A Study of First Admission Negroes Diagnosed as Having Alcoholism at Cook County Psychopathic Hospital between January 1, 1947 and December 31, 1951

Henry Johnson Ratcliffe

Loyola University Chicago

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A STUDY OF FIRST ADMISSION NEGROES DIAGNOSED AS HAVING ALCOHOLISM AT COOK COUNTY PSYCHOPATHIC HOSPITAL BETWEEN JANUARY 1, 1947 AND DECEMBER 31, 1951

by

Henry Johnson Ratcliffe

A Thesis Submitted to the Faculty of the School of Social Work of Loyola University in Partial Fulfillment of the Requirements for the Degree of Master of Social Work

June

1953
Henry Johnson Ratcliffe was born in Little Rock, Arkansas, November 2, 1914.

He was graduated from Dunbar High School, Little Rock, Arkansas, June, 1932 and from the Peoples Junior College of Chicago June, 1936. He attended Southern Illinois University and graduated from Tennessee State College, Nashville, June, 1939, with the degree of Bachelor of Science.

From 1939 to 1942 the author was principal of the Lincoln Junior High School, Fayetteville, Arkansas. He served in the aviation branch of the U. S. Navy from 1942 to 1945. He began his graduate studies at Loyola University in September, 1947.
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INTRODUCTION

The incidence and the social, economic, and medical problems of alcoholism are tremendous and have far-reaching implications for society. The present study of Negroes with alcoholism was undertaken at the request of the Social Service Department of the Cook County Psychopathic Hospital as there was no readily available statistical information that could be used to evaluate the apparent increase in admissions of this type of patient. More knowledge of some of the social factors was also desired.

This study was undertaken to provide a statistically validated picture of the trend in first admissions of Negroes diagnosed as having alcoholism by the Sanity Commission at Cook County Psychopathic Hospital, Chicago, Illinois, from January 1, 1947, through December 31, 1951.

Cook County Psychopathic Hospital, a division of Cook County Hospital, has 175 beds. It is primarily a diagnostic center for patients who are awaiting a hearing before the Sanity Commission of the Cook County Court.

Part of the function of the Social Service Department of the Psychopathic Hospital is to secure social information for diagnostic purposes at the Hospital. If the patient is committed by the Court, the information is transferred with the patient to the State Hospital and used as a guide for treatment purposes. This information also is available to other social and legal agencies with an authorization.
Histories taken by the Social Service Department are complete yet concise. The social service folder is composed of a face sheet which gives identifying information, a psychiatric history, the reason why the patient is brought to Psychopathic Hospital, and usually some statement concerning the origin and development of present symptoms.

However, the social workers usually attempt to obtain the anamnesis from relatives or friends, as in many instances one cannot depend solely on the patient for an accurate history. A number of interviews with the same informant or with different members of the family, and friends, is necessary in most cases in order to obtain a correct estimate of the family background and traits, and to secure a satisfactory account of those life experiences that have contributed to the alcoholism.

Patients in whom alcoholism is part of the picture constitute a large percentage of the readmissions to the Psychopathic Hospital. A study of all Negroes admitted and diagnosed as having alcoholism during the five-year period, 1947 through 1951, would include a large number of repeaters. In many instances the same patient would have been counted several times, thereby complicating accurate interpretation of the data. In order to give a more meaningful picture only first admission patients were studied.

Starting with January 1, 1947, a sample of the patients was taken by studying every other month. This method was chosen for study, as the mass of data for every month in the year was too great to be handled. A purposive sample was used so that the months selected represent all seasons.

The schedule method was used to obtain the data from the Hospital
records. The information was broken down according to the patient's age, sex, marital status, residence, living arrangements, education, economic or employment status, and length of time in state and county. These indices were regarded as comprising the comparable major variables necessary for a beginning study of the Negro alcoholic, and ones that at the same time may be used to point up the effects of alcoholism as a social problem.

The overall picture of alcoholism as a social problem was secured from numerous reports, articles, and some text books dealing specifically with the problem. Further information is derived from the fields of sociology, medicine, psychiatry, psychology and social work. Published articles include studies of each sex treated privately, and groups of patients treated in private sanitaria, clinics and state hospitals. Most current studies emphasize a primarily sociological, psychological, or psychiatric and psycho-analytical interpretation of chronic alcoholism. The writer has found no comparable statistical study of first admissions of alcoholics to a diagnostic hospital like Cook County Psychopathic Hospital.

Since there was no information available on admissions to the Cook County Psychopathic Hospital classified as to diagnosis, race, or sex, it was necessary to search the general admissions books for the years 1947 through 1961 in order to identify the sample. The place of residence or address was the original criterion for establishing the race of patients admitted.

Through the general admissions book it was possible to secure the case number of the patients admitted, and the diagnosis. After securing the case numbers with the primary diagnosis, the case records were then examined
directly to select those admitted for the first time during the period selected for study, and to verify the race of the patient. The schedule method was used to collect the remaining data from the case records.
CHAPTER I

SOCIAL SIGNIFICANCE OF ALCOHOLISM

Because of the popularity of social drinking the term alcoholism has never been exactly defined. Presumably a person may be considered alcoholic when he becomes dependent on the toxic effects of the drug to carry out his work or meet his social obligations, and when he is unable to forego alcohol under such circumstances.

