

I thought it worked out pretty well and we would continue to go right down the line on some of these cases. I'll tell you what I've got about them which I think you might find rather interesting is the original hospital records and a ten-year follow-up. That sounds a lot better than it really is, because as I read you some of these records later on you'll see how inadequate they are, but at the same time you'll get a little bit of an idea of the pathos and humanity and problems that take place in a big hospital twenty-five years ago, and sort of the way that they were looked at at that particular period of time and in many instances whether they were there for any long period of time and sort of what their problem was. So what I started out with today is that I have a group of ERA's and essentially the first ones that I'm going to talk about are those that came out in terms of this particular sample that I have. And incidentally, I might mention a little bit about this sample because it was selected with the idea that this was what I was going to write my doctoral dissertation on, which I got practically through with and gave up because I changed so many things after that point. But they are a selected group of hospital patients, not selected on the basis of the PAS profile formulas because I didn't even know the formulas in those ~~days~~ days, but it is very definitely age. It has an age distribution. There are five men and five women of each age group, ranging from around 18 to 20 up to around 50 or 60. Now I've gone back through all these and resorted them according to this and I am amazed at how well the sample comes out in PAS formulas. It is a good distributic

of that, too. I have a little bit of everything included in it, in terms of the people who went into the hospital. So essentially the cases were not selected because they were interesting cases. So I don't know to what extent when we go through this, this is going to contribute to your understanding of the PAS other than to see some of the actual manifestations that took place. Now again, let's set the stage a little further. The state hospital where these were selected was in the central part of Oklahoma and it drew its patient population from about 15 of the 77 Oklahoma counties. It included Oklahoma County which has Oklahoma City which was the urban area of Oklahoma at that point in time. And we're talking now about 1949-1950. But the balance of the counties were largely quite rural in nature. But essentially it ranges all the way from farmers to laborers to oil field workers and anywhere along the line. And I said that what I was going to start out with today is to put what in a sense is the most ~~primitive~~ primitive manifestations or what appear to be the most primitive manifestations in the PAS formula, and read you a little bit of the history of what happened to these particular people. Now I can't always see whether this will be useful or not. You're not going to come up with any clearcut indications of PAS, it's going to be very hard to predict the behavior because it is so varied. But I think if you bear with this over a period of time, and go through with it, you will begin to see something of the different kinds of problems that begin to develop as you get into other kinds of formulations. For example, the first two that I have, the thirty year old male and the twenty-four year old male, you'll see that their formulas

are pretty much alike. That does not mean that their pathology or the reason they're in the hospital is going to be identical. There should be some kind of similarities in it. But to start out with the first one, and to blindly in a way talk about the meaning of that first formula. It really is one of the most primitive formulas that I've ever gotten. It's relatively rare that you come across one which is as near to what is in a sense the individual's primitive personality type. He's made very little modifications, very little change. The primary and perhaps most important dynamic thing in connection with this is that this is an R+u+ individual. And the presence of that R+u+ would certainly indicate in PAS terms that we're dealing with an individual who has almost no insight at all, who is still very much self-centered and self-preoccupied, selfish. Because he's Euu+ there is certainly an indication in terms of this, that the individual has made very little, if any, mental control of his activities. The fact that he's Ruu is a very definite indication of immaturity, impulsivity, so that you would expect some kind of acting out, immature, inappropriate kind of behavior. Another important thing in this is that the individual is Auu. The thing that would make this particular individual different if he were a U is that you would expect if you saw an Euu+ Ru+u+ U, something or other, completely an immature ERU, the individual's social adaptation would be very bad. That is, you would expect the individual to have a considerable amount of history of negativism, reacting against, refusing to conform and that there would be a great deal of peculiarity in his behavior. And it would be unlikely that he would make any particular kind of

