

REPRESENTATIVE CASES

This course is built upon the pre-supposition that the primary evil in the non-organic types of mental illness is to be found in an intolerable sense of personal failure and guilt and frustration and that the different types are best understood if we look upon them as different ways of dealing with the sense of failure and guilt.

The cases in this section have been abstracted from much longer case records with special reference to the patterns exemplified. The questions upon which the student is asked to center his attention are as follows:

1. What is the patient's idea of himself? What is his chosen role? By what standards does he judge himself? How were those standards determined?
2. What measure of success has he achieved? With what instinctual, temperamental, intellectual handicaps has he had to contend? In what areas has there been frustration or defeat? How serious is the situation?
3. What has he been doing about it?
(It will be assumed that a relatively small number of common patterns will account for most of the symptoms. The following groups have thus been distinguished:
 - a) Reactions of withdrawal, drifting, surrender - sometimes with the aid of alcohol or drugs.
 - b) Concealment thru delusional misinterpretation - with transfer of blame; with magnification of self.
 - c) Diversion and self-assertion
 - d) Self-blame and despair
 - e) Desperate attempts at re-organization.)
4. What consequences result from these different reaction patterns? In which types do we find the largest proportion of recoveries?
5. In which types do we ~~most~~ frequently find religious concern? What correlation do we find between religious concern and recovery?

Questions and references are offered for the guidance of the student. They are not intended to limit discussion but rather to open up profitable lines of inquiry. After considering the various specific cases in the light of these and other questions it is recommended that at the end of the section generalizations should be drawn on the basis of the entire group.

Students are reminded that these are actual cases. They are of course disguised, but even so they are to be looked upon as confidential material which is not for publication either in press or platform or pulpit.

GROUP I. REACTIONS OF WITHDRAWAL

The cases included in the first group are a particularly gloomy portion of the dark back-ground against which the more hopeful reactions need to be seen. They exemplify the reactions of withdrawal, also the end results of defeat and surrender.

In any classification according to reaction patterns it should be clearly understood that few cases will be found which will exemplify a single pattern unmixed with other patterns. The aim has been to find cases as simple and clear-cut as possible. While some of the cases included here are not free from complications, all the cases are marked by a tendency to avoid facing difficult realities which had become an established character trait long before any frank psychosis developed.

REACTIONS OF WITHDRAWAL AND SURRENDER

Q u e s t i o n s

1. For each of these cases inquire into the following:
 - a) How far is it possible to explain the peculiar behavior in terms of organic disease? in terms of intellectual impairment? in terms of frustration and sense of personal failure?
 - b) With what handicaps (instinctual, temperamental, situational etc.) has this patient had to deal?
 - c) What adjustments has he achieved in the fields of vocation, sex, social relations?
 - d) What reaction patterns are exemplified in this disturbance? What evidence do you find of concealment? of the sense of guilt and self-blame? of religious concern?
 - e) What is your guess as to the probable outcome?
 - f) What remedial measures would you suggest?
2. What can we learn from the case of Eric Brandstrom regarding
 - a) masturbation as a causative factor in mental illness?
 - b) the unwholesome effects of day-dreaming? Under what conditions may it be wholesome?
3. Charles McMurtrie, when brought to the hospital, objected indignantly that he was not insane but just a bad boy. To what extent can we agree with him? Where do you draw the line between crime and delinquency on the one hand and mental illness on the other? What is the present philosophy underlying the treatment of delinquents and criminals? of the mentally ill?
4. What problems and difficulties had Taylor D. encountered in the army which might explain his change in character? To what extent can this case be regarded as representative of the war neuroses of the present war?
5. What has happened to Herbert Bannister? to Crawford S.? to Allon Straus? to Joseph Barrotte? What striking characteristics do we see in the written productions of Bannister and Barrotte? How can we explain these?

R e f e r e n c e s

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|-----------------------|---|---------------------------------|
| Boison | <u>Exploration of Inner World</u> | pp. 15 - 67, 155 - 62 |
| | <u>Form and Content of Schizophrenic Thinking</u> | <u>Psychiatry V. p.23 - 33.</u> |
| Sullivan | <u>Conceptions of Modern Psychiatry</u> | <u>Psychiatry III. 69 - 82</u> |
| Henderson & Gillespie | <u>Text-Book of Psychiatry</u> | pp. 182 - 207 |
| Campbell | <u>Destiny and Disease in Mental Disorder</u> | pp. 56 - 67 |
| Froud | <u>Psychoanalytic Comments on a Case of Paranoia</u> | <u>Collected Papers</u> |
| Campbell | <u>The Schizophrenic Type of Reaction</u> | <u>Collected Papers</u> |
| Sullivan | <u>Schizophrenia: Its Conservative and Malignant Features</u> | <u>Collected Papers</u> |

A DAY - DREAMER

Eric Brandstrom, age 24, race Swedish; education, 9th grade; occupation, wood-worker; civil condition, single; religion, Mission Covenant; aside from a recent herniotomy, phsyical findings are negative; I. Q. 92.