For purposes of this study, alcoholism may be regarded as a medical and psychiatric disorder, characterized by inability on the part of the individual to achieve an adequate, mature and satisfying relationship to himself and to his environment, which is expressed by uncontrolled use of alcohol. It is accompanied by physical, emotional and sociologic symptoms of disorganization blended in varying degrees in different cases. It is a progressive disorder in many individuals. It is no respecter of intelligence, family background, education, professional status, or degree of success in various fields of economic or social activity.¹

Beyond doubt, alcoholism constitutes an immense sociologic problem. Alcoholism accounts for a high proportion of suicides, and is a contributing

factor in much mental illness. For example, declares that "it results
directly or indirectly in death, disease, poverty, sexual excesses and venereal
infections and is responsible for dissolution of families." 2 The main social
significance of alcoholism, however, lies in its effect upon the family unit.
Available data indicates that, "about twenty per cent of one hundred and fifty
cases of social breakdown analyzed by a council committee showed alcoholism as
an important factor." 3

It is recognized that much juvenile delinquency stems from neglect
by alcoholic parents. 4 The drug disrupts marital relations and causes divorce
and broken homes. Dr. E. R. Jellinek found that among the male alcoholics who
had been married 16 per cent were divorced and 25 per cent were separated.
He also stated that such percentages were far above the rates for the general
population of comparable ages. 5

Alcoholism also constitutes a major public health problem. It has
been estimated by Dr. E. R. Jellinek that the number of chronic alcoholics in
the United States is about 750,000 (slightly under nine per 1000 of the adult
population), with a proportion of "inebriates" perhaps five times as great. 6

2 D. K. Henderson and R. D. Gillespie, A Textbook of Psychiatry,

3 Elvin M. Jellinek, "What Shall We Do About Alcoholism," Vital

4 Ibid., 252.

5 Ibid., 253.

6 Elvin M. Jellinek, "Recent Trends in Alcoholism and Alcoholic
Since alcoholism is prominent among the factors that unfavorably affect the population in the United States, it is pertinent that data concerning the relation of alcoholism to industry and its cost to business and government be presented in this introductory material.

Every working day 170,000 people are off the job because of drinking habits alone, representing an annual loss of 45 million working days and at least one billion dollars in wages. The uncontrolled drinker loses more time per year than does the normal individual, because of illness only indirectly connected with his addiction. Workers with alcoholism have two or three times as many accidents as normal individuals. Although alcoholics constitute only four per cent of the industrial working force, it has been estimated that they are responsible for ten per cent of the accidents, involving a loss to industry of perhaps an additional three million working days.7

Alcoholism not only indirectly shortens life, but also reduces earning capacity and creates an enormous burden for society. A person diagnosed as an alcoholic, as long as his alcoholism persists, has practically no earning power. He must often spend several years in a mental hospital. If death does not claim him, he may be released to the community as recovered or improved. Such discharge would indicate that a degree of working ability has been regained, but only in exceptional cases is complete restoration of efficiency experiences.

Workers addicted to alcohol are a tremendous cost to business. Dr.

E. M. Jellinek estimated that there were 3,000,000 inebriates in 1943; 2,570,000 were men and 430,000 were women. Of the males 2,060,000 were in regular employment and 510,000 were entirely unemployable. "The 1,370,000 inebriate male laborers in the industries accounted for 1,5000 fatal accidents at work and 2,880 fatal accidents at home, in public places and in traffic, or a total of 4,350 fatalities. This is a fatal accident rate of 321 per 100,000 men or more than twice that of non-alcoholic laborers in the same occupations. These men also had 390,000 injuries through accidents."9

The cost of caring for alcoholics in mental hospitals in the United States is approximately $15,000,000 a year; the cost of maintaining drunken persons in jails is about $25,000,000 a year and the cost to society of crime associated with habitual excessive drinking is estimated to be over $175,000,000 a year.10

For many years society has provided State hospital care for patients afflicted with alcoholism. The State hospital was not primarily established for the care of patients with this diagnosis but it was the only public supported institution accepting patients suffering with alcoholism. More recently cities like Boston and Pittsburgh have established clinics similar to the Yale Plan Clinics. A dozen other cities and several states are planning similar clinics.

8 Elvin M. Jellinek, "What Shall We Do About Alcoholism," supra, 252.

9 Ibid.

Alcoholism creates a great institutional problem with which the state or nation must deal. In Illinois in 1948 there were 627 first admissions of alcoholic patients. On the national basis there were 4,650 first admissions of patients with alcoholism. During the same year there were 641 first admissions of alcoholics admitted to private hospitals.\(^{11}\) It is to be noted that those admitted for the first time and diagnosed as having alcoholism constitute twelve per cent of all first admissions to state hospitals in the United States.

### Table I

**Deaths from Alcoholism by Race and Sex: United States 1949**

(Exclusive of deaths due to alcoholic psychosis, cirrhosis of the liver with alcoholism and deaths among the Armed Forces.)

