and mouth muscles and paralyzing certain inhibitory areas of the brain.¹

Perhaps none of these reasons will explain the formation of the alcoholic habit by the patient, but it is probable that with the example of his father’s drinking and his mother’s over-protection, one or perhaps several of these reasons operated as a factor in causing him to acquire the habit of drink.

CASE VI

Charles Wade

The patient, white, 36 years of age, was referred to the Mental and Nervous Clinic in 1932. No diagnosis was given. At this time he was working for the Family Service Society and complained of feeling tired, run-down and of indigestion.

The family was first known to the Associated Charities in 1925, when the patient's wife asked for assistance. The patient had deserted and she was pregnant and unable to work and support the five children. As the patient returned in a few weeks and relief was unnecessary, the case was closed. In November, 1927, it was opened again when the patient was out of employment. Relief was necessary. The case was closed in April, 1928, because the family refused to help themselves when it was possible. It was reopened in November, 1931, when there was some dispute as to with whom Dorothy, the patient's step-daughter, should live. The case remained active until 1933, when it was transferred to the Social Service Bureau because unemployment seemed the major problem and the latter agency handled such cases.
The patient was born in 1895 on a farm. Here he spent his early childhood with his two brothers and one sister. The patient attended school, completing the grammar grades and one year of high school. He later learned the carpenter trade and came to Richmond when he was 20 years of age, seeking employment. Being unable to secure steady work at this trade, he took a job at the American Locomotive Works at $35 a week. He worked there a number of years and was very fortunate in picking up outside work when there was none at the plant. Since 1923 the patient had worked very irregularly and had gone for long periods of time without work because he could not get the kind of work he preferred at the wages he felt he should receive. His work record showed that he was a good carpenter but that he had an exalted opinion of his ability. His brothers and sister have known him to turn down work when his children did not have sufficient clothes or food, because the wages were too low.

When quite young, the patient married Martha White, who was "quite the finest girl in town." She was a good housekeeper and clever manager who helped her husband in every way. The patient earned good wages as a carpenter and maintained a comfortable home. His wife died in 1920, leaving three children, two of
which were considered dull and one was feebleminded. After her death, the patient seemed to change completely. He took his children and disappeared and was not seen until November of the following year. At this time he came to his brother's house, asking that his oldest son, 8 years old, be cared for temporarily. Father and son were pathetically dressed and in a filthy condition.

In 1923 he married Mrs. Madelon Parker, a divorcée with one child, Dorothy. Mrs. Parker married the patient before her divorce was granted and considerable difficulty was experienced in persuading her to take the necessary steps to legalize the decree. She is described by her relatives as irresponsible and a poor manager. Prior to her marriage she was employed by the Indian Tobacco Factory but the patient refused to let her take a job, although he could not support her. Two children were born, one of which died.

The family has deteriorated gradually. The relatives on both sides have provided from time to time, but there is rarely enough to eat. The patient's two brothers were constantly getting him out of difficulties. They were hard working men who earned small wages but managed to live within their incomes. The patient had the reputation of being "no good" among his creditors.
and it was reported that he bought things on the installment plan, making a small down payment, and then pawned them. The family lived in a colored district, in a house badly in need of repairs. Regardless of where they lived there was always an air of desolation about the place.

The patient had violent temper tantrums and mistreated his wife, beating her so that she had to run from him. During these rages, Mrs. Wade went to her sister for protection. Her sister reported that the clothes she gave the patient's wife were torn from her back. However, neither the patient nor his wife would admit that they do not get on together. Mrs. Wade believed he was "irritable at times and did not sleep well at night." The social worker had some difficulty in getting the patient to attend the clinic as he believed he was "not crazy."

In this case we see the patient as a man who had some education and training. He came from a home that was stabilized and his brothers and sister had been able to take their place in the community as independent citizens. The patient himself was a contributing member of society until the death of his first wife. Within three years he married a woman of inferior quality and his deterioration, which was already noticeable, became more so. His employment
was very irregular and the family was in want a great deal of the time. Two years after his second marriage the Family Service Society was called in but relief was not given until two years later. The dependency of the family was the result of the lack of responsibility the patient felt toward his family. This personality change was noticed in him six years before relief was necessary and two years before the Family Service Society knew the family.

