cannot be traced as a unit character through the germ plasm, as eye-color and height can.8

Various investigators state that inherited predisposition is found in 30 to 90 per cent. of the cases. The average has been estimated at from 60 to 70 percent.9

Often the causes which operated at the time the individual was beset with a psychosis have been designated as the sole cause. Of much importance is the makeup of the individual which allowed such conditions to operate as causes at all. Psychoses can be considered as faulty adjustment of the individual which develops because of some weak point in the personality of the individual. This weak point can be traced to its development in early life.10

Alcohol and syphilis are two important agents in bringing about an acquired predisposition. The eradication of syphilis would eliminate general paralysis and psychoses with cerebral syphilis and tabes. It is well known that the elimination of syphilis would prevent at least one-eighth of all cases of mental disease.

However, there is a mistaken impression that alcohol is the principal cause of mental disorders. Two to eight per cent of the first admissions to mental hospitals are due to mental conditions in which alcohol

8. Ibid., Page 35
10. Ibid., Page 36
operated as a factor.\textsuperscript{11}

For nine states in which data was available, it was found that "over half of the first admissions whose habits with respect to alcohol were ascertained, were found to be abstinent, and only one in six was intemperate."\textsuperscript{12} The following table for the nine states included represents the use of alcohol by first admissions to state hospitals.\textsuperscript{13}

\begin{tabular}{l}
6,533 or 46.2 were abstinent. \\
4,244 or 30.0 were temperate. \\
2,145 or 15.2 were intemperate. \\
1,232 were unascertained. \\
14,154 total. \\
\end{tabular}

In addition to alcohol and syphilis, tuberculosis and the prolonged toxic condition which it brings about, would probably be considered third among the factors producing an acquired predisposition.\textsuperscript{14}

Among the general predisposing causes are listed such factors as age, physiological epochs, as puberty or menopause, sex, civil condition, climate, civilization and race.\textsuperscript{15} "The influence of geography upon mental health does not appear to be important."\textsuperscript{16}

Predisposition alone is not sufficient to produce mental disorder unless mental stress is added. Among the physical conditions which are considered as important exciting causes is poison. There may be

\textsuperscript{11} Pollock, Horatio M. "Preventing Mental Disease" Hospital Social Service, Vol. 21, 1930, Page 263
\textsuperscript{12} Furbush, Edith M. "Social Facts Relative to Patients with Mental Disease" Mental Hygiene, Vol. 5, 1921, Page 599.
\textsuperscript{13} Ibid., Page 599.  
\textsuperscript{14} (See page 47)
poisons coming from without, such as, alcohol, opium, cocaine, or poison coming from within the body.

Traumatic injuries, such as direct injuries to the head, as a fracture or bullet wound, and indirect injuries, such as a blow to the spine, operate as exciting causes. Exhaustion, as from a prolonged physical or mental strain, chronic disease, or as the result of acute conditions following fever, is an additional physical exciting cause. Any mental stress, or sudden emotional shock, as well as worry and anxiety over a period of time, may act as an exciting cause in the development of a psychosis.

A brief summary of the foregoing material may be presented in the following outline:

I. Predisposing Causes
   A. Individual
      (1) Inherited
      (2) Acquired - Alcohol, Syphilis.
   B. General - Age, Sex, Race, etc.

II. Exciting Causes
    A. Physical
       (1) Poisons
       (2) Traumatic
       (3) Exhaustion
    B. Mental
       (1) Shock
       (2) Anxiety and worry

"Aside from such factors as psychological traumatag.....and worry the more remote and subtly acting intropsychic conflicts are of greater importance. Tendencies for which the individual has never been able to find a comfortable adjustment, desires which he has always had to keep strongly repressed, may finally assert themselves and constitute the symptoms of a psychosis."17

CHAPTER VI
Descriptive Cases

As was stated in the introduction, the purpose of this thesis is to determine, if possible, the relation between dependency and mental disorders. The significance of mental disease to a family agency has been noted, as well as references made to mental health during a depression. However, particular emphasis has been placed on the facts pertaining to what degree mental disorder has created dependency and to what extent dependency on a social agency may have brought about directly or contributed indirectly to mental disorder.

