

ANNUAL REPORT OF THE SEATTLE
JUVENILE COURT FOR 1912

By

A. W. FRATER, Judge

and

THE CLINICAL CLASSIFICATION OF
DELINQUENT CHILDREN ACCORDING
TO CAUSATIVE PATHOLOGY

By

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Director of Diagnosis

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ANNUAL REPORT OF THE
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COURT
FOR 1912

By

A. W. FRATER, Judge

In giving this report to the public we are reminded of the statement contained in a former printed report from which we quote as follows:

"We are somewhat in doubt as to whether or not any beneficial purpose will be conserved by the publication of this report, but are giving it out as it seems to be the practice of the leading courts of the country, which would indicate some useful purpose."

That useful purpose soon became apparent in the demand for copies which were received and read by the public with apparent interest, the issue of two thousand copies being exhausted in a very short period of time.

Now we are giving out a somewhat enlarged report this year, which, we believe, will intensify the interest of the public in our work and awaken a new interest in those movements which are calculated to improve home conditions, alleviate suffering, and uplift the morals of the community.

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The last year has, from a sensational standpoint, been uneventful, so far as the general public is concerned; but to those who know of the quiet, earnest work of the officers who have carefully investigated complaints and, after hearings and disposition of the court, have patiently supervised many boys and girls during probationary periods, it will be apparent that the work has meant much, not only to the children and their homes, but to the community and to society generally.

Since the institution of our Department of Diagnosis the labors of the court have been very materially reduced, and its efficiency increased. The fact that health and mentality are closely related to delinquency is now generally recognized by well-informed officials who deal with delinquents. And we believe one of the most necessary departments auxiliary to the court is that wherein a broad intelligence as to health problems and other causative factors of delinquency and dependency is brought to bear on the child problems with which we have to deal. It is this which is attained by our provision for diagnosis, and which ordinarily enables us to induce parents to cheerfully accept the advice of the court in regard to needed medical and surgical treatment of the children, as well as re-adjustments in their social life. When the co-operation of parents is not thus secured, gentle but firm pressure by the

court has, in many instances, proved to be a potent factor in obtaining results.

In view of the fact that this court has jurisdiction with a population of more than 300,000, it will be noticed from the statistics which follow that the number of formal court hearings is proportionately less than is reported by some other cities where an equal degree of supervision of children is maintained. One provision in addition to the sifting done by the director of diagnosis is the social activity of the police. The chief of police assigned a sergeant to the care of police complaints involving children, and an additional officer was detailed as an assistant for work among boys. A woman officer was assigned to the care of girls. These officers have shown a good grade of social efficiency. Additional benefit has resulted from the sympathetic, intelligent activity of many patrolmen in reprimanding children and stimulating parents to do their duty. Much has been said from time to time about the inharmony existing between the police and juvenile courts in various cities, for which, no doubt, there is justification in some places. We are happy to say that in Seattle no such inharmony exists and we believe we have the hearty co-operation of nearly every officer from the chief to the newest man on the beat. As a class they are a fine lot of fellows of whom, as guardians of our city, its citizens should be proud. And we

extend to the chief and every member of his department our personal thanks for their courtesy and assistance. Many people have an erroneous idea that it is the duty of the officers of the juvenile court to make arrests, and they consider a telephone report to the office all that is required. All such are advised that ordinary complaints in regard to children which can be cared for by police service should be taken direct to Sergeant Boggess of the juvenile and humane division at police headquarters. An ununiformed officer will be sent from there to investigate the complaint, and either adjust the matter himself or refer it to the office of the juvenile court. Complaints concerning girls are cared for by women officers. Special complaints, however, concerning delinquent and dependent children, or persons desiring advice in regard to such children should go to the director of diagnosis at the juvenile court office, 500 Ninth Avenue.

The county commissioners have renewed the lease on our present detention home and juvenile court building, for two years, or until such time as a new county office building is completed. Plans are under way which will doubtless provide suitable juvenile detention quarters on the top floor of the new building. The room will connect with a roof-garden, for the use of the children.

During the past year 728 children were cared for in the Detention Home. The average daily attendance was fourteen. Throughout the school year the board of education have provided a teacher for the children every afternoon of school days. This has been of much value to the children being detained and helpful to the matron whose responsibilities are always heavy in caring for so many children.

NUMBER OF CHILDREN DEALT WITH IN 1912

	Boys	Girls	Total
Total number of delinquent and dependent children dealt with	793	356	1149
Number of delinquent children involved in cases given formal court hearings	320	101	421
Number of dependent children involved in cases given formal court hearings	152	158	310
Number of children involved in cases adjusted by the director of diagnosis	321	97	418

**DISPOSITION OF CHILDREN INVOLVED IN
CASES GIVEN FORMAL COURT
HEARINGS**

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Academy of the Holy Names.....	.....	1	1
Boys fined.....	10	.....	10
Committed to custody of individuals.....	31	46	77
Edward Briscoe Orphanage.....	5	.....	5
Holy Angel Academy.....	1	1	2
House of Good Shepherd.....	.....	22	22
Lebanon Home.....	.....	1	1
Parents and children advised.....	147	73	220
Parental School.....	85	.....	85
Parents fined.....	11	1	12
Probation.....	130	37	167
Seattle Children's Home.....	8	8	16
Seattle Girls Home and Training School.....	.....	14	14
State Institution for Feeble-minded.....	1	3	4
State Training School.....	22	10	32
Washington Children's Home Society.....	24	24	48
Y. W. C. A. Protection Home ..	.....	15	15
<i>Totals</i>	475	256	731

It is not our purpose in this statement to discuss methods of treatment and our manner of dealing with the youth who come before us, as that is elaborately set forth in the report of the director of diagnosis.