Introuctory Note

This is the case of a young man of good appearance and fair ability, whose conduct in the hospital has been free from gross disturbance. It was referred to Social Service for investigation in order to determine the nature and extent of the peculiar behavior which had led his family to send him to the hospital. According to the commitment papers he had had an operation for hernia ten weeks before admission. Following this he became much depressed. It was also stated that for some time he had been talking strangely, claiming to be a detective and to have an actress sweetheart worth a million dollars.

Social Background

Eric comes from a Swedish family and from a Swedish neighborhood. His father, who died some years ago of a heart and kidney ailment, was a mechanic. He is said to have been somewhat alcoholic. The mother, who was a second wife, is a fine type of woman, an immaculate house-keeper and a faithful member of the Missiona Covenant Church. There is a sister, now 18 years old, who is working as a clerk, and a half-sister and half-brother, both married and considerably older than E.

Personal History

Early Life

As a baby, E. was subject to indigestion and was not particularly strong. Otherwise there is no record of any abnormalities. He is said to have been a good child. Toilet-training was established fairly early and there was no trouble with temper tantrums.

He entered school at the age of five and a half years and finished the ninth grade at fourteen. He rated well in his studies and got along well with the other children. On the play-ground he more than held his own and in the last year in school he was captain of the base-ball team. Since leaving school he has done his work in arithmetic and English.

Adolescence and Maturity

He began work with a piano company at the age of fourteen and a half years and has worked ever since for the same company. His maximum wages have been \$28 a week, altho when doing piece work, he may have earned more. The superintendent speaks well of his work. He himself expresses satisfaction with his job. He says it is clean and interesting work.

E has always been a serious-minded boy. In his twentieth year he united with the church. This step was taken in response to a general invitation and does not seem to have been attended by any great emotion. For about a year he attended with some regularity. Then his interest began to decline. He explained the loss of interest as due to the fact that "there was no good revival spirit there."

The fact that he was elected captain of the base-ball team in the ninth grade is evidence that he stood well with the other boys. He belonged to several "social clubs," and spent much of his leiidure time there. The influence of these clubs seems to have been anything but good. According to his pastor, who took no little interest in him, These clubs were "dens of iniquity." He seems to have had little to do with girls.

E. has used no alcohol, but he has been an excessive cigarette smoker. He has read

much fiction. Asked about the type of fiction, the mother brought out a copy of "Western Stories." She states that only once has she seen him with the type of magazine that has bad pictures on the cover. His pastor, however, is sure that he has been a constant reader of "smutty stuff."

In appearance E is slightly above average in height. He is well-built and has good muscular co-ordination. He is distinctly a nice-looking fellow, with good features, fair hair and blue eyes. He is even-tempered, pains-taking and well-meaning, but it is noticeable that he seldom looks you in the eye.

Onset of the Disorder

The pastor states that he has been worried about him for about three years, and that two years ago he urged the mother to send him to the hospital. In some of his talks with E. at that time he had sprung some of his queer detective stories. He knew that he was reading obscene literature and he was sure his sex life was not normal.

The mother noted a change in him about two years ago. He began at that time to sit and think and laugh to himself. Often he would not answer when spoken to, and sometimes he would say, "Don't talk to me. I have something to think about." He was much given to lying down on his bed. She also noticed that he "touched himself" a good deal. On several occasions he spoke of people being after him. At one time he had much to say about hypnotizing and mind-reading.

According to the employer, E.'s peculiar behavior was first noticed about a year ago. He would go into a room where some forty or fifty girls were working and sit there for some time silent. Then he would spring some story about being chief of detectives in M. On one occasion, while standing at a window, he told a peculiar story to another man. The man said, "Do you expect me to believe that stuff?" He replied, "Oh, no. I guess I must be getting crazy."

His work has been fairly good. During the last few months however the quality of his work has deteriorated and he has been wandering about the shop telling strange stories until the girls have been getting afraid of him.