Because it is necessary to obtain as complete a picture as possible of the individual for interpretation of the case, emphasis has been placed on the medical and social history of the individual as obtained from the two sources. Only slight references have been made to the excellent social treatment which appeared in many cases, and then only when it was of such a nature as to give insight into an individual's reactions. No medical treatment has been included. The records of each agency have been used with a view of obtaining information in regard to case history, rather than as showing the work and method of the agency in the handling of the case.

Within the selected dates for study, nineteen cases were found to be known to the Family Service
Society of Richmond and the Medical College of Virginia Dispensary, also located in Richmond. However, only sixteen of the nineteen cases could be located in the files of the Family Service Society. The remaining three cases could not be located, no doubt because of the illegibility of the Dispensary records, which rendered correct spelling of the names difficult. Also these cases may have been checked by mistake as coming from the Family Service Society when in reality they were not known to the agency.
CASE 1.
Josie Thayer

The patient, white, thirteen years of age, was first examined in the Mental and Nervous Clinic in 1926. The complaint was one of fainting spells. These attacks, preceded by a cry, in which the patient fell, bit the tongue, jerked rhythmically, had been diagnosed as epilepsy many years before. However, the Mental and Nervous Clinic did not believe the seizures were true epilepsy and a diagnosis of metabolic deficiency and hookworm was given. In 1931 the patient was again examined in the Mental and Nervous Clinic for the same complaint. No diagnosis was given.

In 1931 the case came to the attention of the Family Service Society. At this time the patient's mother was employed at such a low wage that she could not furnish the necessities of life and the expensive medicine which the patient required. The family at this time consisted of the patient, her mother and her sister, Sue, 15 years of age. The patient, 16 years of age, when the case was opened with the Family Service Society was single and was considered the less attractive of the two sisters. Sue was left in charge of the patient while her mother was away at work, as she had several attacks a day and sometimes as many as twelve.
There are differing reports from the patient's mother and sister as to when the first attack occurred. In 1928 the patient fell from a sliding board on some hard sand and injured her coccyx bone. She was temporarily stunned and two days later the first attack occurred. When just a baby, the patient fell from the bed and ruptured a blood vessel on the brain. One hour later the first attack occurred, her mother reports. In another statement the first attack occurred two days after the patient's father had punished her for telling her mother of his flirtations. Previous to this, her father had always been partial to the patient, but from then on he centered his attention on his other daughter.

The patient's attacks were preceded by extreme nervousness. She dreamed of being pushed off the porch or couch and of a huge dog biting her. In her childhood a god had bitten her and two days after she had her first attack, says her mother in another statement. Although the North Carolina State Hospital has diagnosed these spells as epilepsy they are believed not to be true epilepsy. The Medical College Dispensary describes them as hysterical seizures. The patient's mother had great faith in the diagnosis of a fortune teller who said the "fits" were the result of a "spell" put on by the patient's aunt. This spell could be removed for twenty-five dollars.
The visitor from the Family Service Society attempted to get medical attention for the patient. After a great deal of education in the home, the patient consented to attend the Dispensary. Because of an unpleasant experience, the patient refused to continue treatments there, when beneficial results were not forthcoming immediately. The patient’s mother preferred to follow the advice of a friend in using Nervine, a very expensive medicine that had helped “someone” who had similar “fits.” As this medicine, even when accompanied by a charm around the neck, brought forth no marked improvement, it was discontinued for a new medicine, revealed in a dream, that had cured a friend. This too failed, so a chiropractor was turned to for treatments.

The patient’s home life was not a very pleasant one. Her father had never supported the family adequately or remained faithful to them. However, the patient was devoted to him because he had always been very kind to her, until she reported some of his actions. Because of all this the family deserted him. The patient’s mother is an ignorant person, but hard working and dependable. Her employer reports that she is a good worker.
The patient was extremely jealous of her younger sister and believed her mother to be partial to her. The patient often expressed herself on this point saying to her mother, "You love Sue best and everyone does too." A convolution usually followed these statements. At this time the patient would climb into her mother's lap and make a visible effort to prevent the seizure.

Here we have a family of three, which deserted the father. The mother who is ignorant, but hard working and dependable was the wage earner. Her income was insufficient to support the family and give medical attention to her afflicted daughter. In 1933 the younger daughter married and financial aid was not needed so the case was closed with the Family Service Society.

