem Children as an Aid to the Teacher.

A description of the difficulties in the social treatment of eight problem boys from well-to-do homes. Ages, 7–13; I.Q.'s normal. Three were removed from clinic supervision, four were improved by treatment, and with one little was accomplished.

[illegible]nt, Margaret (Massachusetts General Hospital, 1924). A Study of the Relation of the Social Service Department at the Massachusetts General Hospital to the Community Agencies in the City of Cambridge.

One hundred fifty-seven cases, the total referred to the Social Service Department of the Hospital from Cambridge in 1922–1923, were studied. Hospital social service retained responsiblity in one-half the cases and transferred it to an agency in the other half. Sixty-four social and medical agencies were used but there was great concentration on a few. In general, medical social workers did not avail themselves of the community resources.

[illegible]e, Lila (U. S. Public Health Service, Minneapolis 1921). The Personal Psychiatric History (Published in *Mental Hygiene*, VI, 93).

A discussion of the methods of history-taking in twenty out-patients clinics of the U. S. Public Health Service. Numerous examples are given, as well as the history outline and one complete history from the Minneapolis Clinic.

[illegible]ama, Matsu (Lincoln House Association, Boston, 1921). Some Health Lessons for Tokio Based on Observations in Boston.

A description of recent changes in Tokio making for its ability to adopt new methods of preventive medical work and a suggestion that it should institute immediately a Baby Hygiene Association and an Instructive District Nursing Association and later should introduce nurses into the public schools and start some form of medical social work.

[illegible]t, Margaret R. (Illinois Institute for Juvenile Research, 1930). A Study of the Relationship between a Preschool Child Guidance Clinic and an Infant Welfare Society.

A description of the working arrangements between the Preschool Branch of the Institute for Juvenile Research and the Infant Welfare Society of Chicago and an analysis of the mechanics of the treatment of their cooperative cases. The cases referred to the Clinic over a four-year period and treated cooperatively or exclusively form the basis of the study.

It was found that the Institute gives little more care to its intensive than its cooperative cases of this type. The chief advantage of intensive service seem to lie in the work of the psychiatric social worker who, through her training mental hygiene, is perhaps more alert in detecting incipient problems.

Twenty-eight out of the 81 cases were closed at the time the study was ma Seven of the 15 intensive cases were considered satisfactorily adjusted, as w 4 of the 13 cooperative cases.

Lyday, June F. (Boston State Hospital, 1920). The Nature Social Treatment.

An analysis of twenty cases along the lines suggested by *The Kingdom Evils* and a discussion of the treatment given them.

McNutt, Lila E. (Boston Psychopathic Hospital, 1924). A vantages of Psychiatric Training for the Visiting Teacher.

A description of the eight school-children cases handled by the writer over a months period shows that a visiting teacher with psychiatric training could h been helpful in prevention and treatment.

Moore, Katherine (Boston Psychopathic Hospital, 1920). Th Relation of the Social Worker and the Patient.

Questionnaries on this subject, sent to 60 representative social workers, w answered completely by twenty-one and partially by three others. Their answ cannot be summarized briefly.

Neumann, Frederika (Los Angeles Child Guidance Clinic, 192 Adjustment of Problem Children under Eight, from the Poi of View of the Social Factors Involved.

Five cases selected to illustrate different problems of young children and possibilities of adjustment from a social point of view. Parental understanding cooperation with the social worker seemed to be the chief factors making for cess.

Post, Katherine (Illinois Institute for Juvenile Research, 192 A Discussion of the Need for Psychiatric Work in the Schoo

The principals of private schools in Chicago and Cleveland were interviewed the question of the need for psychiatric workers there. Maladjusted children found to be as numerous, proportionally, in these as in public schools. Fina limitations, the attitude of the patrons and of the administrators were the blocks to psychiatric work being introduced.

Rabinowitz, Lee (Institute for Child Guidance, New York, 192 Reactions of Children to Administered Relief.

Twenty-one cases carried in cooperation with other social agencies by Clinic, the total case load of that type in December 1, 1928, were studied in

pt to ascertain the reaction of the child to the fact that his family received re- A study of the first eleven cases showed this point to be largely neglected in the records, so in the other ten cases the psychiatrist in charge of the case was ed to attempt to discover the child's feelings on the subject.

The ten children's attitudes varied from extreme resentment to definite pleasure, w children being able to accept the fact with little emotion and to consider it ecessity not a disgrace, but a situation which they would remedy when grown. latter attitude was not confined to any one age or level of intelligence. It is ttitude social workers should strive to develop in children.

Twenty-one case summaries.

nnels, Marion E. (Illinois Institute for Juvenile Research, 1926). he Psychiatric Social Worker's Technique in Meeting Re- istance.

The causes of resistance are analyzed and examples of technique used in over- ing typical resistances are described. The contribution of the psycho-analytic ol to methods of interviewing is discussed.

man, Barbara (Illinois Institute for Juvenile Research, 1927). he Importance of Obtaining the Child's Own Story in Rela- ion to the Treatment and Adjustment of his Difficulties.

Twenty-three cases in which the child's story was secured and twenty-three in h it was not secured, all involving stealing, truancy, or sex problems were ied. Those showing physical factors as causative were omitted. I.Q.'s were all ve 75.

One-half of those whose stories were secured and one-sixth of the other group sted well on treatment. The first group had an average of 5.47 psychiatric inter- 6.73 social service contacts, and treatment lasted 5.65 months, while in the group the corresponding averages were 3.43, 7.77, 7.21.

ustrations of different methods of securing the autobiography are given.

d, Margaret (Massachusetts General Hospital, Boston, 1921). he Need for Mental Hygiene for Children as Illustrated by he Experience of Medical Social Workers.

description of some cases handled in the out-patient department of the achusetts General Hospital shows the need for training parents and teachers.

ckhamer, Gladys (Children's Aid Society, Philadelphia, 1923). he Advantages of Cooperation between Justices of the Peace d a Social Agency.

iscusssion of contacts of the agency with justices of the peace in Baltimore , Maryland, in the cases of eleven children.

Sytz, Florence (Illinois Institute for Juvenile Research, 19
The Contribution of Psychiatric Social Work to Social C
Work.

Four cases carried jointly by the United Charities and the Institute are
to illustrate the difference in use of facts and methods of treatment by the
types of agencies. The contribution of the psychiatric point of view to family
work is discussed.

Worch, Margaret (Amer. Service Section, Red Cross, St. P
1921). Psychiatric Social Work in a Red Cross Chapter (P
lished in *Mental Hygiene*, VI, 312).

A description of the psychiatric social work carried on by one Red Cross cha

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TUDY OF TRAITS PREDICTIVE OF ECONOMIC SUCCESS[1]

NORA Y. HAWES and WINIFRED A. MURFIN

rather unusual opportunity to study the relation between success
he job and various other traits of a group of high school graduates
esented by the records of the Chicago Scholarship Association
ewish Children. This Association was founded in 1913 to give
cial assistance to boys and girls of working age who would
rwise have to leave school. To be eligible for a scholarship, a
must be fourteen and in good health, and the economic status
s family must be such as to necessitate aid of this type. Until
ll of 1925, a school record above the average was also one of
equirements. That year a small group of children who were
only average work were granted scholarships. Since then a
scholarships have been awarded to children who, according to
ligence tests, belong to the groups designated as "dull and back-
" and "borderline defective."

fore a scholarship is granted, the child is given a complete routine
nation at the Illinois Institute for Juvenile Research. This con-
of a physical examination, an individual psychometric test, and
terview with a psychiatrist. Special vocational tests and an
ew to determine the child's recreational needs have also been
in some cases.

ring the period that the child is in school and receiving a
arship, he is seen at regular monthly intervals by a case worker

[1] This paper combines the theses submitted by two students to the Smith
e School for Social Work in August, 1930: Hawes, *Factors Influencing Suc-
the Job: a Study of Thirty-Three Adolescent Jewish Boys,* and Murfin,
Influencing Success on the Job: a Study of Thirty-Two Adolescent Jewish
The material was secured from the records of the Scholarship Association
ish Children and of the Illinois Institute for Juvenile Research. Institute
enile Research Publication, Series C, Number 170.

age of patients from such families more nearly approached the ave
age of all patients referred for stealing and truancy. It there
seemed that the relatively greater frequency of stealing and
ancy among large families could be explained at least partially
the basis of the age and sex of the patients referred from
families. Intelligence quotients also varied with size of family
larger families referring a greater proportion of dull children
the relation between I.Q. and type of problem was unknown.
investigation thus seems to suggest that the size of family to w
a patient belongs bears little relation to the problem for which
is brought to a child guidance clinic, such differences as are fo
to exist being explainable on the basis of age and sex.