<table>
<thead>
<tr>
<th>Cause of Death:</th>
<th>White</th>
<th>Negro</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Alcoholism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total: 1949</td>
<td>2466</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1790</td>
<td>313</td>
<td>260</td>
</tr>
<tr>
<td>1948</td>
<td>2433</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1715</td>
<td>295</td>
<td>296</td>
</tr>
<tr>
<td>1947</td>
<td>2230</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1665</td>
<td>284</td>
<td>220</td>
</tr>
<tr>
<td>1946</td>
<td>2209</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1945</td>
<td>2295</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


The number of deaths per year from alcoholism is increasing steadily (see Table No. 1) and state hospitals are complaining about the increased number of patients admitted because of alcoholism.

Deaths from alcoholism in the United States show a 9.1 per cent increase between the years 1947 and 1948 and 1.3 per cent increase between the years 1948 and 1949. The per cent increase in the country's population was 1.7 per cent between 1947 and 1948 and 1.7 per cent between 1948 and 1949.

Alcoholism, an immense social problem, is of special social interest because of its prevalence and recent renewed attempts at treatment. Such interest has been taken into account by the New York State Dept. of Mental Health in its reports, the Yale Studies of Alcoholism and the intensive work of Alcoholics Anonymous. Alcoholism causes neglect and deprivation of children, homes to be dissolved, increased public expense for medical care, days to be lost to industry and state institutions to be over-crowded.
CHAPTER II

ANALYSIS OF ADMISSIONS, AGE AND SEX

This chapter presents in a statistical manner the trend of admissions and some social characteristics of the study group; Negroes admitted for the first time between 1947 and 1951 inclusive. In addition to the usual statistical information, a special schedule report for each case was made. Through this method a ratio and percentage comparisons of the sexes and age groups were able to be made. Where possible, comparison was made between the study group and all patients admitted to the hospital and all patients admitted with a diagnosis of alcoholism.

Because of the prevalence and social implications, alcoholism is of special social interest. The importance of the problem has been recognized by the Social Service Department of the Cook County Psychopathic Hospital in its request for data concerning alcoholism among Negroes.

There were 22,606 patients admitted to the Cook County Psychopathic Hospital for observation during the alternate months of the years 1947 through 1951. Of these 5,594 or 24.7 per cent of those were diagnosed as having alcoholism and of those with alcoholism 523 or 9.4 per cent were first admission Negroes. There is no way to determine how many of the total number diagnosed as having alcoholism were first admissions without reviewing each of the 5594
In 1951 the admission rate of the study group was one per every 4635 of the Negro population of Chicago.\(^1\) The Negro population of Chicago as used as more than 99 per cent of the cases studied were residents of Chicago. The Negro population of Cook County alone could not be established.

### TABLE II

<table>
<thead>
<tr>
<th>Year</th>
<th>Jan.</th>
<th>March</th>
<th>May</th>
<th>July</th>
<th>Sept.</th>
<th>Nov.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1947</td>
<td>9</td>
<td>15</td>
<td>27</td>
<td>26</td>
<td>25</td>
<td>14</td>
<td>116</td>
</tr>
<tr>
<td>1948</td>
<td>16</td>
<td>16</td>
<td>18</td>
<td>29</td>
<td>20</td>
<td>23</td>
<td>126</td>
</tr>
<tr>
<td>1949</td>
<td>23</td>
<td>13</td>
<td>14</td>
<td>8</td>
<td>15</td>
<td>15</td>
<td>93</td>
</tr>
<tr>
<td>1950</td>
<td>25</td>
<td>7</td>
<td>16</td>
<td>7</td>
<td>12</td>
<td>9</td>
<td>73</td>
</tr>
<tr>
<td>1951</td>
<td>18</td>
<td>14</td>
<td>21</td>
<td>26</td>
<td>18</td>
<td>13</td>
<td>110</td>
</tr>
<tr>
<td>Total</td>
<td>91</td>
<td>69</td>
<td>93</td>
<td>96</td>
<td>90</td>
<td>79</td>
<td>523</td>
</tr>
</tbody>
</table>

The data in Table II reveals significant yearly variations in Negro first admissions diagnosed as having alcoholism during the period selected for study. The Table also reveals a monthly variation. Although there appears no definite seasonal pattern for first admission Negroes diagnosed as having al-

---

1 Negro population of Chicago was obtained from the Chicago Housing Authority and the Field Service office of the Department of Commerce.
coholism, the months of May and July show the greatest intake over the five year period. Table II also shows that the month of March had the smallest intake over the five year period.

The data shown graphically in Chart I reveal a close correspondence between Negro first admissions with alcoholism and all cases diagnosed as having alcoholism during the period under consideration. The Negro first admissions are less regular and show a greater variability, as the increase or decrease seems more pronounced.

It is clear from the data collected that the drink habit resulting in alcoholism is formed in comparatively early adulthood in that 20 per cent had been admitted to the hospital before they were thirty years of age. Naturally, several of the ages given lacked definiteness, as precise information was not available. In the following comparison the averages are based on ascertained cases.