We desire, however, to bring to the attention of the public our views with reference to some of the causes which contribute to the existing conditions. For the purpose of this article we wish the reader to keep in mind that, as stated by the director of diagnosis, the larger number of children are those that are ordinarily considered normal, but who are in reality suffering from defective social conditions and parental neglect, and the smaller number are those physically or mentally sub-normal, and they likewise are sufferers from evil social conditions. Just so far as these unhealthy social conditions can be eradicated or minimized, so far will the delinquent and neglected child problem be solved. We have, from our experience and study of juvenile delinquency, very imperfectly analyzed the subject, but as a basis for recommendations for its curtailment, we present some facts here in diagramatic form, as follows:

CAUSES OF DELINQUENCY, DEPENDENCY AND NEGLECT

HEREDITY

- Feeble-mindedness
- Insanity
- Epilepsy
- Degeneracy

ENVIRONMENT

(a) Home

- Parents dead, divorced or deserted
- Parental indifference
- Lack of home amusements
- Poverty

(b) Community

- Idleness
- Cheap theatres
- Extremes of dress
- Pool rooms
- Lack of wholesome amusements

(c) State

- Lack of industrial and trade work in school, with too little consideration given the requirements of the individual child
- Bad housing conditions
- Partisan politics, and "graft"

(d) Acquired physical and mental defects*

*See special report by Director of Diagnosis

We believe any intelligent reader will be able, if he will study the subject, to see from the foregoing analysis the great necessity for education against so many existing evils, so that the same may be remedied.

During one year of our incumbency in charge of the juvenile court, our records showed the following:

16.2 per cent. of the delinquent and neglected children that were brought before us were orphans or half orphans.

18.5 per cent. were from homes where one or both parents were addicted to the excessive use of intoxicating liquors or narcotic drugs; and

26.5 per cent. were from homes broken up by desertion and divorce.

The first cause was not the fault of the child but more likely the State or society in general, for failing to properly supervise and assist these helpless children, carelessly permitting them to drift into bad environment, and thus become delinquents, or absolute dependents.

The second cause is also to some extent the fault of the public, for the reason that no authority is vested in the courts authorizing them to adequately deal with habitual drunkards and "dopesters," and if there were such a law, there is no place where they might be committed for compulsory treatment.

The third cause, desertion and divorce, is a

crying evil, which seems to be winked at more or less by the general public, but when we take into consideration that in one year there may be three hundred or more children brought before the court, charged as delinquent or neglected children, the real cause being divorce and desertion, which is in no wise their fault, do you not think it high time to wake up and make an effort to curtail this evil? This can be done, and we are moved to give out this report not only that it may awaken general public interest in the subject, but in the further hope that it may awaken the interest of the members of the Legislature which is about to convene, to the end that some of the recommendations that shall follow may be framed into laws.

In doing this we recognize the fact that we have, as a rule, altogether too much legislation, and that many laws on the statute books should be repealed; and further, we agree that it is impossible to legislate good morals into the hearts of men. We are loath to offer numerous recommendations, but deeming the subject of such grave importance, we give out the following, and hope that the members of the Legislature will receive them as emanating from a sincere desire to improve social conditions; and that all other persons who are interested in good morals will, so far as they may approve them, impress their

commendatory views on those who are in a position to carry them into effect.

As affecting the juvenile court law, it is not our purpose to recommend any material changes. If anything is to be done along that line it should only be in the way of a declaration that the law is not to be considered criminal or quasi-criminal, but that the juvenile court is, and should be considered, a Chancery Court. It would be advantageous if the court were given authority to deal with parents, and others, contributing to the delinquency of children, to impose fines and other penalties *in the same proceeding*, upon proper notice, without the formality of filing additional complaints, and be authorized to enforce such orders in contempt proceedings, as in all other cases.

First. We would recommend an act providing for public aid to dependent women and children, which is commonly called the Mother's Pension Law. The results to be attained by this legislation in keeping families together and affording mothers the opportunity to supervise and care for their children in their own homes rather than separating them and giving out for adoption or placing them in congested institutions, even though the cost might be considerably more, ought to appeal to the heart of every home-loving citizen.

Second. We believe the State should provide

for children's homes on the cottage plan for orphans and those children who may, through adverse circumstances, without fault on their part, be in need of such a place of refuge. Let us draw a picture for your imagination: Suppose you are occupying the position of Judge and you have, say three little homeless children, between the ages of seven and eleven, brought before you for disposition. There are present kindly persons ready with friendly suggestions; there are representatives of orphanages and "homes" maintained by private charities, and home-finders who are ready to separate them and place them in foster-homes by adoption, all of which is fully understood and appreciated by those children. And suppose they should appeal to you and say, "Oh, Judge, don't separate us, please don't separate us." Would you not question why it is that the great State of Washington has not provided a home for such unfortunate children so that the Court may not be compelled to deny such heart-rending appeals? Should not the State provide such an institution?

Third. We would recommend the enactment of a law imposing severe penalties upon persons who hold themselves out as caretakers of children, who in any manner permit any child to suffer from improper treatment or unsanitary surroundings, or infectious diseases, on account of neglect on the part of such caretaker.