ABSTRACTS OF THESES

Abstracts of all the theses submitted to the Smith College School for Social Work will be published in the *Smith College Studies in Social Work*. In the September, 1930, number were published the abstracts of theses dealing with mental disease and mental deficiency while in the December, 1930, number appeared those dealing with physical disease and with the practice of social work.

In this number the theses which describe the different types of behavior problems for which children are referred to child guidance clinics are abstracted. At the beginning of each abstract appears the name of the student, the institution at which she did her field work, the year of her graduation from the School for Social Work, and the title of her thesis. Each abstract contains a statement of the number of cases studied and of the method by which they were selected, in so far as it was possible to ascertain these facts.

IV. Behavior Problems of Clinic Patients

Classification of Problems

Gaff, Edith (Cleveland Child Guidance Clinic, 1928). An Interpretation of Adolescent Revolt Based on a Study of Fifty Cases Manifesting Problem Behavior

64 cases were selected at random from the clinic cases of children over 12, 14 being discarded that showed mental illness or an I.Q. below 80. There were 26 boys and 24 girls, 12 to 17 years old. 60 percent had foreign-born parents; only 10 percent were dependent; 64 percent came from unbroken homes. Correlations between the type of problem and factors in the child's background were sought, without any striking results. Case histories illustrate the conflict situations.

Morel, Elfrieda (Michael Reese Dispensary, Chicago, 1928). The Conduct Disorders of Adolescent Girls

A study of 20 cases referred to the Advisory Council of Lake View High School, January 1, 1927, to May, 1928. Ages, 14 to 18; I.Q.'s all above 90; good economic status. These are compared with four girls referred to the Mental Hygiene Clinic of the Dispensary, ages 15 to 18; I.Q. over 90; poor economic status. The relation of the girls' problems to their parents' attitude is discussed.

Four case studies.

Safley, Henrietta (Michael Reese Dispensary, Chicago, 1929). The Behavior Problems of Clinic Patients: a Classification and an Analysis

A classification of the problems for which children were referred to two mental hygiene clinics was worked out. The types correlated quite highly with age, and an attempt was made to discover the underlying causes.

Attention-getting Behavior

Leonard, Shirley (Institute for Child Guidance, New York, 1929). A Study of Twenty-five Cases of Attention-getting Behavior Based on Feelings of Inferiority

25 cases were chosen for study in which marked feelings of inferiority were combined with "show-off" or attention-getting behavior, children with I.Q.'s under 90 being excluded.

80 percent were boys. Ages ranged from 6 to 16 with 40 percent being between six and eight. In both of these respects the group differed from the run of clinic cases. 12 were only children and 9 were oldest. 19 showed some organ inferiority, but other factors seemed equally important in the production of feelings of inferiority.

Sillman, Marguerite (Philadelphia Child Guidance Clinic, 1927). The Rôle of Imitation in Creating Behavior Problems in Children

Case studies of 10 children, I.Q.'s 90 to 102, whose behavior was found due largely to imitation. They all imitated conduct which they observed was useful to others in securing attention.

Day-dreaming

Ladenburger, Alma (Illinois Institute for Juvenile Research, Chicago, 1929). A Study of the Social Factors in the Lives of Solitary Children Who Withdrew into an Imaginary World

A description of 35 white children with I.Q.'s above 79 who had few friends and who built up an imaginary world through books and day-dreams. The child's "three wishes," his "interests" as expressed to the psychiatrist, and the psychiatrist's comments were used as the means of judging the content of the day-dreams.

Only half were found correctly placed in school, as judged by their mental age. The economic situation of the families frequently made the children feel inadequate in comparison with their companions, but poverty in itself did not seem a factor of importance in producing withdrawal from society. Religion caused conflict in one case.

22 were only, oldest, or youngest children, and these positions seemed of importance in many cases in producing withdrawal. Only half lived in their own homes with both parents, and in most cases the parent-child relationship was not constructive.

Egocentricity

Hopper, Leilia E. (Cleveland Child Guidance Clinic, 1927). Causative Factors behind Egocentric Behavior in Problem Children

Among the hundred cases selected by Lowrey to illustrate general types of behavior problems, 18 cases of egocentric behavior were found. There were 5 girls and 13 boys; ages ranged from 6 to 16, with the median at 10; 70 percent had I.Q.'s between 80 and 110. In these respects they were similar to the rest of the hundred problem children.

10 children showed inferiority feelings and 10 felt insecure in their homes—a somewhat larger proportion than was found in the less-detailed study of the hundred cases. In undesirable home factors the two groups were very similar except that the egocentric group exceeded the other by at least 20 percent in lack of affection on the part of the parent, parental maladjustment, and over-attention. 50 percent of the egocentric and 17 percent of the control group had a history of poor health. In school the total group showed a larger percentage of unfavorable placements and of unfavorable relations with the authorities. In other problems the egocentric group showed at least 20 percent more cases of lying and misconduct or disobedience at home, while the control group exceeded in truancy.

McClenaghan, Jean V. (Illinois Institute for Juvenile Research, 1926). An Inquiry into the Processes of Social Treatment in Two Cases of Egocentricity

Detailed studies and a criticism of the methods of treatment used in the cases of two adolescent egocentrics.

Smith, F. Leslie (Illinois Institute for Juvenile Research, 1923). A Study of Egocentric Behavior

Of the 314 behavior problem cases referred to the Institute during one year, 83 were classified as egocentric." 79 of these came from homes in which an abnormal social situation existed. All showed behavior problems in addition to egocentricity.

Social treatment was carried on for a year with ten of the patients. At the end of that time one was adjusted; four were slightly improved; two showed no improvement, while three were adjusting well in institutions.

Six case studies illustrate the treatment methods that were used.

Emotional Immaturity

Hutchard, Winifred (Essex County, N.J., Juvenile Clinic, 1927). A Study of Emotional Immaturity in Sixteen Adolescents of Average Physical and Mental Endowment

16 adolescents, 12 to 17 years of age, were studied and diagnosed emotionally immature. Bad attitudes on the part of the parents—ranging from excessive protection to severe punishments—were present in all cases. Intensive psychiatric work over long periods produced little change in the children.

Enuresis

Carpenter, Miriam (Illinois Institute for Juvenile Research, 1924). The Social Problem of Nocturnal Enuresis in Children

18 percent of the 1008 patients studied at the Institute for Juvenile Research between January, 1923, and March, 1924, were found to have been enuretic after four years of age. In 135 cases enuresis was present at the time of referral to the clinic, but in only 22 was it cited as a reason for referral.

A slightly larger proportion of boys than of girls were enuretic. Little relation between enuresis and intelligence was found.

The social backgrounds of 90 unselected cases are described briefly, and five case histories illustrate types.

Deniston, Audrey (Illinois Institute for Juvenile Research, 1930). Enuresis: A Study of Factors Influencing Response to Treatment

A study of 42 enuretic children, over nine years of age, having I.Q.'s over 80, treated individually, and in whose cases the treatment recommendations were followed. Routine habit training, psychotherapy, and suggestion were used. 17 were successfully treated (i.e., the enuresis ceased for a period of at least six months); 17 improved, and 8 showed no improvement.