Although the patient professes to be greatly worried about the financial situation in 1933, we know that this mental condition antedated the depression and cannot be said to have been caused by it. While the insecurity of the family contributed to the patient's mental condition, it cannot be considered a causative factor. The personality change can be traced to the death of his first wife. At this time the patient seemed to become demoralized. Financial insecurity followed as a result, and, in turn, contributed to the patient's disorder. He was hindered in making satisfactory adjustments later because his second wife was of the irresponsible type that contributed to his demoralization.
CASES VII AND VIII

Reuben Tateman

Jean Tateman

In this family there are two members known to the Mental and Nervous Clinic.

Mr. Tateman, white, when 37 years of age, was examined in the Eye Clinic in 1931 because of blurred vision. He was a bus driver and attributed his condition of one and one-half years duration to escaping gases during his work. At this time he was fitted with glasses which seemed to help. He returned the following year with the same complaint and was referred to the Mental and Nervous Clinic because of a suspected nervous lesion. Here a diagnosis of tabes dorsalis was returned. The Wasserman was 4+ but within nine months after treatment the report was negative. There was also a history of gonorrhea in 1928.

Jean Tateman, four years of age, was known to the Pediatric Clinic in 1930. The complaint was "falling out spells." Following these attacks she was in a dull stuporous condition and could not sleep very well. At five months of age she was turned out of her carriage and has had about two attacks a year since. The Children's Memorial Clinic in 1932 returned a
diagnosis of epilepsy and described the patient as possessing normal intelligence. She was a breech case.

In 1932 Jean was examined by the mental and Nervous Clinic. The attacks were described more fully but there was no diagnosis given. At five months of pregnancy Mrs. Tateman had a miscarriage and believed the patient should have been a twin. The Wasserman was negative.

The Tateman family was referred to the Family Service Society in 1930 by a church of which they were all members. At this time Mr. Tateman was a bus driver but was deeply involved in debt, amounting to three thousand dollars. The social worker went into the financial situation thoroughly making a plan whereby the family could continue to be independent and pay a small sum regularly on past debts. However, against the advice of the Family Service Society he went through bankruptcy for the second time in his life and shortly lost his job. The family was dependent upon the Family Service Society until June, 1931, when they moved out of the city. Here they stayed at the home of relatives and Mr. Tateman procured temporary employment. Because the legal residence was in Richmond the family was returned in October, 1931, and have been totally de-
dependent upon the Family Service Society since then.

Mr. Tatemman was an amiable, rather easy going person and probably easily influenced. He appeared to be very fond of his wife and children. He claimed always to have been in good health except for an operation for hernia. He was unwilling to acquaint his wife with the diagnosis of the medical College of Virginia Dispensary because of feelings of guilt and a fear that she would believe he became infected through extra marital relationships. He was most anxious for the rest of the family to have physical examinations.

In Mr. Tatemman's instance the mental trouble was organic. In no way did it cause dependency as this was caused by his loss of employment due to garnisheement, although bankruptcy had been granted. Neither was it aggravated by the need of financial aid.

In Jean's case no relation between her complaint and dependency is noticed. Her disorder apparently was the result of an accident in childhood.

As the problems in this family were unemployment, indebtedness and poor health, the treatment offered by the agency was on the executive level and dealt directly with these problems. It was on the advice of the social worker that Jean and Mr. Tatemman visited
the Dispensary and received treatment. The social worker also attempted to budget the income of the family but they did not follow the plan. Because of a garnishment which would have been forestalled, Mr. Tateman lost his job.
CASE IX

Helen Kinney

The patient, white, 37 years of age, was admitted to the Mental and Nervous clinic in December, 1931. The diagnosis was pregnancy and feeblemindedness. In March, 1932, she was examined in the obstetrical clinic.