Fourth. We would recommend the enactment of additional laws regulating child labor, prohibiting night work, providing for an eight-hour day and particularly prohibiting certain classes of employment. We would especially provide that children should not be exploited in giving street entertainments or concerts from town to town for the purpose of raising funds for their support, or for any other purpose, except in amateur and school entertainments, and then only with the consent of the parents. We would, however, further recommend that care should be taken not to close the door of privilege to earn an honest dollar or penny against the ambitious child, for in fact idleness is a greater menace to the child, generally speaking, than the danger of overwork.

Fifth. Renewing an urgent recommendation which we have regularly made every year or two to Governors and frequently to numerous members of previous Legislatures, we consider it imperative that there be a segregation of the sexes at the State Training School and that a suitable place be provided for a Girl's Home. It is little less than criminal that the unfortunate girls committed to the present State Training School at Chehalis have to be kept in cramped quarters, and under such restrictions as are necessarily there imposed. The State of Washington is too rich, and members of the Legislature should be too humane to longer permit these wards

of the State to be kept in confinement under such circumstances, and they should forthwith provide a separate institution for that purpose. If the Legislature will not, on their own motion, act, it is the duty of every humanely disposed person in the State to rise up and compel action in this particular matter.

In connection with said institution we would recommend that a law be enacted, providing for a Women's Reformatory, under a different name, but under the same management, said institutions to be maintained in entirely separate buildings, so that in the matter of contact the inmates of one could have no influence over the other.

Sixth. We would recommend the enactment of a law providing for a State Detention Hospital, or hospitals, to be located in Seattle and Spokane, as being the most convenient places to care for the patients that would ordinarily be placed therein, where persons afflicted with incipient insanity or nervous disorders, might be placed by themselves, friends or relatives, or who might be committed by the court pending a determination of the character of their ailments. These institutions should be in charge of physicians of experience, specially trained and skilled in the treatment of such diseases, and should be furnished with the most up-to-date equipment, provided with trained nurses competent to give every inmate all care necessary to effect cures if

possible. Those who are able to pay for their care in such institutions, should be required to do so, but those who are unable to pay should be taken care of by the State.

We would further recommend the passage of a law giving courts authority, upon proper complaint, and evidence, to commit habitual drunkards and those addicted to the excessive use of narcotic drugs, to the aforesaid hospitals for compulsory treatment, and that said hospitals be provided with all the facilities and means for giving such treatment.

Seventh. We would recommend that the divorce laws of the State be amended so that there might be some curtailment of this evil. Divorces should only be granted on specific grounds, and every case should be taken before any decrees are entered that all parties must have notice. The court should have authority to enforce its decrees, and compel the support of women and children, and when the court makes orders directing the payment of alimony there should be no supersedeas to prevent the enforcement of such orders pending an appeal.

Eighth. We would further recommend the passage of a workhouse law, so that in counties having cities of the first class a place should be provided where men who desert their families or fail to pay alimony, or are habitual drunkards, might be committed. That some labor be provided for the in-

mates of such institution, that they be compelled to work and that a certain stipulated sum be set aside and paid to their families for their support. And until such time as said institutions could be provided that all such persons might be committed to the county jail and that they be compelled to work upon the public roads or elsewhere, in the discretion and as ordered and directed by the County Commissioners. If we can have such a law in the State of Washington there will be less desertion and fewer complaints on account of failure to pay alimony.

We are aware that all these measures recommended will involve expense, and that will be the outcry of the opposition to their enactment into laws. Let us suggest, however, that the people are ready to appropriate vast sums of money for fairs, for waterways, for harbors, in aid of commercial enterprises, and for bridges and automobile roads, none of which we oppose. But when it comes to caring for and saving boys and girls to society, curing the drunkard and "dopester" of a dangerous disease, reforming women and girls, ameliorating the suffering of deserted women and children, or to save some brother the stigma of being adjudged insane or of compelling some scoundrel who has deserted wife and family to work at hard labor for their support, then the cost looms high and a halt must be called, for the revenues of the State will not permit

the necessary appropriations to be made. We are ready to appropriate vast sums to eradicate fruit pests, to protect live stock, and provide game warden for the benefit of gentlemen hunters who have the price to pay for a game preserve, to build roads, prevent fires and protect property; but the widow and orphan, the deserted family, the wayward woman and girl, the down-and-out man, Oh, well, they can shift for themselves, or the charity organization society and kindred institutions can take care of them.

Those have been the ultimate experiences of the past. What shall we have to record in our next annual? All those who love their live stock, their fruit orchards, their commercial enterprises and their automobiles better than their less fortunate brother and his children, are welcome to their sordid love, but I pray, give us credit for one wayward boy and girl saved to society, a home provided for one orphan, one drunkard cured of an accursed habit, and one deserting scoundrel compelled to work and support his family, and we shall be content to walk.

Annual Report of the Director of Diagnosis of the
Seattle Juvenile Court for 1912

THE CLINICAL CLASSIFICATION OF
DELINQUENT CHILDREN
ACCORDING TO CAUSATIVE
PATHOLOGY

By

LILBURN MERRILL, M. D.

Director of Diagnosis

VALUE OF DIAGNOSTIC METHODS

The making of laws creating juvenile courts and detention homes which place offending children apart from the criminal group has been co-incident with the growth of an erroneous idea that social relations are the one absolute factor in the development of character. When applied to children of ordinary proclivities, this theory is, in the main, correct. But it does not apply to the relatively small group who persistently relapse into delinquency, and are termed recidivists.

