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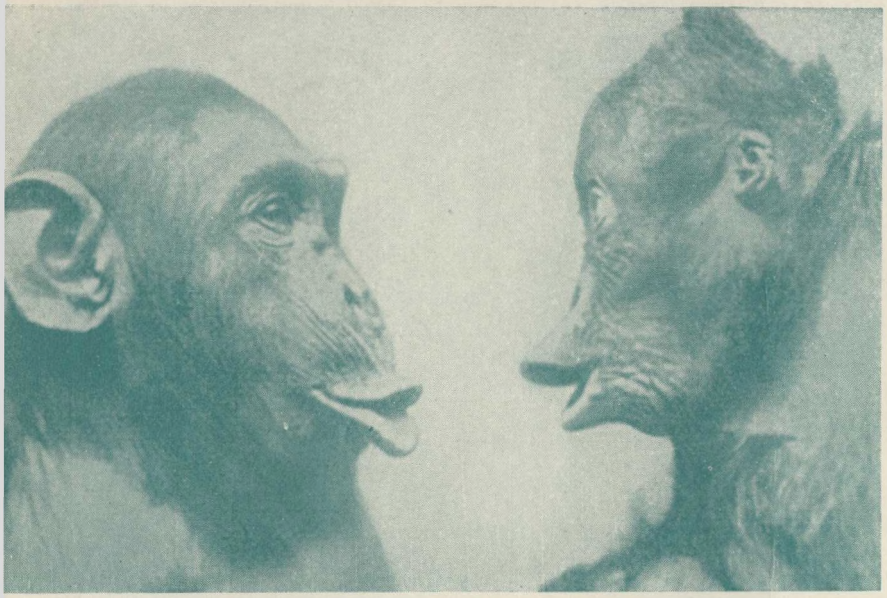
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DOES CORPORAL PUNISHMENT PREVENT CRIME, OR IS IT A VICIOUS UNLEASHING OF THE EMOTIONS OF THOSE WHO PRESCRIBE AND INFLICT THE PUNISHMENT? ALL ARGUMENTS FOR CORPORAL PUNISHMENT SPRING FROM ANGER, NOT SCIENTIFIC UNDERSTANDING.

Corporal *Punishment* and *Crime*

By BERTRAND RUSSELL

Eminent British Philosopher, Mathematician and Educator

THE infliction of bodily injury as a punishment was formerly supported by all who theorized on the subject. In civilized communities, cutting off the ears or the tongue was not uncommon three hundred years ago. Branding was thought proper in New England, as every one knows from *The Scarlet Letter*. Torture to extort confession was taken for granted. It still exists, as the Wickersham Commission discovered in investigating the "third degree", but it is now illegal, even when practiced by the agents of the law.

On the whole, every advance in civilization goes with a mitigation in the severity of punishments and a diminution of physical chastisement. In spite of all the fears of the sterner moralists, gentler penal codes are usually accompanied by a lessening of crime. There is no case for corporal punishment, whether statistically or as a matter of the psychology of individual criminals.

Nevertheless, there has been, at least in England, a recrudescence of flogging as a criminal sentence. Men who, while they were schoolboys, were caned or flogged, almost invariably believe that they are the better for it. This belief itself, to my mind, is one of its bad effects.

The man who, whether in adult life or in

boyhood, has submitted to this sort of thing, is filled with anger, which turns him either into a furious rebel or into a man with a ferocious desire to torment other delinquents when his turn comes. The latter feeling can be justified as moral indignation, and the man who feels it never realizes that it is really a desire to inflict on others what he has been made to suffer himself.

In England, certain crimes which are safeguarded as peculiarly odious can, when committed by men, be punished by flogging. Among such are living on the immoral earnings of women and assaults on women. The judges who order flogging display, in pronouncing sentence, an obvious pleasure, which they imagine to be virtuous, but which is really a release of brutal instincts.

In the London *Times* recently there was a letter from a clergyman regretting that this penalty cannot be inflicted when, in the opinion of the prison doctor, it is likely to do serious injury to health. This worthy Christian minister, after assuring the public that he is not "bloodthirsty or particularly vindictive", argues that "anyone who inflicts violence on other people should, whatever may be the state of his own health, take the full consequences."

The House of Lords recently succeeded in making it possible to inflict floggings on boys for certain criminal offences; this is a natural consequence of the fact that most of their Lordships had suffered physical chastisement when they were at school.

Does Punishment Prevent Crime?

INDIGNATION against crime is a natural emotion, and causes men to think that severe penalties are desirable. But if the object is to prevent crime, not merely to give pleasure to those who inflict punishment, a more scientific attitude is desirable. All violence and brutality tended to provoke violence and brutality in return, not necessarily in the form of direct revenge, but rather in the form of general harshness and cruelty.

A physician would not cure his patients more effectually if he were angry with them for being ill, and the criminal law is not more effective when it is inspired by anger against the criminal. The criminal presents a problem, psychological, educational, sociological, and economic. This difficult problem is not best handled in a state of blind rage. All arguments for corporal punishment spring from anger, not from scientific understanding: as men become more scientific, such practices will be no longer tolerated.

HOW IS THE DRUG HABIT ACQUIRED? CAN IT BE CURED? THE DRUG EVIL CAN BE ERADICATED, BUT ONLY BY CHANGING OUR PRESENT ANTI-NARCOTIC LAWS AND BY TREATING THE UNFORTUNATE VICTIM AS A HUMAN BEING.

The Way *Out of the* Drug Habit

By ALFRED J. FOX
Physician

THERE are on a rough estimate not less than 500,000 drug addicts in the United States.

Each spends about ten dollars a week for narcotics.

One ounce of cocaine is enough to keep fifty dope fiends thoroughly well-doped for a week.

Most of this dope is supplied by bootlegging dope peddlers.

The annual revenue collected from this soul-destroying diabolical racket is not less than $100,000,000 a year. This illicit criminal industry is efficiently managed, organized and controlled. It keeps a record of the name and address of every drug addict in the country. It employs propagandists to spread the dope habit and professional murderers to eliminate free lance bootleggers.

Police organizations regard every drug addict as a potential criminal—and a desperate criminal, not because the unfortunate victim of drugs is inherently criminal—he is not—but his very life depends on a regular daily supply of his drug. His suffering is horrible when the effects of the last dose wears off.

Sooner or later he runs out of funds and is then compelled to appeal to his drug peddler for help. He must have it. He cannot continue to live unless he does. His need becomes so desperate that he will commit any crime under the sun to secure relief. So would you or I under like circumstances. For the most cruel torture implements devised by the Spanish Inquisition are humane compared to the agony caused by the withdrawal of dope from the dope fiend.

He cannot obtain help from the respectable law-abiding elements of society and is therefore compelled to join the ranks of the underworld. This is his only way out.

Who Is at Fault?

THE responsibility for this evil state of affairs can be laid, in a measure at least, at the door of the Federal Harrison narcotic laws which prohibit physicians from prescribing narcotics to habitual users of opiates.

The doctor is legally bound to report every case of drug addiction to the authorities and aid the law by cooperating in the commitment of every drug addict to some public institution.

Public institutions for the treatment of drug addiction are failures pure and simple where the unfortunate victim rubs elbows with hardened criminals and becomes one himself. Any ex-veteran of Welfare Island will tell you that he would rather be dead

than serve another three months course of treatment there.

Alcoholics and drunkards when deprived of their liquor become easy victims of the dope habit. The rapid increase in the number of habitual users of narcotics in the last twenty years has undoubtedly been aided by that most "noble experiment", prohibition.

It is impossible to eradicate the dope evil by legislation. It would be just as sensible to pass criminal laws against typhoid fever, malaria or measles. The dope habit is not a moral taint or vice. It is a most serious and desperate disease. Relief from the distressing symptoms of this disease can be derived only from more dope or a radical cure.

A radical cure is impossible. Many reputable sanitariums cure their patients of the disease in a few weeks but *not the habit.* And it is sad but too true that "once an addict always an addict". For the majority of "cured" addicts revert to the habit sooner or later when given free rein and left to their own resources. The right care cures the disease but not the inclination to dope.

Is the Dope Habit Curable?

SURELY there must be something lacking in the cure itself then. For thousands have been cured after all through exercise of sheer will power and determination not to fall into the clutches of the drug monster after their physical cure of the disease.

The dope habit is curable. Every case can be and should be cured. There are three types of treatment for the cure of opium and its derivatives, morphine, heroin, codeine, etc.: abrupt withdrawal of the drug, rapid withdrawal and gradual withdrawal.

The administration of the first two types requires hospitalization. The third type of treatment can be applied at home. Treatment by the method of abrupt withdrawal is always dangerous and may cause permanent mental deterioration, and even insanity.

Rapid withdrawal is more humane, entails less suffering and is fairly certain to yield satisfactory results. This is the method of treatment employed in expensive private sanatoriums.

The usual procedure is somewhat as follows: In the beginning the patient is given five compound cathartic pills with five grains of blue mass, followed by a saline cathartic in six hours, to produce three to four movements. Then he is given two-thirds of his customary twenty-four hour amount of morphine, in three doses at one-half hour intervals. Each dose is mixed with a dose of hyoscine, or some belladonna preparation which acts as an antidote. The hyoscine is administered every hour—the dose progressively increased with each administration until the patient begins to show signs of delirium, when its administration is halted.

The next procedure is applied the next twenty-four hours. The dose of morphine is reduced to one-half. On the third day the same treatment is repeated with a reduction of morphine to one-sixth. The patient must remain at the sanatorium for about four weeks.

After complete withdrawal of the drug, tonics are administered, nutrition is carefully looked after. The general physical condition of the patient is then systematically improved by massage, bathing, exercise, electricity and regulated habits.

Cocaine addiction is justly regarded as far more serious and incurable than the opium habit. Its victims eventually suffer a degree of moral degradation and mental deterioration that may terminate in complete dementia and mania.

How Is the Habit Acquired?

THIS drug is usually taken through the nose as a snuff. In the underworld vernacular its addicts are usually termed "coke sniffers", "coke fiends", or "snow birds". The dope is called snow and consists of a mixture of cocaine with milk sugar. Cocaine ad-

diction is frequently acquired innocently by taking patent medicines for the local relief of nasal catarrh and hay fever.

Unscrupulous scoundrels have been caught peddling the poison to school children. Cocaine is frequently taken for the pleasurable exhilaration it produces and to relieve mental depression, fatigue and nervousness. The habit is more easily acquired than that of morphine.

Cocaine is the favorite drug of the underworld, as it renders its users energetic and fearless while they are under its influence.

There is only one way to cure a cocaine "fiend". He should be confined to an institution under complete restraint. The drug must be promptly and completely withdrawn, and this can be enforced without any appreciable suffering as withdrawal does not cause any pain or suffering, aside from mere craving. The patient should be kept under restraint and strict surveillance for not less than one year and effort made to reclaim his moral reformation through training, education, religion and association with good serious-minded intelligent associates. If this procedure is faithfully carried out, there is no reason why all victims of the drug should not be reclaimed as healthy and useful members of society.

Perspective

CAN the dope habit be ultimately eradicated through enforced legislation?

To answer the question, we must first consider its origin from a sociological perspective. It has been statistically shown, for instance, that out of a selected group of 500 cases of morphine addicts, about fifty per cent were acquired through physicians' prescriptions, or hypodermic injections personally administered; twenty per cent through advice of acquaintances; twenty per cent through dissipation and evil companions and only two per cent in cases of chronic and incurable disease. The prescribing of narcotics for incurable patients constantly suffering great pain is unavoidable and fully justified. There is nothing else to do. All others should be treated and cured.

Physicians are not entirely to blame for the large per cent of addiction resulting from medical prescribing of narcotics. The abuse of the drug is due in a greater measure to the pernicious and unscrupulous practice of refilling prescriptions by pharmacists without the consent of the prescribing physician. Any physician who intentionally aids the patient to become a drug addict is not fit to practice and should be expelled from the medical profession.

"Once an addict, always an addict" is a favorite slogan of the police force. Patients who had been radically cured of their drug addictions remain more or less susceptible and usually revert to the habit. For this reason most authorities are somewhat skeptical as regards the claims of sanatoriums for the fulfillment of a lasting permanent cure. In its ultimate aspects the problem becomes more psychological than physical. The institutional treatment is only a physical and partial cure. It should always be supplemented by a series of psychological treatments for the mental eradication of the habit. The employment of mental suggestion is thoroughly efficacious and reliable and is sure to render the physical cure complete and permanent.

Psychological Treatment

IT should not be difficult to comprehend the essential necessity of the application of practical psychological methods of treatment in all cases of drug addiction or any other pernicious habit complex. For the causes of this evil are of psychological origin.

An exhaustive psychological analysis of a number of cases I have personally treated led to the discovery of a morbid emotional state preceding the acquirement of the drug habit. All my patients showed complexes

due to some sort of emotional repression, not necessarily of a sexual nature although the repression of early infantile sexual craving will invariably induce a mental and emotional state of psychosis that finds expression in abnormal cravings, habits and forms of self-expression. The motivating energy that creates the genius of the poet, artist, captain of finance, when misdirected, evolves the gambler, alcoholic and the dope fiend.

Obviously the problem is one of psychic adaptation to environment.

Human nature craves happiness and unfettered self-expression. Whenever these pursuits are obstructed they result in inward conflicts, eventually leading to some sort of compromise for good or evil.

Mental suggestion administered when the patient is asleep or partially asleep, and in a state of exaggerated suggestibility, breaks down the psychic impasse, leading the flow of emotional energy into wholesome healthful channels.

No case can be considered cured until this is accomplished.

With the administration of psychological combined with physical treatment every case can be, should be, and must be cured.

This task should be replaced where it belongs. To the physician and psychologist. The drug evil can be eradicated by changing and repealing our present anti-narcotic laws. Treat the unfortunate victim of the dope habit as a human being by establishing public institutions for the care and cure of the dope habit that will inspire confidence and hope, not dread and distrust.

Announcement

to Graduate and Undergraduate Students

ESSAY CONTEST

THE MODERN PSYCHOLOGIST announces an essay contest on the subject

Psychology: A Basic Element in Education

The contest is open to all graduate and undergraduate students in American and foreign universities. Three awards, in the amounts of $25.00, $15.00, and $10.00 respectively, will be made to the writers of the three outstanding essays. These essays will be published in THE MODERN PSYCHOLOGIST. The Committee of Judges consists of Prof. Newman L. Hoopingarner of New York University. Dr. A. A. Roback, of Harvard University, "The Voice of Experience", Dr. W. Beran Wolfe, of the Community Church Mental Hygiene Clinic, and the Editor of THE MODERN PSYCHOLOGIST.

