

## PSYCHIATRY IN THE CRIMINAL COURTS OF COOK COUNTY\*

BY

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Report for the Fiscal Year, 1933

*Organization.*—The Behavior Clinic of the Criminal Court of Cook County, which came into existence April 1, 1931, is essentially a diagnostic clinic, giving advisory psychiatric service to the Judges of the Criminal Court. The Clinic is disinterested in the legal aspect of the cases referred for examination. Its aim is the intensive study of the individual offender—his mental, physical and emotional make-up—his environment, and the interaction of that individual and that environment. It is hoped that such a scientific study will make for a better understanding of criminals and the forces motivating anti-social behavior and thus help to combat the menace of crime to society.

*Scope and Method.*—A psychiatric examination may be availed for any offender whom the presiding judge sees fit to have examined. Requests for examinations are made for numerous reasons, the most frequent of which are: 1) to determine the sanity of the individual; 2) to determine his intellectual capacity; 3) to determine his suitability for probation.

Every patient referred to the Behavior Clinic is given several types of examination: 1) a psychological examination by the psychologist to ascertain his mental ability and to determine what can be expected of him in terms of social and industrial adjustment; 2) a comprehensive social history of the patient from relatives, friends, other agencies and individuals who have had contact with him, to learn all the pertinent facts concerning his family background, early life history, later experiences, and a detailed study of his environment in an effort to arrive at a more thorough understanding of the patient in view of his background; 3) a physical examination with special attention to constitutional and neurological defects when such an examination appears necessary; 4) a psychiatric examination by the psychiatrist: (a) to evaluate the personality manifestations of the person; (b) to coordinate all findings and from them make a report to the judge for use in determining the disposition of the case.

Before the hearing copies of the psychiatric examination and conclusions are sent simultaneously to the presiding judge, State's Attorney, and attorney for the defense. After legal disposition of the case copies of the psychiatric, psychological and social service reports are sent to the institution to which the patient is committed or sentenced, or to the Adult Probation Department should he be granted probation.

*Referrals.*—Since the Clinic's inception 790 cases have been referred for examination, of which 316 were referred during the fiscal year of 1933, an increase of 3 per cent over the number of referrals in 1932. Of these, 302 cases received the routine psychiatric and psychological examinations and

\* Presented before the Twenty-sixth Annual Meeting of the Illinois State Academy of Science, East St. Louis, Illinois, May 5, 1933.

intensive social service investigations; 2 were given physical examinations only upon order of the presiding judge; 10 either refused examination or were discharged before the psychiatrist could see them; 2 have not yet been examined.

*Diagnoses.*—Sixteen per cent of those examined were found to be actively psychotic and were committed to hospitals for mental diseases. Ten per cent were found to be mentally defective to an extent warranting commitment to an institution for the feeble-minded. An additional 6 per cent were mentally defective (borderline), but not sufficiently low for commitment. It happens that heretofore in the majority of these cases our findings of feeble-mindedness have had necessarily to be disregarded by the Court because of the danger of escape from a hospital for the feeble-minded (such as Dixon or Lincoln), and the offender, if found guilty, sentenced to Pontiac or Joliet. However, since the establishment of an institution for the defective delinquents and the passage of new laws by the State Legislature permitting the commitment of such individuals to the Department of Public Welfare, the defective delinquents, so diagnosed by the Behavior Clinic, are being committed to the Department of Public Welfare at the Joliet Penitentiary and from there are transferred to the proper institution. Our findings obviously expedite matters for the Diagnostic Institute at Joliet, for the psychiatrists there accept our findings without further examination and dispose of the prisoners accordingly.

About 8 per cent of those patients examined were found to be suffering from some mental or nervous disturbance or personality defect (psychopathic personality, drug addiction, neurosis, emotional instability, inebriety, epilepsy, ambulatory automatism), but not sufficiently serious to warrant commitment by the Court to a hospital for mental diseases. In most of the cases treatment has been recommended. The remainder were found to be negative, that is, no evidences of organic or functional nervous or mental disease were ascertained.

*Sources of Referral.*—The cooperation of the Judges and every division of the Criminal Court has not only continued but increased. Despite the change in the judges sitting in the Criminal Court, orders for examination originating directly from the judges has increased. In 1932 approximately 35 per cent of the cases referred to the Behavior Clinic for examination were requested by the judges themselves. In 1933 approximately 50 per cent were requested by the judges. Most of the judges sitting in the Felony Court have referred cases to the Behavior Clinic for examination, and several of the judges from the Boys' Court. A judge of the South Chicago Court referred a boy for examination who was being held in the County Jail awaiting trial in his court. The Public Defender's office has requested examinations in approximately 16 per cent, and the State's Attorney's office about 5 per cent. The public at large seems to have become more aware of the Clinic's service for 10 per cent of the private counsels for defense have referred cases to us as against 5 per cent of last year. Referrals by members of the patient's family, or friends, has shown a slight increase from 3 per cent of last year to 4 per cent of this year. The jail authorities (the Warden, Assistant Warden, and Jail physician) have referred 6 per cent; other social agencies, including the Bureau of Public Welfare, Criminal Court division, Rural Service and Veterans Service divisions, and the Juvenile Court, about 7 per cent; the Adult Probation Department 2 per cent. In one instance a Federal Probation Officer referred a female drug addict for examination; the Parole Officer of Pontiac Reformatory asked for examinations of two boys on parole whom he had incarcerated in the County Jail for the purpose of examination. (In both instances the boys were found to be psychotic.)