There is a sad commentary in the record that reports the death of the patient a few months later. The cause of death was not known as the attending physician could not be located for an interview.

It is difficult to understand the patient. Perhaps the absence of her father at various periods and the imagined favoritism for her sister combined to produce insecurity and feelings of inferiority in the patient that expressed themselves in these.
attacks, as attention getting mechanisms. The home situation may have contributed to the feeling of insecurity because of the inadequacy of the income. However, it must be remembered that the income was sufficient to maintain the family, but would not include the patient's medicine.

In concluding I would say, that as the patient's condition appears to have no organic basis, it may be well to consider it as a functional disorder, springing from feelings of insecurity. The dependency of the family may have contributed to these feelings of insecurity, however, in my opinion, the unfavorable comparison with her sister was a more important factor in creating the disorder, as these feelings existed before the family was dependent upon society. The mental disorder of the patient played an indirect part in causing the dependency of the family. Her need of expensive medicine, which Mrs. Thayer could not supply on her meager income, was the direct cause of the family coming to the agency. When the patent medicine was replaced by medical attention at the Dispensary, the family was self-sustaining.

The social worker attempted to procure medical treatments for the patient, but because of the ignorance of the mother there was little cooperation in overcoming the unpleasant associations with the
Dispensary. Mrs. Thayer could not be made to see
the necessity of the attendance of a physician but pre-
ferred to depend on patent medicines, fortune-tellers
and chiropractors for treatment.
CASE II.

Mabel Gibson

In 1927 the General Medicine Clinic of the Medical College of Virginia Dispensary diagnosed the patient's complaint of nervousness and pain in the abdomen as chronic pelvic inflammation. The patient, white, was then 26 years old. In 1931, she was referred to the Mental and Nervous Clinic because of a shortness of breath, choking and pounding of the heart. In December, 1931, nausea, severe headaches, insomnia, weakness and hysteria had been added to her complaint. In 1932 she reported severe pain in the breast, legs, and extreme dizziness. There is a notation that in 1929 she was taken to the hospital because of pus in the bladder.

The case was reported to the Family Service Society in April, 1929, because Mr. Gibson, her husband, had been in an accident and aid was needed. The patient felt that she could not face the accident troubles. Relief was continuous until the case was closed in January, 1930 when Mr. Gibson received employment and the family was considered adjusted.

The patient was a frail, extremely nervous woman, who had suffered from ill health all her life.
At the age of 16 she was married to Mr. Gibson. Their marriage was considered a happy one. The patient was very conscientious in regard to duty and went about her house work in a tense apprehensive mood. Throughout the Family Service Society records, there are repeated mentions of her extreme nervousness and a suggestion that she might use it as an excuse. Her private physician had diagnosed her case as post operative neurosis following many operations.

While the patient's nervousness was greatly increased by the accident and the insecure financial conditions of the family, it would not be correct to give these factors as the cause of her disorder. Her medical record anti-dated these crises by two years and there are references to a long history of ill health. Two years after the family became independent, we notice the patient was still suffering from various disorders. The only diagnosis was that recorded in 1927.

Her nervousness may have been a factor in bringing about dependency, although, this is doubtful. The dependency was the result of the income being cut off because of Mr. Gibson's accident. The patient could not shoulder the responsibility of the family, but regardless of her ability in this line it is quite probable that financial assistance would have been necessary. The agency assumed entire responsibility
of the problems of the family until Mr. Gibson was well enough to do so.

The patient's nervousness may be the result of physical disorders, while on the other hand, these physical complaints may be the expression of some deep rooted personality difficulty. Because of the lack of definite information concerning the patient's early life, any conclusions would be of little value.

The depression had little to do with creating the dependency of the family or in producing or adding to the patient's mental symptoms.
CASE III

Walter Hook

The patient, white, was 27 years of age when he became known to the Medical College of Virginia Dispensary in 1930. He was referred to the Mental and Nervous Clinic with a complaint of numbness and tingling, weakness, abdominal pains and a burning sensation around the heart. The diagnosis was psychoneurosis (hysteria). He suffered with severe pyorrhea and had a tendency to depend solely on the prescribed medicine for cure. In 1931, he was still attending the same clinic, complaining of a poor appetite and cramps in the knees, elbows and hands at night after working. In 1932 he was examined in the Ear, Nose & Throat Clinic, and was found to have enlarged tonsils. The tonsils and pyorrhea were the only two physical disorders located.