All papers should be in the hands of the Contest Editor, THE MODERN PSYCHOLOGIST, 310 Riverside Drive, New York, N. Y., by May 30, 1934. Their length should be not less than 1000 nor more than 2000 words.

HYPNOTISM IS THE TRANSFERENCE OF SUGGESTION FROM ONE MIND TO ANOTHER. BY DULLING A SUBJECT'S POWERS OF MENTAL RESISTANCE A HYPNOTIST IS ABLE TO MAKE HIM ACCEPT AND ACT UPON SUGGESTIONS THE HYPNOTIST MAY MAKE.

Can *You* Hypnotize?

By F. LEVER
Psychologist

THE ignorance that still prevails on the subject of hypnotism (or hypnosis) really is amazing, and yet a sufficiently comprehensive account of the methods and phenomena of hypnotism can be given in a quarter of an hour.

I devoted over a year to the detailed study of the theory and effects of hypnotism before attempting to hypnotize, but that did not make my first attempt any the more or less difficult. I simply followed instructions —"obeyed orders"—and success was immediate.

I shall describe hypnotism as a physical phenomenon and describe one simple method of which all other methods are simply variations.

Here is a word on the general theory of hypnotism: hypnotism is the transference of suggestion from one mind to another. By dulling a subject's powers of mental resistance a hypnotist is able to make him accept and act up to almost any suggestion he may make.

As we all know we often confirm a resolve or a hope by saying to ourselves: "I really *must* get on with that job," or "I ought to take that medicine and I shall," according to our habits of speech and our particular decision.

All the hypnotist does is to get the subject's mind into so hyper-sensitive a condition that the suggestions he (the hypnotist) makes to him are not only received, but are impossible to resist.

If you like to put it so, the subject's mind and behavior become shackled to the hypnotist's will.

Before describing a method of hypnotizing it would be wiser to describe the state of hypnosis.

There are three stages of hypnotic sleep: light sleep, middle sleep and deep sleep. They are referred to technically as somnolence, hypotaxy and somnambulism. It is impossible to draw a hard and fast line between them.

Somnolence is the usual state into which a subject falls. Of course he must pass through the first state if he is to get to the second and third states, but these last two are rarely obtained by any except model subjects and extremely patient experimenters.

In somnolence the limbs are heavy, it is impossible to open the eyes, and the subject obeys all instructions. He hears everything that goes on around him unless he is told not to listen or not to hear.

With the words: "Your hands are grow-

ing warmer", his hands do grow warmer, and if told to smile, laugh, stand up, turn around and so on, he will perform all these tricks without waking up. If he is told to stand on his head, or something equally absurd (shocking), nine times out of ten the *rapport* will be broken and he will wake.

Such a subject rarely allows himself to be hypnotized again: indeed, to all intents and purposes it is impossible to hypnotize one who has been rendered antagonistic in such a way.

The subject may be awakened as follows: "I will clap my hands and you will wake up," or "You will wake up as soon as I have counted five". He opens his heavy eyes, rubs them, and is none the worse for his travels.

Sometimes a subject develops a slight nervous headache after waking, but this is nothing to worry about: it passes off. It may even be avoided by such an instruction as this: "You will wake up smiling, feeling fit and cheerful, and you shall not have a headache for a year. Now I am going to clap my hands. . . ."

The Hypnotic State

Some writers declare that what I have described as somnolence is really the hypotaxic stage and that the somnolent stage is no more than the short period of drowsiness and lethargy that the subject experiences just before "dropping off". That, however, is not important.

Hypotaxy we may describe as fairly deep sleep. The subject is hardly ever aware of noise or movement around him, he breathes regularly and deeply, and to all appearances he is asleep. Actually, except for his mind, he is asleep.

He is without volition. The experimenter raises his arms vertically and they remain in that position for a ludicrous length of time. (I once held my hands above my head for over an hour whilst in a hypotaxic state.)

The subject may be told to stiffen the muscles of his stomach and huge weights can be supported on it—much heavier than could be lifted with both hands if he were awake.

Suggestion may produce amnesia (loss of memory) analgesia (insensitiveness to heat, pain, touch, *etc.*), or even hyper-sensitivity, *e.g.*, a wild shriek at the mere touch of a finger.

It is in this stage that psychiatrists and psycho-analysts ask their questions or make suggestions (such as: "You are speedily regaining self-confidence," and so on.)

The characteristic of somnambulism is perfect amnesia. In this condition vivid hallucinations can be evoked and sensory acuity so diminished that the subject is indifferent to burns or even lacerations.

Operations are sometimes performed in Germany using hypnotic somnambulism in lieu of an anaesthetic !

How to Hypnotize

By far the most interesting phenomenon of somnambulism is the so-called "post-hypnotic suggestion". For instance, a subject can be made to forget his name and address, whether or not he is married, how many children he has, and so on, for as long as the experimenter wishes.

The classic story here is that of the man who was told that when he awoke he would walk on to the rug in front of the fire and be unable to leave that spot until the experimenter gave him permission to do so.

The victim, despite his protests to himself and the company ("Really, I *ought* to be going home"), missed three trains and only just caught the last one owing to the experimenter's decision that the "joke" had gone far enough. The subject was quite unaware of the cause of his impotence.

However, somnambulism is a very rare stage indeed, and only once have I seen it achieved with a fair measure of success.

Let me now try to describe how hypnotism may be performed. You will observe that the conditions are elastic and need not be followed to the letter. A bed or chair may

be used instead of the couch; a candle or coin or some shiny object instead of the lamp; and the words I give may, of course, be changed according to the individual's discretion, and so on.

First of all I seek to ensure three primary conditions: an absence of disturbance, perfect comfort, and *consent*. It is very little use trying to hypnotize for the first time if other people are present, or to hypnotize at all unless both subject and experimenter are taking it seriously and have cut out all distracting influences.

I repeat that the subject must be really willing to be hypnotized and it is as well to have his spoken assent to do just as he is told before beginning.

My usual practice is to have the subject lie down on a couch, head slightly raised, with an electric lamp four or five feet above his chest. I then ask him to look steadily at the lampshade and to concentrate on a small portion of the pattern, and to attempt to memorize this portion of the pattern as if he were to be asked to draw it from memory later.

In this way the subject composes his thoughts around a triviality, and has his eyes turned upwards and inwards as if he were looking towards the centre of his forehead. Thus his eyes become fatigued and after a few minutes (it may be moments) he closes them voluntarily. If he opens them he soon closes them again until he no longer wishes to open them.

I ask him to breathe deeply and regularly "as if you were going to sleep" keeping time for a while: "One two, one two . . . " in a monotonous voice. Then I make the following suggestions with a longer or shorter interval between them according to my subject:

"You are feeling drowsy. You do not wish to open your eyes. Concentrate on the size and shape of a coin. Think of nothing else but the size and shape of a coin. You are falling asleep. . . ."

After ten minutes or so, say three minutes after my last suggestion, I say pleadingly but forcefully: "Sleep—now." Within a couple of minutes of this he is dead to everything but my voice and my will. The deeper stages may be achieved by adding in periods of ten minutes or so: "Sleep deeply, deeply."

I should have added that once the subject has given up the attempt to keep his eyes open it is as well to turn out the light and perform the hypnosis in semi-darkness.

The personality of an individual depends not only upon the traits that he possesses but upon the integration of such traits. By integration is meant the general organization of traits into a larger unit of behavior, and with some traits becoming subordinate to others in such an organization. Personality, therefore, cannot be considered as so many separate traits; rather, the individual's personality is made up of a totality and pattern of such traits.—Karl C. Garrison *in* THE PSYCHOLOGY OF ADOLESCENCE.

THE REAL INJURY IN MASTURBATION IS NOT PHYSICAL BUT PSYCHICAL, BROUGHT ABOUT BY THE MENTAL TURMOIL PRODUCED BY ONE PART OF THE THOUGHT PROCESS STRAINING AGAINST ANOTHER PART. MASTURBATION IS ABNORMAL ONLY INSOFAR AS IT IS PRACTICED IN ADULT LIFE IN PREFERENCE TO NATURAL HETERO-SEXUAL INTERCOURSE.

The Masturbation *Taboo*

By KEMIT RIEDNER
Graduate Student of Psychology

MUCH has been said about masturbation, the tone of most of which is discordant. Masturbation has been used as a bogey with which to frighten little children, and a nightmare to disturb the blissful anaesthesia of high school life. As a convenient buffer it has long borne the blame for a host of diseases in later life.

Authorities of a generation ago expatiated at length on the physical ailments and mental weakness encumbent upon self-abuse: "the destruction of virility, the weakening and disordering of the mind, the onset of epilepsy, dropsy, or some form of consumption". Masturbation was "an unpardonable sin, a crime, and a sure way to hell." The parent so afflicted "impressed the full force of his sensual passions upon his child, and marked the infant with the vice." (All this has been quoted from a treatise of 1861.) The author went on to state that this abuse was the direct cause of a flock of varied diseases from insanity to rheumatism, "in fact, two-thirds of the diseases of all mankind." In his words, "the stronger the wickedness of this abuse is impressed upon the child's mind, the better."

Now we all know that once a thing is forbidden a child, the more he craves it. He delights in being wicked. He gets attention that way. In his secret vice, he could be wicked and get away with it.

Scares Are Not Cures

TABOOS are fascinating. Where other similar instinctive desires are tabooed, they too acquire the special attraction of the taboo. We are often repulsed by the spitting habit in some children. Without considering the possible psycho-sexual aspects of spitting, we may assume that the child's elders have strongly impressed upon him the nastiness of spitting. They have made it a taboo. Moreover, spitting in imitation of older men gives the child a feeling of grown-up power and mastery and nonchalance for society. Masturbation raises him to this same fantastic pinnacle. Masturbation has all the glamor of the taboo, plus physical pleasure.

So from generation to generation, the practice has continued, as have other unsocial erotic pleasures, since the days of Cain and Abel. And in spite of horrifying predictions, we are still a long way from being a race of morons.

Scares are not cures. It is doubtful if anyone has ever been permanently frightened out of the habit of masturbation any more than the habit of finger-nail biting. When

one comes to appreciate the beauty and advantage of well-kept nails, he stops biting them out of personal vanity. After a while, he never thinks of chewing his nails. This same principle can be of use in stopping masturbation.

The real snag the masturbator encounters in attempting continence is fear: fear of himself, fear of the power of his instincts, fear of violation of moral or religious principles: in a word, fear that he will, in spite of himself, masturbate. Instead of convincing himself that he does not want to masturbate, he makes a resolution that he *must* not. He does this because he is afraid that he shall. And, indeed, the thing one is most afraid of always happens to one. Why? Because he cannot put it out of his mind—forget it.

Masturbation Not Abnormal

EVERY medical man knows that masturbation is no more physically harmful than copulation. The real injury in masturbation is not physical, but psychical, brought about by the mental turmoil produced by one part of the thought process straining against another part. The strength of these forces is realized when we remember that the sexual appetite is second only to the appetite for food under similar conditions of starvation. The unmoral, illogical, instinctive part of the mind known as the *id* ultimately manifests itself in masturbation. Upon completion of the act, the mind functions normally again, with the sane, reasonable, moral ego in control, censuring and resenting the momentary ascendency of the passionate pleasure-principle.

These periodically occurring conflicts are bound to produce serious psychic maladjustment, especially in the sensitive, nervous, hyperthyroid type of personality which is largely addicted to masturbation. Enforce strict continence upon a hypersexual individual of this type, and the resulting mental conflicts will do more toward aggravating the neurosis than moderate masturbation ever would.

After all, the neurosis is simply a wrong or confused attitude toward life and its problems. Instinct and immorality are confused, and one is made the equal of the other. The masturbator considers his habit an abnormality.

But masturbation is distinctly not an abnormality. It occurs as a very normal development in the narcissistic (love of self) stage of childhood. It continues on a larger scale throughout the homosexual (love of like) stage. It is not unnatural then that a habit of such long standing should continue in some degree in adult life (love of unlike stage) when the compensations of natural intercourse are denied.

At puberty depression, moodiness, and thoughts of suicide are entertained. The development of character is turbulent. Mental balance acquired in the previous latency period (between 5 and 10) is violently upset by the energies of the instincts. Anxiety is a common symptom of childhood. With the magic wand of masturbation, the anxiety is temporarily relieved. The delightful flight into fancy momentarily alleviates the repressions, and the child is master of the world for a few minutes. Auto-erotism wings him high on the heavens far beyond mortal realities.

Masturbation an Escape

HOWEVER, masturbation is abnormal insofar as it is practiced in adult life in preference to natural hetero-sexual intercourse. In such a case it is a carrying-over of the juvenile attitude into adult life. The adult masturbator is still a child in this respect. He is abnormal insofar as the balance of the integration between mental components and drives has been upset and insofar as he is unable or unwilling to adapt himself to his environment.

Because this same juvenile mental condi-

tion is also found in the invert, masturbation was at one time believed to be a cause of inversion and homosexuality in adults. Moreau held this view, and Krafft-Ebing looked upon the habit as leading to all sorts of perversions. However, more modern opinion, as set forth by such authorities as Havelock Ellis, Hirschfeld, Naccke, and Moll, reject masturbation as a cause of inversion, though a favoring condition may be brought about by excessive indulgence.

The prevalence of the habit among inverts is to be expected. To begin with, the invert has never outgrown the homosexual stage, (love of like), the period of life when masturbation is normal—he is still a child at heart. Secondly, he has not the same opportunities as the hetero-sexual person to satisfy his desires. Thirdly, he possesses in his own body the sexual form he desires.

As a child, he was doubtful of his ability in the sex role and ignorant of sexual knowledge. He was probably taught that such things were of the devil. Much of the inferiority feeling of children and their apprehensiveness for the future is the result of their belief, fostered by their elders, that there is much more to know about life than there really is.

The child has lived in a state of narcissism, developed to the point of masturbation, and remained there. He is fearful of pushing open the door further for fear of what he might find there. So he has approached the problem of heterosexuality as through a back door, retaining the particular sexual profession which adapted itself most easily to his system. That is, masturbation. Carefully he has built a complex structure around the sex problem so that the nucleus of his neurosis is enmeshed in an opaque mass of fears, doubts and inhibitions. He compensates for his short-comings and a retiring nature by sexual substitution. With masturbation he has a magic wand that in a moment transports him to a sensual fairyland where he alone is king.