Economic status and education of parents showed a slight positive correlation with success in treatment, but, on the whole, no significant correlations were discovered. It was concluded that the mode of treatment must vary with the needs of the individual case.

Hyperactivity

Blackman, Bernice (Institute for Child Guidance, New York, 1930). A Descriptive Study of Fifty Hyperactive Children

50 hyperactive children referred to the clinic were compared with 100 non-hyperactive selected at random from the files and with 50 non-hyperactive identical with the hyperactive group in age. Hyperactivity was defined as constant activity, out of proportion to the stimulus or the results obtained, tense and compulsive, with frequent shifting of goal.

In national background and sex the hyperactive children proved to be similar to other clinic patients. Their average age at referral (6.5) was four years younger than that of the control group. Half were of average height; the rest were equally divided between over- and under-weight, not differing in this respect from the control group. In I.Q. they were also not markedly different from the control group.

Weight and intelligence were negatively correlated. Eliminating cases with positive physical findings, this negative correlation was raised to a point of high significance. Hyperactive children seemed to be either dull and over-weight or bright and under-weight.

In developmental history, the hyperactive group was similar to the control in age of walking and talking and in the number of illnesses, but more showed feeding problems, more were weaned early, and more had toilet habits established early. In behavior problems they exceeded the control group in all types except those of personality adjustment.

A questionnaire for a more adequate descriptive study is appended.

horn, Pearl (Child Guidance Clinic, St. Paul, 1928). A Study Factors Underlying Hyperactivity in Problem Children

cases were definitely diagnosed as hyperactive by a psychologist or psyist. There were 30 boys and 13 girls with age range from three to een, 29 being between five and nine. 14 had a subnormal I.Q.; 20 were ge, and 7 were superior in intelligence. 9 were found to be undernourished; d unstable parents, and nearly all came from homes of emotional conflict. art shows the unfavorable conditions from which each child suffered.

ost of the children were handicapped by several types of adverse factors, sting that hyperactivity cannot be explained by any one cause.

Jealousy

n, Ruth Blakeslee (Institute for Child Guidance, New York, 30). Sibling Jealousy: A Comparison of Older Children Jealous Younger Siblings and Younger Children Jealous of Older Sibgs

es were selected for study in which the diagnosis of sibling jealousy was y the time of the first staff conference. Subject to the requirements that hildren should be in school and that there should be adequate informan the records, the cases were chosen at random, an equal number (34) of nd of younger children being selected. 39 were boys, 29, girls; ages from 5 to 18; I.Q.'s from 73 to 154.

real differences between the older children jealous of younger siblings and unger jealous of older siblings were found. Jealousy seemed to be more nt among girls and to be related to size of family and to an age difference years or less. In a large proportion of the cases the mother favored the of the jealousy; less frequently than the mother, the father too favored ild.

jealous child was frequently surpassed by his sibling in health, appearintelligence, school success, social adjustment, parents' affection, and was ly compared unfavorably with the sibling of whom he was jealous. An of 4.5 of these items were found in each case.

Sybil (Boston Habit Clinics, 1924). A Study of the Person-Make-up and Social Setting of Fifty Jealous Children

ases were selected which showed jealousy as one symptom and were ed with 100 non-jealous children chosen chronologically from the files of ic. Ages ranged up to 12.

-thirds of the jealous children were girls as compared with one-half of n-jealous. Jealousy appeared most frequently between three and four. ealous group 70 percent of the children were oldest or only children; 46 in the non-jealous group. Significant differences in personality traits nd, pugnaciousness, sleep disturbances, and hyperactivity predominating ealous group. A larger proportion of the jealous children were ruled shment.

Three case studies show the interaction of personalities in the homes of jealous children.

Ross, Bertha M. (Institute for Child Guidance, New York, 19
A Statistical Study of Sibling Jealousy among Problem Children

The study was based on the records of the child guidance clinics held demonstration purposes under the Commonwealth Fund and of the Institute Child Guidance, New York. Its 1275 cases include all the children living at with one or both parents, "only children" being, of course, omitted. 13 p were checked as jealous on the Findex cards.

Jealousy was found to be somewhat more frequent among girls, among children, among children with I.Q.'s above normal, in small families, and the first-born. Negativism and fears were associated with jealousy, as "mother nagging" and "unfavorable comparisons." Maternal over-pro showed no relationship with jealousy.

Sewall, Mabel (Illinois Institute for Juvenile Research, 1929).
Causes of Jealousy in Young Children
Published in *Smith College Studies in Social Work*, September,

Smalley, Ruth (Institute for Child Guidance, New York, 1929).
Influence of Differences in Age, Sex, and Intelligence in Determ the Attitude of Siblings toward Each Other
Published in *Smith College Studies in Social Work*, September,

Laziness

Sproul, Dorothy G. (Child Guidance Clinic, St. Paul, 1926).
Lazy Child

The records of 43 children described as lazy were chosen from the clin and the underlying factors in the child's lack of desire to exert himself traced to disturbances in physical, mental, and emotional spheres. Six seemed to be due to extreme physical disorder, nine to emotional confli sense of social inferiority, three to mental defect, five to a pre-psychot and twenty to maladjustment at home or school.

Left-handedness

Dexter, Margaret (St. Paul Child Guidance Clinic, 1927).
of Left-handedness in Twenty-six Children

All cases (26) of left-handedness referred to the clinic over a four period were studied. 26 right-handed cases showing the same age ra other group were selected for comparison.

Ages at learning to walk and talk were slightly later in the left-han It also contained more stutterers (9) than the other group, but in cases was that habit traced to a forced change to using the right hand

tempts to change to righthandedness were made in 11 cases. A comparison ese with 11 unchanged left-handed children and 11 right-handed showed dominance of introversion in the unchanged group. There were, however, al defects and speech disorders that might account for the introversion of children.

questionnaire for the study of left-handedness is appended.

, Daisy (Boston Habit Clinic, 1928). A Study of the Social Maladjustment of Twenty-five Left-handed Children

right and 25 left-handed children between the ages of two and ten were ed on the basis of fullness of case histories. The groups were fairly similar e, I.Q., and economic status, and differed somewhat in sex and ordinal posi- nearly all the left-handed children being only, oldest, or youngest children. bances of sleep and speech, and habit spasms occurred more frequently e left-handed group, but there were so many other factors that might unt for these habits that it is doubtful whether left-handedness was the pri- cause.

Masturbation

, Margaret (Worcester, Mass., State Hospital and Child Guidance nic, 1929). A Study of Thirty-four Masturbation Cases

e records of 18 clinic boys and 16 men in the State Hospital, the total of cases showing masturbation as a serious problem, were studied to mine the relation of this habit to other behavior problems or mental dis- There was little to show what the habit meant to the boys, but it seemed a prominent part in the psychoses of the adults. Parental attitudes masturbation were almost wholly destructive.

, Louisa (Boston Habit Clinics, 1925). The Relationship ween Enuresis and Masturbation in Children

uresis and masturbation occurred together in seven percent of a thousand cases, while 26 percent of the rest showed masturbation and six percent, sis.

he 266 cases of enuretics, 85 percent had never received proper training. others, seven of the relapses followed an illness, three followed accidents, ur changes in the emotional situation of the home. 75 percent of the howed improvement under treatment.

of the 58 cases of masturbation were under six years of age. The cause cases was attributed to lack of training and discipline. 85 percent im- under treatment.

he 68 cases showing a combination of the habits, 92 percent were under ears, 75 percent under six. Temper tantrums, food capriciousness, other bits were the most frequently associated problems. The cause was again gely to lack of training and ignorance (58 cases). 75 percent improved reatment.