These are the real problems in delinquency with which the courts have to deal. Heretofore the treatment of these unusual children has, for the most part, been limited to the social methods used with those accidentally delinquent. Lately, however, systematic inquiry into the sources of delinquency has detected so important a correlation of physical and mental weakness with abnormal conduct as to demand some official provision for diagnosis.

It is not my intention so to overstate the influence of physical factors in the child's development as to minimize the importance of our social responsibilities. If this were to result I should consider the loss greater than any good which might possibly result from a wider recognition of the value of diagnosis. We find ourselves squarely confronted, however, with the necessity of looking beyond the social environment of many children who are regularly relapsing into delinquency. And the method of approach here described for the study of young offenders from the medical and psychological viewpoints, as well as the social, is amply justified.

The sphere of the physician, as well as the psychologist, is broadening. A stretch of the imagination is no longer required to see the relation between physical precocity and moral instability. A sturdy youngster recently baffled his teacher by an occasional explosive jump from his chair which he faith-

fully resumed directly after getting on his feet. To pronounce his breach of discipline a product of naughtiness would hit far astray, as compared with chorea, to which his "jumps" were, in fact, related. Peripheral irritation is not always synonymous with pernicious iniquity, though a physician may occasionally detect a relationship. The careful student of neuropathy is not infrequently the only person who may hope to analyze the pathology underlying defective conduct. Epilepsy, as commonly known, is universally regarded as a problem for the physician, but what shall he said of the innumerable phenomena characteristic of psychic or masked forms, which render a victim momentarily irresponsible? Is there not here a pathology as vitally important in its relation to society as is the clearly defined seizure which floors the hapless sufferer?

In the correction of delinquency (as in the treatment of physical diseases), a diagnosis, provided it be thoroughly comprehensive as regards social, physical, and mental pathology, is of prime importance. Without it juvenile cases are usually handled in a routine way, and the probation department becomes congested; and, if we acknowledge the truth, the results of the probation supervision are sometimes exceedingly discouraging. Students of the causative factors of delinquency know full well that the child who does not respond satisfactorily to probation

treatment frequently fails to do so because of conditions which might readily have been located by a diagnostic inquiry preceding his appearance in court.

There are many children placed on probation who are obviously in need of institutional treatment. The source of their trouble is such that they cannot be cured by the methods of constructive friendship which are implied in the term probation. The following brief case history is typical of this group.

Boy. Age 16. Family history negative. Thoroughly good home. Developmental history presents indications of moral instability at age 12. Thereafter larceny, nomadism, forgery, and total incorrigibility at home presented in the order named.

Precocious physical development; prepossessing in appearance. Mental reaction dull; unemotional; morally apathetic.

Boy was placed on probation notwithstanding the fact that pathological findings indicated clearly that his moral instability made him unequal to the strain of his city environment. Five months later he ran away to another state where he committed forgery, and, upon representing himself as 19 years of age, was committed to a penitentiary.

If this boy's moral deficiency had been given more serious consideration at the time he was first taken into court it is probable that he would have been committed to a state school. The training there might so have influenced him that he would have been spared the criminal record which now stands against him.

Indiscriminate use of probation among court children has many times resulted unfavorably to the

children. Loosely compiled statistics have been published to show that probation has been successful in 95 per cent. of all cases. Such reports have never been based upon the number of children actually prevented from relapsing into delinquency, though the court may not have been called upon subsequently to deal with them. The probation officers who are doing most efficient work know very well that many of their wards are prone to backslide—sometimes relapsing so seriously as to jeopardize the officer's reputation among less sympathetic citizens who conclude that a probation order amounts to an insurance against further court action so long as occasional penitence keeps the officer's faith from becoming exhausted.

On the other hand, children who superficially appear worse than they are at heart, are frequently committed to institutions. Such would be aided in a far better way by probation treatment. Again, children who are accidentally delinquent are frequently not recognized as being so and are needlessly placed on probation. They are essentially of stable character, living in good homes. The supervision they receive is of no vital assistance to them, and the officer's time might better be devoted to other cases. It is probably true that thousands of such children who were placed on probation in the juvenile courts in America this year would have been benefited fully

as much if they had been discharged after making all possible restitution for their offenses.

The important responsibility of the juvenile court in the care of delinquency begins with the child who shows indications of becoming a chronic offender. He deserves more careful consideration than has thus far been given to him. He is an abnormal child. To place him on probation without first knowing what factors have made him unusual is obviously unjust to the probation officer, and if, as is so often the case, he is one among eighty or a hundred other children on the officer's list, the injustice to the child is greater.

METHODS OF DIAGNOSIS IN THE SEATTLE JUVENILE COURT

In suggesting the need of a more consistent inquiry into the pathology of delinquency the writer does not have in mind a cumbersome clinic which would require the support of additional legislation. He would only contend that some official provision for diagnosis should be made in every juvenile court. If supplementary social agencies are so correlated as to eliminate from the docket the numerous petty cases, such a diagnostic provision may legitimately and practically be secured for the average court by appointing a qualified person to make the pre-

liminary investigation now authorized by law in most states.

This has been accomplished in the Seattle juvenile court by placing a physician in charge of the juvenile office. He was given ample freedom in the administration of the department, and became at once a diagnostician of delinquency and a master of discipline for the hearing and adjustment of complaints concerning children.