a vocational or occupational adjustment. But inasmuch as he's ⁰⁰⁴¹⁴ Aunt, one of the things that you might suspect is that this individual could mask part of the time a good deal of this over-reactivity, over-responsiveness, inappropriate behavior in a relatively satisfactory way. That is, in other words, he would be able to maintain himself pretty well. The low activity level coming at the end certainly indicates that the individual has very little control of his overactivity, his over-responsiveness. There would be sort of a manic quality in this particular individual's adjustment. You would expect him to be a relatively active, participating kind of an individual. I repeat again that the R+ would indicate that the individual is likely to be relatively invulnerable to correction, because he would not be particularly insightful or aware that he is being corrected. Therefore, you would expect him to persevere, or continue to do in an un-insightful way whatever it is that he does inappropriately. Let's take the story of this particular individual which is a short story. It is disturbing a little bit, but you can get a little more information about him. The first thing about him is that he is a laborer, and he comes from a sort of middle sized urban community by Oklahoma standards. It's a small town by Eastern standards but a fairly big town by Oklahoma standards. In the ~~western~~ northern part of Oklahoma there was a town called Ponca City which was relatively famous as a head office for a major oil company. So it's a fairly sophisticated environment. The fellow was admitted into the hospital in 1949 and stayed in the hospital only one month. And in the 10 year follow-up, he never showed up again. So whatever it was, maybe you can guess a little bit when

I read some of the rest about what might have happened to him.
There will be some incoherence about this because what the records⁰⁰⁴¹⁵
I have consist of is in many cases the social worker's write-up.
Now the social worker was a dear little old lady who went into social
work because she had good political connections in Oklahoma and probab
had the equivalent of a high school education. She certainly was not
a great social worker but she had a pretty good capacity to be able to
tell the story of the lives of these people that were very effective.
I don't have one on this man unfortunately. The second type of thing
is the doctor's write-up, the doctor who is in charge of the case, the
write-up that he prepares for what is in effect the clinical session.
And then third is the transcript of the clinical session. That is,
when the man is brought before all of us being assembled in the room
together. Now all of us were allowed to ask him questions, to try to
draw out on the basis of which I did this very profound and effective
evaluation. And we arrived at a diagnosis in accordance with the book
that was required for medicinal purposes at that point. In this man,
the first note that comes in terms of this is the attending doctor
says, "This is a white male, age 30, has a third grade education, and
has worked in the oil field, does not exhibit any marked antisocial
tendency. He states that he does not clearly recall these episodes,
but does get a certain amount of sex satisfaction with them. He is
coherent in his speech and has a fair idea of distinction between
right and wrong. He admits a rather recent episode of masturbation
and while he is a single man, he admits to living with numerous
women for various lengths of time -- up to 3 or 4 months. He state

as the reason he has not been married is because he has been turned down eight or ten times. And he is afraid he would get tired of a woman in a short time. He admits to having been in jail three or four times for the same offense. There is a letter from the county attorney attached to the record. This is the letter:

The examining physicians in the matter of the sanity of Mr. _____ requested that our office send a letter with the deputy sheriff who is delivering this patient to your hospital for treatment, explaining some of the background of the matter and the reasons for the course of action which we have seen fit to take. This man was picked up by the Ponca City Police Department about 11 p.m., March 5, 1949, on a complaint signed by Mr. N and Mrs. _____ of Ponca City, Oklahoma. The testimony of Mr. and Mrs. _____ is that Mr. _____ stood in a lighted stairway and intentionally and openly exposed himself to her, who was sitting in a parked car with her small son directly in front of the stairway. She was fearful that Mr. _____ was about to approach her. However, her husband returned to the car, and when Mr. _____ saw the husband, he went upstairs to his room. We understand that a criminal charge of indecent exposure would have been entirely proper and correct under these circumstances. However, our interviews with this man disclose that on three previous occasions he had been found guilty or accused of acts similar to this. As you will observe, he is highly nervous and unsound. He also states that he has a nervous heart, and has been taking medicine for it. In view of his repeated offenses and his nervous condition, we are of the opinion and the doctors concurred with us that serving time in the county

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jail or state penitentiary would do this man no good and that he would be the same menace to society upon his release as he is in his present condition. We hope that you will receive and admit this man to your hospital, and his response to the treatment you will be able to give him will be favorable. If we can furnish any further information or be of any assistance, please do not hesitate to write.

That's the total story in connection with this man. He stayed in the hospital some time. Shortly before the clinical meeting, the doctor, I guess it was probably the second time the man saw the doctor the whole time he was in the hospital:

Today I had a short interview with Virgil _____, and of course he wants to get out. I know of no psychotherapy that will cure this man of his desire for indecent exposure and his terrific sex urge wherein he has periods of excessive masturbation. If the staff can help me in recommending any manner of physical therapy it would be appreciated. Diagnosis: without psychosis, psychopathic personality with pathological sexuality, a mixed type of neurosis with extreme exhibitionary trends.