The patient's family came to the Family Service Society in February, 1925, after being in Richmond one week. The patient's husband was out of work and the family was in great need. From that date until August, 1932, when the family was referred to the Social Service Bureau, there is a history of three openings and closings of the case. In each instance the case was closed because the contact was lost or the family moved away. There were twelve residences within the city recorded.

About $86 has been expended in relief at intervals of unemployment. The record contains much correspondence that shows the family has moved a great deal and in every city where they resided they resided they have been known to the social agencies. The family has had no legal residence since 1921.

The patient's husband was of an irresponsible and trifling type. By trade he was a baker but had met with little success in this line. He and his family of five children and the patient had wandered about from city to city, seldom having enough for
more than one meal at a time. Mr. Kinney had an artificial leg which caused him to lose some time from work because it did not fit well. However, his absence of permanent employment may be attributed directly to the fact that he drank and could not get along with other employees.

The patient, as might be expected because of her limitations, was very irresponsible and easily influenced. She kept a very poor home and neglected the children to such an extent that they resorted to garbage cans for food.

In this family we notice the medical history of the patient is dated after the family became known to a social agency. As the mental condition of the patient and the dependency of the family are conditions of long standing, little regard can be given to the dates. While the early childhood of the patient is not known, it is quite probable that her feeblemindedness revealed itself then and may even have been a congenital condition. However, this is not to say that all feeblemindedness is present at birth or even an organic condition at all times. Professor S. H. Burnham in The Normal Mind speaks of a pseudo-feeblemindedness which is caused by emotional shock and emotional attitudes, among other things. Perhaps the unstable home life of the family contributed to the patient’s disorder.
However, as this cause of pseudo-feeblemindedness is somewhat unusual, it would not be fair to list dependency as the cause of the patient's trouble.

Neither did the depression have any effect, apparently, on the patient. The financial condition of the family had always been a precarious one. The depression may have aggravated this condition but the lack of employment or resources was not a new situation for the family to face. The feelings of insecurity made their advent many years before the depression and were associated with dependency in general rather than the depression in particular.

However, it is plain that the lack of responsibility in both the patient and her husband was the cause of the dependency. Little is known of Mr. Kinney's background and mental disorder may have played a part in his undesirable personality development.

The Family Service Society was able to accomplish little in the way of treatment because the contacts with family were so irregular. Just as a treatment plan was formulated, the family would move and not be heard of for some time. The personality of
Mr. Kinney and of the patient, particularly, offered few resources about which to develop an effective treatment program, had the contacts been continuous.
CASE X

Flora Carter

The patient, white, age 37, was examined in the Ear, Nose and Throat Clinic in 1926. She complained of frontal headaches since fourteen years of age. Her eyes were examined and also the nasal sinus passages, which were found to be clear. Treatment was given.

In this same year she was known to the Mental and Nervous Clinic with a nervous complaint and muscular rheumatism. This trouble began about five years before. A diagnosis of psychoneurosis was given. In 1932 she returned to the Mental and Nervous Clinic because of "sinking spells" and intense headaches. Due to increased nervousness, she had been unable to work for two years. Some glandular disturbance was suspected, as the result of a serious operation in 1922.

The patient became known to the Family Service Society in 1925, when she came to the office asking for aid because she was in debt. She was separated from her husband and had three children dependent upon her. Relief was given and has been given since, at various intervals. The total relief amounted to £261 in February, 1933, when the case was still active.
Regarding the patient's early life, we know her parents were separated when she was nine years old. Her father, an oyster-man by trade, placed her in a home with the two other children. At fourteen he urged her to marry, although she did not care for the man and had little conception of married life. Her father later married her husband's sister.

The patient lived with her husband for eighteen years, although there was continual quarreling and Mr. Carter did not support the family. In 1921 a divorce was granted, the patient receiving the custody of three children and her husband the custody of two boys. There was another girl also but she has since married.