From the outset, the policy has been to secure for the children the assistance required, so far as practicable, without resorting to official court hearings. The juvenile office, it was thought, should be a place where the child and his conduct might be studied professionally, and not necessarily be considered a legal problem. In so dealing with delinquent children, the department has only advisory power; but when based upon an inquiry into the nature of the delinquent and the social or other pathology which is detected as responsible for the objectionable conduct, the method meets with approval. Its value is already established by the results secured with many children who otherwise would have been less happily, if not less successfully, helped by ordinary court procedure. The practicability of the plan is further attested by the fact that there is no longer a congested juvenile docket. The number of cases taken into court has

decreased one-half since the plan was adopted. It should be noted that the Seattle office has to do with fewer than one thousand delinquent children a year. By the clinical method of administration no difficulty has been experienced in sifting out approximately one-half of these by means of consultation between the children, their parents, and the director or his assistants. Needless to say the extent to which a head probation officer can successfully follow this method of administration will depend upon his ability to analyze situations involving the child from the viewpoint of social, physical, and mental pathology.

In the Seattle office we are primarily concerned with making a reliable diagnosis of the cause of the child's delinquency and recommendations of the best treatment available. When the latter can best be carried into effect by court action, a typewritten report concerning the child and influences affecting him is made in the order of the following analysis and presented to the judge immediately preceding the hearing.

ANALYSIS OF SOCIAL, PHYSICAL AND MENTAL PATHOLOGY

1. Family History.

Social Condition. Parents: dead, divorced, or separated; occupation; religion; economic condition; number of children; sanitation in the home.

Diseases. Father, mother, and grandparents; social, physical, and mental pathology, e. g., alcoholism, criminalism, prostitution, pauperism, neuroses or psychoses.

2. Developmental History.

Pregnancy. Legitimacy; condition of mother, physical and mental.

Infancy. Diseases; nutrition; convulsions; age child walked and talked.

Childhood. Meningitis; convulsions; chorea; enuresis; nutrition; quality of food; peculiar traits; hours of sleep; night terror, etc; gregarious traits and nature of recreation.

Habits. Alcohol; tobacco; sex; out nights; nomadism.

Attitude of father and mother toward the child. Sympathetic or critical; moral neglect or indifference; absence of companionship in the home.

School record. Age of enrollment; school he now attends; grade; attendance; citizenship; his best and poorest studies.

3. Physical Condition.

Anthropometry. Weight; height; age of pubescent development.

Inspection. Facies; sanitary condition; state of nutrition; physical type, e. g., neurotic temperament, physical precocity, etc.; anatomical and physiological stigmata; genitalia.

Naso-pharynx. Adenoids or enlarged tonsils; oral deformity.

Nervous system. Motor control and endurance.

Circulation. Cardiopathy; pulse; temperature.

Vision. Right and left.

Audition. Right and left. (McCallie audiometer.)

4. Mental Condition.

Perception; memory; association; discrimination; judgment; ingenuity; reason.

THE CLINICAL METHOD OF INQUIRY

When a delinquent child is referred to the department by the police, or any other agency, he is received in very much the same spirit as that in which a physician approaches a patient in his consultation room. The fact of the delinquent act does not greatly concern us. We are concerned with the child. Something is wrong with him, or the conditions surrounding him. He is brought into the court

for correction, and we merely follow out in practise the frequently repeated truism that one cannot successfully treat the child without first finding out what ails him. The sources of information vary in each case. We receive from school authorities much valuable information concerning the social life and developmental record. Other persons who may be conversant with the child or conditions collateral to him are consulted. And beyond these sources of information is the child himself and his parents. Here, of course, is the material with which we are pre-eminently concerned.

At the outset we attempt to put the parent at ease. We spare no pains to make it clear to the father or mother that we want only to give them professional co-operation in an attempt to find out why the child is doing wrong, and to provide treatment which shall aid the most in his future development. Our attitude must be sympathetic. It must be professional. And, parenthetically, it is of interest to note that, notwithstanding the fact that advice has frequently necessitated drastic action in the social, educational, and surgical treatment of children, we have so far on no occasion met with the serious opposition of any parent. On the other hand, we are frequently appealed to by parents who have been referred to the office by friends, or who have themselves been dealt with previously. The attitude of

the diagnostician towards the child himself is, obviously, of equal importance. The child must be relieved of fear. This can be done only by a tactful confidence-inspiring approach.

The consultation room is provided with instruments for sensory examination and anthropometry. Aside from these few instruments the physical and mental inquiry is made by ordinary diagnostic methods.

A CLINIC IN JUVENILE DELINQUENCY

Every delinquent child who has appeared in court during the past year has been the object of a diagnostic inquiry. The tables appended to this statement include only the 320 boys and 101 girls who were given formal court hearings. In view of the careful attention given to the sifting of cases, it will be understood that these 421 consecutive cases represent delinquents whose condition placed them clearly apart from the larger group of technically offending children whom we disposed of otherwise. Let it be understood, however, that these 421 are not a special group. They are only the children who have appeared consecutively in the court during the year.

Our object in dealing with these children has been to locate the predominant source of their de-

linquency. This has not always been satisfactorily accomplished. Frequently social and physical pathology so overlap as to make it difficult to decide which condition is most responsible for the wrong conduct. In the administrative work of the court this fact has been of no consequence, for, in dealing with the individual child, the judge has had before him the totality of conditions which were responsible for the abnormal development.