The age classification is based on age at last birthday before the time of his first admission to Psychopathic Hospital. The ages of the 523 patients studied was from 18 to 85 years for the men and 16 to 58 years for the women. The average age of the 523 patients was 39.0 years; for the 350 men it was 41.5 years and for the 173 women it was 36.0 years. The average age of the women was five and one-half years younger than the average age of the men. This average age is somewhat lower with a study made by Horatio M. Pollock in 1936-37. Mr. Pollock's study revealed the average age of first admission males.

2 See Figure 1, 14.
FIGURE 1
TREND IN PATIENTS DIAGNOSED AS HAVING ALCOHOLISM AT COOK COUNTY PSYCHOPATHIC HOSPITAL 1947 THROUGH 1951
to New York State Hospitals diagnosed as having alcoholism was 45.9 and females 45.8.3

The greatest frequency of admissions was in the 35 to 39 years of age group. The majority of the 523 patients studied were in the "prime of life" as 279 or 84 per cent of the men were more than 25 but less than 55 years of age. Of the group of 173 women, 141 or 82 per cent were more than 25 but less than 55 years of age.4

The data concerning age indicate that the habits resulting in alcoholism are formed early in adult life. Fifty-one per cent of the males and sixty-four per cent of the females were between twenty and thirty-nine years of age. The female patients at the time of the diagnosis of alcoholism were on the average younger than the male patients. Five males were over 65 years of age, while three females were in the 55 through 59 year group.5

Sex has a noticeable bearing on the incidence of alcoholism. In the male the effects of alcoholism is seen to a far greater extent than in women. In computing the frequency of patients diagnosed as having alcoholism it can be seen that the rate for males exceeded the female rate by a ratio of two to one. Table IV6 shows that of the 523 cases studied 350 or 67 per cent were men and 173 or 33 per cent were women. And in 1948 there were three to one

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3 Horatio M. Pollock, Mental Hygiene and Social Welfare, New York, 1941, 194.

4 See Table III, 16.

5 See Figure 2, 17.

6 See Table IV, 16.
### TABLE III

**AGES OF NEGROES ADMITTED TO THE COOK COUNTY PSYCHOPATHIC HOSPITAL FOR THE FIRST TIME AND DIAGNOSED AS HAVING ALCOHOLISM**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 through 19</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>20 &quot; 24 &quot;</td>
<td>44</td>
<td>20</td>
<td>24</td>
</tr>
<tr>
<td>25 &quot; 29 &quot;</td>
<td>56</td>
<td>30</td>
<td>26</td>
</tr>
<tr>
<td>30 &quot; 34 &quot;</td>
<td>86</td>
<td>62</td>
<td>24</td>
</tr>
<tr>
<td>35 &quot; 39 &quot;</td>
<td>101</td>
<td>65</td>
<td>36</td>
</tr>
<tr>
<td>40 &quot; 44 &quot;</td>
<td>77</td>
<td>52</td>
<td>25</td>
</tr>
<tr>
<td>45 &quot; 49 &quot;</td>
<td>66</td>
<td>49</td>
<td>17</td>
</tr>
<tr>
<td>50 &quot; 54 &quot;</td>
<td>54</td>
<td>41</td>
<td>13</td>
</tr>
<tr>
<td>55 &quot; 59 &quot;</td>
<td>21</td>
<td>18</td>
<td>3</td>
</tr>
<tr>
<td>60 &quot; 64 &quot;</td>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>65 &quot; 69 &quot;</td>
<td>4</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>70 &quot; 74 &quot;</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>75 &quot; 79 &quot;</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>80 &quot; 84 &quot;</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>85 &quot; 89 &quot;</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Questionable</td>
<td>5</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>523</td>
<td>350</td>
<td>173</td>
</tr>
</tbody>
</table>
FIGURE 2

AVERAGE AGES FOR EACH YEAR OF NEGRO PATIENTS ADMITTED TO COOK COUNTY PSYCHOPATHIC HOSPITAL AND DIAGNOSED AS HAVING ALCOHOLISM
more males than females admitted alcoholics.

TABLE IV

SEX OF NEGRO FIRST ADMISSIONS DIAGNOSED AS HAVING ALCOHOLISM BY THE SANIT Y COMMISSION
AT COOK COUNTY PSYCHOPATHIC HOSPITAL
(1947-1951)

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Percent</th>
<th>Female</th>
<th>Percent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1947</td>
<td>83</td>
<td>71</td>
<td>33</td>
<td>29</td>
<td>116</td>
</tr>
<tr>
<td>1948</td>
<td>94</td>
<td>75</td>
<td>32</td>
<td>25</td>
<td>126</td>
</tr>
<tr>
<td>1949</td>
<td>58</td>
<td>62</td>
<td>35</td>
<td>38</td>
<td>93</td>
</tr>
<tr>
<td>1950</td>
<td>45</td>
<td>58</td>
<td>33</td>
<td>42</td>
<td>78</td>
</tr>
<tr>
<td>1951</td>
<td>70</td>
<td>64</td>
<td>40</td>
<td>36</td>
<td>110</td>
</tr>
<tr>
<td></td>
<td><strong>350</strong></td>
<td><strong>67</strong></td>
<td><strong>173</strong></td>
<td><strong>33</strong></td>
<td><strong>523</strong></td>
</tr>
</tbody>
</table>