All right now. You get a little flavor of the man. Here's all of us great doctors sitting around asking him questions. The patient entered the room and sat down.

1st doctor: Would you tell us your story briefly in your own words?

Man: You mean how come me be in here? All I know, I went home ⁰⁰⁴¹⁸ and left my buddy at a tavern. We had had a few beers and I went to my room and went to bed and the law came up there and looking at all the rooms and they opened the door and the maid didn't even know I'd come in and they asked me how long I'd been there. Itold them about an hour. So the guy that was supposed to have helped me, helped see me what I was supposed to have done, he said that was the clothes the guy had on and so they said it was me and took me to jail.

Doctor: What clothes were you wearing?

Man: Clothes I work in. I had on a gray pin-stripe pair of pants, and a gray coat and a sports shirt.

Doctor: Had you been undressed before?

Man: No, I went up and went to bed and went to sleep and I hadn't even seen a woman or the man before we went downstairs. And she said I was the one. (Patient talks rapidly, almost hysterically.)

Doctor: Why would anyone say that?

Man: Well it might be someone put on my shirt to play a joke on me.

Doctor: Do people play jokes like that on other people to get them i trouble?

Man: Well, some of the boys in the house play tricks on each other and they could have done it in fun.

2nd Doctor: Have you been accused of this before?

Man: Yes, three times before.

Doctor: Why have ~~h~~ you been accused so many times?

Man: I don't know. I served 6 months once, and I beat two cases of

3rd Doctor: Is it possible that you black out and don't remember?

Man: No, I never did that as I know of.

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1st Doctor: Could you have been blacked out from drinking?

Man: No, I didn't have that much beer.

Doctor: Why not?

Man: I don't know, didn't want to, I guess.

Doctor: You didn't have any desire to have children and become a father?

Man: Well I just wasn't ready to settle down yet. I want to get out and see some of the world.

Doctor: Do you get any pleasure out of showing off?

Man: No.

Doctor: Do you find any pleasure in watching others disrobe?

Man: Not exactly, no.

Doctor: Do you feel you are as masculine as anyone?

Man: X Well, yeah.

Doctor: Do you have any inferior feelings in that respect?

Man: Yeah, maybe. I guess I'm as masculine as anyone else I guess.

Doctor: Do you feel that your body is beautiful and that you should show it off?

Man: No.

4th Doctor: Was the first time you were arrested in Illinois?

Man: Yes, three times.

Doctor: Were they all in the same town?

Man: Yes, Natralia.

Doctor: Isn't it unusual that the police in Oklahoma would arrest

you for the same thing that you were arrested for in Illinois?

Man: Yes, sir.

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1st Doctor: Could you be covering up about all this?

Man: No, but I sure look guilty.

Doctor: But you never did it?

Man: No.

2nd Doctor: In Illinois did they give you a psychiatric interview?

Man: No, but they sent me to a doctor. He doctored me until I come down here.

Doctor: What for?

Man: A nervous heart.

1st Doctor: Does your heart bother you?

Man: No.

Doctor: What were you taking for your heart?

Man: I don't know. Some little white pills in a little bottle.

3rd Doctor: You say you were working in the oil fields here as a roughneck?

Man: Yes sir.

Doctor: Do you ever get into any fights?

Man: Oh no.

5th Doctor: How many times have you been arrested?

Man: 3 times.

Doctor: Were you in the army?

Man: No, I didn't get to go. I'd had an ulcer in the stomach.

(end of interview)

Discussion:

3rd Doctor said he would like to send him back to Illinois because

he considered him not psychotic and responsible for his acts.

3rd Doctor: Psychotherapy if it works takes years of hard work.

The staff recommended that he be recommended to the county judge, ⁰⁰⁴²¹ that he was responsible for his acts, and there is no specific therapy for him and that he should be sent back to Illinois. The staff agreed to the diagnosis without mental disorder, a psychopathic personality with pathologic sexuality.

All right, that's the flasher for the day.

Cleo: You said that his low activity level means very little control. Does that low activity level always mean little control?