May Cause Anxiety Neurosis

A MOTHER may be so busy tending her children that she pays no attention to them. Likewise, the masturbator may be so engrossed in morbid worry about himself that he fails to see the cause of his worry or its effect upon him. It is a good idea to worry about someone else, if you must worry, never about yourself. There is no definite evidence that any mental derangement or nervous collapse has ever been brought about by masturbation. But the symptoms of anxiety neurosis can be traced to unconscious stimulation of sexual craving. The desire is repressed; the repression exaggerates the desire; and the person feels fearful of the strong inner forces. He literally dotes on sex and keeps the organism in a constant state of excitation.

Mental turbulence and preoccupation with sex results in a lack of efficiency and carelessness. Evidence of such carelessness may even expose the habit of masturbation. Symptomatic actions and tendency to excuses are characteristics of the neurotic constitution which generally disappear after the nucleus of the trouble has been brought to light.

There are still narrow minded moralists who treat instincts as brutal and sinful. They see the devil in every emotion and desire. They are so sure that they are right that they don't want to see light.

But the modern, the cultural attitude seeks to convert the destructive forces into constructive forces. Moderation, rather than excess masturbation or strict continence, plus an enlightened understanding of the disturbing forces, and a correction and readjustment of the distorted view of sex habits can accomplish this. As Marcel Proust has said, "We do not succeed in changing things according to our desire, but gradually our desire changes."

DURING THE NIGHT HOURS AN OBSERVATION WARD IS A SLEEPING VOLCANO. ONE PATIENT THAT CANNOT BE CONTROLLED MAY THROW THE WHOLE WARD INTO A SEETHING MAD HOUSE. THE VAGARIES OF THESE UNFORTUNATES ARE MANY AND VARIED; FROM AN UNCONTROLLABLE DESIRE TO COMMIT SUICIDE TO A MANIA FOR COLLECTING INFORMATION ON EVERY CONCEIVABLE BRANCH OF SOME SUBJECT. THE AUTHOR CONTINUES HIS EXPERIENCES FROM THE PRECEDING ISSUE.

Life *Among the* Insane

By A. G. BELCHER
Psychiatric Attendant

III.

THE night shift of nurses and attendants on duty in the Observation Ward is known as the wrecking crew, so called by the day men who are hampered in their dealing with violent patients by the trooping in and out of non-violence doctors and supervisors whose duty it is to report acts of violence towards patients. At night there are fewer doctors, fewer supervisors—and fewer attendants and nurses on duty. When a patient becomes disturbed, as is often the case after dark, his case must be dealt with quickly and summarily lest he awaken others and turn the ward into a howling madhouse. At night the doctor on duty is free in prescribing sleep-inducing hypnotic drugs: bromides, chloral, luminol, and the old standby, paraldehyde. In rare cases only are opiates given. Night men are given a freer hand in placing restless patients under restraint.

On my first night, before I had time to look the ward over, I got into a fight. A thick-set middle aged man sat up in bed when I looked into his room and yelled: "Take that bandage off! Take it off!" I ordered him back into bed and advanced to carry out my order. He leaped at me, his guard up, and landed on me twice: on the mouth and temple. I backed to the door, bleeding, and shouted for help. As I heard footsteps I dived for the patient and tackled his knees. We went down together on a bed. The man with two bandaged feet who was occupying the cot slipped out from under us as the iron frame bent and ran for the door, his night shirt standing out behind him. Tommy James came to my aid. The patient, used to rough-and-tumble fighting, kept his chin down so that Tommy could not get a lock on his thick, short neck. We were holding him fairly well by the legs and arms when two other attendants arrived with a straight jacket.

Neatly trussed up, lying flat in bed, the patient was tearfully apologetic: "I didn't mean to do it, Doc. I'm sorry. Let me apologize."

He was quiet the rest of the night and

took his bitter dose of paraldehyde like a man, but he was not let out of restraint until after he had been snoring for a while. A fighting general paretic is a dangerous man, not only because his mood and the strength madness seems to give him, but because his blood stream is loaded with syphilitic germs, a constant menace to those who must come in contact with him.

Few violent or disturbed patients take medicine willingly. But they take it. It is a three-man job to administer medication—at least three! One attendant holds the patient's arms—and he may have to sit on his chest—another holds his head, while the nurse holds his nose, parts his lips, pours the dose in the side of his cheek, and massages his throat. It is not so easy even as it may sound. The trick is to get the patient to swallow—to open up for air. Direct suggestion often helps: "Say Ah!" orders the nurse. "Ah!" says the patient and the dose is down the hatch.

"Tell me, Doc," inquired a patient at breakfast. "Has this food got any medicine in it?"

"No," I assured him. "When they give you medicine in this ward you are well aware of it."

"Guess you're right," tenderly touching his throat. "I got some medicine last night." And he went ahead with his meal.

To glance into the ward at night and see the rows of men in cots peacefully sleeping, one would never suspect the strain of attention to which the night men are subjected. The slightest noise or movement down the ward may herald a violent upheaval which, if not quickly dealt with, can result in death.

Suicidal Maniacs

ONE night I went on an errand to another ward. I was gone less than ten minutes, but in that time the man who relieved me had cut down a patient who was trying to hang himself.

On another occasion I was in the office completing the record of a new admission when I heard a cry from the nurse in charge of the ward. I ran to the door and into the half-darkened dormitory where she was struggling with a doubled up new patient. I grabbed the man's right hand and pinned it behind his head while I tried to help her hold his left. Others came running into the room to help. As the lights went on I saw that the moist substance on the patient's hand was fresh blood. My hand and sleeves were bloody, there was blood on my white pants, and the bedclothing was smeared with blood. Five of us managed to turn the snarling, straining patient on his back and prevent him from voiding any more of his intestines.

He had called for a urinal bottle and while the attendant was out of the room, leaving the nurse alone, had reopened a lesion, an almost healed wound, in his abdominal wall and attempted to eviscerate himself. About two feet of his colon was lying on the floor.

For hours in the early morning, past the famous three o'clock when vitality is lowest, we held this wild-eyed, straining, snarling madman. Five men and two women could scarcely keep him from rolling over and finishing the job he had started. His straining forced out more of his intestines and started the blood again from the old cuts on his wrists and elbows. The house surgeon came, pushed the intestines back through the incision, and telephoned for a conference. Finally we managed to get a wide bandage strapped about his belly, tie him securely, and send him to the operating room with two attendants to guard during the operation.

I stood the struggle, the spectacle, the smell of blood and sweetish, sickening fresh bile for perhaps an hour; then things went black—I had to call time out for some aro-

matic spirits. Few of us slept the next day. When our eyes would close we could see the horrible picture and hear the dreadful gasping of the suicidal maniac.

Finally he had his wish fulfilled: in three days he was dead. Yes, Dierdre, death is a poor, untidy thing; but better an untidy death than a messy, smeary attempted suicide.

What made him do it? The man protested between gasps that he wanted to die rather than spend twenty or more years in a crazy house strapped in a straight jacket and raving like the flight-of-ideas patient at the other end of the ward. Psychiatrists would say that the patient was a manic-depressive of the depressed type, but they are vague or contradictory as to how or why he became so. Heredity, perhaps, or environment; organic inferiority, or—you try to dig up the pertinent facts from his history, family and personal. Post mortems show nothing that the anatomists are able to point out as abnormal. To date, functional mental and nervous diseases are so called simply because no cause for them has yet been found.

Victims of Delusion

You would expect to find men who imagine themselves wealthy in the observation ward; it is no surprise to be told by a patient that he has diamonds by the bucketful and acres of pure gold growing right under the grass roots. Some patients, especially the self-assured paretics, go further and proclaim themselves to be God Almighty, possessing all wisdom and all power. Working in Observation Ward you soon get used to these people and treat them like the others. Despite their claims to omnipotence they are usually willing to sweep floors and clean bathrooms with their own hands; they seldom attempt to have you struck dead, and they will obey orders, as a rule.

In the quiet wards you will find men who are not so spectacular or outspoken in their self-assurance, but who nevertheless believe most implicitly in themselves. Bolivia, for example, insisted that he could speak, read, and write seven languages fluently; and that he was a graduate of three universities, including among his degrees that of Doctor of Medicine. Yet he told me, naively enough, that he worked as "junior drug clerk" and did not even have a pharmacist's license. That was his chief characteristic: he talked people into believing in him and talked them out again.

Cranner, too, knew his own worth. It was all the fault of his wife's relations, he assured me. A man of his position should go to Atlantic City for a few weeks' rest from the nervous strain of managing a chain of retail stores. Instead of that he had gone to a nerve specialist of their acquaintance who had charged him twenty-five dollars for a ten minutes' consultation, drugged him, and sent him here in an ambulance. Now the relatives were influencing his wife against him, persuading her to send him to a state hospital. He had a job, and after a few weeks' rest he would go back to it. I had to see the letter he tried to write to the judge before I was doubtful of his sanity.

Men of superior intelligence are found as seldom in Observation Ward as on the outside. Once in a while, however, one is brought in, for example the business executive who went to Atlantic City for a rest from nervous strain. He arrived there on the night of a big storm, the worst in years. He was able to get on the train and go back home, but the police brought him to us the same day, raving mad.

Hyper-activity

Another interesting patient was an instructor in physiology connected with a local college. He said that he had been sent here by his family physician for diagnosis. His symptoms included hypergnosis and hyperaesthesia. When preparing a lecture he

could not feel confident until he had consulted all the authorities and all that had been written on the various phases of his subject. He supplemented the college library with a large one of his own and subscribed to all scientific publications related to physiology. His hyper-activity included senseless activity such as counting all the seats in the theatre when he went to a show, checking back, then counting them over again and worrying over mistakes in numeration. Whenever he saw a picket fence he would be compelled to do the same thing: count, check, recount, and worry.

Two psychiatrists examined him at one time, firing questions and cross-questions at him, but he answered them all without tripping. He knew his book. It was only when they got personal that they discovered his troubles. He had been performing illegal operations for two years, a total of over three hundred. While he claimed that he had never lost a case, the feeling of guilt, the fear of making a mistake or a slip while operating, and the dread of being arrested had played their part in driving him to the madhouse.

Over-Zealous Reformers

ANOTHER educated man was a high school teacher of mathematics in the fifties, tall and dignified. It was true, a nurse assured me, that the teacher had $85,000 in a savings bank although he lived in a poorly furnished room and wore only the cheapest of clothing. He would talk logically for a while then drift into absurdity. To check his mental processes the psychiatrist asked him to solve a problem in geometry. He failed, but the following day he had solved it by three different methods and was working on a fourth.

I got the physiologist and the mathematician together for a talk about physiology, psychology, and philosophy. It was most entertaining, but the physiologist became restless and walked away while the math teacher was explaining his proposed new educational system.

He would begin by changing the obsolete institutions of home and marriage, raising children in state institutions under the guidance of trained men and women, who would teach them by the project method. Textbooks would all have to be rewritten, the child would learn how to develop and express himself, and love of study and work would replace love of money as the motive power in the child's education. He told me that he went to the police and offered to put this system into effect with their help. And that's why he is here.

One of the patients listening to us thought that he had been insulted. Our references to I. Q. must have meant that we were making fun of his cross eyes. Another butted into the conversation saying that we were right, things had to be changed: the world war veterans should be given their bonus. He was an ex-soldier.

The Case of Jones

OF all the patients I have seen, my favorite was an elderly man who was brought into the prison ward under the alias of John Jones. For the first week or two he was silent although cooperative; then, when the psychiatrists began to learn something about his personal affairs, he confided in me, told me his real name, and asked me to notify his son. I called the telephone number and spoke to a professional man who said that he knew about the case, but that on the advice of our psychiatrists he had not visited his father. He thought that he would come over within a few days, however.

The old man had been arrested on the charge of a woman. Jones contended that he was innocent. It is highly probable that he was, but I have noticed that women are usually favored by the courts against a man's unsupported testimony. At any rate,

Jones did not want his family name involved, neither did he want his son and daughters to know about the case. He said that his absence, even for weeks, would be taken for granted because he often went away on trips to bid on construction work. It was only after he learned that his name had been discovered that he wanted his boy notified.

How he hated the psychiatrist who examined him! He would come back from an interview with a flush on his face, a cherry red, that would last for hours. "I'm not used to being talked to like that," he would say. "I've handled men for forty years and I've dealt with some of the biggest men in this country. You can see by the records in the state capitol that I have been incorporated for fifty thousand dollars. I'm no bum." He was right, but the doctor was trying to pull Jones out of his spell. Psychiatrists must know a man's personal and family history.

The doctor came to me on one occasion. "Jones is as crazy as hell, isn't he? I mean, he acts crazy on the ward, don't you think?" What could I do but disagree. Of course Jones was quixotic, but I had not seen any of the usual symptoms of insanity, not even the most common, suspiciousness. "He'll never be any different," said the male nurse on the ward. "It's no use sending Jones to a state hospital." Nor would he attempt an opinion on the man's insanity.

One day Jones walked into the doctor's office in response to a summons to meet one of his daughters face to face. He was not allowed to see her alone or even to talk to her. In her presence the doctor baited him like a bullfighter; insinuating, sneering, accusing. Jones gave it back to him. What an interview!

About a week later his son visited him, a tall, blond athlete. "My boy" was written all over Jones' face. After the son had gone Jones said that perhaps it would be best to go to the state hospital for a few weeks. The court charge was more serious than he had thought, and his son could soon sign him out. Everything was fixed; the father would allow himself to be called crazy in order to protect the family name from the smirching in court. What happened to himself mattered little, his first thought was for his son's advancement, socially and professionally. Jones was at peace with the world, and talked to me about the possibilities of building a wood pulp mill in the Southern pine forests.

Pre-Senility

WHEN he was given a summons to appear before the court for committment as an insane person Jones literally blew up. His face was red all day. He was especially bitter in denouncing the alienist who had been examining him. He was sure that the doctor had influenced his boy and the others against him. He talked logically, if with heat, and seemed most concerned about the stigma of having been adjudged insane. After his release he would not be able to do business: his word and signature would no longer be legally acceptable, therefore nobody would do business with him. "Damn it, I'm not crazy. If I am a criminal let them send me back to jail. I'll serve my time. If I am crazy, then they'd better put a roof over this city and make it one big crazy house."