In 1949 there were 1229 first admissions with alcoholism admitted to Illinois State Hospital. One thousand and eighty-four or 88 per cent were males and one hundred and forty-five or 12 per cent were females. During the same year the national picture showed that 7,056 first admissions with alcoholism entered all state hospitals in the United States. Six thousand and forty-two or 86 per cent were males and one thousand and fourteen or 14 per cent were females.7

The data shown in Chart III8 reveal a similarity between the intake of sexes except for the years 1948 and 1949. In 1948 there was a sharp in-

8 See Figure 3, 20.
crease in the number of males admitted while the number of females showed a decline from the previous year. In 1949 the number of males decreased while the number of females admitted showed an increase over the previous year. Except for the years 1948 and 1949 the trend in the sexes is fairly consistent.

There are no complete records pertaining to the annual incidence of alcoholism among the Negro population of Cook County. The best available index is the annual rate of first admissions to Cook County Psychopathic Hospital. As would be expected, such rate varies considerably from time to time. The trend has been a gradual decline. The majority of patients studied were in the "prime of life" and the male rate of first admissions exceeded the female rate by a ratio of two to one.
FIGURE 3

A GRAPHIC PRESENTATION OF THE NUMBER OF NEGROES ADMITTED WITH ALCOHOLISM (BY SEX) 1947 -1951
CHAPTER III

ANALYSIS OF SOCIAL FACTORS OF STUDY GROUP

The indices of marital status, living arrangements, education, economic status and residence in state and county were taken as social areas in which alcoholism could have a noticeable effect. That there are many others is recognizable as well as the need for further study of any one of these factors. This chapter will also contain an analysis of the disposition made of the study-group by the court after diagnosis at the hospital.

The marital status is that existing at the time of the first admission to Cook County Psychopathic Hospital. Thus, some persons classified as married could have been previously widowed or divorced. Persons reported as separated are classified as such, and are not included in the totals for those married.

The marital status was not determined entirely from face sheet material as many cases required total evaluation of history material before the current status could be established. For example, one male patient listed on the face sheet as married was discovered to be unmarried but living with a woman without benefit of clergy or court. In another situation face sheet material indicated that the individual was single whereas in fact the patient had been married and then separated. In the first situation the patient was
considered for the purpose of this study as being single, but living with a person of a different sex without benefit of clergy or court. In the second case the patient was classified as separated.

Of the 523 cases studied 127 or 24 per cent were single, 153 or 29 per cent were married, 32 or 6 per cent were widowed, 50 or 10 per cent were divorced and 159 or 31 per cent were separated. The marital status of two patients could not be determined due to unreliable case-history material.

Eighty-seven of the single patients were males and forty were females. Of the eight-seven single males, eleven were living with a person of a different sex without benefit of clergy or court and nine of the forty single females were living with a person of a different sex without the benefit of clergy or court. Of the 160 listed as separated, five males and two females were separated but actually living with a person of a different sex without the benefit of clergy or court. Twenty-seven or five per cent of the patients studied were actually living with one of a different sex without the benefit of clergy or court.

Unmarried male patients diagnosed as having alcoholism exceed single women with the same diagnosis by more than two to one.1

Adequate information concerning living arrangements was obtained in 502 of the 523 cases. Face sheet and history material showed that 125 patients or 24 per cent were living alone, 30 patients or six per cent were living with

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1 See Figure 4, 23.
FIGURE 4

MARITAL STATUS OF 523 FIRST ADMISSION NEGROES ADMITTED TO COOK COUNTY PSYCHOPATHIC HOSPITAL FROM 1947 THROUGH 1951 AND DIAGNOSED AS HAVING ALCOHOLISM
friends and 347 or 61 per cent were living with relatives. The living arrangements of 21 or four per cent of the patients could not be determined from material in the social histories.

TABLE V
LIVING ARRANGEMENTS OF 523 FIRST ADMISSION NEGROES ADMITTED TO COOK COUNTY PSYCHOPATHIC HOSPITAL AND DIAGNOSED AS HAVING ALCOHOLISM
(1947-1951)

<table>
<thead>
<tr>
<th>Year</th>
<th>Living Alone Male</th>
<th>Living Alone Female</th>
<th>Living with Friends Male</th>
<th>Living with Friends Female</th>
<th>Living with Relatives Male</th>
<th>Living with Relatives Female</th>
<th>Unknown Male</th>
<th>Unknown Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1947</td>
<td>17</td>
<td>3</td>
<td>12</td>
<td>2</td>
<td>51</td>
<td>25</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>1948</td>
<td>19</td>
<td>7</td>
<td>2</td>
<td>3</td>
<td>64</td>
<td>27</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>1949</td>
<td>16</td>
<td>11</td>
<td>2</td>
<td>1</td>
<td>48</td>
<td>13</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>1950</td>
<td>9</td>
<td>11</td>
<td>4</td>
<td>2</td>
<td>32</td>
<td>20</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1951</td>
<td>21</td>
<td>11</td>
<td>1</td>
<td>1</td>
<td>43</td>
<td>24</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>82</td>
<td>43</td>
<td>21</td>
<td>9</td>
<td>238</td>
<td>109</td>
<td>15</td>
<td>6</td>
</tr>
</tbody>
</table>

a Friends in this study refer to a non-blood relative who has a strong interest in the patient's welfare.

b This group includes those living with relatives or spouse.

c The twenty-seven patients living in "common-law" could not be specified in this Living Arrangements group.