It is in the classification of causative pathology, for the purpose of learning the comparative influence of the various conditions, that this fact is of importance. For example:

A boy, aged eleven, was brought to the office and charged with hurglarizing a store. We found that he was persuaded to commit the offense by a seventeen-year-old feeble-minded and morally-perverted youth.

Here was the influence of unwholesome companionship.

Glancing further into the developmental history we found that the small boy has been associating with this defective lad during the last three years. The depletion resulting from their orgies, and the toxic influence of cigarettes, had developed a pronounced neurotic condition. If the child had been in a normal physical condition it is probable he would not have found the defective youth a con-

genial companion. This assumption is supported by the fact that the seventeen-year-old in question has uniformly failed to secure any sort of friendly association with physically and mentally healthy boys in his community.

Is it not obvious, therefore, in view of this, that our small boy's delinquency is also a product of his functional nervous disorder?

Yet this does not cover the case. We wished to know why and how the child was subjected to influences which led to the development of his moral instability and we learned that four years ago, when he was seven years of age, the parents had him committed to a public correctional institution by misrepresenting his conduct. I have been informed that the little fellow did nothing worse than slip away from his home occasionally to play along the beach a few blocks distant.

This was domestic neglect.

Summed up in order we find that this delinquent boy presents first of all social pathology in the home. The parents were morally negligent. As a result of this he was committed to a correctional institution where an older boy gained control of him. Thereafter during three years he developed a neurotic temperament. Physical pathology was now dominant. He was paroled, and a short time later, being institutionalized and without the normal control

inherent in a healthy constitution, he readily fell into association with a seventeen-year-old mental and moral defective. This unwholesome companionship led to his arrest.

A CLINICAL CLASSIFICATION OF DELINQUENT CHILDREN ACCORDING TO PREDOMINANT CAUSATIVE FACTORS

For the purpose of clinical classification, such cases as the above have had to be regarded as the product of functional neurosis. It should be clearly understood that the writer does not arbitrarily attribute the child's delinquent act to the condition of nervous instability. Our contention is that the general delinquent state of the child in question is immediately and predominantly dependent upon the pathological physical condition which is implied by the term functional neurosis, as hereafter defined. Throughout our cases discrimination has been carefully made in the assignment to the clinical groups. In every case we have been inclined to attribute the delinquency to the influence of abnormal social conditions, except when the clinical evidence was so abundant as to more than justify a physical or mental diagnosis.

There being no precedent for us to follow in the clinical classification of delinquent children, accord-

ing to the predominant caustive pathology, it has been necessary to prepare a glossary of diagnostic terms.* The classification herewith presented has been evolved from our clinical observations among children in the Denver juvenile court during three years, and since June, 1911, among Seattle delinquents. It provides amply for the 421 cases here reported, though clinical findings among other children may show that the classification is inadequate. So far as additional conditions may present in the future, we shall amplify our list of diagnoses accordingly.

1. Social Pathology

Inordinate legal restraint. *Artificial restrictions of conduct which any child may at times disregard and thereby be subject to arrest.*

Inordinate legal restraint usually presents in cases which can be adjusted by the social efforts of the police. By reference to the statistical table on page 46, which shows the correlation of diagnoses and the predominant delinquency, it will be observed

*Dr. Stevenson Smith, consulting psychologist to the department, has collaborated in defining these diagnostic terms. Throughout the year he has co-operated in the study of many of our cases.

Much assistance has also been received from Dr. C. F. Davidson, who, as medical adviser, has aided many children by providing surgical and medical treatment.

that very few such cases have required the attention of the judge of the Seattle court.

Mischievous adventure. *Sporadic offenses committed in a defiant spirit of malicious mischief which is characterized, for the time being, by a total disregard of the rights of others.*

Many offenses due to malicious mischief are likewise adjusted by the police. Under this head are presented such offenses as raiding orchards, fruit stalls, etc. (offenses which are usually gregarious in nature); driving off with automobile for joy ride; acts of vandalism and pilfering when incited by a spirit of adventure, and conduct which involves a conflict between tradition and the law such as Halloween escapades. Though the police do much with many of these cases, those offenses which involve property are frequently of such consequence as to demand the formal attention of the court.

Unwholesome companionship. *Social relations with either children or adults which conduce directly to delinquent conduct, or which lead to situations offering unusual opportunity for delinquency.*

Such children are not necessarily immoral or vicious in character. Two children, who as individuals may be of good character, when associated may so supplement each other as to result in the development of unwholesome impulses.

Domestic neglect. *A condition of poverty, depravity, moral indifference, or the absence of a sympathetic social relation between the parent and child which makes the home inadequate in safeguarding its children.*

A strikingly large number of the children fall under this diagnosis, and many who have been classed in other groups might easily have been safeguarded if the home had provided more sympathetic care. Much of the delinquency here recorded is serious, though in numerous cases the children are not pronouncedly delinquent; they variously approach the horderline, and in some instances might justly be termed near-delinquents, or neglected children.

It is not always easy for the investigator to learn the extent to which a home is inefficient. The intensity of congestion and poverty vary so greatly in different cities that conditions which, in Seattle, might appear injurious to the morals of a child, would, in more congested cities, be passed without protest.

Aside from economic and moral neglect, nearly all of our cases have indicated that the parents were without a sympathetic knowledge of their children. This failure on the part of fathers and mothers to be companions with the boys and girls is one of the

most potent contributory influences in the development of delinquency.