The patient had always worked until 1926, when she felt it would be impossible to continue because of muscular rheumatism. When the physician recommended that she return to work, she became very indignant. Because she would not return to work, her two daughters found jobs. They worked very irregularly and treated their jobs lightly.

At this time, the patient's questionable relationship with two men was learned of. Because of her association with them she had been asked to move from
several boarding places. In February, 1927, the case was closed as the patient had a job, only to be opened the next month because her wages were insufficient. At this time, the neighbors reported on an unusual number of men visiting the home and they believed the patient to be immoral.

In June the case was closed again as the patient had employment and was not opened until November, when she was ill and out of work. The case was not closed until August, 1928. At this time, contact was lost because the family had moved and left no forwarding address. It was opened in February, 1930, and between that date and February, 1933, when the case was active, there is a record of three openings and two closings of the case, due to loss of contact.

The patient was reported many times by her neighbors as having loud drinking parties, at which the guests remained until morning. Her younger daughter was frequently present.

It is hard to analyze the patient's condition. As there is a history of asocial conduct, which may be considered as a symptom of personality maladjustment, previous to the giving of relief, it is doubtlessly true that we should find many causative factors
for the diagnosis in her early marriage and childhood, if complete histories were available. Relief was given in 1925 and, while the diagnosis was dated 1926, we know her complaint of nervousness and muscular rheumatism began in 1921. The dependency cannot be considered a cause in producing mental trouble although the mental disorder, manifesting itself in asocial attitudes, disorderly conduct and physical complaints, brought on dependency.

The depression cannot be considered a causative factor as the mental trouble was evident before 1929.

Although the case has been known to the Family Service Society for eight years, little improvement in the condition of the family has been observed. It must be remembered that in this period of eight years the case has been opened four times and closed three times. As the causes of the patient's disorder are deep seated, it is probable that the training of a psychiatrist would be necessary to bring about effective treatment. The social worker could well have devoted her time on the case to work with the daughters in the home. The record does not show that this was attempted.
CASE XI

Beatrice Lawton

The patient, white, 32 years of age, was examined in the Mental and Nervous Clinic in 1931. She suffered with "splitting headaches and sinking spells." A diagnosis of psychoneurosis was given. In 1932 she returned to the Clinic with the same complaint.

The family was referred to the Family Service Society in 1928 by the landlady who reported that the patient's husband was out of work and the family in need of assistance. It was active with the agency from this date until December, 1929, when the case was closed because of loss of contact. It was reopened in May, 1930, when the patient was ill and her husband was out of work. In June, 1931, the case was transferred to the Social Service Bureau as Mr. Lawton was an employable man and the arrangement between the two agencies was that the latter agency would handle such cases.

The patient was married the first time when she was sixteen. As she was totally unprepared for married life and not fully developed, her marital relations were most unpleasant. Her husband was at first very kind but soon grew disagreeable and made
excessive demands of her. He drank a great deal and while intoxicated often abused the patient. During one of these periods he slashed her neck and dragged her out into the street. She would have bled to death if her friends had not come to her rescue. After this she secured a divorce. There was one child which died.

Seven years ago she married Mr. Lawton, who was a widower. He was very kind to her at the time of her father's death and the other roomers, where they both were staying, urged her to marry him, although he was twenty-three years her senior. He had always made good money at the Locomotive works, until work was slack and he was laid off. His foreman spoke highly of him and said that although he drank frequently, it never affected his work and he had never been seen drunk. The couple were supposed to be very happy, but it is doubtful if the impression of the relatives was correct on this score.

The Juvenile Court has a record in 1926 which shows that the patient had her husband arrested for non-support on the charges that "he drank up all his wages." He was put on probation, but got drunk in three days and forfeited his bond. The patient states
he had always supported her until he started drinking too much, which was a recent occurrence. However, his first wife left him because of his indulgence in alcohol. After a few months Mr. Lawton reformed and kept his promise very well.