John: It merely means that in relationship to whenever you've got the Eu Ru Au configuration in the formula. Because what a high activity level would mean, like in the second half, you see the difference between the first man and the second man is that we're beginning to get a high activity level. The second man, you would expect in terms of a difference between them ~~and~~ besides some of the other things that might come up in terms of this, is that this individual is going to show much more kinds of surface tension kinds of control. For example hostility is something, aggressiveness is something you can expect in the second man, whereas aggressiveness is not something you would expect in the first man, mainly because he acts out as he feels where the second man is going to spend a period of time of what I will call, because of the formula, a superficial attempt to keep from acting out. In other words you see the similarities between the two people is that both of them are highly volatile, over-reacting, over responsive persons. One of them who is in a sense acting out and yo

got a little bit of a flavor of ~~xxx~~ that in the limited writeup that occurs here in the terms of where the district attorney says "You'll notice that this is a highly nervous, overactive man." You see they're picking up a great deal of his overactivity and as Olga says in the writeup there's no particular indication of hostility, there's no control. Now when we get ready to look at the next one, who is a 24 year old male you see all of these are about the same normal level in relationship to this. The differences between the two is that first of all the second man is not R+, however he is A+. Now in terms of this there would be a thing that you would expect with the presence of that A+ with the Euu Ruu configuration. This is an individual who would be a victim of ~~xx~~ other people's expectations. As an A+ individual, this is a guy who is going to look like he is a lot better and a lot better controlled and anything else that might come in terms of this. He's going to have, or you would expect him to have over a period of time, a considerable amount of unexpected rejection experience, that is, that he begins to become overactive and people get to know and they get to get behind the initial A+ facade. The guy turns out to be quite immature, quite over-reactive and quite inappropriate. Now he's making some kind of control which is likely in a sense keeping people something at a distance. You would expect something else. I'm not going to say that I could have predicted that the first man was guilty of indecent exposure. I would not be surprised if that would be one of the manifestations of that particular kind of an adjustment. I would be very surprised if the second man would do something of that sort, because he is not going to act out in this way, there is much

more of a tendency on his part to perhaps act/ⁱⁿ a different kind of way. By acting in, I mean in a sense he will avoid doing an overt act because he's afraid he's going to get in trouble with overt acts, and there'll be a great deal of confusion.

Walter: Is this due to the A+ in the second?

John G: Yes

Ed: What about the R+ in the first one and not in the second one?

John: Well the difference in terms of this is that the R+ in the first would indicate that the individual would show very little modification over a period of time in his behavior, that is what I call perseverating. He has been picked up for indecent exposure three times and probably ends up in jail or probably has been in. Then when I say we could guess what might have happened to him, I expect he was repeatedly picked up for indecent ~~exposure~~ exposure. In other words the R+u+ and the u+ would be an indicator that he would consistently do the same thing over and over again with relatively little insight. Now when we get the ~~xxxx~~ second man with his R, there will be a little bit more evidence in insight beginning to show up. That is, that the individual is going to be more bewildered than the first man about what is happening to him, bewilderment is likely to be more a characteristic of the second man in the sense that he knows that something is wrong, but he's not going to be awfully clear about what it is that is wrong. So in some way there will be some kind of limited insightful behavior different in ~~the~~ the second man than in the first.

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This one is a little more complicated and has a little more in it. This man is also in common labor. He's admitted in 1949. He escaped. He's readmitted in 1951, and stays in a year and is discharged. He's readmitted in 1952 and stays in about 4 months and is discharged. And he's never heard of again over the 10 year period. But at least during the period between 1949 and 52, they represent 3 hospital admissions in relation to this. And in this case there is a.

The patient was ~~discharged~~ disturbed on the evening of March 21, 1949. He's been sent to Will Rogers Hospital (that's the hospital in ~~the~~ Oklahoma City. It's a VA hospital) as an acute surgical belly. By telephoning conversation with the authorities of that hospital they stated that under pentathal, he temporarily regained his memory, remembering his father and other events, that his abdomen was relaxed and not tender. At that time his blood count was well within normal limits. Prior to this admission to Will Rogers, this patient has been seen by various doctors of the staff. He had a rigid belly with a peritoneal seomthing. His white count continued to rise. However, both Doctor R and I examined this patient. He had what seemed to be a very acute belly ... he seems to be confused. From beginning day to Dec. 26, 194 at which time he supposedly had an automobile accident, patient can neither remember before or after that time and gives an emporia history of cities and towns in California and Oklahoma. Apparently he was either a service station attendant or a painter from observation. He is being admitted to Hope Hall Ward 2 in a locked ward. Further observation, ~~xxx~~ blood work, urinalysis and spinal will be done, and a complete physical/^{and}history.