Negativism

Gale, Hilda (Institute for Child Guidance, New York, 1929). N... tivistic Tendencies in Children from Two-child Families

50 cases of problem children who came from two-child families and showed negativistic tendencies were studied. Negativism was slightly frequent among first children. 70 percent were boys. In average age children studied were somewhat younger than the usual clinic child.

The median age of the first children was 8.5, of the second children 50 percent had an I.Q. of more than 110. The first children came from ho... that were superior to those of the second children in economic status ... emotional tone.

Poor discipline was more frequent among the first children than among second, while lack of security and sibling antagonism characterized over... of the latter.

Personality Changes

Ruddiman, Helen (Boston Habit Clinics, 1925). Environme... a Factor in Acute Personality Changes in Children

The 37 children who, out of 975 patients, were found to have und... acute personality changes unaccounted for on an organic basis were cho... study. There were 22 girls and 15 boys. The age at which change o... varied from one to eleven, half of the children being three or four at th... (Most Habit Clinic children are of pre-school age.) I.Q.'s were all above...

Indulgence, unwise discipline, inadequate play opportunities, oversol... and unstable parents characterized the home situation of many of the chil... In many cases the change followed an illness or accident, but the effects... aggravated by their home situation.

Reading Disability

Anderson, Margaret (Illinois Institute for Juvenile Research, ... A Study of Possible Factors Leading to Reading Disabil... Children of Normal Intelligence

50 children referred to the Institute for problem behavior and found to have a marked reading disability were compared with 50 other p... children of the same age, sex, race, and I.Q. This study was made at the... time as Kelley's (below) and is similar to hers except that the children... group had I.Q.'s of at least 90. There were 40 boys and 10 girls in each... ages ranged from 6 to 15, with the median at 8; I.Q.'s from 90 to 140, ... median at 100. The median age in Kelley's group was 11, suggesting th... children with reading disabilities do not get into difficulty as early as... children.

Term of pregnancy, type of delivery, presence of birth injuries, ... masturbation, accidents and illnesses, and auditory or visual defects show... relation to reading disability. There were a few more children with speech...

...ith left-handedness in the reading disability group. Fewer children in the ...g disability group than in the control group lived in homes in which a ...n language was spoken. Otherwise the two groups seemed to be similar ...hysical make-up and environmental setting.

...y, Mae E. (Illinois Institute for Juvenile Research, 1930). A ...udy of Possible Factors Leading to Reading Disability in Chil... ...en of Sub-normal Intelligence

... children showing reading-disability and having I.Q.'s under 90 were ...ared with 50 of the same I.Q., age, and sex who did not have a reading ...ity. All were "problem" children studied by the Illinois Institute for ...nile Research. I.Q.'s ranged from 40 to 89, only six being under 60. Ages ...ed from 6 to 15, all but 9 children between 8 and 13 years of age. There ...44 boys and 6 girls in each group.

...his proportion of boys far exceeds that generally referred to the Institute ...suggests that boys more frequently than girls have a reading disability. ...reading-disability group and the control group were similar to each other ...mber of visual and auditory defects, in number of changes in school, in ...rade most frequently repeated, in ordinal position, in home background ...ttitude of parents, and in personality traits and behavior problems. The ...g-disability group differed from the control group in containing a few ...children with speech defects, and more who had infectious diseases and ...ions before the ninth year. Fewer children in the reading-disability group ...foreign-born parents or parents who spoke a foreign language, and the ...omic status of this group was slightly higher than that of the control group. ...y five of the reading-disability cases were referred to the Institute be... ...of that problem.

Sex Problems

... Mildred (Illinois Institute for Juvenile Research, 1926). A ...udy of Sexual Delinquency

...e 213 cases referred in 1926 for some sex delinquency or in which the ...atrist considered sex disturbances a problem were studied to show the re... ...between such delinquency and other problems. 120 boys, 93 girls. 77 ...nt of the boys were between 9 and 15; 60 percent of the girls were ...en 13 and 17. Half the cases were between 70 and 90 in I.Q., the dis... ...on being definitely lower than usual among school children.

...h the girls there was found a tendency for hetero-sexual activity to be ...ated with home truancy, lying, and stealing, and for sex interest and ...rbation to be associated with stealing. With the boys the associations ...masturbation with stealing, lying, and truancy; and homo-sexual activity ...tealing.

...er, Paula (Illinois Institute for Juvenile Research, 1928). A ...mparison of the Results of Institutional and Home Treatment ... Thirty Delinquent Adolescent Girls

30 cases of sexually delinquent girls, ages 12 to 18, were selected on ... of completeness of records. 15 had been placed by the court in the Illinois ... School for Girls and 15 were put on probation.

In I.Q., grade placement, and offenses committed, the groups were su... The institutional group showed a longer period of time over which the of... had been committed.

Ten of the probationed girls and seven of those committed to the S... made satisfactory adjustments in the community afterwards, while th... the former and seven of the latter were later unsatisfactory.

Sears, Florence (Illinois Institute for Juvenile Research, Chi... 1930). A Study of Fifty-seven Children Referred to a C... Guidance Clinic because of Alleged Sexual Delinquency

This study deals with all the white children having I.Q.'s above 85 who... referred to the Institute because of sexual delinquency between January ... and May, 1930—57 cases. Seven were found to be falsely accused and were ... cluded from further study. There were 33 boys and 17 girls; age range ... 20 with the median at 13 for the boys and 15 for the girls; I.Q.'s from ... 140, with the median at 92.

Masturbation and enuresis were found frequently among the boys ... the girls exceeded the usual clinic frequency in lying, stealing, and ... A larger proportion of both sexes had American-born parents of adequa... nomic status than was usual among clinic patients. The boys were found ... solitary, seclusive children having much repression and guilt in regard ... activity. The girls were aggressive, and gregarious, and seemed well-in... on the subject of sex. They viewed their sexual activities less seriously ... did the boys and showed little emotion in discussing it.

Shyness

Nicholson, Jean (Minneapolis Child Guidance Clinic, 1928). A... of Forty Shy and Timid Children

The study deals with all the cases referred between September, ... January, 1928, in which shyness and timidity were found to be predom... factors—40 cases out of 529 clinic patients. 82 percent were over ten ye... but in most of these cases it was found that they had always had diffi... making social contacts. Only two were only children; eight were youn... eighteen were oldest. Fourteen had I.Q.'s above 110. Emotional factor... home seemed linked with the child's shyness.

Speech Defects

Swain, Clara (Institute for Child Guidance, New York, 19... Statistical Study of Speech Defects among Child Guidance ... Patients

This is a study of the relationship between speech defects and thir... havior problems, sibling jealousy, mother nags, unfavorable comparison...

... masturbation, enuresis, nervousness, sleep disturbance, negativism, temper, ... inferiority complex, and school failure. The material was taken from ... dex cards of four child guidance clinics and is limited by the statistical ... definition of the above traits.

... percentages of the above traits found among speech defect cases as ... red with all other cases were strikingly similar. Nervousness and fears ... the greatest difference between the two groups. The number of boys ... for stuttering was greatly out of proportion to the total number ... to the clinics, particularly between the ages of eight and twelve. ... ousness and fears were also most highly associated with speech defects in ... me age group. The I.Q.'s of speech defect patients were found to be ... lower than those of other patients.

Stealing

... *Barbara* (Institute for Child Guidance, New York, 1930). ... Study of Fifty Children Referred to a Clinic because of Stealing

... cases were selected at random from those referred for stealing between ... nd 1929. The sex distribution was similar to that of other Institute ... 34 boys and 16 girls. Ages ranged from 6 to 18; I.Q.'s from 75 to 128, ... e mean at 100. Only 16 came from families that were dependent or ... nal in economic status, while 14 came from definitely "comfortable" ... The home situations are described, and an attempt is made to relate ... aling to emotional deprivations in the children's lives.