*Charges.*—Individuals charged with every type of offense from disorderly conduct and vagrancy to incest and murder, have been referred to us for examination. Of the cases referred the largest number were those indicted on sex crimes (32 per cent), including rape (10 per cent of the total number referred), crime vs. children (14 per cent of the total number referred), crime vs. nature, incest, indecent liberties, and contributing to the delinquency of minors. The next largest group were those charged with robbery, (17 per cent), 15 per cent of the cases referred were charged with murder, 13 per cent with burglary, 9 per cent with larceny and 4 per cent with "white collar crimes", such as embezzlement, forgery and confidence game. Among the offenders referred for examination were individuals serving sentence at the County Jail for violation of the Municipal Code on such charges as disorderly conduct, soliciting, vagrancy and non-support. In five instances individuals held in the County Jail for safekeeping while awaiting transportation to Federal prison or other institutions were referred for examination.

*Stage of Referral.*—Though it was intended that examinations by the Behavior Clinic be made after an individual was convicted of a crime, but not yet sentenced, the majority of the cases (80 per cent) have been referred after indictment, but before conviction; 12 per cent were referred after arrest and before indictment; 3 per cent referred were already serving sentence in the County Jail. The remainder were in the County Jail either on habeas corpus writs, for safekeeping for parole officers, or were prosecuting witnesses.

*Additional Services.*—The Behavior Clinic performs many services to the Court incidental to its work proper. Sometimes emergency physical examinations have to be made and patients treated. On a few occasions the psychiatrist has had to make home or hospital visits to determine the fitness of an individual to appear in court. Occasionally the psychiatrist is called into court to answer questions involving psychological phenomena.

(1) *Expert Testimony.*—The psychiatrist is called into court to testify regarding a patient's mental condition in cases where a diagnosis of a psychosis (insanity) or feeble-mindedness has been made warranting commitment to a State hospital. Thus the Court is saved the expense of paying outside psychiatrists for their testimony, and even more important, eliminates the so-called "battle of alienists", for the findings of the Clinic are, in nearly every case, accepted by the State and the Defense as impartial unbiased conclusions.

In many instances where a patient is found to be suffering from a mental disease he is committed at once to a State hospital upon testimony of the Clinic psychiatrist. Thus, not only are matters expedited, but the County is saved the expense of a trial, the impaneling of a criminal jury, the time of the judge, the prosecution and the defense. And the patient is spared the ordeal of a trial until his sanity is recovered.

The psychiatrist has on several occasions been called by the State's Attorney's office to examine a suspect in a murder case at the time of the inquest, especially where it is anticipated that insanity will be used as a defense. (In the recent Wynkoop case Dr. Hoffman, besides making psychiatric examinations of the chief suspects, Dr. Alice Wynkoop and her son, was present during every interview with all the suspects in the case. During the initial investigation in the State's Attorney's office the psychiatrist was called in to make a psychiatric examination of the Touhy gangsters suspected in a pending kidnapping case).

(2) *Education.*—Frequent informal conferences are held between the psychiatrist and judge or attorney concerning medico-legal problems. It is very encouraging to note the growing interest among the practitioners of

law in the causes of criminal behavior and its treatment, to note the veering away from the old conception of a set punishment for a set offense—a step, we feel, in the right direction.

(3) *Reform.*—Just as after years of discussion in medical, legal and academic circles the Behavior Clinic finally emerged, so too, after much discussion and finally through the concentrated efforts of the Behavior Clinic, an institution for defective delinquents and a radical change in the commitment of that type of offender, have been evolved. Though the need has been long standing, it was not until Dr. Harry R. Hoffman cohesed the general agitation into concrete meetings, committees and potent propaganda, that an amendment to "An Act to better provide for the care and detention of feeble-minded persons", was finally passed by the State Legislature. In September, 1933, a theory became an actual reform. By this law defective delinquents are committed directly to the State Department of Public Welfare who in turn, after receiving an intensive psychiatric study at the Diagnostic Depot in Joliet, are classified and committed to the proper institution. In those instances where a patient has been examined by the Behavior Clinic the findings of the Clinic are accepted without further examinations; thus the time and expense of the psychiatric group at the State Penitentiary are saved.

*Personnel.*—It is intended that all the members of the staff will eventually be placed under Civil Service. Thus far only the supervising psychiatric social worker falls in this category. The psychiatrists were selected by the Chicago Institute of Medicine; the psychologist and medical stenographers were appointed by the Director of the Clinic. The staff as it was originally conceived, consisting of two half time psychiatrists, a full time psychologist, a resident physician, two psychiatric social workers and stenographic service, was barely adequate. With the depleted budget, effective since March, 1932, which eliminated entirely the services of the resident physician and one social worker, and cut the psychologist's services to half time, the Clinic has been working under a handicap, despite which the case load has increased and the service widened, especially since the Courts have become acutely aware of its existence and dependent on its services.

The Behavior Clinic has now been in existence for 32 months. We feel that it has well justified its establishment not only for its work as an advisory psychiatric service to the Courts, nor as an economy measure effecting a savings to the County, but more important, for its inculcation into the spirit of the law and the philosophy of those practicing it, the conception of the offender as a mentally sick individual in need of study and treatment rather than a pariah to be punished according to the heinousness of his offense.