E.'s explanation of these stories is that he told them just in fun. His mother however was not sure of this. It was always hard for her to tell whether he was fooling or not.

He was committed because of the depression which followed the operation for hernia.

Behavior in the Hospital

E. took his commitment without any shown of excitement. He ate and slept well, got along nicely with the other patients and was a great re-inforcement of the hospital base ball team. He was assigned to work in the green house. He worked well and seemed to like it. His devoted mother came to see him regularly twice every week, bringing him fruit and sweetmeats. It was noted that he was often very irritable toward her.

A BAD BOY

Charles Mc Martrio age 18 years; race, mixed; religion, protestant; education, 9th grade, occupation, unskilled laborer. M.A. 11 yrs. Phys. findings negative.

Introductory Statement

This patient is a husky young fellow of eighteen years with light brown hair, irregular features and a rather sullen expression who was brought to court thru a complaint lodged against him by his mother. She charged that he was an unruly child, that he would not work and seemed incapable of sustained effort and kept other members of the household awake all night by his restlessness. He was referred to the hospital by the court.

Social Background

This boy comes of a lower middle class family. The father has been for eight years in the Bridgewater State Hospital and the mother has had the responsibility of caring for a family of seven of which the patient is second. The maternal grandmother is a nurse.

Personal History

His childhood was said to have been normal. In school he went as far as the 9th grade. He was one of the most troublesome boys in school. He was profane, vulgar and offensive, did poorly in his work and was frequently a truant. He was finally expelled.

Since his expulsion from school he has worked irregularly at various kinds of unskilled work. He has peddled newspapers, chopped wood, worked on a milk-wagon and has followed carnivals and circuses. He has succeeded in nothing not even in athletics, his major interest, outside of sex.

Among the girls he has had no friends and has shown no interest in them. He is a chronic masturbator, is very obscene in his talk and undoubtedly indulges in much sex phantasy. He has however had certain boon companions of a low type with whom he has got along fairly well. With his family group he has been at outs and he has never shown any interest in the church.

Behavior in the Hospital

He has thruout been in full contact with the surroundings and has participated in base-ball, cards and other institutional activities. His mood has been indifferent, and rather sullen. He has not been subject to any marked mood changes. Memory and orientation are normal and his speech is coherent and his answers relevant. He is fond of company and is good-natured when not crossed, but is easily irritated and apt to be stubborn. He takes part eagerly in base-ball and cards but in the latter shows himself a poor loser. When he is called upon to work he responds with poor grace and usually finds that he is too sick. Much of his spare time is spent sitting around the ward doing nothing. He reads little and his interests are pretty much limited to grub, sex and sports. He is foulmouthed and a chronic masturbator. Undoubtedly he indulges in a good bit of sex phantasy. There has been in this hospital no evidence of delusions or hallucinations. He says he is not insane, just a bad boy.

A H O B O

Taylor D., age 31; Ht. 5' 7"; Wt. 155 lbs.; parentage, Russian; education, 6th grade; occupation, unskilled laborer, civil condition, single; religion, Protestant; physical findings, negative; psychometric, Stanford-Binet, 8 yrs. 4 mos., Worcester Form Boards, 14 yrs.; Kohs Color Cubes, 14 yrs.

Reason for Commitment

He went to the police for help, complaining that he had been unable to find work and had no place to stay. According to the police he was unshaven, unkempt, covered with vermin and talked incoherently and irrationally. He was therefore brought to the hospital.

Personal History

His mother lives in Philadelphia and the home conditions could not be investigated. T. himself shows much irritation when questioned regarding his parents, saying on one occasion that he did not care whether they were alive or not. His statements regarding his early years are often contradictory. A letter from his mother, written clearly and with good penmanship, expresses interest in him. According to this letter the parents were born in Russia but are Protestants in religion. T. was the only child. Birth conditions were normal, so also his early childhood. He entered school at the age of six and left at the age of twelve. He was fair in his studies, got along well with other children and was always in good health. He spent a good deal of time reading. He never at any time showed any interest in church.

At the age of twelve he left school and went to work. He has worked as a plumber, also in factories and grocery stores. The mother speaks of him as a good, steady worker. At nineteen he enlisted in the army and was sent overseas. Since his return he seems to have done no steady work. He seems to have wandered all over the country and even to have made trips to South America and Europe.

There was no apparent interest in the opposite sex in the years before enlistment. He admits no affairs while in service but does admit one or two afterward. He admits being treated for syphilis. His blood-Wasserman is at present negative. He does not admit masturbation. He expresses a good bit of concern over getting married, saying that a man is not happy unless he is married.