... *cock, Pauline* (Worcester, Mass., Child Guidance Clinic, 1929). ... Study of Forty-four Children Referred to a Clinic because of ... aling

... he cases in the clinic between 1926 and 1929, 13 percent were referred ... of stealing. The ages ranged from 8 to 22, with the mean at 11 years. ... aried from 65 to 113, with the majority being between 80 and 100. ... were four and a half times as many boys as girls in the group. The cases ... cussed under what were considered to be the under-lying mechanisms ... to the stealing: self-maximation, acquisition, conflicts, and pathological ... ons. Home influences and family attitudes were shown to be of impor... the genesis of each child's problem behavior.

... *Mary* (Cleveland Child Guidance Clinic, 1927). An Analysis ... Thirty-nine Cases of Theft with Emphasis on Factors in Causa...

... cases were selected at random from the 1,015 given full clinic service ... and 1926. From these were chosen for study the 39 in which stealing ... problem of importance. There were 33 boys and 6 girls; age range, 6 to ... the mode between 11 and 14; I.Q.'s, 57 to 126, with the mode between ... 95.

... the stealing was most frequently associated lying (29 cases), truancy

(18), and misconduct and disinterest at home and school (14). Only 18 chil... came from unbroken homes.

Causes for theft were divided into the following groups: stealing a cus... in the child's group, influence of gangs, wish-fulfillment, organic defect, ... emotional conflict; and illustrations are given of each type.

Sanders, Helen (Illinois Institute for Juvenile Research, 1928). So... Factors in Twenty Cases of Stealing

All cases (20) seen during an eighteen-month period were studied wh... satisfied these conditions: stealing a major problem; not in an institu... referred to clinic for treatment; I.Q. above 69; no mental disease or ... physical defects. 17 were boys; ages ranged from 7 to 16 with all but t... being between 9 and 14.

The most frequent reason for stealing was connected with truancy (... eight stole in order to buy friends, five to feel grown-up, and five as a m... of annoying their parents. In 17 cases there was overt conflict with the par... and the children felt insecure.

With the stealing were associated the following problems: truancy ... home (19), "nervous" habits (18), protective lying (18), masturbation ... and other less frequent problems. 13 children had difficulty in making fr...

17 families were financially unable to satisfy the child's desires. A l... of factors which influenced the child to steal reveals from 9 to 13 in each ca...

Sippy, Maude (Illinois Institute for Juvenile Research, 1927). ... Diagnostic Value of Histories in Determining the Causes of Juv... Theft

100 consecutive cases, starting August, 1925, in which stealing was a ... problem were analyzed. There were 26 girls and 74 boys; average ag... average I.Q., 79. Among associated problems, lying was the most fre... being found in 98 percent of the cases. Truancy was found in 67 percent; sch... retardation and dullness in 40 percent.

Causes of stealing were found to be the following: gratification of no... childish desires, spirit of adventure, influence of bad companions, establish... of social equality, reaction against home conditions, faulty training, la... recreation. The number of cases in which each of these appeared as the ... and as a contributing factor is noted.

The case records are analyzed to see whether they contain information ... ful in diagnosis, and many suggestions for improvement are made.

Stuttering

Perlowski, Frances (Minneapolis Child Guidance Clinic, 1927). ... Psychiatric Significance of Stuttering

400 cases of stutterers were gathered through questionnaires compiled by ... ton and sent to speech teachers in Minnesota, Michigan, and Wisconsin. ... range, 3 to 30, with median at 12; 302 boys and 96 girls.

Age of onset ranged from two to twenty with 40 percent being under three. There were peaks at six and eleven. 43 percent had a family history of speech defects other than stuttering and 54 percent showed other stutterers in the family. 45 percent showed some member of the family emotionally unstable. The cause of stuttering was attributed to emotional disturbances, 42 percent; physical causes, 19 percent; adverse home conditions, 15 percent. 11 percent of the cases were left-handed.

100 stutterers studied through Blanton Behavior Charts, filled in by the speech teachers in Minneapolis, were compared with 100 non-stutterers matched with the others for age, I.Q., school grades, and class-room teacher.

Both groups curved on the negative side of the ideal norm, as shown in their personality profiles, but the stuttering group, in most traits, was farther from the norm. The stutterer was found to be more socially maladjusted and inadequate, more suggestible and demonstrative than the non-stutterer.

Temper Tantrums

Bennett, Lilian V. (Michael Reese Dispensary, Chicago, 1927). A Study of Temper Tantrums in Children between the Ages of One and Sixteen

All the cases between 1922 and 1927 showing temper tantrums as one behavior difficulty, excluding 20 with insufficient data and five with I.Q.'s below 41 or above 110, were studied.

The most frequent age was between eight and eleven. I.Q.'s ranged from 41 to 110, the largest number being normal. The principal exciting causes of the tantrums were the refusal of a request, interference with activity, antagonism toward a sibling, and teasing.

25 percent of the cases were diagnosed as emotionally unstable. This group was compared with the other 75 percent, and there was found a larger extent of malnutrition in the unstable group (59 percent as compared with 28 percent). Lying, stealing, and crying were found more frequent there, while enuresis and stubbornness were higher in the stable group. Parental and filial difficulties occurred twice as frequently in the unstable group.

Truancy

Laughead, Mary B. (Minneapolis Child Guidance Clinic, 1924). A Study of a Truant from Home and School

The home background and treatment of one truant is discussed in detail.

Baum, Frances (Illinois Institute for Juvenile Research, 1924). A Study in Truancy from Home in Children and Adolescents

The case histories of eleven children showing recurrent, over-night truancy from home were selected to illustrate a diversity of diagnoses and various experiments in social treatment. The cases were complex, and treatment proved successful in only a small proportion of them. This was due, in the opinion

of the writer, to the lack of necessary information about the truant. She suggests fuller histories covering all factors having a bearing on the truancy and giving specific information about the truancy itself: its first manifestation, the stimuli to it, frequency, duration, and a description of what occurred during it. From the information thus collected it could be seen whether the truancy is a "normal reaction to an abnormal environment" or vice versa, and treatment could be planned accordingly. Concrete suggestions for treatment of various types of truants are given.

Greene, Louise (Boston Habit Clinics, 1927). A Study of Twenty-four Children Who Ran Away from Home

24 truants were found among about 2500 children studied by the clinics between 1921 and 1927. 21 were boys; the modal age lay between five and nine.

Six truanted because of love of adventure, one was mentally defective, while the others left because of some unpleasantness in home or school. At least half of them had definitely pleasurable experiences while away.

Two-thirds came from homes of poverty; two-thirds had foreign-born parents; 17 showed definitely antagonistic relationships with their parents. There was a piling up of undesirable home factors in every case.

Gangs did not seem to be a factor in the truancy. School appeared to contribute directly to it in only two cases.

Six children improved under treatment by the clinics, while the others were transferred to other agencies or refused to co-operate.

Milliken, Irene (Illinois Institute for Juvenile Research, 1926). A Study of Hypotheses in Explanation of Truancy

A review of the theories of truancy and an application of them to four cases. All are shown to be helpful in explanation, and recommendations for school and home in the treatment of the truant are suggested.

Nash, Helen (Illinois Institute for Juvenile Research, 1928). A Study of One Hundred Truants from Home

A study of 50 girls and 50 boys selected from a total of 726 cases who showed recurrent over-night truancy.

With the truancy from home was associated, in the case of boys, truancy from school and stealing; to a less degree, lying. In the case of girls, truancy from school and stealing were not so frequent, but sex delinquencies were very frequent.

35 girls and 34 boys came from homes that were definitely unfavorable—cruelty, over-crowding, and excessive quarreling characterizing 50 percent of them. 60 percent of both groups came from homes of low economic status.

The children's stories of their reason for truancy showed a high proportion of girls feeling that they were discriminated against or that their parents' attitudes were antagonistic. Fear of punishment was a frequent reason among the boys. Many girls and few boys gave "dislike of home" as a reason.