The judge, however, sided with the alienists. Two days later Jones went to the state hospital, after having offered to fight a policeman who had insulted him. The diagnosis was arterio-sclerotic and pre-senile condition.

I should like to see the old man again. If ever he wants to, he can share what I have, my room and board. I hope, however, that the family will soon take him out of the crazy house and allow him to work.

JUNG, DEVIATING FROM FREUD AND ADLER, GAVE PRACTICAL IMPORTANCE TO ALLEGED TRACES OF WHAT HE CALLED RACIAL MEMORY. JUNG'S INTIMACY WITH THE MOST DIZZYING HEIGHTS AND GHASTLIEST DEPTHS OF CONSCIOUSNESS IS PROBABLY UNSURPASSED. HOWEVER, THOUGH NOW A MORE CAUTIOUS THEORIST THAN IN HIS YOUNGER DAYS, THAT FEMININE QUALITY OF FAITH IN LIFE ITSELF HAS SURVIVED UNCHANGED.

Jung *and the* Modern Crisis

By PHILIP MAIRET
Critic and Essayist

JUNG of Zürich is commonly accused of mysticism by Freudians and other notaries of modern psycho-therapy; and to certain elements of his doctrine the term may be fairly applied. There is no question, however, but that he is in the psycho-analytic movement, if only partly of it. He is one of its creators, and no worse a psychologist for the refusal of his mind to fit into the rationalistic frame. It was from the treatment of lunacy, and from experimenting with phenomena very like those of spiritualism, that Jung came to collaborate with Freud. He had sought out the method there is in madness, and had a native flair for that world of imagination which is shared by the lunatic, the lover and the poet.

From contemplation of this "greater mystery"—that whilst lunacy and genius are the most remotely different of all things, they also betray the most uncanny likenesses—Jung descended to the "lesser mysteries" of neurosis and hysteria, and endeavored with Freud, to normalize the not-too-abnormal, according to rational and "scientific" standards of behavior. The results we know: whilst Freud's practice was focused towards a fictive "norm" of sound sexuality, and Adler's diverged towards a norm of sound social adaptation; Jung soon became a still more fundamental dissenter. For Adler's valuable heresy did not question the assumptions which they all inherited from nineteenth-century materialism: whereas Jung, by giving practical importance to alleged traces of racial memory, took a line which if not metaphysical, was at least meta-biological.

He was postulating a super-personal unconscious. Such a thing, if it was truly present in the individual psyche, could only be expressed in symbols, and the symbols

could only be attached to objective values by comparing them with the symbols of myths and religions. If it was a fact that such symbols appeared in the dreams and fantasies of modern persons, Jung was fully entitled to study ancient symbolism for light upon their meaning. Did not Freud also make use of myths, by psychoanalyzing them? Jung could lay claim to the purely agnostic attitude of one who wished to bring the data of religion within the scope of scientific inquiry; and when he is suspected of trying to disintegrate a "science" into mysticism, his resentment is quite understandable.

Not that the rules of this game of "science" are ever exactly defined, and least of all in regard to psychology. It is usually easier, and sometimes more instructive, to see a player's aims, than to judge the precise legitimacy of his methods. There cannot be much doubt that Freud wants to see the replacement of religion by science. The man who wrote *The Future of an Illusion* must be one of the supreme idealists of rationalism, or the gloom of his outlook would long ago have engulfed his reason. But Jung, however keen an intellectualist, obviously would like to see a renewal of religion, upon a higher level of individual and rational consciousness.

Jung's latest book makes his own position in psycho-therapeutic theory more simply clear than anything he has yet produced: and moreover, it is an invaluable summary of the last thirty years of remedial psychology, as a movement of general human interest. No personal summing up, however judicious, could be taken as final, but this is the pronouncement of a man who has worked throughout the period, and practiced all the methods of the hormic schools, whose intimacy with the most vertiginous heights and ghastliest depths of consciousness is probably unsurpassed; who has come through a life of such dangerous exploration with a mind neither too tough nor too tender, and has emerged a better writer than ever, if a considerably more cautious theorist.

His caution, to be sure, will disappoint many workers in psycho-therapy. He "abandons the notion that we are today in anything like a position to make statements about the nature of the psyche that are 'true' or 'correct'." But while rejecting the explanation of the psyche in terms of any of its biological "urges"—or even of all together—he holds to his own view, that the available energy of the psyche depends upon its tension between the biological nature and the spirit of ego. Jung's outlook is more definitely religious than before.

But this is in no dogmatic sense. Experience of the psychic problems of the modern man has taught him that only a few of those who are typically modern can find psychic health in the beaten tracks of the various organized religions. Modern man has lost the *participation mystique* of a life based upon common, unquestioned and unconscious assumptions. Forces both within and without often compel him to attempt an "individuation", the strain of which may threaten to break him in two: and it is Jung's considered opinion that every patient he has known, of over 35 years of age, could only be completely cured by attaining a new "religious" attitude to life.

Jung's own account of the process of "cure", given as it is with the true medical modesty that ascribes all to Nature, and makes the physicians' part merely instrumental, recalls the best statements of some psycho-therapists of other schools. One feels that, in practice, when they succeed with a patient, the event which takes place is perhaps fundamentally the same, however different the terminologies. The aid which a stronger soul can sometimes bring to another in a crisis—Jung practically admits it—bears no more (if no less) relation to what is in the books than a real battle to military theory, or real Christianity to a treatise on theology.

DO YOU LIE AWAKE NIGHTS, UNABLE TO SLEEP? HAVE YOU RACKED YOUR BRAIN FOR METHODS TO INDUCE SLEEP? HERE'S HELP.

Advice to the *Sleepless*

By WALTER TRIER
Research Student

Commonly Used Methods of Going to Sleep

COUNTING (no less a one than the philosopher Leibnitz recommended counting as an antidote to sleeplessness)—Repeating by memory all the poetry you know—Coue's method: "I am falling asleep, falling asleep, really I am asleep already."—Picturing a field of corn swept by the wind—Imagining a herd of sleeping people and counting them.

Unique Methods of Falling to Sleep

THERE is related the story of a man who, in his youth, had lived by a lake. Every night he fell asleep to the rushing noise of the waves. He moved to the city. And he was unable to sleep until he had built an apparatus which imitated the sound of surging waves.

Another ingenious individual wrote the word *Sleep* in luminous letters on the wall in front of his bed.

Industry has just invented a "sleep-machine". It consists of a pretty wooden box which for the period of three-quarters of an hour emits a soft swelling and diminishing note. This will put nervous people to sleep.

Another sleep-machine recently reported in the press consists of a group of colored lights, flashed on and off at regular intervals. Fatigue of the eyes, it was supposed, soon induced sleep.

Several years ago extravagant claims were made for a "sleeping-pillow". The pillow was impregnated with certain aromatic substances assumed to put the body to sleep. Nothing has been heard of the results obtained by this device.

Prescriptions

WHAT do the lexicons and text-books prescribe for sleeplessness? Not too early and not too late to bed. Don't eat too late or too much before going to bed. Many poeple, it must however be said, sleep especially well after a heavy meal. Avoid tea, coffee, and nicotine in the evening. But a glass of light wine or beer may stand you in good stead. No exciting diversions or occupations in the evening—quiet sociableness is best. A short walk before going to sleep. Keep your digestion in good order.

A famous doctor gives the following rules for good sleep.

1. The bedroom must be quiet and dark, high and roomy.

2. It should be unoccupied during the

day, unheated, and the windows should always be open.

3. Eat very little in the evening, several hours before going to bed.

4. Lie horizontally, entirely relaxed, with



the exception of the head, which is somewhat raised.

5. Remove together with your clothes all the worries and burdens of the day. None of them must go to bed with you. I know no more evil custom than that of studying in bed or going to sleep with a book. It is insufficient to sleep physically. The mental being must sleep also.

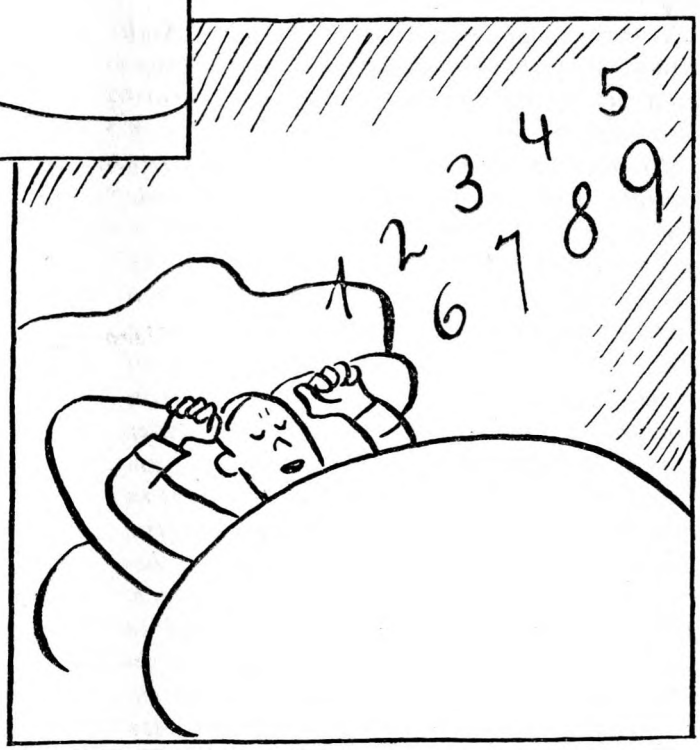
6. It is not absolutely necessary to sleep eight hours during the night or during the day. Two hours before midnight are of greater value for the body than four hours during the day.

How Medical Science Deals With Sleeplessness

TAKE a short cool bath, or a warm bath up to a half-hour's duration. A short cool footbath taken alternately. Wear wet stockings and over them dry ones in bed. Surround the body with moist covers; cold bandages over the eyes and forehead.

These remedies have been tried and are prescribed by all doctors. Their purpose is to draw the blood from the head and so lead to sleep.

In one medical journal a physician recommends the following remedy, which he says worked very well with his patients. "Place yourself comfortably in bed, relaxed, but not in your usual position. Lie this way without moving. Don't stir a muscle, even if lying in this position begins to tax your patience. Remain thus without moving until you become sleepy and you can no longer bear the position. Then turn quickly to the position in which you are accustomed to sleep, and in most cases you will immediately fall into the arms of Morpheus.



HERE ARE THE STORIES OF TWO MEN WHO RESPONDED TO THE EXIGENCIES OF LIFE WITH "EPILEPSY". BUT WERE THEY EPILEPTIC? OR WERE THEIR SEIZURES ONLY AN EVASION OF RESPONSIBILITIES?

Two Men

By JULES H. MASSERMAN

Resident Psychiatrist,
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WE are about to investigate the rather intriguing life histories of two men who were recently committed to a State Epileptic Colony because they suffered from what were thought to be recurrent epileptic seizures . . .

A strange choice of subject—granted. And where the psychologic interest? If we must, then, let us indulge in a bit of anticipatory discussion:

First, when we have finished our two little stories, shall we be able to classify their heroes as "true epileptics"? The question is, of course, polemic; we can merely counter by saying: Epilepsy is a misleading term when applied to a group of symptoms that have their wellspring not in an organic nervous disease but in a series of eruptions of irrepressible nervous energy called forth under special psychic settings. Are our subjects then (since it appears we must call names in this descriptive period of psychopathology) "Constitutional Psychopaths"—human beings endowed with types of intelligence, drive and emotional control ill adapted to the exigencies of normal living, and therefore doomed to go through life alien, dispirited, and in constant vicarious protest? The description is perhaps permissible, but let us if possible avoid that catch-all diagnostic phrase of over-pragmatic abnormal psychology: "Constitutional psychopathic inferiority". In practice we must inevitably deal with patients deficient in cognition, conation and emotional control, and to pigeonhole these individuals as incurably "psychopathic" is to adopt an unjustifiably nihilistic and sterile subjective attitude. Shall we then, for want of a better term, simply call our subjects "hysteric"?—e. g., individuals whose abnormal behavior is derived not from disease or constitutional deficiency alone, but from misdirection of psychic energy? Only if we continue to discover in each case how the psychic miscegenations occurred . . . .

But why insist on a "diagnosis" at all? What else is the purpose of a psychiatric label than simply to facilitate classification of a "case", and so in too many instances obviate the necessity of a deeper psychologic understanding of our patient's personality in its manifold relations to his immediate problems? . . . .

Some time ago I described in this journal the life histories of two unfortunate girls whose "cases" had been given varying resounding "diagnoses" by various psychiatrists. As I pointed out then, however, the comparatively simple concatenations of events in the lives of these misunderstood patients readily explained their difficulties; no title other than "Two Women" was needed for the article. Let us follow this paradigm in the present instance; let us simply narrate the true and intriguing life histories of: Two Men Who Did Not Have Epilepsy.

FRANK

FRANK's story begins before Frank existed: it begins with his parents.

His father had been arrested many times for stealing, for various sex offenses, for alcoholism, for wife beating . . . .

His mother—a washed-out, characterless woman—had been content to condone her husband's depravity, to suffer neglect and abuse, and to bear children almost yearly for the sake of the barest subsistence . . . .

To these Frank was born, destined to live in crowded squalor, to be underfed, underclothed, and neglected, and to grow into a puny, rickety, timid child. And as if in added punishment for Frank's poor antenatal choice of geneology it seemed as though the world, too, turned against him: Frank, small in stature, shabbily clothed, and furtive and apologetic in manner, was forced even during early boyhood into the role of a friendless district underdog, shunned or derided by schoolmate and neighbor.

Sex Development

FRANK's sex development was, if anything, even less healthy. Many times had Frank's early erotic curiosities been aroused by observing his parents openly indulge in unavoidably impressive variations of the marital relationships. At eight, the boy received the extra trauma of witnessing his father attempt to rape Frank's sister, then nine years old. Too young was Frank, of course, quite to understand why Rosalie—bleeding and pathetically ill—was taken to a hospital, or why his father was sent by an outraged Court to the reformatory for (sic) eight months. But when father returned, apparently quite unreformed, and with perverted appetites whetted, promptly but brutally attempted pederasty on Frank, the sexual perversions rampant about him became to Frank of immediate personal concern. Ever afterward did Frank remember the details of his father's first homosexual approach—the shock and the agony of it. Bewildered by the then inexplicable maneuvers and stunned by the pain of his father's rough handling, Frank fell into a sort of semi-stupor, retaining only enough awareness to perceive and be grateful for the circumstances that his father, frightened by the sudden faint, had desisted from his unnatural activity . . . .