Of the 125 patients living alone, 82 were men and 43 were women.

The trend for the five-year period indicates a gradual increase in number liv-
FIGURE 5
LIVING ARRANGEMENTS OF 523 NEGROES ADMITTED TO
COOK COUNTY PSYCHOPATHIC HOSPITAL AND DIAGNOSED AS HAV-
ALCOHOLISM (FIRST ADMISSIONS)
ing alone, with a corresponding decrease in the number of patients living with spouse, relatives and friends.

Available data is insufficient to compare the educational level of those diagnosed as having alcoholism and that of the Negro population as a whole. The percentages of those with high school and college training indicates however that education does not seem to prevent or reduce excessive use of alcohol.

The highest education level, or last grade completed, is shown on the face sheet which is part of social history proper. The face sheet information is amplified in the paragraph in the history dealing with education and school adjustment.

**TABLE VI**

**EDUCATIONAL STATUS OF FIRST ADMISSION NEGROES**

**DIAGNOSED AT COOK COUNTY PSYCHOPATHIC HOSPITAL AS HAVING ALCOHOLISM**

(1947-1951)

None (No Formal Schooling)......................................................... 10

Grammar School (Through Eighth Grade)......................................... 242

High School...................................................................................... 114

(Male..................................................................................................... 79)

(Female.................................................................................................. 45)

College................................................................................................ 25

(Male..................................................................................................... 15)

(Female.................................................................................................. 10)

Education Not Known.......................................................................... 132

Total 523
PERCENT OF THE 5523 PATIENTS WHO ATTAINED THE INDICATED EDUCATIONAL LEVEL DURING THEIR SCHOOL YEARS
The data in the preceding graph reveal a correspondence among the three educational levels, for each year shown. As the high school and college levels increased, the grammar school level decreased. For the year 1950, an increase in the number of patients with a grammar school education was accompanied by a decrease in the number at the high school or college level.

There is a gradual and noticeable increase in the number of patients who have attained the high school and college levels. Among the first admissions who had had some high school work, the greatest increase (17 per cent) occurred between 1947 and 1948. There was a six per cent increase in numbers with some college training between 1950 and 1951. The data reflects a gradual decline in the number of patients who dropped out of school before reaching the high school level. Training under the G. I. Bill may account for a large part of the increase in educational level.

Among the 391 patients whose education status was studied six per cent had some college training, twenty-nine per cent some high school training, sixty-two per cent some grammar school training, and three per cent no formal education. Grades one through eight were considered grammar school. Twenty-three per cent of the men and twenty-six per cent of the women whose educational status was known had some high school training. Four per cent of the men and five per cent of the women had some college training. Two per cent had no formal schooling. It is necessary to keep in mind the fact that the education status of 132 or 25 per cent of the patients studied could not be established.

The employment status indicates whether or not the patient had a job or engaged in remunerative employment immediately before hospitalization.
The economic status on the other hand indicates if a patient is unemployed but financially independent, or unemployed and dependent on public funds, friends or relatives. For the purpose of this study, the person is regarded as a dependent if he receives part or all of his maintenance from sources other than his own efforts.4

TABLE VII

EMPLOYMENT AND ECONOMIC STATUS OF FIRST
ADMISSION NEGROES DIAGNOSED AT PSYCHOPATHIC HOSPITAL
AS HAVING ALCOHOLISM
(1947-1951)

262 or 50% were employed
195 or 37% were unemployed
22 or 4% were dependent upon public funds
34 or 7% were dependent upon their family
10 or 2% were of undetermined status

Of the 261 patients listed as employed, 190 were males and 71 were females. History material revealed that three patients listed as employed were actually attending trade school under the G. I. Bill. Twenty-two of those listed as unemployed were dependent upon public funds, thirty-four were dependent upon their family, six were dependent upon Unemployment Compensation Benefits, one was drawing a railroad pension, two were drawing Veteran's pensions and one was drawing a pension from private industry. Of the remaining 129 patients listed as unemployed, we could not establish their source of support.

4 See Figure 7, 30.
FIGURE 7

TREND OF EMPLOYMENT STATUS OF 523 NEGRO PATIENTS
ADMITTED TO COOK COUNTY PSYCHOPATHIC HOSPITAL FOR THE
FIRST TIME AND DIAGNOSED AS HAVING ALCOHOLISM (1947-51)
The trend in the employment status of the 523 patients reveals a gradual increase in the number employed, from 1947 through 1949. The year 1950 showed a sharp decrease in the number employed, but 1951 showed an eight percent increase. This was in accord with the trend for the first three years.