Toward his parents he shows marked antagonism and he has never been interested in the church or in religion. He has no particular accomplishments and has spent much of his leisure time reading or playing cards. In personality he is quiet and reserved - a follower rather than a leader.

History of Present Illness

The change in the patient seems to date back to the end of the war. During the war he spent some time in a hospital in France with a smashed toe and then with the flu. Otherwise his overseas record is clear. When questioned regarding the war, he replied, "It was a bitter experience, a very bitter experience." Nothing further could be gained from him. However, to quote his mother's letter, "When he returned he acted like a different person; his health was failing him and he grew worrisome, excitable, nervous and always seemed to be in deep thought. He would not have much to say, so we did not know what was wrong. He was never sick, but he was always complaining of head-aches. He left home several times and returned. He seemed always to be in the same condition." According to his own statement he did a good deal of drinking during this period. Then he left home and staid away for five years until his commitment.

Behavior in the Hospital

On admission he seems to have been confused and out of touch with his surroundings but he soon cleared up and has since been in full contact. He has shown a normal interest in what was going on and has usually been quiet, pleasant and even-tempered. He has been quite friendly with some of the attendants but has had little to do with his fellow patients on the ward. He has been a steady and reliable worker and spends about two thirds of the day in work on the wards, mainly in the dining room. The rest of the time he plays cards, goes on hikes, or sits day-dreaming. He smokes a great deal but does no reading or writing. He responds pleasantly when addressed and will carry on an intelligent conversation for some time, but he will rarely take the initiative in a conversation.

At no time during his stay in the hospital has there been any evidence of hallucinations or of bizarre delusions. There have been no grandiose ideas, no self-depreciation. He has taken things much as they come, showing little ambition and making little attempt to interpret his life experiences. There is no sense of guilt in evidence and no religious concern.

THE STOOL PIGEON

Joseph Barrette is a man of 38 years, twelve of which have been spent in a mental hospital. Of his early history little is known. He is of low average intelligence and has had an eighth grade education. He was an unskilled laborer and unmarried. In religion he was raised a Roman Catholic.

He was committed to the hospital after several years of hard drinking because of his hearing voices which threatened to kill him. The medical examination revealed no organic disease. The classification agreed upon was "Dementia Praecox with alcohol as a factor."

Throughout his hospital residence he has been quiet and cooperative. His orientation has been correct, memory intact, school knowledge limited. For the last eight years he has been working in the hospital laundry, running the extractor, a job which requires skill and strength and endurance. Most of the time he has had a parole. His spare time is spent loafing around the entrance to the wards or poking around the trash cans. He usually attends the picture shows and dances. Religious services he does not attend. When asked about religion he says he is a westerner and that westerners do not care much about religion.

While he has thus made an excellent institutional adjustment his ideation is distinctly bizarre and his thinking disjointed. He talks about the hospital as a "hell-hole" presided over by thieves and murderers. There is, however, a marked discrepancy between these ideas and the smiling, friendly manner in which he relates them. He makes frequent visits to the chaplain's office and is under the impression that the chaplain is a secret service agent whose real name is Ed McCarthy. It is his task to keep the chaplain posted regarding what is going on and help him in getting evidence against the hospital authorities. It has been impossible to disabuse him of this idea. For some time he made frequent and lengthy visits, giving his information orally. The presence of students in the chaplain's office then made it difficult to maintain the necessary secrecy. We therefore resorted to the plan of writing out his observations. Over a period of several years scarcely a morning would pass without one and sometimes several of Joe's missives being shoved under the door of the chaplain's office. It is possible that the unintelligible character of his writing represents an attempt to use a code. More probably, however, it is merely an example of the disjointed thinking of an old schizophrenic. Here are some examples:

June 8

McCarthy:

To the mark wish is known insane contrary to normal laws. They can take men out of the hospital for government purposes, sailors and soft. Knowing of Sam Aubry being called for one. Dais was done to dirty or faked. No one would know of the caused. When drafting men for war. When they pull that stuff off, what good is a doctor or lawyer or lower court in any city or town in state.

--J. B.

P.S. Hill that works in the laundry is another one.

June 20

McCarthy:

One man, Pollander, departed to Gold Street, Shrewsbury for slavery contrary to laws. Time on hospital. Office cracks un-law.

--J. B.