And about here, leaving constitutional factors aside, we can place the beginning of Frank's subsequent behavior abnormalities. For Frank soon learned that he could, by simulating sudden unconsciousness, not only avert his father's early attempts at pederasty, but that a well-timed "faint" would quite effectually cause a group of boys who were badgering him to scatter, or would even obviate the necessity of performing a particularly unpleasant task when so directed by teacher or parent. And as Frank repeatedly put this knowledge into practice, he soon came to be known to all as a boy who was subject to "faintin' fits"—a disability of which Frank took full advantage, and a distinction he rather relished, since it gave him a certain "edge" over his mates.

One fate that Frank's semi-intentional syncopal attacks did not save him from, however, was that of sexual perversion. His father preferring, as is so often the case, the prospect of immediate gratification of perverted instincts to the remote possibility of a return to jail, persisted in his subversive attempts, and eventually not only forced Frank to submit to pederasty but taught him to enjoy intensely the double sensation afforded by simultaneous masturbation. Unfortunately, too, at about this time Frank's sister was returned to the home from her convalescent hospital by an idealistic Friend of the Court—who had, as he expressed it, "been horrified by the heartless breaking up of a family unit" and now "presumed" that Frank's father was "reformed and to be trusted". Pious but futile hope! Constantly exposed to the abnormal sex practices of

their parents, both Rosalie and Frank soon learned to imitate them—at first tentatively and experimentally, then habitually. All in all, by the time he was fifteen, Frank had cultivated a taste for a wealth and variety of sex perversions that would have done discredit to a person much older in years and experience.

But now Frank's environment was fated to undergo a sudden and radical change. During one of his father's longer incarcerations Frank was legally adopted by his maternal uncle—a conscientious and rather intelligent individual who had been gravely concerned over the boy's warped development and quite justly feared for his future. Frank was given a pleasant home amid congenial surroundings and was put to work as an enameler's helper, an occupation he soon learned to like. Under his uncle's coaching, Frank became thoroughly ashamed of his previous sexual perversions and, after a time, succeeded in repressing nearly all of them. In unintentional but nonetheless effective attempts at sublimation, Frank was encouraged by his uncle to adopt such other interests and activities as night-school, gardening, and various athletics. Frank, still young and plastic, responded favorably to this reconstructive program and soon became entirely content in his new milieu. *Parenthetically, to one skeptical of mental hygiene it would be interesting to note that, coincidentally, Frank became a pleasant, sociable, rather extraverted individual, and that between the ages of sixteen and twenty his fainting spells entirely disappeared . . . .*

Frank in the Army

At twenty-one, however, a second radical change in Frank's milieu occurred: he was drafted into the Army. Frank, unaccustomed to the exercise of self-discipline, tried earnestly during the first few months to adjust himself to the rigid routine, onerous training and stern requirements of army life. His continued intrapsychic struggles on this score were, however, unsuccessful, and he became subject to so great a number of minor functional illnesses and such an obvious nervous fatigueability that his camp doctor removed him from active duty and assigned him to work as an orderly in the camp hospital. Frank, compliant as always, did his best to adjust himself to his new duties, but the mere change of occupation solved few of his basic problems, and, still self-effacing, shy of manner and ineffectual in appearance, Frank continued to be made the butt of constant badgering and mild persecution on the part of his camp-mates. Of even worse psychopathologic import, moreover, were the veiled homosexual advances repeatedly made to him—overtures that reawoke in him the old conflict between the deviated sexual appetites he had acquired in early boyhood and the disgust for all forms of perversion that had been inculcated in him by his uncle's later training. It was apparently an exacerbation of this struggle that precipitated Frank's first so-called "epileptic" attack—the immediate circumstances being somewhat as follows:

While on orderly duty, Frank had been assigned to care for an officer afflicted with true major epilepsy. One night, after unavoidably witnessing one of his patient's spectacular fainting and convulsive seizures, Frank was approached with a direct proposal for pederasty by a fellow-orderly whom he had previously trusted as the only friend he had in camp. In this manner, Frank's heretofore submerged sexual problems suddenly became pressing and concrete. What to do? Yield to his reawakened yearnings and accede to a practice he had later learned to detest? Unthinkable! Then how give vent to the violent surgings of irrepressible nervous energy the situation evoked? But now Frank's troubled psyche, still under the suggestive influence of a recent impressive spectacle, and torn between potent instinctive drives on the one hand and equally intense

misgivings on the other, suddenly reverted to a means of escape found useful in childhood —and thus automatically solved Frank's problem. Frank, however, knew nothing of this subconscious process; all he dimly realized was that his body muscles tensed to the point of coarse tremor while his back irresistibly arched, and that subsequently he fell to the floor unable to control an explosive, convulsing discharge of pent-up nervous energy . . . . Frank was put to bed by his frightened companion, and, with a sense of complete relief at this dramatic but strangely satisfactory solution of what had seemed an insoluble problem, was soon resting quietly.

Frank's attack was reported to headquarters, as were several subsequent ones that occurred under comparable circumstances of homosexual temptation or other severe emotional stress. As may have been expected, however, the circumstances that precipitated each attack were never reported, and it was through this omission that Frank, when finally discharged from the Army, was given the disability diagnosis of *Epilepsy—Cause unknown.* And perhaps the most unfortunate aspect of this occurrence was the fact that Frank himself took the diagnosis seriously.

Private Life

On his return to private life, Frank found profitable work as an enameler, made a fairly satisfactory social adjustment and for a time was again free of attacks. Within a year he married, primarily to obtain an acceptable outlet for erotic urges he feared might again become subversive. Normal heterosexual intercourse seemed at first able to satisfy Frank's requirements, and he indulged excessively. Soon however, his desires for deviation cropped through and he began to solicit his wife for irrumation and such other perversions as he remembered had given him satisfaction in boyhood. His wife—a simple, morally dogmatic, sexually frigid woman—objected strongly, and Frank was therefore allowed aberrant intercourse only on rare occasions. In an effort to find relief Frank then resumed excessive masturbation, which of course merely enhanced his psychosexual maladjustments, so that once again he became progressively more irritable, sleepless, nervous and easily fatigued.

But the return of his "epilepsy"? That also, as may have been anticipated, awaited only the concatenation of a sufficient number of unfavorable circumstances: The intense desire of the couple for children (a large part of Frank's wish for progeny seems to have consisted of a desire for tangible proof of his sexual normality) appeared about to be satisfied when, two years after marriage, Frank's wife became pregnant. One night about three months later, Frank induced his spouse to consent to pederasty—and, unfortunately, the next day she aborted. Frank's wife then entered into an emotional storm which culminated in a torrent of invective and vituperation directed at her husband. Frank, admittedly guilty and contrite, at first suffered in silence. As the tirade increased in intensity, however, Frank felt that some escape from his mounting emotional tension was an immediate necessity. At this junction, as if in answer to his unspoken prayer, Frank (as he later related) "suddenly heard a voice" inside his head "saying 'have a fit! have a fit!' ", and in dramatic response to this unrecognized but intensely welcome command from his Subconscious, Frank once again suffered a series of convulsions and fell to the floor in a dazed stupor. . . . Faced on recovery with his wife's skeptical taunts, Frank informed her of his susceptibility to "epileptic seizures" when put under excessive nervous strain, and clinched his claim by showing her his Army disability papers. The explanation served its purpose: not only did a highly embarrassing situation end creditably then and there, but Frank, on the basis of an ever-threatening nervous breakdown, for a period also obtained greater sexual indulgences.

As time went on, however, their marital adjustments became increasingly difficult on other grounds. Frank's income was so reduced during the economic depression that the couple found it necessary to give up many of their previous common social interests and recreations. In an effort at retrenchment they set up joint housekeeping with his wife's parents, but the resulting home environment was highly unsatisfactory and a constant source of friction to all concerned.

Frank's wife had two subsequent three-month abortions and blamed these also, without apparent justification, on her husband. She then banned all forms of perverted intercourse, and Frank's sexual dissatisfactions increased. The family and marital conflicts so engendered resulted in repeated "nervous upsets" on Frank's part, and these, in the manner already indicated, were complicated by convulsive seizures with increasing frequency. Frank thereafter lost his job, and had to submit to the ignominy of doing the housework while being supported by his wife and, in part also, by his much disliked father-in-law. Under the resulting nervous strains, Frank's convulsions became so frequent, spectacular, and disabling that the family, on the basis of Frank's army diagnosis, finally committed him to the State Hospital for Epileptics.

. . . .

Fortunately, Frank's story has a happy ending. Thorough physical and laboratory examinations at the hospital showed that Frank had no organic disease that could account for his convulsions, whereas the psychiatric investigation of Frank's personality and life-history revealed clearly the true basis of his behavior abnormalities. His treatment was then directed as follows: First he was made, through hypnosis and self-analysis, to bring his suppressed conflicts to the surface, and was thus given a voluntary and intelligent control over the sex and other strivings he had heretofore been loath to admit to consciousness. With the subjective part of his therapy thus established, Frank's future environment was rearranged with a view to decreasing the burdens he was bound to encounter when discharged from the hospital. His family was interviewed, and Frank's problems tactfully explained. A simple pelvic affection in Frank's wife that had caused her to have the repeated abortions was corrected, and she was then urged to allow her husband greater sexual freedom. Finally, a congenial but responsible position was found for Frank, and the patient with self-control and self-confidence restored, was returned to the home his wife had, as part of this therapy, re-established. There he has remained during the intervening two years, industrious, content, and, as most dramatic proof of his recovery, completely free of his "faintin' fits".

. . . . .

Interesting, of course. But are not perversions of Frank's type rare as a cause of functional "epilepsy"? Are there not many more common mental quirks by which such purely psychogenic convulsions may be produced? Decidedly! For instance, consider the case of

WALTER

THREE years after Walter's birth his father died, leaving Walter to the care of his impractical, emotional, weak-willed mother. The latter, financially well provided for but quite unable to look after her own affairs, entrusted her estate to, and went to live with, the married brother of her dead husband. There, established amid comfortable surroundings and relieved of all other immediate responsibilities, Walter's mother began to devote her life solely to the care of her inordinately prized only child. Consequently, by the time Walter was five he had already become accustomed to the pamperings and over-indulgences of his mother, uncle and aunt, and had learned that crying-spells

or temper-tantrums needed but to be sufficiently determined and prolonged to evoke any desired favor from any member of his immediate family.

In School

At ten, Walter was entered in a private school for Genteel Boys of Acceptable Connections. Here his life was artificial and protected, but even in this entirely favorable environment the defects in Walter's early training in habit-inculcation and self-control soon became apparent. To his schoolmates Walter was supercilious, snobbish, and aloof; with his instructors, demanding, difficult, and dishonest. Walter for his part could never understand why everyone at the school did not smooth his difficulties and condone his failings with quite the same interest and sympathy he had come to expect at home. And as Walter's scholastic and social maladjustments at the school multiplied, the boy attempted to circumvent his difficulties by methods typical of neurotic adolescence. Too old for temper tantrums and crying-spells, Walter now tried other ways of eliciting indulgences both at school and at home. Thus, when his isolated social position would be made plain to him by some particularly pointed snub from his schoolmates, Walter would come home complaining of "neuralgia" and "sick headaches", to be put to bed and nursed tenderly by his mother, who, characteristically, effected the same complaints whenever her own responsibilities became too great for her tender temperament. Again, when Walter's scholastic work became too difficult for his lackadaisical methods of study, Walter began to develop "weak eyes"—a condition that did not seem to respond to expensive ophthalmologic care, and therefore necessarily precluded irksome home study. Unaware of the harm she was doing, Walter's mother continued to guard him from the countless compromises with the adversities of life Walter would otherwise constantly be making. On the contrary, Walter under this tender nurture became convinced of his own "sensitive temperament" and "delicate health", and continued totally unprepared for the searching personal tests he was, unfortunately, destined to meet.

Necessity

Had Walter's milieu continued favorable, he would, in all probability, have grown into the type of spoiled, idle parasite he was intended to be: self-centered, aimless, and neurotic, but able to get along under the artificial shelter afforded by an all-protective wealth. Destiny, however, decreed otherwise: When Walter was seventeen the family fortunes, which had been invested in his uncle's enterprises, were suddenly wiped out in the latter's bankruptcy. Walter, faced with the unavoidable necessity of providing for himself and his helpless mother, was put to work at a railroad inspector's job obtained for him by a family friend. For a time Walter did not realize the significance of the reversal, and at first considered his new occupation "quite a lark". When, however, his month of probation and training over, he was made responsible for the routine and exacting duties of his position, Walter quickly found his work dull and confining, and, as his mother rather anticipated, shortly thereafter suffered an attack of "neuralgia" of such severity as to necessitate two weeks' rest in bed and constant nursing care by his family. This reaction of invalidism might have become chronic then and there had not Walter's uncle, finally sensing the true significance of the boy's recurring illnesses, stepped in and made it cruelly clear to both Walter and his mother that, "neuralgia" or no, Walter must either return to work or else find some other thaumaturgic method of providing himself with food, clothes and shelter. Grudging and resentful, Walter returned to his job.

But habits of a life-time, whether of thought, action or emotion, are not thus easily broken: Walter had accustomed himself to a ready flight to invalidism as a convenient escape from threats to his ego-comfort, and was not to give up a tried and proved method without using it to the fullest. Only an occasion of sufficient emotional stress was needed to evoke a response of corresponding intensity, and the situation was soon furnished, with all the desired dramatic trappings, as follows:

Emergency

One evening there occurred on Walter's section of the road a train wreck of horrible proportions. Walter, along with all other available railroad employees, was drafted for the emergency work, and was set, amid the din and flame and chaos, to digging charred and mutilated bodies from the smoking debris. For once too awed and too busy to think of himself, Walter worked steadily throughout the night without thought of complaint. In the morning, however, all emergency crews still being needed, Walter was set to firing a relief engine. For a time he continued to work, but soon tiring of this more strenuous and prosaic assignment, and thereby becoming increasingly aware of a growing "neuralgia", Walter, on the grounds of this disability, finally asked to be relieved. His request, however, was answered only by a well-remembered command from the engineer in charge to "Snap to work, you're slacking—, and no complaints!" Walter obeyed and returned to the coal tender. Once there, however, that portion of Walter's psyche that was more elemental, more egocentric, and more instinctively autonomous—rebelled. And as a result Walter, in full view of the engine crew, suddenly uttered a piercing cry, stiffened spasmodically, and fell into a dramatic dead faint.