Ninety-seven per cent of the study group had legal residence in Cook County. Cook County Psychopathic Hospital is required by statute to serve all residents of the County. For public safety and the welfare of the individual fifteen people in the study group were non-residents but were admitted as emergencies in accordance with hospital policy. This non-resident group made up three per cent of the total admissions for the five-year period. Eight per cent of the 523 patients admitted had lived in the State and County all their life, fourteen per cent were in residence from twenty to twenty-four years, and fifty-four per cent whose residence was established had resided in the County less than twenty-five years but not all their life. Twenty-three percent had lived in the State and County less than ten years. In the 523 cases studied all the patients had lived the same number of years in the State and County.

A study of Table IX reveals that though only forty or eight percent in the study group were known to live in Cook County all of their lives, an additional seventy-six percent were residents over ten years, and fifty-nine percent over twenty years. When this factor is considered in light of the average age of the study group, which was about forty years, it would seem

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5 See Table IX, 35.
that the vast majority of the study group were in Cook County over half of their lives.

### TABLE VIII

<table>
<thead>
<tr>
<th>COUNTY RESIDENCE OF 523 FIRST ADMISSION NEGROES ADMITTED TO COOK COUNTY HOSPITAL AND DIAGNOSED AS HAVING ALCOHOLISM (1947-1951)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one year</td>
</tr>
<tr>
<td>1 through 4 years</td>
</tr>
<tr>
<td>5 &quot; 9 &quot;</td>
</tr>
<tr>
<td>10 &quot; 14 &quot;</td>
</tr>
<tr>
<td>15 &quot; 10 &quot;</td>
</tr>
<tr>
<td>20 &quot; 24 &quot;</td>
</tr>
<tr>
<td>25 &quot; 29 &quot;</td>
</tr>
<tr>
<td>30 &quot; 34 &quot;</td>
</tr>
<tr>
<td>35 &quot; 39 &quot;</td>
</tr>
<tr>
<td>40 &quot; 44 &quot;</td>
</tr>
<tr>
<td>45 &quot; 49 &quot;</td>
</tr>
<tr>
<td>Over 50 years</td>
</tr>
<tr>
<td>Life</td>
</tr>
<tr>
<td>Residents but length not known</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

This study will now consider the general procedure of admission, service offered to the study group and an analysis of the court disposition.
The Cook County Psychopathic Hospital provides a period for observation of patients about whom some question has arisen with regard to their mental health. A patient's stay at the hospital averages eight to ten days. During the period of hospitalization temporary medical aid and psychiatric treatment is given to all patients. The study group as well as all patients diagnosed as having a mental illness follows the same procedure.

New patients are admitted to the hospital by means of a physician's certificate, which states that he has examined the patient and found said patient to be mentally ill. With such a certificate, made out within the preceding forty-eight hours, the patient may be brought to the Psychopathic Hospital by a relative or friend, who must sign the petition of commitment. Serious emergencies are admitted at any time if the person is in need of immediate hospitalization.

After the eight to ten day period of observation by hospital personnel, and following a psychiatric evaluation by the Cook County Sanity Commission, the patient has a Court Hearing before the County Judge. The judge sits with a hospital psychiatrist and social worker during the hearing. He interviews the patient first. The patient then leaves the courtroom located in the hospital and relatives or interested friends are called in and the Judge reads the Sanity Commission's recommendation and gives his decision. The Judge's decision is the final order for disposition of the case unless the patient requests a jury trial.

The social investigation of the patient's past history, plus a report of the patient's behavior during the period of observation at Psychopathic
Hospital, as well as the Sanity Commission's evaluation, are used to arrive at the recommendation made by the Sanity Commission to the Court.

The Cook County Court, sitting at Psychopathic Hospital may order commitment to a State Hospital as a result of its finding of mental illness or the need for mental treatment, or may discharge the patient as not in need of further hospital care. The Court may also release the patient to the care and custody of a relative, friend or responsible citizen, or may release the patient by dismissing the petition. Should a patient die on the Ward before a Court disposition is effected, that in itself disposes of the case.

Table IX\(^6\) shows the per cent of disposition of cases. Those patients released in the care and custody do not show any marked fluctuation until the year 1951, which is somewhat an abrupt decrease. But for the same year there was a sharp increase in the number of patients discharged.

Fifty-six per cent of the study group were committed to state hospitals, thirty-three per cent were discharged from Cook County Psychopathic and nine per cent were released in the care and custody of another person. There was no consistent trend or pattern of court disposition during the period studied.