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All right -- he arrives for his personal interview. Now all us are assembled. Patient entered the room and sat down. He was quiet, cooperative.

First doctor: Did you have a spell of amnesia or loss of memory?

Patient: Did for about 2 days. The second I was here. I knowed everything.

Doctor: Did you regain your memory before you went to Will Rogers?

Patient: That's right.

2nd Doctor: Would you tell the doctors about the automobile accident you had around Christmas?

Patient: That was Dec. 26, about 20 miles south of Bakersfield. That where I got the scar on my head. I was in the hospital there.

Doctor: How long did you not remember after that?

Patient: I remembered everything until over here at Lawton. I stumbled over an air hose and hit my head on a grease rack. Coming back from California, I was separated from my wife.

Doctor: Do you remember coming back and all that?

Patient: Yes sir.

Doctor; The allegations were from the sheriff, that he^{you} beat up some Negro boys and a nurse.

Patient: Who said I beat up the niggers?

Doctor: That was on your authentic record.

Patient: They was in the hospital.

Doctor: Don't you like them?

Patient: No, I don't.

Doctor: Do you think the world would be better off without niggers?

Patient: No. They have their place same as I have.

3rd Doctor: Do you know why you have these blackouts and abdominal complaints?

Patient: Well, this stomach trouble, I've had it all my life.

Doctor: Could it be that your nervous state and your stomach trouble has any connection?

Patient: Could be.

Doctor: Have you ever been tube fed?

Patient: No.

3rd Doctor: Do you enjoy vomitting?

Patient: No, I don't enjoy it. It leaves a bad taste in my mouth.

Doctor: You know there is no need for you to do it, you don't have to.

Patient: Could be. Yes, sir.

Doctor: Do you remember asking me what they took out of your abdomen when you had your appendix out?

Patient: Yes, sir. I told you I didn't know. They said my appendix had bursted. And in 1942, I believe that they said it was adhesions.

New doctor: How far did you go in school?

Patient: I completed the eighth grade.

Doctor: Are your parents still living?

Patient: Yes sir

Doctor: Do you have any brothers and sisters?

Patient: Yes, one sister, three years older than I am.

Doctor: How did you get along in school?

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Patient: Pretty good, only I was all the time getting into meanness and playing hookey, or something like that.

Another doctor: Were you in the army?

Patient: No, I was in the Navy.

Doctor: Did you have any attacks in service

Patient: Well yes, I had a few. I never turned them in, but I had stomach trouble.

Doctor: Did you have blackouts or losses of memory?

Patient: No.

Other doctor: How long were you in the Navy?

Patient: Right close to three years.

Doctor: What rank?

Patient: Seaman, 1st class. I was on the ~~XXXXXX~~ something and LST's in the Pacific. I was out seven months.

Doctor: When you came back, was it because you were sick or anything?

Patient: Came back for my nervousness and malaria.

Doctor: Were you ever courtmartialed?

Patient: I was deck courtmartialed once.

Doctor: How many captains mess did you have?

Patient: Two for staying gone longer than I was supposed from the Oakland Hospital.

Doctor: How long were you in the hospital?

Patient: Well, I was in a month in Guadalcanal before I came back to this side. And from June 19 until Nov 24 in Oakland before I was

discharged in Oakland.

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Dr. Wells (this is one of the doctors examining him) stated that this is the ~~first~~ first time that he could talk or answer questions at all. He asked him how he was and how he could give me his gripes and complaints but refused to give any other ~~history~~ history. The staff agreed to the diagnosis of 161 - psychoneurosis hysteria, with a psychopathic personality. Now we go for a period of time until 1951.

Admission note: Was admitted to this hospital Dec. 3, 1951. This patient was confined to this hospital March 49 and was discharged in 5. According to the allegations, this patient is violent and has threatened members of his family. According to the records he has been in and out of mental hospitals for the past six years. Since his admission here he has been noisy and restless, very abusive and is very unco-~~operative~~ operative. The examiner is in favor of ~~maintaining~~ continuation of former diagnosis: psychoneurosis hysteria with a psychopathic personality.

At this point they have a little longer story on him.