July 5

McCarthy:

The only way to make this J. D. W. S. Hospital is to set two detectives in the place. Anybody able to walk leave them go there will be now left, the tes-

timential of proof is under public eyes with a few left will be what was the remainder of workers and office tribe. Collecting the slaveing broots in h a n d-cuffs. They have to face court for their dirty work. Every coming doctor makes a new place. They are getting away to much frauding, laughing, teeth-showing. They would put it on you if they could.

August 26

McCarthy:

The first time in Miss Lenders of the office goes and sees people and looks over their ownership of home and land. I asked if they had a man to do that work and he said he didn't know of any in the building. I gave him the locks of the man, 5 ft. 8 $\frac{1}{2}$ tall and about 197 lbs. light blond hair. He spoke and asked me if he had a chin beard and there I was caught. He said that there is one at the State House that informs of the people's home and business with a beard on his chin. You can see for yourself if he has got a beard on his chin and if there is something in the wind. If his desk is at the State House he must be posted on the surroundings of Worcester. There is murder in the first degree to be doing that sort of work for and in hospitals. Could you blame a man that knows to carry a gun and use it on such kind and let laws go to hell? I have worked like hell on this and am not through with it yet. If you see them like on the paper, walk the son of a bitch into the laundry till I take a look at him. It is a big job and I will stick to the last.

J. B.

Three days ago he handed in this important bit of information.

McCarthy:

Dorothea Dix, founder of the world's insane hospitals, born in 1794, died July 18, 1887 in Trenton, N. J.

J. B.

He added as he presented it at the door, "And she was responsible for a l l of this."

During one of his recent visits to the office he was observed to turn suddenly and snap sharply with his right arm as if at a fly or mosquito. Asked what was the matter, he replied, "It was one of them damned fairies talking to me."

Apparently all his attention is centered on getting something on the hospital in order to get even with them for locking him up so unjustly. Three years ago he ran away and stayed out for a little while. He seems (no) quite contented here truly "institutionalized" and all his talk against the hospital is uttered with an expansive and friendly smile which makes you feel that he is hardly to be feared.

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A D E R E L I C T

Henry Fannister; age 27; born in Nova Scotia; in U. S. since early childhood; education, 8th grade; occupation, laborer; civil condition, single; church affiliation, Disciples; M. A. 14 (?) years; physical findings, negative.

Introductory Statement

This case exemplifies progressive disintegration following an acute disturbance in a serious-minded, well-meaning young man of fair intelligence and pleasant appearance. He was first admitted to the hospital three years ago. At that time he was unable to care for himself. He would not take off his clothes, was dull and stupid in appearance and would not answer questions. He remained in the hospital six months and was then released as much improved. Two years later he was re-committed because of an attempt to get a revolver. He was at that time over-talkative, boastful and silly. He has been here ever since with no improvement in his condition.

Social Background

He was born in Nova Scotia of English stock. The father, a carpenter, now 72 years old, is already childish. The mother is nearly 20 years younger than her husband. The home is described as poorly furnished and untidy. There is a brother of twenty three and a sister of nineteen. The family are Protestants and attend church with some regularity.

Personal History

There is no record of abnormality in birth or early childhood. In school he did good work and was quiet and well-behaved. At the age of ten he was taken out for nervous trouble, something resembling chorea. He left school at the age of fifteen after completing the seventh grade and went to work in an envelope shop. This job he gave up at the end of two months, complaining that the work made him nervous. He then worked for six months in a skate shop. After that he worked with his father at the carpenter's trade. Before the onset of the disturbance he was quiet, seclusive and religiously inclined. He was a good boy in the home and turned his earnings over to his mother. He read a good deal and had intelligent opinions on the war and other matters. No information is at hand regarding his relations with girls beyond the statement that before his first admission he had been showing a poorly disguised interest in sex.

Behavior in the Hospital

At the time of his first admission he was described as dull and stupid and mutistic. He was then absorbed in a severe inner conflict. The picture now is entirely different. There is no longer any conflict. His mood is cheerful and expansive. He wears habitually a pleasant smile. He attends all hospital entertainments, loses no opportunity to talk with doctors or attendants and spends much of his leisure time puttering around. When asked to work, he responds willingly, but he is wholly unreliable and his work is unsatisfactory. He has no sense of the fitness of things.