\(^6\) See Table IX, 35.
## TABLE IX

THE COURT DISPOSITION OF 523 NEGRO PATIENTS
ADMITTED TO COOK COUNTY PSYCHOPATHIC HOSPITAL FOR THE
FIRST TIME AND DIAGNOSED AS HAVING ALCOHOLISM

<table>
<thead>
<tr>
<th></th>
<th>Committed</th>
<th>Discharged</th>
<th>Released in the Care and Custody of Another Person</th>
<th>Petition Dismissed</th>
<th>Released to a V.A. Hospital</th>
<th>Died on the Ward</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1947</td>
<td>55</td>
<td>43</td>
<td>11</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>116</td>
</tr>
<tr>
<td>1948</td>
<td>71</td>
<td>43</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>126</td>
</tr>
<tr>
<td>1949</td>
<td>55</td>
<td>29</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>93</td>
</tr>
<tr>
<td>1950</td>
<td>48</td>
<td>19</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>78</td>
</tr>
<tr>
<td>1951</td>
<td>66</td>
<td>40</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>110</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>295 (56%)</strong></td>
<td><strong>174 (33%)</strong></td>
<td><strong>45 (9%)</strong></td>
<td><strong>2</strong></td>
<td><strong>3</strong></td>
<td><strong>4</strong></td>
<td><strong>523</strong></td>
</tr>
</tbody>
</table>
CHAPTER IV

SUMMARY AND CONCLUSIONS

Alcoholism throughout the nation at the present time (1952) is an increasing rather than a decreasing social problem. The proportion of the population suffering from alcoholism is constantly becoming larger and deaths due to alcoholism are continually mounting.

The trend in Negro first admissions to Cook County Psychopathic Hospital diagnosed as having alcoholism reveals a steady decline until 1951. The graph of admissions is bi-modal, peaks occurring in 1948 and 1951.

There was no definite seasonal pattern of Negro first admissions with the diagnosis of alcoholism. The data indicates that the proportion of Negro first admissions is relatively consistent with the total of all patients admitted during the five-year period and diagnosed as having alcoholism. The rate for male Negro first admissions exceeded the female rate by a ratio of two to one. The year 1950 is important in that while the total number of admissions of the group studied was lowest for the five year period, the percentage of females was highest.

The 523 patients studied ranged in age from 18 to 85 years, for the men, and from 16 to 58 years for the women. The average age of the study group was 39.8 years; for the 350 men it was 41.5 years and for the 173 women it was 36.0 years. The majority of the patients studied were in the "prime of life."
As 84 per cent of the men were more than 25 but less than 55 years of age and 82 per cent of the women were more than 25 but less than 55 years of age. The data relating to age indicates that habits resulting in alcoholism are formed early in life. It is significant that 61 per cent of the males and 64 per cent of the females were between 20 and 39 years of age. The female patients were, on the average, younger than the male patients.

Marital status of the 523 patients in the sample, 24 per cent were single, 29 per cent were married, 6 per cent were widowed, ten per cent were divorced and 31 per cent were separated. Further investigation revealed that 5 per cent of the study group were actually living with a person of a different sex without benefit of clergy or court.

Data concerning the living arrangements of the 523 patients indicate that 24 per cent were living alone, 6 per cent were living with friends and 61 per cent were living with relatives. The trend for the five year period indicates a gradual increase in number living alone, with a corresponding decrease in the number of those living with spouse, relatives or friends.

The available data could not be used to compare the educational level of the sample and the Negro population as a whole. The percentages of those with high school and college training suggest that there is no significant relationship between educational level and the excessive use of alcohol. The data on schooling did reveal a correspondence among the three educational levels for each year studied. With an increase in the high school and college levels, there was a decrease in the grammar school level. There is a gradual and noticeable increase in the number of patients who have attained the high school and
college levels. Five per cent of the group studied had some college training, 22 per cent had attended high school, and 46 per cent had some grammar school training. Twenty-three per cent of the men and twenty-six per cent of the women had some high school training. Four per cent of the men and five per cent of the women had some college training.

Information on employment and economic status indicates that fifty per cent of the study group were gainfully employed, thirty-seven per cent unemployed, four per cent dependent upon public funds and seven per cent dependent on their families. There was a gradual increase in the number of employed patients from 1947 through 1949. The year 1950 showed a sharp decrease in the number of employed but 1951 again showed an eight per cent increase.

Three per cent of the study group were non-residents of Cook County who had been admitted to the hospital on an emergency basis, for the public safety and the welfare of the patient. Eight per cent of the study group had lived in the State and County all their lives, fourteen per cent had lived in the County from twenty to twenty-four years and fifty-four per cent had less than twenty-five years of residence in Cook County.
<table>
<thead>
<tr>
<th>Case Number</th>
<th>Address</th>
<th>Age</th>
<th>Sex</th>
<th>Marital Status</th>
<th>Living Arrangements</th>
<th>Education</th>
<th>Economic Status</th>
</tr>
</thead>
</table>

**CODE**

- **Case Number**
- **Address** -- present place of residence
- **Age** -- chronological age in years
- **Marital Status** --
  - S - single
  - M - married
  - W - widowed
  - D - divorced
  - Sep. - separated
- **Area of Residence** --
  - R - residential
  - T - transient
  - C - commercial
- **Living Arrangements** --
  - A - alone
  - F - with friends
  - R - with relatives
- **Education** -- (indicate grade completed)
  - G - grammar
  - HS - high school
  - C - college
  - N - none attended
- **Economic Status** --
  - E - employed or self maintaining
  - DPF - dependent on public funds
  - DF - dependent on family
- **Years in State of Illinois** -- numerical
- **Court Disposition** --
  - C - committed
  - D - discharged
  - C&C - released in the care and custody of another person
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