When Mr. Lawton lost his regular employment, he became very discouraged but nevertheless was untiring in his efforts to secure work. The family could not manage their household during this crisis and the Family Service Society was asked to help. Mr. Lawton had a hernia and could not do heavy work, although he tried on several occasions. He was able to procure temporary work from time to time but did not earn enough to sustain the family.

The patient was in ill health much of the time. She suffered from sinus trouble which she believed might have caused her terrific headaches. However, she told of an accident several years ago when a board fell on her head and she stated that she had been bothered with these headaches since. In 1928 it was necessary for her to go to the memorial hospital when she thought she was in labor. She was very ill during her pregnancy and her condition was considered serious. At this time Mr. Lawton did the housework,
cooking and cared for the children.

Later the patient's health improved and the family was turned over to the Social Service Bureau according to the plan between the two agencies as unemployment was considered the chief problem.

The patient's health was considered one of the social problems contributing to dependency. Perhaps, if she had been in good health the family could have solved their problems to a degree. The diagnosis in her case was psychoneurosis, three years after the family became dependent. Because of the nature of the disorder it is difficult to determine the causative factors, but no doubt her early marital experiences and the great emotional shocks they contained had more influence on her mental health than the fact that the family was dependent economically.

The family was made dependent by the reduction of employment due to the depression. The notice that the diagnosis of the patient in the Mental and Nervous Clinic is dated 1931, one of the depression years. However, the patient's mental health improved within a year, the economic crisis and the resulting dependency cannot be said to have caused the mental symptoms. At the time of the patient's improvement, Mr. Lawton was still unemployed.
CASE XII

Annie Phillips

The patient is a negro woman, 24 years of age, who was referred to the Mental and Nervous Clinic in 1932 because of her irrational behavior. A diagnosis of lues was given.

The family came to the attention of the Family Service Society in January, 1928. Mr. Phillips was in jail for reckless driving and assistance was needed. There were three children in the family at the time. Two more were born during the agency's contact with the family. Relief has been given regularly. The case has remained active through 1932.

The patient's parents were illiterate farm people. They moved to Richmond in search of a better living shortly before Annie was born. As there were several other children, her parents could not afford to keep her in school long. Even while she was there she progressed slowly, advancing only to the third grade. She married shortly after leaving school at the age of sixteen. She had been keeping company with Bernard Phillips and was two months pregnant at the time of her marriage. Four children were born of this union.
Just before the birth of the fourth baby, the Family Service Society was called upon because of indebtedness, insufficient income and the imprisonment of Mr. Phillips. Until his release the Family Service Society furnished material assistance. He deserted his family a few months after he was released and assistance was again necessary. Since the birth of her last baby, the father of whom was illegitimate, it has been necessary to give regular relief.

In August, 1931, the patient was on her way to get vegetables from the farm on which her brother worked when the vehicle in which she was riding overturned, causing a scalp injury. She was confined to the hospital for several weeks in a critical condition. During this time her younger sister managed the home and the children. For the first time the floor was swept and the children had sufficient clothing. Upon the patient's return from the hospital, an inability to adjust herself to the home situation was noticed. She assumed a peculiar, resentful attitude toward her sister and other relatives, making it necessary to remove her sister from the home. When approached about these things she assumed a defensive attitude,
Because of her peculiar behavior, she was referred to the Mental and Nervous Clinic.

Here we have a case in which personality changes followed a head injury. During the physical examination, syphilis was discovered. This complicated the family situation, making it necessary for the Family Service Society to accept the responsibility of making a plan for the children.

The patient was rather backward as a child, but she and Mr. Phillips were able to maintain the home until he was imprisoned. The patient could not solve her difficulties during this crisis, so the Family Service Society was called upon. In this family the dependency was the result of the man of the household being unable to contribute because of his imprisonment. Due to the scarcity of jobs at this time, the patient was not able to maintain the family and assistance became necessary. Thus, the depression played an indirect part in causing the dependency of the family.

Neither the depression nor the dependency of the family can be said to have caused or contributed to the mental disorder of the patient. She had been