The desired effect, unfortunately, was produced. Walter was returned home, to be diagnosed "nervous breakdown with possible epilepsy" by the rustic family practitioner, to be dosed with "nerve medicines" and to be put on a month's "rest-cure" under his mother's tender care. . . . Walter, out of necessity, eventually returned to work, but thenceforward his fate was sealed: minor periods of overwork would continue to result in "neuralgic attacks", but any major nervous strain would almost certainly be followed by spells of fainting and muscle spasm which grew progressively more severe with each recurrence.

There is no necessity for narrating extensively Walter's subsequent history; the mechanism of his convulsive habit formation had already been formed as indicated. Suffice it to say that at twenty-six Walter entered into an unfavorable marriage, in that his wife proved demanding, quarrelsome, and entirely unsympathetic to her husband's frequent illnesses. Considerable friction between Walter's wife and mother inevitably developed, and he vacillated from one to the other in an indecisive manner. The couple had two daughters, both of whom grew into neurotic, unstable girls, themselves the source of family friction. After eighteen years of turbulent married life, Walter's wife, at last overwhelmingly discouraged by his social inadequacies, economic improvidence, recurrent convulsive attacks, and early impotence, finally insisted on a separation. At about the same time Walter's mother died, and Walter, characteristically responding to the cumulative adversities of the situation with the only reaction he knew, suffered an ultimate "nervous breakdown" of such severity and persistence as to preclude all possibility of further self-support. Indigent, helpless and alone, Walter, still rather pathetically unaware of the origins of his illness, voluntarily applied to the State Hospital for treatment of his "nervous breakdown" and "epilepsy".

. . . . .

Strangely, Walter's story, too, ends hap-

pily, although few exactly comparable tales do. Through a long and involved process of re-education by the hospital physicians, Walter was made to understand his previous failings and to control his hitherto distorted emotional reactions. With morale and self-confidence finally restored, he was then sent back to a pre-arranged job as caretaker for his parish church—a position that paid very little, but provided regular, pleasant employment and a much-needed impetus toward economic independence. His pastor, moreover, promised to see that Walter's interest in various church and social organizations was stimulated to the point that he participated in some of their activities. The subconscious dynamics of Walter's illness was then partially explained to his family, and their over-solicitous or over-condemnatory attitudes toward his previous invalidism changed. Finally, a cousin was found who not only volunteered to take Walter into her home, but fortunately also exhibited sufficient intelligence and personal dominance adequately to take charge of his extra-institutional care. And, Walter, despite a lifetime of pernicious habit training and emotional abandon, became, under an intelligent and carefully laid out psychotherapeutic regime, again a moderately content and useful member of society.

. . . . .

Coda: *Did, then, Frank and Walter have a "functional" form of epilepsy of which they were cured? Our final answer again need not be dogmatic. Let us simply say that Walter and Frank were two men whose personality-situational maladjustments expressed themselves in epileptiform seizures which disappeared under adequate therapy. And to sticklers for terminology we need merely recommend a re-reading of the title, and perhaps also, of the introduction to our two simple human-interest stories.*

There is something like subnormal hypnosis in the condition of the great artist or scientist at work. The deadening of other senses, except that which is directly employed—a common result of concentration—becomes almost complete insulation from the obvious when passion takes control of the genius. Indeed, he will act at certain times in obedience to the hypnotic suggestion of the beauty or truth he pursues, exactly as the person hypnotized by a physician will give up his own will. Again, the genius sees what the ordinary man or what he himself at other moments does not see; but what he sees, exists.—C. Delisle Burns *in* THE HORIZON OF EXPERIENCE.

What's Happening

Supermen by Chemistry

In combination: fourteen carbon atoms and ten atoms of hydrogen. Nature holds seven substances—destroyers and builders—which rest on the basis of fourteen atoms of carbon and ten of hydrogen: chemically, *phenanthrine*. This is the chemical which may release man from the inexorable coils of evolution, permit him to become the man he has dreamed. Supermen need not wait the tortuous workings of the evolutionary process (and who knows that this process in producing supermen: it may be working the other way). Brilliant men, brilliant races are within the power of organic chemistry. And the production of such races need not consume thousands of years. A few generations are amply sufficient. This is the fervent hope and prophecy of Marston T. Bogert, Professor of Chemistry at Columbia University, and one time president of the American Chemical Society.

Man is a complex organization of chemicals that enter his body. They affect not only his health, but his behavior and his personality. Everyone knows how he can be emotionally influenced by so simple a thing as bad food for breakfast. Imagine, then, a chemical which is so powerful that it enters into the substances which are essential for sustaining life, the *sterols*, one of which, *ergosterol*, is the base of vitamin D, male and female sex hormones, the significant bile acids in the human body, a member of the group of heart stimulants known as the *digitalis* class, enters into morphine, and has been found even in coal-tar substances which are believed to cause cancer. The sex hormones (whose control would open new vistas for rejuvenation) can be broken down into *di-meta-phenanthrine*, a derivative of *phenanthrine*. The heart stimulants give the same chemical.

This is the substance to which Dr. Bogert looks for the production of his superman. "This line of research was a closed book until two years ago. We are still on the threshold and no man can say what future investigators will learn . . . if we can find out what causes cancer, we ought to throw some light on methods for combating it. We have proved synthetically just what are the constituents of many biologically important compounds. The day seems not far distant when many of these will be produced in the organic laboratory, and as usually happens in such cases, man is likely to develop still more potent products than nature herself". When that day comes, states Dr. Bogert, the chemist will make substances which will increase the power of the brain, will awaken areas of the brain now dormant, will provide men with a keener aesthetic sense so that they may the better enjoy life, and invoke in them so fine a social sense that they will approach their fellow men with good will. A large order!

Does Brain Injury Affect Mentality?

"You're cracked" is a good old Americanism. It is generally supposed that a "cracked person", that is, one who suffered an injury to the head, has something wrong with him mentally. Psychologists, however, have debated the question pro and con, with a good deal of evidence on both sides.

How will injury to the brain at birth affect the mentality of the adult? Will it cause feeblemindedness? or some aberration of function? Two little Italian girls, identical twins, are submitted in proof of the contention that head injury *does* affect mentality by Dr. Richard L. Jenkins and Esther Glickman, of the Chicago Institute of Juvenile Research. One of these girls suffered head injury at birth. The other did not. Now, having grown up, the injured one is somewhat duller in mentality than her more fortunate sister. She is a year behind in school. This, states Dr. Jenkins, is not an isolated case. The condition is a typical one, to be often found among those children who frequent child guidance clinics. When the child has a twin, the sib furnishes proof that the head injury has done the child no good, for the sib is more intelligent. In the case of identical twins, the environment could not be blamed for the lesser mentality, since the environment for both children is the same.

Sensations Felt in Wrong Place

If you had to have a piece of skin grafted from your cheek onto your lip, and if you touched the "false" lip, where would you feel the sensation? Fiction writers have frequently used the subject as a weird theme.

in Psychology?

Dr. Lyle H. Lanier and Beverly Douglas of Vanderbilt University have made a scientific check-up. They report one case of a patient the right half of whose lower lip was torn away in an accident. Doctors cut skin from his cheek, pivoted it around to its new location without detaching it and moulded a new lip. Thus the nerve supply remained intact. When the new lip was touched, the patient felt the sensation on his cheek. It took several months for the patient to localize the sensation properly.

Hypnotic Suggestions Cause Blindness

A HYPNOTIST can give you so powerful a suggestion that you will go blind in one eye. The organ, temporarily blind despite the laws of optics, can make out the difference between light and dark, but that is all. Should some practitioner of this gentle art of hypnotism "put you under", you will be unable even to recognize whether a moving light is traveling vertically or horizontally. You will not know the difference between one form and another. The hypnotized eye will, for all the world, be blind. This is the feat described by Dr. Frank A. Pattie, Jr., of Rice Institute, to the Southern Society for Philosophy and Psychology. When the subject looked at objects with both eyes open, he saw them as through one eye. Binocular vision was lacking. To the susceptible subject, the suggestion can be given after he has emerged from the hypnotic trance. He will in this case be only partly, not completely blinded. He will see objects as blurred lights.

For Insomniacs

IN the German *Yearbook of Medicine* for 1840 there is a curious reference to insomnia and its relief. Let your room face the east, prescribes the learned tome. Your head should lie to the north, your feet to the south. The window should be at your back. Let every precaution be taken lest moonlight shine into the room—a very ominous occurrence—and, if possible, sleep on the left side. For particularly stubborn cases of sleeplessness the remedy must be much more drastic. Take foot-baths in ashes, salt, or mustard (see article this issue for modern version of the treatment). Wash the head in a mixture of eau de cologne and Provence-oil. In the evening, enjoy a meal of raw cabbage and oil. Sleep-inducing substances are beans present in the blood, the vapor of hops, saffron, camphor. Hysterical women should be rocked in a large cradle, their hair should be combed, or they should be left to sleep in the vicinity of a water mill.

Medical men of the past revered lettuce as a wonderful sleep inducer. The Romans used to top off their evening meal with a salad in order to insure a good night's rest. Salenus, one of the most famous physicians of antiquity, writes: "When I found myself advancing in years, and desired to induce the proper measure of sleep, I was (partly because of the habit of staying up nights, partly because, with advancing age, sleepless nights become a habit) capable of achieving the necessary sleep only by eating every night a portion of cooked salad." The use of lettuce as a quieting and sleep-inducing agent has been to this day recognized in many widely separated parts of the world. Until recently, it was customary among certain country folk, to give children who would not sleep a concoction consisting of mushrooms and poppy juice (which contains opium!). This the hapless children sucked.

One early *Catechism* has this charming remedy for sleeplessness: "Under the pillow of him who cannot sleep, place unobserved a hare's ear." And it exhorts further: "With the flat of the hand, strike the forehead twenty-seven times. Place a cold compress or mud-pad in the back of the neck".

Wanted: Brains

BRAINS, brains, brains! Wanted, brains. Let everyone, senator, wrestler, bishop, plumber, criminal, give his brains to the laboratory, there to be dissected and studied. Such is the request of Prof. Adolph Meyer, Johns Hopkins psychiatrist, who thinks "It is a crime against civilization that we let any brain pass unexamined when it has done its life work." We must learn more about brains. It is necessary for us "to know consistent differences between the brilliant man and the dullard, the scholar and the professional wrestler. . . . To know whether the brain can show what has to be born, and how much the brain we are born with can be expected to develop by use as well as suffer from misuse and disease. We must learn more about changes under drugs and complexities of function; more about the nutritional support the brain depends upon to do its best."

M. L.

IN THE SAME SENSE THAT MAN'S MAN IS MASCULINE, WOMAN'S WOMAN IS FEMININE. SHE IS CONCERNED PRIMARILY WITH THE BEARING AND REARING OF CHILDREN. MAN IS A COMPLEMENT WHICH SHE MUST EMPLOY TO FILL A NEED IN HER LIFE. IN THIS ARTICLE THE AUTHOR CONTINUES HIS DISCUSSION OF THE FOUR SEXES.

Woman's *Woman*

By MERTON S. YEWDALE
Editor and Author

II.

A WOMAN'S woman is the natural mate of a man's man. Like him, she has no strong individual will to direct her own life for personal benefits, but is subject to the creative law which decrees that through reproduction life shall be constantly brought forth and continued on earth; and just as earth looks instinctively to the sun for its life-giving light and heat to fecundate the seeds within her and cause them to grow, so does the woman's woman instinctively seek for and turn to her mate in order that her children may be born.

It is the woman's woman who is naturally fruitful, and who multiplies and replenishes the earth. She it is who is wholly maternal and whose supreme instinctive desire is to propagate and perpetuate the human species. She is like Earth, and she has all the qualities and characteristics of Earth: her formation, periods, desires, methods, temperament, purpose, surprises, moods, variety, ruthlessness, storms, gentleness, humorlessness, secrecy, seriousness, endurance, patience, inconsistencies, all of which comprise a picture of the two great life-giving bodies: Earth and Woman's Woman.

Early Years

FROM her earliest years the woman's woman shows her femininity and maternal sense. As a little girl, she wants to play "house". She brings her cradle with her doll, she gets a little boy playmate to help her arrange things in the form of an imaginary house and also to be the father of her little family. "I'll be the mother and you be the father". Never does she say, "I'll be be the wife and you be the husband". Her biological conception of the family is spiritual, not physical. She does not touch the father, nor does she allow him to touch her. There is no demonstration of affection. The relationship is arbitrary and impersonal. To her, he is merely the mate she has chosen to act as the father of the family, and to work and care for her so that she in turn can take care of the child, which she regards as hers almost exclusively. In no way does she associate the father with the child except as its indirect guardian. How or why she got it she does not question; but she has a deep instinctive feeling that it belongs to her and that she alone is capable of taking care of it. As she is the direct guardian of the child, so is the father the direct guardian of her, and his function is to labor. "You go to work now and I'll fix the dinner, and when it's ready I'll call you"; whereupon he goes out to his imaginary work, to collect things. When dinner is ready, she calls him. "Did you work hard and did you bring us something?" she asks, reminiscent of the time when

primordial man as hunter brought home an animal for food. "Now sit down, dinner's ready".

In the evening after supper, when the little mother has cleared the things away, she says, "Now I must put the baby to bed". She undresses it, puts on its night clothes, and lays it in its cradle. "I'll sleep here"—near the cradle—"and you sleep over there", she orders, as she points to the other side of the room. When morning comes, she gets up, arouses the father, gets breakfast ready, dresses the baby, and again sends father to work. Thus starts another day for this little idealistic, sexless family. A real boss is this little mother—very decided, knowing, and autocratic. She knows her rights and duties, and woe unto father if he tries to interfere or do any of her work. Let him try to dress the baby and she will drop everything, seize the baby, and scold: "You don't know how to dress the baby. I must dress the baby. You must go out and work!"—the child use of the word "must" being that of command, inevitability, destiny. Except that she knows the family must have a head who is also a breadwinner, she is self-sufficient in her physical, emotional, and mental life. She feels that she has got her baby through her own efforts and she needs a father only to provide for her and the baby. Everything else she can do for herself. The "play house" days of a woman's woman are but the forerunner of the days to follow.