Committed on 12-3-51, from Laford County, which is largely rural, on condition of his father. Allegations that the patient is violent and threatens and attempts serious bodily harm to members of his family has ~~delusions~~ delusions and has been in VA hospital in North Little Rock Arkansas. Present illness. The patient is a twenty-six year old married veteran who's present illness apparently began while in the Navy in 1943. At this time the patient had malaria and nervous spells and was hospitalized for 6 months. He received a medical discharge account of malaria and psychoneurosis in November, 1944. In Decembe

1944 he was operated on for peptic ulcer. After this, he continued to have nervous episodes which terminated in violent actions and threats to those about him. He was hospitalized in Little Rock, Arkansas, ~~The~~ Topeka, Kansas and Waco, Texas. He first came to this hospital on March 11, 1949 from Will Rogers Veteran Hospital. He was violent, and had seizures and suicidal tendencies. The patient had entered the latter hospital with what was apparently an acute surgical abdomen. However, under sodium amytal the abdomen was relaxed and not tense. A diagnosis of psychoneurosis with psychopathic personality was made at this time. He escaped from the hospital on April 6, 1949, and was discharged on April 6, 1950. The patient states that he joined the 45th division of the National Guard and was called to active duty with that unit. While at Camp Polk, Louisiana, he received electric-shock therapy. However, he was discharged from that unit because of dependency. He apparently did all right at home working with his father as a commercial fisherman til 12-2-51, when he became worried because of lack of finances. Upon returning from a local tavern where he had a couple beers, you see it's very dangerous to go home from a tavern for ERU's to go home from a tavern after having a couple beers, the patient's father had him arrested because of violent action with attempts of serious bodily harm to members of his family. He was taken to the police station where he was heavily sedated with red birds and brought here on 12-3-51. The patient was born at Saskawa Oklahoma on May 16, 1925. He completed the eighth grade in school before entering the service in 1943. However, he did not do well because he frequently played hookey and got into fights. After re-

turning from the service he completed high school and took a year and
a half of business training at Polto Junior College. Operated on
for peptic ulcer in '44 and again in '50. Appendectomy in '34. Has
been in two auto accidents. The patient's father and mother are still
living and well. The patient is the younger of two children. He has
a sister three years older. There is no history of nervous or mental
disorders or seiqures in his family. At the time of the interview,
the patient was neat in appearance and very congenial. He is well
oriented as to time, place and person. His speech is clear, coherent
and his thought logical in sequence. The patient expresses no delu-
sions and denies hallucinations. His present difficulties seem to be
strongly related to his father in his childhood. As a boy, six years
of age, his father once threatened to hang him as punishment, and went
so far as to place a noose around his neck and stand him on a box.
At twelve years of age, he was beaten with a thorny limb for fighting
until blood ran down his back. He was closely supervised by this
parent, allowed few friends, could go out at night only by slipping
away. The patient's father still dominates him much as he did when
he was younger. And the patient states that he still fears him. He
states further that he is able to make a much better adjustment to life
when away from his father. He credits his severe emotional upsets to
his father's constant nagging, urging him to return to a hospital for
treatment for his nervousness.

(on the side.... This is one of those cases in terms of that an Euu
Ruu Auu would be so unmanageable that it would be very difficult for
a father not to be pretty much in distress all the time in attemptin

to manage him.)

He shows insight into this as being his basic difficulty. However he is unwilling or unable to tell his father that he is capable of standing on his own feet. He states that he can think of a logical story to tell him but then when the time comes he becomes afraid and stutters so that he can't talk. The patient admits fighting a great deal but gives no particular motive and denies having enemies. Now he goes to bat.

First doctor: What do you think about taking off like you did?

(This is in reference of course to the fact that he escaped after his first admission.)

Patient: I know I shouldn't a did it, but I wanted to go home.

Doctor: What did you mean by doing it?

Patient: I wanted to go home.

Doctor: What have you been doing since leaving here?

Patient: Working at first one thing and then the other.

Doctor: Were you in the hospital at Little Rock?

Patient: Yes.

Doctor: When did you get out?

Patient: Must have been the 28th or 29th of November.

Doctor: Why weren't you able to stay out of the hospital?

Patient: I don't know. I'd rather be in a hospital than be around my relatives.

2nd Doctor: Why did you come back this time?