In August, 1925, the family became known to the Family Service Society. At this time the patient, his wife's parents, and two sisters were living in a two-room house and all were sick with typhoid fever.

The next contact of the agency was in the spring of 1926, when Mrs. Hook's father was ill and the patient,
the only one at work, was earning $13.50 per week. A small amount of relief was given until Mrs. Hook's sister found work.

In 1928, the Family Service Society was again asked for aid and it was learned that the patient was still the only one working. Mrs. Hook's mother and sister were in the home and the patient was greatly worried over the funeral bill of his father-in-law, which he was expected to pay.

Since 1926 the patient had been working in a mill, although up to this time he had always worked on a farm. In 1927 he injured his finger while working and again in 1928 he met with an accident and had his foot crushed. The manager at the mill spoke very highly of the patient's work and his faithfulness to the concern.

As it was felt that time would solve the difficulties of the situation, the contact of the agency was slight.

In 1929 the agency was again applied to and an intensive case work program initiated. The patient was suffering with sinus trouble, which was expected to clear up in a few weeks. However, his illness extended from weeks to months, during which time his physicians could find no physical basis for the suffering from...
which seemed so real. He was examined at the hospital and was diagnosed as suffering from a post typhoid neurosis. He had forced himself to work, but could not stand up as well as formerly. The previous winter he had influenza, which probably increased his general nervous symptoms until at the time of the examination, he was in a supersensitive and a self-centered state.

Regarding the patient's early life, it was learned that he was one of seven children in a home broken by his mother's death. His father, who was said to be a drunkard, was unable to keep the home together, so the children were referred to the Children's Home Society. The patient and his older brother hid when the representative of this society called, so he was cared for by neighbors, Mr. and Mrs. Hoy. In return, the patient did the work around the house and small farm, and later hired out as a farm hand in order to support Mr. and Mrs. Hoy. Because he had to work hard, the patient received little schooling. Sometime later he married and agreed to support his wife's parents and a crippled sister. He appears never to have forgotten his promise.

While the patient was in the City Hospital, the Family Service Society visitor located his brothers and sister, whom he had not seen since childhood.
This seemed to relieve him of a great deal of worry and when he was discharged, he derived much pleasure from visiting them.

Mrs. Hook's and her mother's attitude toward the patient's illness did much to create a real handicap in his fight for readjustment. They both assumed a motherly attitude and felt that he should do little to exert himself. They were constantly rushing around behind him to grant his every wish. His health was made the ready topic of conversation and his symptoms were described in detail.

The patient's condition was recognized as mental rather than physical. It was decided that he should attend the mental and Nervous Clinic. This was done reluctantly at first, but after a couple of months, Mrs. Hook talked to the psychiatrist and the patient made a decided improvement. At his last visit, the psychiatrist told the patient that he was a well man and should look for some light work. This he did, but did not feel physically able to work and did not continue it long. There is no record of his having secured regular employment.

The case was closed in 1932 when the family moved away and contact was lost.
Here we see a man that was suffering from some functional disorder. The causative factors are listed as:

1. Lack of security since early childhood.

2. Depression resulting from social isolation and environment.

3. Evasion - fear of recurrence of responsibility.

4. Satisfaction derived from illness. He received much attention from the family.

The patient's mental trouble can scarcely be considered an outgrowth of his financial dependency. The dependency was brought about by the patient's ill health apparently has no physical basis and is considered the result of personality disorder, dating back to early life experiences. While the financial situation of the family no doubt aggravated the patient's condition, in no way can we say it was a causative factor.

The social worker recognizing the causative factors in the patient's case was able to carry out an effective treatment program. By the location of his brothers and sister, the patient was able to overcome, to a degree, the depression resulting from social isolation. Mrs. Hook's attitude, which was a
hindrance to the patient's improvement, was changed after an interview with the psychiatrist. Following this the patient made a decided turn for the better. Perhaps if the case had been continued, the ultimate goal of making of the patient, a fully developed, mature, independent person could have been obtained.
CASE IV

Alley Morgan

The patient, white, 50 years of age, was first known to the Medical College of Virginia Dispensary in 1924, when he complained of neurologic pains in the back.