A striking feature of this case is the incongruity of the ideas and the disjointed character of the thinking. Before the psychosis he is said to have been religiously inclined and interested in social problems. These interests still remain. He is fond of discoursing on religious themes, but his dominant interest is sex. With expansive smile he will say to the chaplain that he needs a girl to play with and will ask the chaplain to help him find one. On the ward he talks freely about his

desire to "fool with a girl." He admits masturbation without any sense of shame and will perhaps in the next sentence come out with some startling idea of grandeur. The following extract from an attednat's notes is an instance: "B. said to me, 'And ye shall know the truth and the truth shall make you free.' Do you know who said that?' A very good friend of mine said that, Christ said it. I believe in Jehovah and in Jesus. Jesus said, Forgive them for they know not what they do. And after I fool with that little girl of mine, I'll know that I'm forgiven and think of all the fun I'll have.'"

The following production, written on a piece of toilet paper is also typical of his thinking:

"Mr. Arthur Lovering, born in London, England -
 English subject, Mr. Arthur Lovering. Tea, it's
 a stimulant. Coffee is recognized by physicians -
 As very deadly. I am Protestant and -
 I can't bear to see you looking like that -
 Go out and have your coffee. I am English -
 Mr. Arthur Lovering man think -
 Spirits of thoughts of mind form -
 His soul and think spirits of thoughts of -
 Eternal life Mind his soul is a loved
 Friend of my soul and I am Herbert Cecil Bannister
 Spirit of Man think Angel Man -
 And I Herebert Cecil Bannister was born in
 Nova Scotia Canada, the British Empire -
 And I am a British subject and I
 And my friend Mr. Arthur Lovering will
 Visit the United States many times -
 And my mind will help his mind and I
 Mr. Herebert Cecil Bannister and Mr. Arthur Lovering
 Are men and Protestants and English
 Subjects and we are visiting the United States of America
 And we belong to England and we will help each other -
 And spirit of mind and Material are England -
 And Nova Scotia and Canada and the British
 Empire and London, England, and the visists
 In the United States and friendships all
 Over the world and I am Jehovah God
 Almighty which have brought thee out of Egypt the
 House of bondage. Herebert Cecil Bannister
 Thoughts of the eternal life thinking -
 Mind My Soul Me Myself a Young Man,

L I T T L E C H A R L I E

Crawford S. age 42; a slender man of medium height with thin face, sharp features and high-pitched voice; born in England; in U. S. 22 years; education, 6th grade; religion, Protestant; occupation, laborer; civil condition, married; physical findings, without organic pathology.

Introductory Statement

This case exemplifies ideation of the more bizarre variety such as is frequently found in the end stages of personal defeat and failure.

This patient came to the hospital of his own accord. His wife had been a patient here for about a year and he had been here many times to visit her. On one of these visits he hung around the main building for about an hour, then entered the staff dining-room and demanded a meal. After eating it, he sought out a physician and demanded admission as a patient. He stated that all the inmates with few exceptions seemed to him bright and intelligent people and that it was a good place to stay. He felt tired and sick all over and voices on the radio had been telling him to come here and stay.

Social Background

Not much information is available. The family were residents of England. The father is said to have been an alcoholic and the mother a hard-working woman who later became insane. There were three brothers and four sisters. Of these, one brother and one sister are now inmates of mental hospitals. In religion the family were Protestant.

Personal History

There is no record of abnormality in birth or early childhood. C. went thru the 6th grade in school and is said to have been considered bright. He says of himself that he was the baby of the family and always did about as he pleased and had plenty of good things to eat.

At the age of eleven he went to work, learning the trade of iron-moulder. When twenty years old he came to America. Here he worked as night-watchman, fireman, iron-moulder. He was a reliable and steady worker and earned \$25 to \$30 a week.

He had few friends and belonged to no social organizations. In politics he was a Socialist, in religion a Protestant of the type which has given up the church. According to his sister he was a hard worker and steered clear of alcohol.

The chief maladjustment seems to have been in the sexual field. He tells of frequent masturbation as a boy and of an unsuccessful attempt at relationship with a prostitute. At the age of twenty four he married a small, timid, mentally deficient woman. He says he married her because she was little and had clean little ways with her. Sex relations were apparently not satisfactory. Each apparently without reason became suspicious of the other's fidelity. Of the four children, two are mental defectives, one of them being rated as an imbecile.

According to a statement of his, made at the time of his wife's commitment, their married life was happy until three years before. At that time there was friction over money matters. He had been giving his pay envelope to his wife and it worried him that she had been unable to put anything by. She also had difficulty in managing the children.

Behavior in the Hospital

In the hospital he has made what would be called an "institutional adjustment." He has been clean, able to take care of himself and do light work but not to be

trusted with a parole.