2. Physcal Pathology

Physical precocity. *A condition of premature physical growth which, being disproportionate to his normal mental development, throws the child out of balance.*

This physical precocity does not necessarily involve early sex development, though it usually does. And when this is so, there is presented the exaggerated sex impulse without the necessary intellectual restraint, which in the adult results in self control. In any case, these children, in order to find companions who are physically and mentally their equals, must associate with older individuals, whose mentality is no greater than their own. If men, such persons are usually of vagrant habits; if women, they are often low-grade, socially and morally.

Functional neurosis. *A condition of nervous instability, whereby the emotions are easily kindled, strongly felt, and restrained or controlled with difficulty.**

Reference to the table of diagnoses on page 45 will show that we have placed numerous physical defects under functional neurosis. It may seem that many of the pathological physical conditions enumer-

*Guthrie.

ated would, as separate defects, result in such a social misadjustment as would bring the delinquent to the attention of the court. As a matter of fact, our clinical studies show that all of the children whose delinquency has apparently been due to physical pathology other than physical precocity, have presented neurotic instability. We have so classified them. Few children whose physical defects do not cause such neuroses will, on account of these, ever be brought to the attention of the court. For example: A sensory defect may cause retardation in a child's studies, and this in turn may make him unwilling to attend school; but unless his physical defect leads to the development of a neurotic condition, the ordinary methods of the school system will, if he is mentally normal, serve to prevent him from becoming a chronic truant.

In short, a physical factor operating without a neurotic base, usually does not lead to chronic delinquency.

It is significant that 25 per cent. of our delinquent children have presented functional neuroses which have been found to be largely, though not entirely responsible for the delinquent condition.

Aside from sex delinquency, incorrigibility, intoxication and vagrancy, all of which are obviously dependent upon nervous depletion, it may be questioned how a functional nervous disorder may be

responsible for some of the other offenses enumerated. It needs to be carefully borne in mind that in the clinical study of these delinquent children, we are concerned with the delinquent condition, and not the specific offense which may have brought the child into court.

Superficial observation of this group of neurotic children suggests that the pathology in most cases has been produced by sex activity. As our inquiries have gone further into the family and developmental history of the children, however, we have found that the diagnosis which would attribute the neurotic instability to had sex hygiene is a reversal of the real facts. We have repeatedly observed that what would superficially appear to be the cause is, in fact, a result. Back of the sex pathology is frequently found a congenitally neurotic constitution, especially among those children who persist in sexual practices. Our investigation thus far supports the theory that children who become sexual neurasthenics usually have back of them a neurotic heredity. The mentally and physically healthy child ordinarily does not become pathological through sex activity, notwithstanding the fact that most boys are, at one time or another, somewhat precocious in their sex life. The child with a vigorous physical constitution, unless vicious influences supervene, generally resumes his physiological state before he is materially influenced.

It is of interest, also, to note that the use of cigarettes by boys is responsible for a lesser amount of delinquency than many people have been led to believe. Here, likewise, several of our cases have shown that the persistent use of tobacco was a result of nervous instability instead of the reverse.

The observation that the normal child offers a natural resistance to bad habits should suggest that nothing will so surely safeguard a child as will a liberal provision for his play life and other physical activity.

3. Mental Pathology

Moral deficiency. *The congenital absence or weakness of those social instincts which in the normal person inhibit to a certain degree the egotistical impulses; this results in criminal propensities which are not amenable to discipline.*

Whether the lack of the social instincts, such as pity, generosity, remorse, tenderness, etc., is congenital or acquired, must be determined in each case by the developmental history. Congenital moral deficiency cannot be predicated of any child merely because he fails to show these instincts at the time of his delinquency. If his training and habits have been such as to inhibit the normal social responses, his delinquency should be classified accordingly as a

product of social or physical pathology. In several of our cases which simulated the congenital type it was found that the condition had its root in sex pathology. Most of these presented marked aggravation at puberty. Often, however, children who have had the most rational moral and physical training will present, especially about the age of puberty, a kind of moral conduct altogether below that of the ordinary boy or girl reared under such influences. Such cases are of much clinical interest, and usually reveal defective heredity.

The effective treatment of morally deficient children requires radical re-adjustment which will provide either institutional training or some other kind of continuous supervision. Such children cannot, as a rule, be given proper training at home, therefore, institution care is usually necessary. In a good custodial school, regular habits may be developed which serve to offset inherent weakness.

Mental backwardness. *A condition of mental retardation which is not so pronounced as in feeble-mindedness, and which is usually not congenital in origin.*

This condition generally has a cause in physical or social pathology, and its treatment is always suggested by the particular nature of such a cause. The fact that more backwardness is found among

delinquents than among non-delinquent children is easily to be observed and is in part the explanation of the large amount of so-called feeble-mindedness among court children which has been reported by some investigators.

Feeble-mindedness. *A condition of marked mental retardation which is congenital, traumatic or febrile in origin.*

The basis of classification under feeble-mindedness as here used is the child's family and developmental history, and his responses to mental tests. No scale of tests can give a valid measure of the child's intelligence unless supplemented by a consideration of his history. Any system of tests by which alone it is attempted to classify the child as being of a given mental age involves the fallacy of pseudo-exactness, and needs carefully to be avoided.

It has been thought wise in this report to make no sub-classification under feeble-mindedness. The majority of feeble-minded children who come to our attention are, however, borderline cases, whose mental retardation, aside from moral weakness, is not sufficient to prompt parents or society to place them in institutions.