In 1924 and 1926 he was examined by the Tuberculosis Clinic. His infection of the spine was diagnosed as inactive. However, the orthopedic examination at this time revealed increasing numbness and pain, due to mechanical irritation of the bony structure of the spine. Spondylitis was diagnosed. There was also a diagnosis of constitutional psychopathic inferiority in the Orthopedic. It was learned that the patient was a moderate drinker and smoker. An infection of gonorrhea in his youth was reported. He was also examined in the General Medicine Clinic at this time.

In 1931 he complained of indigestion but the examination in the Gastro-Intestinal Clinic showed that his gastric analysis was normal.

In 1932 he was known to the Ear, Nose and Throat Clinic because of sinus trouble and bad teeth. In this same year he was referred to the Mental and Nervous Clinic because of pain in the left forehead, cheek, eye, right shoulder, knee
and hip and nervousness. A diagnosis of chronic encephalitis was returned.

The patient was one of four children and, as he was a delicate child, his brothers and sister usually gave in to him, so there was little friction between them. He never attended school. At the age of fifteen he came to Richmond to work for the Postal Telegraph Company and later for the Virginia Electric and Power Company. He married in 1906 and moved back to the farm. In 1921 the house burned and all the furniture was lost. One of his brothers-in-law, who was doing quite well, financially, established him on the present farm.

Due to dry weather the crop was a failure and in 1926 the Family Service Society was asked to call. At this time Mrs. Morgan was in the sanatorium for tuberculosis and the patient was greatly worried about his infection, although it had been reported inactive. There had been many cases of it in his family and, as both he and Mrs. Morgan had had tuberculosis during their life, the family was much concerned and interested in prevention of it. He was not able to do any work that year, leaving the farm entirely up to his seventeen and fourteen year old sons.
In 1929 we get a different picture of the patient. His two sons were still working the farm, but the patient was very unjust and harsh in his treatment of them. He assumed a dictatorial manner that made life very difficult for his family. The patient was suspected of immoral relations with negroes, but, because of the children, Mrs. Morgan was willing to condone his actions. She was willing to do any thing to keep peace in the family. She and the children were regarded highly in the community while he was looked upon with disfavor.

The patient was a restless sleeper who worried and thought about himself a great deal. It was necessary for him to wear a cast which worried him and probably contributed to his irritableness.

The patient was referred to the Nervous and Mental Clinic due to his nervousness and restlessness. His poor physical condition, due to tuberculosis of the spine, seems to have caused a depression he was unable to throw off.

In 1927 a diagnosis of constitutional psychopathic inferiority was given. In 1932 chronic encephalitis was diagnosed. Regardless of the diagnosis, his
poor mental and physical health made it impossible for the patient to support his family. His irritability was not noticed until a year after the family became dependent. However, even in childhood, his illness and delicate health served as an excuse for his restlessness and his domineering attitude. It is no wonder we find him using the same mechanism as a man, although doubtless his suffering was genuine. These factors, which include poor physical condition, undesirable home training and the dependency of the family, may have contributed to produce constitutional psychopathic inferiority. The personality difficulties may have been the result of encephalitis. The record does not show whether or not these were of recent development or dated from childhood. This malady, being an organic disorder, could be considered a direct cause of mental trouble. Otherwise we might consider his difficulty as the result of training in childhood, due to illness, that so educated his emotions as to render him incapable of surmounting his financial crisis or of developing a desirable personality.

Although the family received continuous relief from 1926 up to the present time, we notice that in 1929 a change in the patient's personality became
apparent. Whether this was due to organic physical complaints, functional disorders of long standing or the psychology of the depression, it is hard to determine. The patient's mental trouble apparently did not begin until after the family became dependent. When the case was opened in 1926 the patient was a cooperative individual, which stands in marked contrast to the picture of irritableness and harshness which he presented in 1929. However, the physical condition due to tuberculosis of the spine and chronic encephalitis probably were more important factors than the depression in bringing about a personality change.
CASE V

Walter James

The patient, white, age 39, was examined in the Mental and Nervous Clinic in 1928. The complaint was nervousness, dysentery and neuritis. The neuritis was a complication appearing within the previous six months, but the nervousness had been present several years, especially following a "spree." The dysentery followed an attack of typhoid fever seven months previous. The diagnosis was effort syndrome and mucous colitis. Except for these complaints, the patient reported that he had been in good health all his life. However, at the age of fourteen, there was a Neisserian infection and canchre. For these he treated himself and recovered.