Wallace, Dorothy (Dallas, Texas, Child Guidance Clinic, 1924). Problem of the Quasi-delinquent in School (published in *Mental Hygiene*, Volume VIII, pages 115 to 165.)

Questionnaires were sent to thirty-two school principals in Dallas, asking for a record of the truant children over an eight-month period. 17 replies reported 107 truants out of a school population of 9000, only eight of them being girls. Median age was 12. 38 percent were retarded; 61 percent were failing in school; 68 percent showed other problems in addition to truancy. The principals reported 25 additional cases of behavior problems not involving truancy.

Ten case studies—five of them of boys about to be committed to the reform school—illustrated the different types of maladjustment.

Juvenile Delinquents

Driemeyer, Adele (Municipal Psychiatric Clinic, St. Louis, 1924). A Study of Forty Neglected Children Who Became Delinquents

The study covers all the cases (40) in the clinic judged neglected by the Juvenile Court who later became delinquent, omitting four negro children. There were 21 boys and 19 girls; ages, 10 to 18, with two-thirds 14 or more years old; 33 were native born of native parents. The I.Q. distribution was definitely lower than that found in the clinic as a whole.

67 percent of the fathers, 52 percent of the mothers, and 35 percent of the siblings were delinquent. Only 12 were found to have shown improvement under treatment carried out by the Juvenile Court.

Halliday, Anne (Essex County, N.J., Juvenile Clinic, 1928). A Study of Thirty Delinquent Negro Children

See pages 238-259 of this number of Smith College Studies in Social work.

Hayward, Grace (Essex County, N.J., Juvenile Clinic, 1927). The Emotional Factors Found in Recidivists at the Essex County Juvenile Court

The cases of boys between the ages of eight and thirteen who had been in court more than once were selected from the 1600 clinic records. Those cases in which adolescence or gross feeble-mindedness seemed to be causal factors were excluded, and 50 cases were chosen from the remainder in which there was evidence of conflict in the home.

The average age was 13 years. Four-fifths were below average in intelligence, although only three were feeble-minded. Their fathers were largely unskilled laborers earning low wages. The marital relations of the parents, conflicts with siblings, poor discipline, and poor economic status were the chief disturbing factors found.

ABSTRACTS OF THESES

Abstracts of all the theses submitted to the Smith College School for Social Work will be published in the *Smith College Studies in Social Work*. The September, 1930, number contained those dealing with mental diseases and mental deficiency; the December number, those concerned with physical disease and those treating of social work practices; and the March, 1931, number contained those dealing with the specific behavior problems of child guidance clinic patients.

In this number the theses classified under the general heading, the family, are abstracted. At the beginning of each abstract appears the name of the student, the institution at which she did her field work, the year of her graduation from the School for Social Work, and the title of her thesis. Each abstract contains a statement of the number of cases studied and of the method by which they were selected, so far as it was possible to ascertain those facts.

V. The Family

A. *Emotional Relationships within the Family*

Fuller, Alfreda P. (Institute for Child Guidance, New York, 1929) The Origin of Parental Attitudes Toward Discipline

A study of fifty cases in which disagreement between the parents over the discipline of the child was clearly marked. All the children lived at home with both parents. There were 41 boys and nine girls, two-thirds of them being between six and eleven years old. In I.Q. they formed a random sample of the Institute patients, 80 per cent being above 90.

Punishment was mainly repressive. Fathers were more apt to be objective and mothers to make the children dependent. Fathers tended to rule by fear, while mothers were, on the whole, lenient.

The parents tended either to repeat or to reverse the home situation of their childhood in their attitude toward discipline, but a factor of greater importance seemed to be their attitude toward the other parent. Every case showed clear evidences of discord between the parents on matters other than the discipline of their children.

Grossman, Grace (Michael Reese Dispensary, Chicago, 1926) Family Conflict in Relation to Types of Behavior Manifestations in Children

125 cases were analyzed to ascertain the presence or absence of family conflict; 37 were positive and 88, negative. 3.24 problems were found per child in

the conflict group, 2.18 in the other. About half of both groups showed personality defects, nor were there an differences in the type of defect.

Children from conflict families were definitely younger than the other group, 32 per cent being under six and 27 per cent over eleven as compared with 15 per cent and 50 per cent of the other group; and they were of somewhat higher I.Q. and contained a larger proportion of girls. No significant differences in the type of behavior problems were discovered. Two case studies.

Hall, Dorothy E. (Boston Habit Clinics, 1925) Domestic Conflict and Its Effect on Children

50 cases of most severe discord and 50 of greatest domestic harmony were selected from a thousand records of preschool children. No mentally defective child was included, and the groups were evenly matched for age and sex, slightly more in non-conflict group having I.Q.'s over 110.

The problems for which the children were referred showed a marked difference between the groups. 92 per cent of those from homes of friction and 48 per cent of the other group were referred for personality difficulties, while 94 per cent of the non-friction group and 76 per cent of the other group were referred for problems having to do with habit formation. More problems per child were found in the group from homes with friction.

Five case histories show the relation of the child's disorder to its parents' attitudes toward one another. All responded well to care in a nursery school or foster home.

Holloway, Edith (Worcester, Mass., Child Guidance Clinic, 1928) A Study of Fifty-eight Problem Children, with Emphasis upon the Home Situation as a Causative Factor in Producing Conflict.

All cases at the clinic in 1926-28, excluding those with I.Q.'s below 80 and those with gross physical handicaps were studied. Ages ranged from five to fourteen, with three-fourths between seven and twelve. There were 51 boys and seven girls.

The children were divided into two groups on basis of their adjustment to children of their own age, 64 per cent being in the isolated group. Oversolicitous parents, inconsistent discipline, and poverty were found most frequently in the adjusted group, but the isolated exceeded in all other emotional disturbances in the home.

Problems for which the children were referred to the clinic were classified into six types. In all types the isolated children were shown to have more than their proportionate share.

Two illustrative cases are given.

Lewis, Margaret (Illinois Institute for Juvenile Research, 1928) How Parental Attitudes Affect the Problem of Lying in Children

30 mothers who accompanied their children to the clinic were interviewed on the subject of lying. In ten cases the mothers reported that their children did not lie; this was used as a control group.

Eight lying children stole; none of the non-liars stole. The average I.Q. of first group was 99, of second, 90. 90 per cent of the non-liars came from stable harmonious homes as contrasted with 25 per cent of the other group. All the non-liars were "wanted" children while of the 20 liars, eight were definitely unwanted and seven others believed they were unwanted. 30 per cent of the non-liars and 75 per cent of the liars suffered from inconsistent discipline at home. 60 per cent of the mothers of lying children reported that they themselves lied frequently as children; 30 per cent of the other group reported lying.

Levey, Beatrice (Illinois Institute for Juvenile Research, 1926) Familial Inter-relationships as Causative Factors in the Behavior Disorders of Children

Three case studies of children, two diagnosed psychoneurotic and one as having "psychoneurotic manifestations," who responded well to social treatment. Psycho-analysis as an additional aid in treatment is discussed.

Madsen, Frances Hauss (Institute for Child Guidance, New York, 1928) Marital Conflict as a Causative Factor in the Conduct Disorders of Children

32 cases (28 families) in which there was marital discord, ranging from dissatisfaction by both parents to violent quarreling, but in which the parents lived together at the time the child was referred were analyzed. 57 per cent had adequate incomes, and 11 per cent were dependent. The age range of the children was one to 19 with the mode at 10-11; there were 19 boys and 13 girls; I.Q.'s ranged from 60-130, 62 per cent being above 90. 70 per cent were only, oldest, or youngest children.

Personality problems, as compared with an unselected group of cases, showed a preponderance of the inferior, inadequate, and shut-in types.