Epilepsy. *A disease characterized by recurrent attacks in which there is usually loss of consciousness with convulsions, but when a source of delinquency the*

symptoms are more often atypical, and the attacks masked or psychic in form.

The eight cases which in this report are attributed to epilepsy have presented periodical exacerbations of social instability coincident with the epileptic attacks.

**PATHOLOGICAL FACTORS FOUND TO BE
DIRECTLY RESPONSIBLE FOR DELIN-
QUENCY IN 421 CONSECUTIVE CASES
GIVEN FORMAL COURT HEARING DUR-
ING 1912**

Note.—The following classification does not represent all the physical, mental and social defects observed among these children. We have here recorded only the pathology which was the immediate and predominant source of the delinquency.

Social Pathology	219	52 per cent.
Inordinate legal restraint.....	3	
Mischievous adventure.....	10	
Unwholesome companionship	93	
Domestic neglect.....	113	

Physical Pathology	124	29.5 per cent.
Physical precocity.....	17	
Functional neurosis.....	107	

A numerical statement of the influences responsible for these neuroses would be misleading because of the fact that many of these neurotic children have presented several closely related factors. The relative importance of the causes noted is as follows:

Neurotic heredity

Sex pathology (including phimosis)

Adenoids and enlarged tonsils

Malnutrition

Toxicoses:

Tobacco

Alcohol

Cocaine

Cardiopathy

Sensory defects:

Vision

Audition

Mental Pathology

78 18.5 per cent.

Moral deficiency.....	15
Mental backwardness.....	28
Feeble-mindedness.....	27
Epilepsy.....	8

**CORRELATION OF PREDOMINANT OFFENSE
WHICH BROUGHT CHILD INTO COURT,
WITH CAUSATIVE PATHOLOGY DIAG-
NOSED AS DIRECTLY RESPONSIBLE FOR
THE CHILD'S DELINQUENT CONDITION**

BOYS

Inordinate legal restraint

Use of explosives found in woods.....	1
Personal assault.....	1
Disorderly conduct.....	1

Mischievous adventure

Halloween escapade.....	1
Larceny of automobile to take joy ride.....	2
Disorderly conduct with gang.....	3
Nomadism.....	1
Defacing carriage with paint.....	1
Personal assault with gang.....	1

Unwholesome companionship

Intoxication and larceny.....	1
Intoxication.....	3
Disorderly conduct with gang.....	5
Larceny and use of stolen automobile.....	5
Larceny.....	34
Truancy.....	15
Incorrigibility at school.....	1
Truancy and larceny.....	2
Disorderly conduct at school.....	1
Nomadism.....	6
Gambling.....	2
Disorderly conduct.....	1
Malicious mischief about neighborhood.....	1
Sex delinquency.....	1
Truancy and sex delinquency.....	1
Fighting.....	1

Domestic neglect

Nomadism.....	23
Truancy.....	17
Truancy and larceny.....	2
Larceny.....	18
Incorrigibility at home.....	13
Sex delinquency.....	2
Truancy and nomadism.....	4
Disorderly conduct.....	2
Larceny and on streets at night.....	1
Malicious mischief about neighborhood.....	1
Burglary.....	2
Profane language toward neighbors.....	1

Physical precocity

Larceny.....	2
Burglary and vagrancy.....	1
Disorderly conduct with gang.....	2
Truancy.....	4
Vagrancy.....	1
Intoxication and larceny.....	1
Intoxication.....	1
Sex delinquency.....	1
Nomadism and truancy.....	1

Functional neurosis

Larceny and truancy.....	6
Incorrigibility at home.....	5
Truancy.....	16
Larceny.....	16
Sex delinquency.....	12
Larceny and nomadism.....	6
Nomadism.....	4
Intoxication.....	2
Incorrigibility at school.....	3
Disorderly conduct with gang.....	1
Truancy and nomadism.....	4
Sex delinquency and nomadism.....	1
Larceny and sex delinquency.....	1

Moral deficiency	11
Larceny	6
Nomadism	3
Truancy	1
Forgery	1
Mental backwardness	19
Truancy	5
Incorrigibility at home	4
Burglary	1
Larceny	6
Malicious mischief about neighborhood	1
Nomadism	2
Feeble-mindedness	15
Nomadism	3
Larceny and malicious mischief	1
Incorrigibility at home	6
Sex delinquency	3
Sex delinquency and larceny	2
Epilepsy	6
Nomadism	1
Incorrigibility at home	3
Larceny and disorderly conduct	1
Larceny and truancy	1

GIRLS	
Mischivous adventure	1
Joy ride in stolen automobile	1
Unwholesome companionship	13
Out nights; defiant toward parent	1
Attempted marriage in defiance of mother	1
Sex delinquency	11
Domestic neglect	27
Sex delinquency	13
Ran away from home	7
Forgery	1
Out nights; defiant toward parent	5
Larceny	1
Physical precocity	3
Ran away from home	1
Sex delinquency	2
Functional neurosis	30
Sex delinquency	22
Profanity about school building	3
Truancy	1
Out nights; defiant toward parent	1
Vicious temper	1
Moral deficiency	4
Sex delinquency	3
Incorrigibility in foster home	1
Mental backwardness	9
Sex delinquency	4
Incorrigibility in foster home	1
Ran away from home	3
Larceny; ran away from home	1
Feeble-mindedness	12
Ran away from home	1
Truancy	2
Sex delinquency	6
Incorrigibility at home	3
Epilepsy	2
Sex delinquency	2