Patient: I was getting worried about my father and my wife got on m
Now I would rather be here than have them egging me on.

Doctor: Do you think that ~~ixx~~ it's all right?

Patient: No. They kept insisting that I go back to the hospital, and I got mad. They don't realize that I'm a man and want to stand on my own feet.

Doctor: Are you getting a pension?

Patient: Yes, 30%.

Doctor: What do you think about the whole situation?

Patient: If my father would leave me alone everything would be all right.

Doctor: Can't you stand up and tell him?

Patient: No.

Doctor: Why?

Patient: He threatened to hit me once. I've always been afraid of him. I don't really think he would do anything but I have that feeling inside.

The first doctor says he thinks this patient is a psychopath. The second doctor thinks he is a psychopath, who has not been able to adjust. Prognosis poor. The staff agreed to the diagnosis of without mental disorders, psychopathic personality with pathological emotionality, with anxiety, and with hysterical features. The third and the last part as far as the ~~hosp~~ hospitals concerned.

This patient came to the hospital heavily under the influence of sleeping tablets, although Mr. Craig, the sheriff who brought him says he does not take drugs. He said that the patient receives some disability from the government but that he's recently been at Little Rock Hospital but has been at home about six days and became a menace to

the family, made threats to kill them and became unmanageable and violent in his actions. He has not worked for a year, is a high school graduate and was of normal mentality until discharged from the service in '45. Has been in and out of mental hospitals with no improvement. He talks about wanting to die and is very depressed. These spells come on him frequently, but at times he is quite amiable and peaceful. This 27 year old white man was readmitted to this hospital from Potawatami County on May 20, 1952. Allegations: attempted suicide by gas. 00433

The examiner's certificate: was in mental hospital in Little Rock and he's been in this ~~hosp~~ hospital on two different occasions. It was stated, and when seen by the physicians in Potawatami, that he was in a manic depressive state and was severely agitated. Was found attempting suicide with gas this afternoon. After resuscitation he tried to hang himself in the jail. Diagnosis by the physicians who signed the legal papers was manic-depressive insanity with severe agitation at present. Detention recommended. They stated that they observed personally violence and attempts at suicide. This patient's brother telephones this examiner soon after his admission that he had seen him before admission to the hospital but he did not know him or where he was. Previous diagnosis in this hospital where he was admitted on March 11, 1949 was without mental disorder, psychopathic

personality with pathological emotions and hysterical features. Patient escaped on the second of June, 1952 and was returned on the 5th ⁰⁰⁴³⁴ having been picked up in Tishamingo. Evidently he is quite an escape artist. Now you see he escaped a second time from the hospital, walked away is what it really is. Evidently he is quite an escape artist as there are records of four escapes since his first admission. On the night of the 4th the county attorney at Jawson County, telephoned this examiner stating that this patient had given himself up and a long note was made on this, but evidently has not reached the files as yet. For several days after this patient's readmission he was very wild and aggitated. It was necessary to keep him locked up and to give him sodium amytal and other types of medication. However he cooled down within a couple of days and was able to connive with another patient. They overpowered the attendant and made their escape. After several days the mental examination is practically negative. He states that he was fooling when he tried to commit suicide, but does admit that he has been drinking for about three weeks when he was supposed to be working in the oil field. His wife knew nothing about his being in the ~~hosp~~ hospital until she was phoned about his escape. He does not remember the attempted suicide either by gas or by hanging. His brother states that he saw him in his hotel room and that he was absolutely out of contact. Diagnosis: acute psychosis and acute alcoholism improved on a psychopathic personality.

Last note: This patient is a tall, slender man who has a mustache. He answered questions very freely. He was brought in the room with

wristlets on and in a wheelchair. He has escaped from the hospital four times. He has been complaining with pain in his stomach. 00435

First Doctor: How are you feeling?

Patient: Better.

Doctor: When were you operated on?

Patient: In August.

Doctor: You said you were drunk when you tried to hurt yourself.

Patient: I know I was.

2nd Doctor: You took a second crack at it.

Patient: I was drunker than I thought I was.

First doctor favored psychopathic personality. Second doctor favored psychopathic personality. Third doctor stated this patient has hysteria. Fourth doctor stated, "He's not psychotic." The staff agreed that the diagnosis of 236 without mental disorder, psychopathic personality with some hysterical manifestations.

End of story.