He is in touch with his surroundings and aware of what is going on. His answers are relevant and his speech coherent and his memory intact. He helps with the simple work of the ward, pushing the swab, making beds, and frequently doing these things without being asked. He is friendly when approached and is remarkably frank in telling of his peculiar ideas. But he has little to do with other patients and he is far more interested in the internal than in the external world. Often while swabbing he will stop to scold in shrill excitement at the "voices". His leisure time is spent sitting still or walking around the ward, absorbed in his phantasies.

He refers to himself as "Little Charlie." He is however a very important person. "Little Charlie can lick God." Little Charlie is a very smart man who has obtained his smartness from his animal ancestry. His mother was an ordinary woman, but he has three fathers, a horse and a tiger and a sheep. His upper front teeth are those of a horse, the lower incisors are a tiger's fangs, the lower front teeth are the sheep's. His middle toe is the hoof of a horse; the big toe, rounded and smooth, is the paw of a tiger; the small toe he gets from his mother. His ears show the pointed form of the tiger's. His head is like a hill. One side of his face, the animal side, is larger than the other, the human side. On the right side of his nose, the side that tells the truth, there is a small opening. From this sometimes sugar will flow.

Of all the animals the tiger is the highest and brightest. It is smart and can understand when we speak to it. Sometimes he speaks of himself as a tiger. Any one who suffers terribly will be changed into a tiger. If you tell lies a mud-turtle will come and live in your head. Flies also and serpents will grow in your body. Some men tell so many lies they get filled up with these things. If you hate any one and cling to that hatred, a crocodile will come alive in your head and grow. Good people, when they die, will be turned into sugar.

In addition to his animal progenitors Little Charlie has a "Dad" in President Coolidge, who now dwells in the hospital and provides him with sneakers and other necessities. He thinks that he himself may have been president at one time. At any rate his life has been written and published.

His body is inhabited by many people. Sometimes seventeen think thru his head at once, giving him great head-aches. Many electricians work thru him, controlling the tones of his voice. He is the greatest tenor singer in the world, but the people in his chest will not let him sing.

Many women are in love with him and insist on living with him. They control his sex functions. When they come to him and want children, he is helpless. He has thus become the father of thousands of children. He has also been subjected to indescribable indignities.

He never lies. He is pure and clean. He has been an extremely hard worker. He is now taking a much-needed rest.

Little Charlie is thus the center of the universe. There is no God. There is only a big man a million miles wide. That big man tells lies. The sun is growing colder and the earth is a womb from which children are born.

A MISCHIEF-MAKER

Allen Straus, a stockily-built boy of twenty, short in stature but with heavy torso; born in Massachusetts of Hebrew parentage; education, second year high school; physical findings, negative for gross organic disease; intelligence good.

Introductory Statement

This is a case of progressive disintegration with bizarre behavior and ideation in a young man of well-to-do family and good intellectual endowment. The symptoms were first observed in his fourteenth year. He was since then given the benefit of the best schooling and of the best psychiatric guidance available, all with little result. He was sent to the state hospital to get the benefit of its special research unit. While there an able young psychology student was detailed to give him special attention.

Social Background

The parents are of Hebrew stock, the father being a Russian and the mother an Austrian Jew. They are likeable, democratic, mentally alert and both father and mother have been active members and leaders in a number of different organizations. They are now wealthy, but at the time of their marriage they were quite poor and they have retained many of the attitudes and interests and habits of thought of the poorer Jewish groups from which they came.

The patient is the youngest of four brothers; of whom the other three have made unusually good records both scholastically and socially and athletically. Two of them are graduates of Brown and one of Harvard.

Personal History

There is no record of abnormality either in birth or early development. From early childhood however he is said to have been more shut-in and sensitive than his brothers. Because of this, his parents think, he may have got more petting and affection than was good for him. He didn't like to play with other children, saying that they were not clean enough or good enough for him. He spent a good deal of time reading.

While in the 8th grade in school he had to stay at home for a time because of worry over his scholastic standing. He later graduated with honors. In his first year in high school he became melancholy and depressed and worried about his marks and about his appearance, claiming that his face had been changed. Finally at his own request he was removed from school and shifted to a private school. The next school year he spent in a military school and the summers in a boys' camp. The adjustment in those schools was unsatisfactory, even though he did succeed in getting some recognition in athletics. He also made some friends and one of his teachers took special interest in him and did much to help him to finish. In one of the schools he was the only Jewish boy and was the butt of considerable razzing because of his race. He was extremely sensitive to such forms of joking and retaliated by mischief of different kinds and by stealing things from the other boys. Meantime the worry over his appearance kept increasing and he retired more and more into phantasy life.