Treatment as of two types: those in which marital adjustment was attempted (16) and those in which it was not (16). Of the 10 cases in the first group in which marital friction was lessened, 5 children improved; in the 16 in which adjustment was not attempted, 9 children improved.

Middleton, Elizabeth (Family Society of Philadelphia, 1927) Environmental Handicaps of Children in Families in Which One or Both Parents Use Alcohol Habitually

34 dependent families were studied to ascertain the effect of excessive drinking on the person drinking and on his children. Physical disability of the father was found due directly to alcohol in four cases, partially due to alcohol in four others. 17 showed no disability. In three-fourths of the cases the man's drinking was associated with tension in the family. In 30 cases there was loss of work. The effect on the children was seen in the lowered economic status and in emotional maladjustments associated with the disturbance of family relationships.

Totten, Helen (Illinois Institute for Juvenile Research, 1928) The Emotional Setting of the Home as a Causative Factor in the Behavior Problems of Children

Fifty cases were chosen at random, omitting only those of insufficient detail. The children were grouped as to the type of problem they presented, and correlations between problems and personal histories were sought. Home atmosphere was shown to be important in producing the conflict, resulting in the problem. Eight case abstracts illustrate different types of problems.

Barnes, Delaphine (Institute for Child Guidance, New York, 1929) A Study of Twenty Cases in Which There Was a Marked Identification of Parent with Child

20 cases (14 boys and 6 girls) in which the psychiatric interpretation of marked identification of parent with child was made were chosen on the basis of degree of information in the records. In 18 cases both parents lived at home with their children. The group did not vary in age and sex from the total group of clinic children but was of slightly higher average intelligence. In problems for which they were referred the group showed a markedly undue proportion of inability to get along with other children, disobedience, hyperactivity, show-off behavior, day-dreaming, sibling jealousy, and school failure.

The identification was of mother with son, 9 cases; mother with daughter, 6; father with sons, 5. 18 of the parents were over-protective and two rejected their children. The children divided evenly in submitting or rebelling. The girls were somewhat more submissive than the boys, and the boys submitted more frequently to their fathers than to their mothers.

Possible causes for identification were found in deprivations in the early life of the parents (15 cases), marital disharmony (20 cases), lack of social contacts (15 cases), physical or mental resemblances between parent and child (5 cases) and guilt feelings (2 cases).

Three case studies illustrate identification types.

Clare, Minnie-Brown (Philadelphia Child Guidance Clinic, 1926) Parental Domination as a Factor in the Behavior Problems of Twenty Children

All cases in which parental domination seemed an important factor were chosen for study. In the cases of foreign-born parents their old-world ideas of discipline seemed definitely related to their children's stealing and defensive lying. Too great ambition for their children (3), over-solicitude (3), and the carry-over from the grandparent of an attitude of severity (4) characterized the other types of dominating parents.

Crissey, Eleanor (Philadelphia Child Guidance Clinic, 1928) A Study of the Effect of Parental Attitude on Behavior Difficulties of Fifty-two Physically-handicapped Children

52 children were chosen to present a fair sampling of cases in which a gross physical handicap occurred. Age range, 4 to 17; I.Q. range, 60 to 132; economic status range from four "affluent" to eight dependent. The children's behavior mechanisms showed high correlation with the type of discipline used by their parents, suggesting that their difficulties were due more to the parental attitudes than to the physical defect itself. Exceptions to this rule (six cases) were found in children suffering from certain degenerative diseases, glandular unbalance, or physical stigmata which made them very conspicuous. Eleven case studies illustrate the type of correlations found.

Rinaldo, Harriett (Institute for Child Guidance, New York, 1929) The Altering of Family Attitudes toward the Child during a Prolonged Illness as a Causative Factor in Behavior Problems

The cases of 50 children who had suffered from illnesses lasting at least six weeks were studied to see in what ways they differed from other problem children. In problems for which they were referred they were found similar to other patients of the clinic except that more had school difficulties and fewer lied or stole.

50 per cent were found to be over-protected by their mothers. 57 per cent of those who were only chidren were found to be rejected. Their illness tended to induce their parents to compare them unfavorably with their siblings, an action which seemed to be productive of jealousy.

Smith, Helen (Institute for Child Guidance, New York, 1928) Families with Ambitions Unsuitable for Their Children

The study deals with all the cases (40) in which parental drives for success seemed to account in part for the child's difficulty. 47 per cent of the children were 10 to 14 years old, and 32 per cent were between 15 and 19. There were 30 boys and 10 girls.

Parental ambitions were for educational success in 22 cases; for social success, 12; for financial success, 6. The children were somewhat older and of higher I.Q. (average 101) than other problem children in the clinic. 36 per cent of the group whose parents were educationally ambitious, however, were under 90 in I.Q. There was a slightly larger proportion of Jews and smaller proportion of Catholics than in the clinic as a whole. Many came from comfortable or rich homes.

Quarrelling, disobedience, irresponsibility were the most frequent conduct disorders. 52 per cent were failing in school; 32 per cent showed phantasy and day-dreaming.

Zimmermann, Anna Cecelia (Philadelphia Child Guidance Clinic 1930) Parental Adjustments and Attitudes in Relation to the Problems of Five- and Six-Year-Old Children

In order to determine the relationship between the family configuration, the child's personality, and his school adjustment, the case records of all the children referred to the clinic when five or six years old and accepted for full study were

examined. Between September, 1927 and March, 1930, 25 such cases were referred. I.Q.'s ranged from 93 to 139; there were 20 boys and 5 girls.

Seven were found to show no school problem; seven were timid in school and eleven were aggressive. The aggressive children tended to have over-protecting or rejecting mothers; the timid children to have over-solicitous or over-anxious mothers. The rejecting mothers were found, on the whole, to be insecure, immature, and dependent; they were frequently dominated by their husbands and showed little compensation on the ego level. The oversolicitous mothers tended to feel insecure and inferior and had compensatory ego drives, frequently dominating both children and husbands.

Detailed descriptions of all cases are included in the study.

Maternal Rejection

Figge, Margaret (Institute for Child Guidance, New York, 1930) The Etiology of Maternal Rejection: a Study of Certain Aspects of the Mother's Life

The purpose of the study was to test part of the hypothesis set forth by Dr. David Levy in explanation of maternal rejection by a comparison of the case histories of a group of rejecting and non-rejecting mothers. Thirty-five cases of rejection were chosen in which the staff members unanimously agreed to that diagnosis. Thirty-five non-rejecting cases were chosen at random from the files, cases showing over-protection being omitted.

The two groups of children were found to be similar in sex, age, ordinal position, size of family, intelligence quotients, and physical disabilities and disease history. The problems for which the rejected child was referred were more frequently of the aggressive, rebellious type.

The following differences between the rejecting and non-rejecting mothers were found: "unhappy childhood," rejecting, 26, non-rejecting, 7; "social frustrations through marriage," 26 and 5; "thwarted professional ambitions," 18 and 10; "social incompatibility," 28 and 13; "sexual incompatibility," 25 and 11; "social change through marriage," 17 and 3; "mother plays dominant rôle in marriage," 16 and 12; "child unwanted," 33 and 6.

Detailed abstracts of all the cases show the evidence on which these conclusions were based.

Gleason, Mary C. (Institute for Child Guidance, New York, 1929) A Study of Attitudes Leading to the Rejection of the Child by the Mother

Case histories are presented showing the attitude toward their parents, siblings, husbands, and children of twelve mothers who rejected their children. Following the histories there is analysis of the evidence of rejection: the mothers' statements of attitude, the care they gave the children as babies, their treatment of them at the time of study.

Only two of the marriages were "love matches." Sexual relationship was definitely unsatisfactory in at least half the cases. Most were dissatisfied with

marriage because of the responsibilities and the clash of personalities it entailed. Eight of the women were antagonistic to their fathers at the time of their marriage and six felt that they were not loved by their mothers.