The Maternal Sense

THE woman's woman is destined to be married and have children, and her early life is but a preparation for it. All her interests are toward it. She wants to learn how to keep house, how to sew, how to cook. If she has a little baby sister or brother, she likes to take care of it. Her constant desire is to mother something, even animals. At school she is obedient, but rarely a brilliant scholar. Her feeling and intuition are too strong for her reasoning mind to function easily. She cares nothing for scholastic knowledge, and she lacks the curiosity concerning things of the mind. She craves human relationships and she is affectionate to her parents and brothers and sisters. She is not primarily curious about sex matters. Her adolescent development is natural and easy, and she seldom suffers from inner conflicts. Her growth toward womanhood is to her natural and a preparation for motherhood, and she instinctively views herself as an instrument which will some day assist in the function for which she was born. Her strong maternal sense makes her physically magnetic. Conscious of her great responsibility, she guards herself carefully as she moves among the young men, until she meets the right one, and then she turns loose on him all her blandishment and magnetic charm. The moment she is engaged she turns her thoughts to the serious business of marriage and homemaking. Immediately she becomes a tool in the hand of Nature and she begins to sacrifice herself to the task before her. Her anticipation of the joy of her marriage is only second to that when her first child is born. Then it is that she reverts to the pattern of her early days when she played "house"; she looks upon her husband as the father of her child, who will support her so that she can turn her attention to taking care of the child. As time goes on, she generally has more children for whom she sacrifices herself unselfishly. As they grow to manhood and womanhood, she begins unconsciously to see her husband as one of her children, all under her wing. Her maternity becomes all-inclusive.

The Love Relationship

A WOMAN'S woman all her life is primarily interested in her children and in women in general. She does not understand men much; and once she has acquired one for a husband, she ceases to regard them as part of her individual world. To her, they are

as a group distinct from women as a group. She is interested in her husband's work and success, not so much as proof of his ability, but because of the greater advantages which the children will have. Being self-sacrificing herself, she will also sacrifice her husband and urge him to greater and ever-greater effort, which is why husbands of women's women are the men who so often achieve great things, especially in the world of practical affairs. She will follow her husband anywhere, she will live anywhere, and she will work unceasingly and uncomplainingly if it is for the welfare of the family.

The love of a woman's woman for her husband—and he is almost always a man's man—is largely maternal. She does not expect him to be the subtle lover; and indeed she rather resents any form of love-making that has anything in it of the purely sensual. Love to her is reverent and serious, and the expression of it must not be wanton and light. She remains shy, modest; and she regards the marital relation as a necessary provision of Nature to bring forth children. She is a little disturbed when it is employed sensually, because of her maternal rather than wifely feeling toward her husband.

Being very feminine and therefore lacking many masculine qualities, she consequently needs that much more a mate of strong masculinity who can complete her unity. She does not expect her husband to make her his complete confidante. She does not question him inquisitorially about his work or his pastimes, or about his comings and goings, any more than she questions her sons too closely. She concedes her husband's world just as she regards the home as her world, and she does not try to infuse one into the other. Because she is so maternal, she is rarely suspicious of her husband or jealous, and it is furthest from her mind to believe that he would desert her and the children. Not caring for other men, she does not easily conceive of her husband caring for other women.

The Social World

She reposes serenely and confidently in the center of her family surrounded by her husband and her children. Just as her husband's world of work and play is that of men, so her world of work and play is that of women. Her friends are women and her social gatherings are composed of women. Children, the affairs of the home, parties and entertainments, the latest styles in clothes, feminine gossip and secrets, books and theaters, travel—these are the things that are of chief interest to those in her world. She likes and understands her women friends, and to her most intimate friend she will frequently tell personal things that she would not dream of revealing to her husband. Neither does she, or any other woman's woman, ever tell her husband all that is said and done when women's women get together. Concerned with the most serious undertaking in life—the care of a home and the raising of children—she is practically humorless. She laughs, she is amused and entertained, but her life is so predestined and so consecrated to a single purpose that she never has a sense of startling contrast which is the first condition for a sense of humor. She is instinctive, intuitive, serious, brooding, and born to keep life going and to resent death and to fight against it. She is the true helpmate to the man of action. Whether he is in business or in industry in the city, or a pioneer in the wilderness opening up a new country, she is with him to keep him in health and strength so he can do his work. Also, she is physically incorruptible, which gives peace to the mind of her husband so that he can turn all his attention to his undertakings. It is only the most tragic and shocking betrayal on the part of a woman's woman's husband that will urge her to leave him; and even then she generally will not go if the children are to suffer. A woman's woman is almost always religious and attends some church, to which she sends her children. She wants

them to be brought up to be reverent about things spiritual, and religiously so that they shall live good lives. The perfect type of woman's woman loves all children and animals and birds, especially if they appeal to her for protection. She is the mother of all tender life.

The Philosophy of Woman's Woman

A WOMAN'S woman is also a born matchmaker. The moment she is married she turns her attention to helping her friends get husbands—giving parties and entertainments and spreading before eligible young men good things to eat and drink and making them feel all manner of domestic comforts and advantages, knowing instinctively and practically that men are captured through their senses and not through their minds, which is why men after marriage are fearful of showing their emotions or talking about them since they feel that it was through their emotions that they were drawn into marriage. To man, the woman is more of a supplement—something added to his life. To woman, and especially a woman's woman, man is a complement which she needs to fill a need in her life.

A woman's woman is expert in knowing how to handle the young men who are attentive to her daughters, whom she wants to get married because they too need husbands to complete their life and unity. Though she expects her sons ultimately to marry, she is not so anxious about them as she is about her daughters; for her sons symbolize and represent the masculine part of her and are a visible part of her unity. She is therefore a little jealous at the thought of handing them over to complete the unity of some other woman; for she knows that her sons married will be consequently more lost to her than her daughters married.

Yet she is philosophical about it just as she is about all the momentous things in life. But her philosophy is different from the conventional philosophy of life: she bears all things—pain, sorrow, disappointment, but without ever becoming completely resigned to them. Likewise, she is patient; but her patience is not negative and the kind which is resigned to the worst; but positive and the kind which looks and hopes for the best. A woman's woman is neither an optimist nor a pessimist, but ever ready for either sunshine or storm; and she is peaceful or tempestuous depending upon what forces of Nature surge through her at the moment.

A woman's woman does not always marry and have children, even though she loves them, and even though she may have an intense desire to have some of her own. She is often the school teacher, the nurse, the governess, and the maid servant, who love children and have a capacity for teaching and taking care of them, but who never have an opportunity to bear them. These women's women are Nature's aides to assist in keeping the young alive and seeing to it that they grow up to be healthy, normal, intelligent men and women. Without these special women's women, the welfare of the children would be endangered and their progress and growth seriously hampered.

The more femininity a woman has, the more she is destined to bear children and to watch over their physical life. The more masculinity a man has, the more destined he is to develop the resources of Earth and to conduct the affairs and practical business of life. Woman's Woman and Man's Man represent the extreme point reached by Evolution in the physical development of the human species; and the more completely the Woman's Woman is feminine and the Man's Man is masculine, the closer they are to the physical life of Earth. Woman's Woman and Man's Man together symbolize the physical structure of civilization.

The Month's Strangest Case

CONDUCTED BY

"THE VOICE OF EXPERIENCE"

"The Voice of Experience" conducts a daily coast to coast radio feature over the Columbia Broadcasting System

DEAR VOICE OF EXPERIENCE:

I AM coming to you in despair because I have no one on this earth to whom I can open my heart. I am utterly alone with my misery and I need so much your precious advice. I wanted to kill myself and my children because I can no longer suffer the way I am suffering now. But I heard your program over the radio, and I thought I would write to you, in the hope that you would help me as you have helped so many others. Here is my problem.

When I was a child eleven years old a man attacked me and infected me with the most terrible disease, the blood disease. I was under medical care for a period of time. Since then nothing bothers me. When I was sixteen years old I married a healthy man. I never told my husband about my miserable past. He never asked me, and I kept silent. I was too young to realize, at that time, that the day would come when conscience would bother me. Now I have two children, one girl of seven and a boy of nine years. During the past years I have never had any peace of mind.

What will happen if my husband will find everything out someday? Some time ago I was reading a book about this disease, and I found out the dreadful results that this condition causes. I love my children more than anything else on this earth, and I don't want them to suffer as I suffered.

All I want to know is what chance is there that my children will be like other children? Can they marry when they grow up? Should I tell my children about my miserable past when they grow up? Or is it better to make a finish of this miserable life before it is too late? I am not afraid to die. Death still will be better than to see my children suffer helplessly. Please lead me to the right way and tell me what to do. I am writing for an answer on a noon broadcast.

A Desperate Mother.

My dear friend:

IT is manifestly impossible for me to answer your question over the radio, and I am hoping that you will see this answer in my column. Had you written me your address I would have been happy to send you a copy of this magazine.

Let me tell you at the very outset that your condition is not so tragic as you would make it appear. Certainly there is no need of your committing suicide and taking your children with you because of an accident that occurred in your childhood when you were too helpless and too ignorant to know the true meaning of your actions. I can appreciate the agony that you have been experiencing in your conscience, but all this agony is not worth as much as a little common sense applied to your problem.

IN the first place you have confused a question of health with a question of morals. I cannot see how you are morally responsible for a sickness which was forced on you by a degenerate while you were but a child. While I believe that you would have done well to ask the doctor who treated you for this condition whether you could marry, there is no use scolding you for not having done this ten years or more after the mistake has been made. Your first duty now is to look at this problem not as a problem of sin, but as a problem of hygiene and health.

The dread disease which you claim you were infected with as a child of eleven, that is, some fifteen years ago according to your story, has yielded its dread secret to medicine. It is no longer the scourge that it used to be considered. There are, moreover, very delicate and accurate tests which can determine whether the agent which causes syphilis, a tiny organism called the *treponema pallida,* is still present in your blood stream or present in the blood stream of your children. These tests are called the Wasserman and Kahn tests, and any reputable, qualified physician knows how to take these tests by taking some blood from your veins, and those of your children, and sending the samples to the proper laboratories.

Your first task, therefore, is to go to your physician with your children, tell him your story frankly, and let him take these tests. If you remember the physician who originally treated you, go back to him. He already knows your story and has a record of your case. Abide by his decision. If the test comes back positive, that is, if it shows that either you or the children are still infected, put yourself in this physician's care and take the specific treatments that are necessary. Even if you have the disease after all these years, and even if your children are infected, you can all be cured, and permanently cured provided you follow your doctor's instructions.

If you were treated for this condition when it was

first discovered, and had no symptoms for the five years preceding your marriage, it is likely that you did not communicate it to your husband or to your children. Syphilis is not an inherited disease. Your children and your husband could get it from you only in the first stages, when it is still infective. Usually patients who have been treated according to modern medical practice are not infectious to others after the first course of treatment.

If, therefore, neither your husband nor your children showed any symptoms of this disease, the likelihood is that it remains your own dread secret. Your first task is to find out the truth, and take the course indicated by the truth. If the children are infected, your husband was also very likely infected, and he too should take the Wasserman test. If the children are not infected, there is not much chance that your husband was. If the children do not show a positive test, there is no reason why you should ever tell them, or your husband, of the tragedy in your childhood. They will grow up to be fine, normal men and women. If the test of your children is negative, but your own test still shows a positive Wasserman reaction, then you ought to submit to further treatment, but the children are safe, and you need not worry about their future. You have not infected them, and you can no longer infect them.

Therefore, my friend, your first and most important step is to take your children to the doctor, or, if you cannot find the doctor who treated you, to the nearest reputable physician or hospital clinic. In your case surely a gram of salvarsan is worth a ton of tears, a knowledge of the true state of affairs will outweigh all the agony and all the pangs of conscience you have been suffering. You owe this not only to yourself but to the happiness of your children.



In Forthcoming Issues of The Modern Psychologist

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HOW TO SEX-EDUCATE CHILDREN ..... *Dora Russell*
WHAT WE DREAM ABOUT AND WHY ..... *E. H. Vivian*
RELATION BETWEEN FOOD AND SEX ..... *Edward Podolsky*



ONE OF THE MAJOR PROBLEMS CONFRONTING SOCIETY TODAY IS THE TREATMENT OF ITS CRIMINALS. PENOLOGISTS ARE SLOW TO ADOPT THE FINDINGS AND SUGGESTIONS OF PSYCHOLOGISTS. PUNISHMENT IS SHORT-SIGHTEDLY PRACTISED AS REFORM.

Gangs *and* Our *Reform* System

By BARRETT D. LEAVITT
Sociologist

THE gang originated in the coal and wood shed in T.'s back yard. In the beginning there were only a few members, but because the gang started to collect dues it secured other members. (Dues seem to give a certain prestige that makes a due-paying gang member feel superior to a non-due-paying gang member.) At first they met in the shed as a "club-house" and just sat around and talked. A bit later they learned to shoot dice and then they did that as a pastime. If there was money to be had they played for money. One of the members said that he often peddled bananas all day for fifty cents and then lost it in a crap game at the club-house. According to two of the members they first began to steal in order to get things with which to fix up the club. Later on they conceived the idea of selling what they stole and thereby securing the spending money which they felt they needed. Sometimes the stolen articles were hidden in the shed until they could find a market for them. The club-house was also a splendid place for the members to go when they "cut" school; but soon the truant officer discovered the location of the club and it was not used as freely for this purpose any more.

For awhile the boys seemed to specialize in the stealing of lead pipes and plumbing fixtures. There had been times when the truck had scarcely pulled away from the front door before they were in the vacant flat busily engaged in tearing out the lead pipes and all available plumbing fixtures. This proved recreation in cool or cold weather, but in the summer they much preferred to swipe pop or beer. When there were six boys, four of them would climb on the back of the truck, and the other two run along behind. The first two on the truck would select the pop or beer and pass it along to those running behind. When it reached those on the ground they started off in the opposite direction and the others climbed off and followed with remarkable rapidity. It was a common sight to see them all seated in a row along the curbing during the summer waiting for something to happen or for a pop or pie wagon to go by. Often if pies were not within easy reach, they contented themselves with taking a stack of pie tins which they sold (returned) to the storekeepers, getting five cents each for them.

The storekeepers in the community watched the boys with an eagle eye and whenever it was possible, never allowed them in the store. The druggist said that if he allowed one of them in his store, the first thing he knew the whole gang would

be in and it was their custom simply to pass along his counter and literally clean it off. The boys had always had more than a passing interest in the stripping of cars.

By a majority of those who lived in the community the gang was blamed for everything that happened in the community. If a purse was snatched, they were blamed; if an auto was stolen, they were blamed; and so the story went—whatever happened it was the T. Gang.