The parents think he took no interest in girls and that there was no masturbation until after his illness began. According to his own account he indulged in sex-play with quite a few girls and he seems to have spent much time thinking about them.

The Illness

As already stated the first symptoms were noted when A. was in the 8th grade in school. In spite of the fact that he had been doing good work in his studies he worried so much about graduating that he had to be taken out of school. At the summer camp, where he was sent the following summer, he did well at first, then kept

by himself, then returned home complaining that he was different from the other boys, that his nose was different and his eye-brows wrong. He spent a good deal of time before the mirror examining his face. After entering high school he became melancholy and self-depreciative. He finally gave up and entered a private school. Here also he did well at first, then stayed by himself and wanted to leave. The next summer he was sent to a boys' camp against his wishes. There he resorted to his characteristic way of getting what he wanted by making himself objectionable. The next year he was sent to a military school. Here he behaved in a childish manner. The following summer he remained at home. Here he spent long periods standing before the mirror grimacing and gesturing. He finally became mute and had to be taken to the Psychopathic and from there to Butler Hospital. Here he was by turns mute and semi-stuporous and impulsive and excited. He would upset beds, throw food, assume strange attitudes, shout obscene and vulgar words. Again he would often sit for hours without paying attention to any one. A brief improvement was followed by a severer disturbance during which he became noisy, untidy, exposed his person and thought poison was being put into his food. This was followed by a period of apathy and stupor during which he had to be tube-fed. By spring he had recovered sufficiently to be discharged. After a few months at home he again became acutely excited and had to be returned to Butler Hospital. He became untidy, indulged excessively in masturbation and had periods of excitement alternating with stupor. He remained at Butler six months and was then transferred here.

Behavior in This Hospital

Thruout his stay in this hospital he has been mischievous and negativistic. He marks up walls and wood-work, squirts fire-extinguishers all around the ward, destroys books. On several occasions he drank all the vinegar he could find in the kitchen. Another time he drank some bluing. He has seldom passed up an opportunity to lift the telephone receiver off the hook or to mark up record books in the office. Several times he has urinated on the floor, then stood at attention besides the spot until ordered to clean it up.

His mood is variable. He is at times depressed, troubled, quiet; for the most part however he is talkative, facetious, silly or absorbed in erotic interests. His answers are often irrational and foolish and his letters are an incoherent jumble. He keeps close track of the date however and there seems to be no impairment of intellect. His speech and behavior seems to be determined by the trend of his thoughts.

His daily program under the direction of his special attendant has included from one to four hours work, several hours walking and a little reading. While out walking he will sometimes walk swiftly and vigorously with an exaggerated military gait. Usually however he lags along and often wants to stop and rest. For a time he insisted on stepping in mud puddles, eating cow dung and such like. The policy of encouraging him to do these things if he wished had the effect of diminishing his interest in them.

With all his disagreeable traits he is not disliked. At least three or four of the girls in the cafeteria answer his smiles and are willing to steal seconds on dessert for him, and a number of the men, both patients and employes like to talk with him.

His inner world is a chaotic one and only occasionally does he allow a glimpse into it. The most striking thing is his concern with the idea of rebirth. Thus on one occasion he got hold of the picture of a baby and claimed it was himself. He then remarked spontaneously, "Everybody's going to be babies again." On another occasion, when asked the date, he said "1908. Three weeks more and I go back into the belly." He has also grandiose ideas. He thinks of himself as head foot-ball coach at Harvard, as President Coolidge, as God. On one occasion while reading the newspaper he remarked, "I feel like God reading to his people. I read to all the

people of the world." He often gives as his reason for doing something, "It gives me a presidential feeling. It makes me feel like President Coolidge." He is also occupied with the idea of Kaiser Bill. Over and over again he will repeat the statement, "Kaiser Bill fucked my mother." When asked on one occasion what reason he had for believing this he replied, "She put a blue cloth on the basket."

Striking also is his pre-occupation with the erotic. He masturbates openly, poses himself shamelessly before the nurses, talks freely of early sex abuse, sex-play with girls, homo-sexual incidents, racy shows he has seen, and of his obscene phantasies.

There is some sporadic religious concern. On one occasion, during a visit from his parents he repeated a prayer in Jewish. His mother translated this as follows: "O God, I am sick and no one but you can help me. Make me well so I can go home." He said this however without the appropriate affect. On the whole, religious concern may be said to be absent.