Maternal Over-protection

Brunk, Christine (Institute for Child Guidance, New York, 1930) A Study of the Developmental History of the Over-protected and the Non-overprotected Child

A group of 30 children over-protected by their mothers in infancy was compared with a group of 200 that were not over-protected in order to discover the effect of over-protection on early development and the establishment of certain habits. The children were considered over-protected if the case record showed that at least three persons made the observation that the mother was over-anxious, over-solicitous, or over-protective. Non-overprotected cases were chosen at random from the files.

The distribution by nationality was similar for the two groups of mothers, but the over-protective were of slightly higher economic status. The over-protected children showed somewhat higher I.Q.'s. One-half of the over-protected and one-fourth of the other group of children were "only children."

The two groups of children were similar in incidence of illness and operations and in age of walking and talking. The non-overprotected group contained more restless sleepers and more children with food fads. 72 per cent of the over-protected children were breast-fed for more than six months as compared with 43 per cent of the non-overprotected children. 41 per cent of the over-protected and but seven per cent of the others were breast-fed more than twelve months. The difference could not be accounted for on the basis of nationality or economic status.

Irvine, Olive (Institute for Child Guidance, New York, 1930) A Study of Sibling Relationships among Over-protected and Non-overprotected Children

24 over-protected children chosen for study by Dr. David Levy were compared with 20 non-over-protected selected at random from the files, cases of over-protection and rejection being omitted. The over-protected child was slightly less likely to be jealous than the non-overprotected child, but his sibling was more likely to be jealous. Jealous children were found to have slightly higher I.Q.'s. Jealousy was associated with a difference in sex.

Nixon, Mary (Institute for Child Guidance, New York, 1928) The Rôle of Maternal Influence in the Over-dependency of Children

20 boys, healthy, legitimate, of sound intelligence, living in normal, economically independent homes in which no marital conflict was admitted by the parents, but who showed marked dependence on their mothers were studied. 14 of the 20 were the only boy in the family, 9 were only children, 7 the oldest, and 3 the youngest. Ages ranged from 6 to 14, 12 of them being 10 or older. Their problems showed a predominance of food fads (12), "nervousness" (10), sleep disturbances (9), difficulties in social contacts and lack of initiative (14), and poor school work (16). 16 of the mothers themselves were only, oldest, or especially favored children; 12 were excitable and tense; 10 had few outside contacts, and 10 with little education were desirous of more.

Blomquist, Emma (Institute for Child Guidance, New York, 1930) The Etiology of Maternal Over-protection, Part I: Manifestations of Maternal Over-protection

This study, the first of a series of three which were undertaken to test out Dr. David Levy's hypothesis as to the origin of maternal over-protection, serves to define over-protection. Concrete evidence of the parent-child relationship in 30 cases is classified under headings suggested by Levy: prolonged infantile care, excessive contact between mother and child, prevention of the development of independent behavior, the granting of excessive privileges, excessive mollifications, domination of the mother by the child. These traits occurred to a marked degree in the following number of cases, which correspond to the above categories—19, 12, 17, 13, 7, and 19.

Those cases were chosen for study in which both the Institute staff members and several outside persons agreed that the child was over-protected. 28 of the 30 children thus chosen were boys. I.Q.'s ranged from 85 to 147, with the median at 117; ages from 4 to 17, with the median at 9.

Hough, Elizabeth Bradford (Institute for Child Guidance, New York, 1930) The Etiology of Maternal Over-protection, Part II: a Study of Certain Factors in the Life of the Mother

32 over-protective mothers were compared with 32 non-overprotective mothers for certain traits which Dr. David Levy suggested as being related to maternal over-protection. Cases were selected as in Blomquist's study.

The over-protective mothers were found to be three years older on the average than the other group. The groups were similar in nationality distribution. Their children were similar in age but differed in that the over-protected were more frequently boys and "only children" and had higher I.Q.'s.

The mothers were compared in regard to libidinal satisfaction in childhood, ambitions thwarted by marriage, rôle in the marriage relationship, sexual adjustment, social relationships, desire for and hazards associated with the birth of the children.

The over-protective mothers were found to exceed the others in number showing an unhappy childhood, satisfaction from earning a living, sexual incompatibility, and extra hazards making the child a special risk for survival. Significantly more of the non-overprotective mothers played the dominant rôle in marriage. In other traits investigated the groups were quite similarly distributed.

Lewenberg, Martha Paula (Institute for Child Guidance, New York, 1930) The Etiology of Maternal Over-protection, Part III: a Study of the Marital Relationships of Over-protecting and Non-overprotecting Mothers

This study is a continuation of Blomquist's and Hough's above, and many of the same cases are used in it. 45 over-protective mothers were compared with 45 non-overprotective, the first being chosen by Levy and the latter by random selection from the files.

In the over-protective group there were more boys, the I.Q.'s were higher on the average, there were more "only children" and slightly more Jewish families. The groups were similar in age of children and in the education of the parents. Factors, suggested by Levy as related to over-protection, were consistently more frequent in the over-protective group and differences of at least 25 per cent were found in the following traits: social maladjustment, sexual maladjustment, disagreement over discipline, disagreement over desire for children, interfering relatives, and economic dissatisfaction.

Rosenblum, Deborah (Cleveland Child Guidance Clinic, 1925) A Study of the Causes and Effects of Exaggerated Maternal Solicitude

All the cases (17) in which maternal over-solicitude was judged an important causative factor were studied. Ages ranged from 3 to 15, with thirteen being between 8 and 13. There were fifteen boys and two girls.

Two were "only," three youngest, and twelve oldest children. A description of the personality traits of the children is given.

Shane, Aileen (Institute for Child Guidance, New York, 1929) A Study of Fifty-four Adolescent Problem Children Showing the Effects of Over-protection

54 children between the ages of 12 and 18 who were judged by the psychiatrist to have been over-protected in childhood were compared with 54 others of the same age, selected at random, who were not considered over-protected.

The over-protected group showed significantly more boys than did the other group. Only 28 per cent of that group as compared with 52 per cent of the control group were found to be in good physical condition. 31 per cent of the over-protected and 15 per cent of the control group were only children. The over-protected children showed a predominance of personality problems while the control group showed largely anti-social behavior. In I.Q. the groups were similar, but many more over-protected children were failing in school.

Young, Martha (Institute for Child Guidance, New York, 1929) A Study of the Treatment of Thirty-five Over-protective Mothers Whose Children Were Referred to a Child Guidance Clinic

The cases of 35 problem children whose mothers were found to be over-protective were compared with 35 others selected at random from the files. The two groups were fairly similar in age and intelligence but there were slightly more boys in the over-protected group. There were 17 Jewish children in the study group as compared with eight in the control group.

The over-protected group differed from the control group in economic status, considerably more of them coming from the "adequate" or "comfortable" classes; in number of siblings, 27 of the over-protected and 14 of the control group having no or only one sibling; in the number of "weak" fathers, and in mothers having no outside contacts. 32 of the over-protected group as compared with 16 of the control group showed a withdrawal type of behavior.

The results of treatment showed: successful, 7 over-protected, 12 control; partially successful, 9 over-protected, 15 control; unsuccessful, 19 over-protected, 8 control. Treatment recommendations aimed at modifying the behavior of the over-protective mother toward her child were largely unsuccessful, while those which directly concerned the activity of the child were generally carried out.

Weir, Helen (Institute for Child Guidance, New York, 1928) A Study of Parent-child Dependency

One hundred cases in which the difficulties were diagnosed as due partly to parental protectiveness and one hundred cases not showing this trait were studied. Age, sex, ordinal position, type of home (broken or not) were found to be similarly distributed in the two groups. The problems for which they were referred were similar with the exception of a slight preponderance of lying in the control group and school failure in the protected group. Four case studies of over-protected children.

(To be continued)