Beginnings

THE beginnings of the gang just outlined are probably no different from the ecology of any other gang. The minor details may be different, but the underlying causes are probably the same. There is no doubt that the boys tend to gather in groups. By way of interpolation, it might be pointed out that statistics and observations tend to show that comparatively little delinquency is committed by the individual acting in the capacity of an individual. These groups have to have some place to congregate. In the slums they meet in pool-halls and saloons. Here they come directly under the influence of the older men, hoods or gangsters, and even if they have no intention in the beginning of participating in any delinquency, they hear the older men discuss the impossibility, or the inadvisability of securing a job, and how the only recourse they have to support their family is to enter into some form of crime.

If the gang should choose to have a clubhouse, there must be some method of securing money to pay for the rent, electricity, and furniture. It must be remembered that it is not only the "400" that take pride in their surroundings. If the boys are young there is comparatively little mischief that they can do that would benefit them financially. Probably the most lucrative and safest since the return of the "good old days of the saloons", is "rolling" the drunk. It only takes three or four boys and anything from cash to a new overcoat may be the result.

It would be well to mention at this time that, of course, there is only one way to get rid of the stuff stolen by the boys. Since most of it is not valuable enough to take to a fence, it is sold to a junkman. How simple a process it is can be illustrated by quoting part of an interview with a ten year old boy.

"What else did you steal?"

"Oh, a lot of things. We swiped nine tires and sold them to a junk man for ten cents apiece and went to a show."

"How did you sell them?"

"We just went over early the next morning and took them off the rims (they were hidden under the porch of an empty house) and sold them to the first junk man that passed for ten cents apiece."

"Did you ask the man for a dime apiece for the tires or why didn't you get more from him?"

"No, we didn't ask him how much he would give, he just said he would give us ten cents apiece for them and that was all we wanted so we sold them."

(An interesting remark to the next question would tend to explain why some boys who do not need the money commit delinquencies nevertheless.)

"George, how did you happen to go with the gang?

"Oh, Eddie was a good friend of mine and I just went with them cause I liked him."

Delinquency a Habit

ONE could relate case history after case history to prove that these boys are like all other boys but circumstances changed their *outlook* upon life to such an extent that delinquency became just a matter of habits. The incarceration of a boy in an institution does not seem to be a very successful solution. If one reads carefully the past of the hoods who die, either by the bullets of a rival gang or the police, one will discover

that the dead man was a graduate of one sort of a reform school. On further reading one will learn that once in awhile a hood attempted to "go straight" and was visibly annoyed by the fact that detectives have a bad habit of informing a former convict's employer of the convict's past. Or there are innumerable cases of hoods who married and settled down to raise children, until one of their new "friends" learned of past experiences, and thus the other neighbors learned, and their children, and the hood's children—and a once former hood becomes a present hood.

Punishment Wrongly Called Reform

EVERY would-be reformer and sociologist has discovered some plan for reform. The author wonders why the use of the word "reform". It signifies, according to the judge, who is the person who has the final word for disposing of the boy, incarceration. The recent exposé of the famous prison in New York is not astonishing. Anybody who has ever listened to one who has been in jail for any length of time realizes this. Correctional institutions for boys are no better. No effort, except in a few exceptional experimental boys' reform school, is made to change ideas that they have. Instead all that is done to the boy is to impress upon his mind that he has done something that society does not approve of, and because of that he must pay the penalty. Reform: Punishment —where is the distinction?

A lad by the name of Harry was threatened with being returned (he had already served two sentences) to the Parental School or perhaps the Reform school, if he did not quit his truancies. He did not, and thus he was sent "away". He told the boys in the gang that he played truant purposely so that he would be sent somewhere, because if he got anything to eat at home he had to steal it off the table. The neighbors reported (not for the first time either) that he was compelled to carry coal home from the tracks each morning before he went to school while he was home.

There was another boy, about eighteen years old, by the name of Joe. One day he was picked up for riding in a stolen car and having a gun in his pocket. Although he peddled papers and was the sole support of his family, when questioned as to why he and the other boy had stolen the car, he said "we wanted to be big-shot hoods".

One boy is in the Reform school and the other will be sent to Pontiac, the kindergarten for the future gangster. The state is going to reform them. They are going to come out with records. They will have no vocation. They will be unable to secure jobs. They will drift back to their old haunts and friends. Their friends will not shun them, or despise them for what they have done.

For some reason or other the state makes no attempt to change the philosophy of its "guests". For years past and years to come we shall be satisfied to see how much money we can make in the shortest time possible. We shall raise our children and our neighbor's illegitimate children, on this idea. From the time of their birth, they shall hear: money, money, money . . . . Some of us will raise our children carefully, making sure that we develop enough inhibitions in their personalities so as not to allow them to steal. Others of us will not do so. We will send the children out to steal coal, wood, or pennies from the newsboy's stand.

We cannot reform, after developing a philosophy that does not admit of reform. But we will continue under the naive notion that we can. Cynical youth, with time on its hands since the depression, is already discussing among themselves the merit—if any —of being honest. These are not boys raised in the slums. They are from "good" families, but they have the same philosophical conception as their brothers of the poor neighborhoods.

If these boys are arrested and "sent away" will they be reformed?

The Psychologist's Bookshelf

RHYTHM OF LIFE, by *Sofie Lazarsfeld.* Greenberg Publishers. New York. $5.00.

An excellent volume, the work of a woman physician, head of a large experimental clinic in Vienna, who is an associate of Alfred Adler. The subject is approached from an entirely new angle and is written from the viewpoint of the woman as a person, rather than as a subsidiary to the man's gratification. The author's wide experience based on actual experimental work in a clinic serving thousands of women of varied types and tastes makes this a practical book designed to suggest practical means for a more harmonious and richer sex life, particularly in the marriage relation. There are some excellent chapters dealing with the development of marriage, biological conditions and mechanism of human coitus, roads to sexual reform, marriage and sex life, the development of woman's personality.

OUR MYSTERIOUS LIFE GLANDS, by *Dr. William J. Robinson.* Eugenics Pub. Co. New York. $2.00.

A popular treatise on the glands and their secretions. An attempt to present in language understandable to the layman, the latest knowledge of the endocrine glands and their secretions in a strictly scientific manner, free from exaggeration, fanciful guesses, unsupported hypotheses, reckless sensationalism, or biased commercialism. Dr. Robinson attempts to deal with definitely established facts only. Where a probable and plausible hypothesis is presented, it is so stated to be—a hypothesis. The volume is recommended to the layman who wishes an introduction shorn of sensationalism, to a subject which is likely to become of increasing and extreme importance.

TURN YOUR IMAGINATION INTO MONEY, by *Ray Giles.* Harper's, New York. $2.50.

An attempt to apply the most recent psychological knowledge on creative thinking to the problems of business and commerce. The author aims to show how new ideas can be encouraged and how business problems can be attacked in a way that will result in a novel and profitable answer. By the use of numerous illustrations drawn from business experience, he shows how the act of imagination can be stimulated and how a proper degree of originality can be brought to the solution of all kinds of business problems. The suggestions are practical and simply stated and the illustrations are drawn from a wide variety of actual cases of applied imagination.

PSYCHOANALYSIS AND ITS DERIVATIVES, by *H. Crichton-Miller.* Henry Holt. New York. $1.25.

The psychological doctrines of Freud, Jung and Adler presented in concise and comprehensive terms. A thorough and clear account of these psychologies with critical and comparative chapters in which the points of divergence between Psychoanalysis, Analytic Psychology and Individual Psychology are emphasized and the criticism of commentators is discussed. Dr. Crichton-Miller contributes original arguments of his own to the discussion.

TO BE OR NOT TO BE, by *Louis I. Dublin and Bessie Bunzel.* Harrison Smith and Robert Haas. New York. $3.50.

The present volume, by two statistical experts, shows that the suicide rate has been increasing since 1925. The rate is higher for foreign-born than for native-born people, for whites than for negroes, for cities than for the country, for old people than for young people, and that three and a half times as many men as women commit suicide. Many factors are discussed but the authors believe that the underlying motives are fear and anxiety, inferiority, hatred, aggressiveness, guilt and revenge. Especial emphasis is placed upon the guilt motive, the cause usually being an emotional attachment in violation of custom, with suicide employed as expiation. The statistical material tends to suggest that the act of suicide cannot be explained by any one factor.

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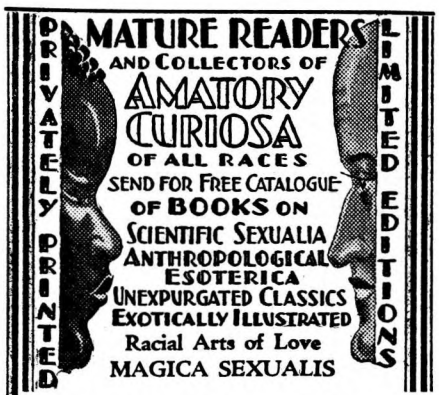
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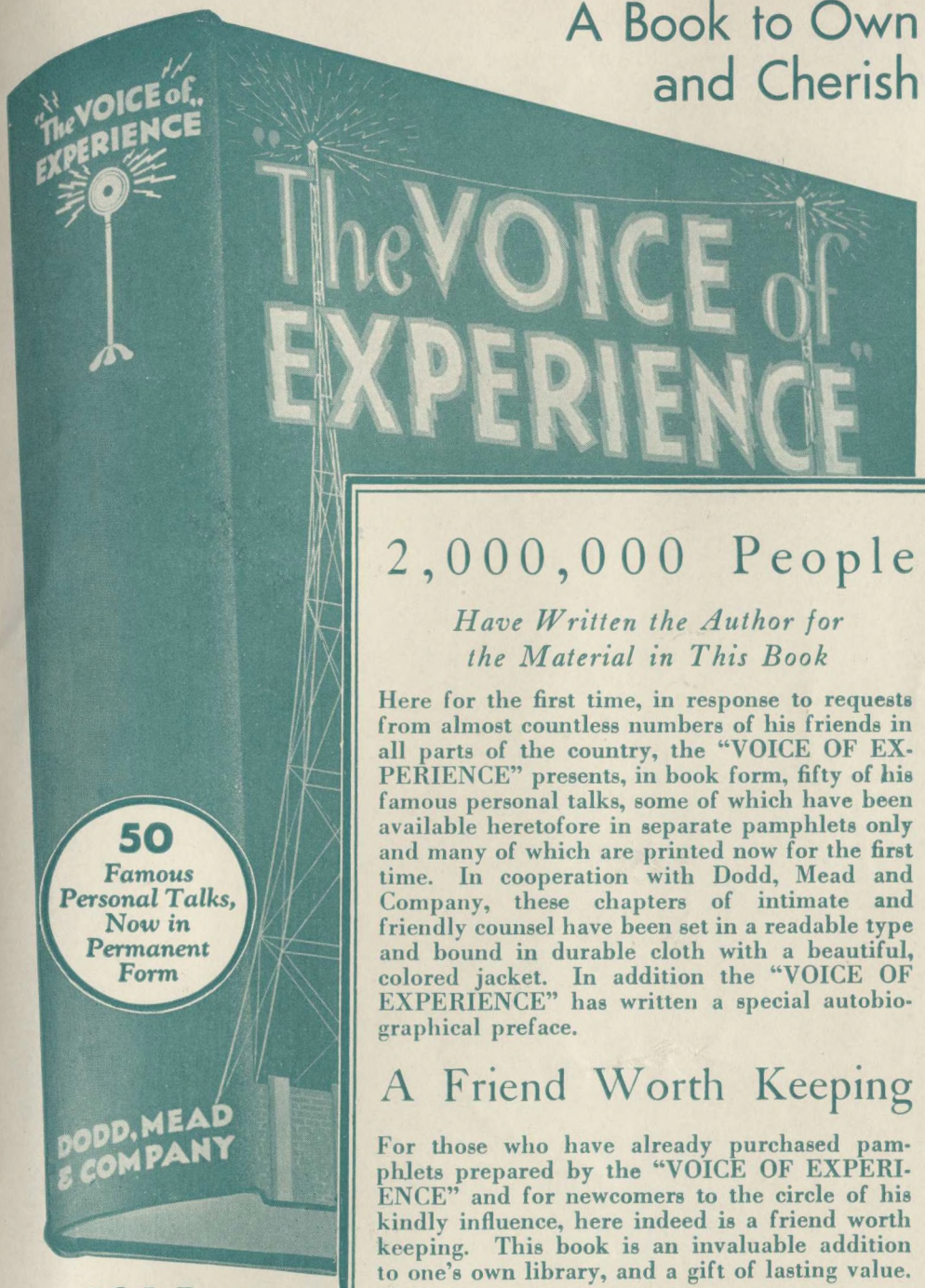
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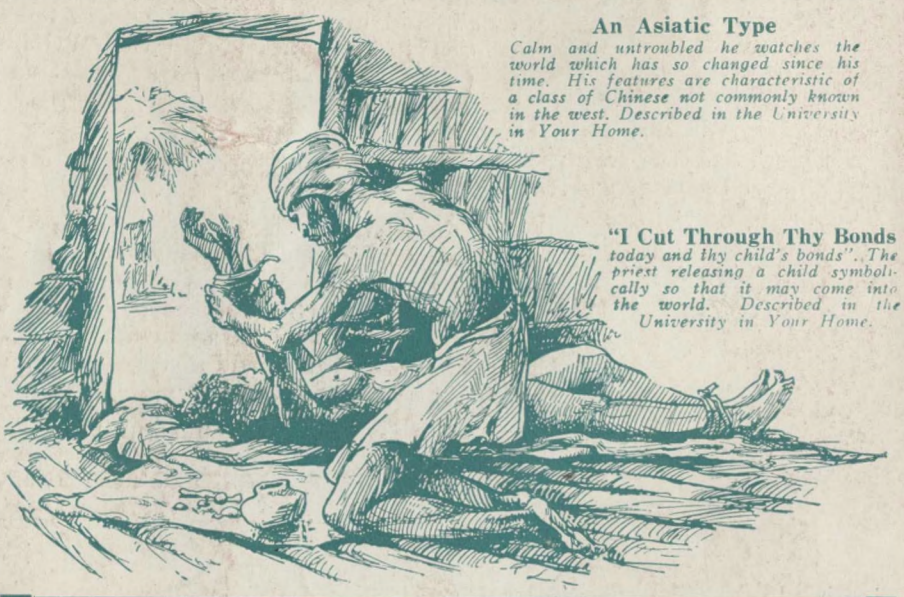
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