In 1929 he reported to the Mental and Nervous Clinic because of dull pains over the body and a tingling sensation over the lower limbs. There were also dizzy spells, accompanied by weakness and ringing in the ears.

In 1932 a cast was made at the Memorial Hospital for an old foot fracture. Later this was removed in the Orthopedic Clinic. In 1931 the Surgery Clinic had treated this fracture.

The family came to the attention of the Family Service Society in September, 1924, at which time Mr.
James came into the office asking for assistance. Because the children were ill, she had found it necessary to stop work. As the patient was sick in Washington, there was no income for the family. Relief was given for two months. From 1924 through 1927 relief was needed at some time during the year for a short while. From 1928 up to the present time, February, 1933, aid has been necessary every month. Since the case was opened the family has been known to eight institutions in the state, asking for assistance in solving their problems. These, of course, were not relief giving agencies.

There were six children in the family. Four had been tested at the Children Memorial Clinic and found to have I. Q's of over 100.

The patient was the youngest and only boy in a family of four children. His father was a heavy drinker, but was always able to give his sisters and mother, who have continued to protect him as far as possible, throughout his life. He attended public school, but stopped before he was fifteen to serve a four year apprenticeship in the brick layers trade. At this time he was reported as being the youngest brick layer in the United States.
As a young man he was easy going, sociable and had more money to spend than most boys his age. He was never made to feel any responsibility toward the support of the household. He began to drink at the age of seventeen, indulging only on the week-ends.

At the age of twenty-six he married, after a brief courtship. For the first nine years of his marriage he contributed sufficient money to prevent the need of outside assistance, although there were periods of deprivation. With wages of $10 to $12 per day, he was able to maintain the home with only a few days work per week. The marriage was not a particularly happy one. During each confinement of Mrs. James, the patient went to Washington to be with his mother, who would encourage him to remain.

Mrs. James often smelled liquor on the patient's breath before marriage, but she did not believe he drank excessively. He continued to drink through married life and, since prohibition, the whiskey had been more injurious to him. After every drunken "spree," he had an attack of kidney colic. Until the last few years he was quiet during his periods of intoxication, but recently he had become increasingly quarrelsome and noisy. He had never been physically abusive to his wife or the children. Mrs. James believed that excessive in-
dulgence had affected the patient's mind. He had been arrested in Washington many times for drunkenness and had served time in the work house. However, Mrs. James was always willing to forgive him and hoped someday he would do better.

At one time the patient was considered one of the most skilled brick layers but, during recent years, he had been drinking so heavily that it was difficult for him to secure work, as contractors could not depend on him. He was frequently under the influence of carraway extract, which caused his hands to tremble to such an extent that it was impossible for him to place the mortar in the right place.

Because the patient's use of alcohol appeared to be the greatest problem in the family situation, the Family Service Society visitor concentrating her treatment on this factor. In 1928 the patient was sent to the Staunton Hospital for treatment, but escaped in a few days. Because of the lack of cooperation on the patient's part, the idea of effecting a cure was abandoned temporarily, and in 1929 he was sentenced to the State Farm for a year. Aid was given to the family, which seemed to present no other problem than the one of dependency. Since the patient's return to the home, attention has been centered on his physical condition
and on the hope of gaining an insight into the cause of his excessive use of alcohol.

In this family we see a man who has been addicted to drink over a long period of years. His continued indulgence has brought with it mental deterioration and physical complications that have made it impossible for him to secure regular employment, regardless of the fact that he is a skilled workman and formerly earned a good wage.

While the date that relief was first given precedes the earliest date in the medical history, we know that the physical breakdown proceeded and caused the economic dependency. The financial dependency, no doubt, contributed to his mental state in such a way as to increase his indulgence in alcohol.

It would be interesting to speculate on the reasons for the excessive use of alcohol. It is often used as a temporary escape from some unpleasant reality. It furnishes a relief from feelings of inferiority and an escape from the memories of unpleasant experiences. Quite often young people regard it as a declaration of independence. To them it appears as an act of maturity; a sign that the person has attained an age when freedom of action can be indulged in. Alcohol also promotes sociability by affecting the tongue.