This book details the study of patients seen at the St. Louis Municipal Child Guidance Clinic between 1924 and 1929, along with a control group of 100. The study extended from a review of the original records, through a review of their personal, economic, and professional records, to personal interviews with subjects, by then in their forties. [The SCI* and the SSCI* indicate that this book has been cited in more than 1,100 publications.]

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Deviant Children Grown Up
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This book sums up the first study I did after completing my doctorate. It was inspired by and carried out with Patricia O’Neal, who thought that we might find something useful to do with the discarded records of the St. Louis Municipal Child Guidance Clinic, started in the 1920s and closed during World War II.

We attempted to interview a consecutive series of patients, seen from 1924 to 1929, and 100 control subjects chosen at random from the microfilm reels on which St. Louis’s elementary school records were stored. We whirled the reel and selected the subject on which it stopped if (a) the sex, age, IQ, and neighborhood (census tract) filled the quotas we had set to make controls comparable to patients, (b) the child had not been seen in the Child Guidance Clinic, and (c) there was no evidence of serious truancy or disciplinary problems in the elementary school record.

Why has the book been widely cited? Here are my hunches. For one thing, the follow-up worked. We located almost all the children in their forties and interviewed over 90 percent, usually the person him- or herself, or a relative if the subject had died. Second, our evidence for their outcomes was comprehensive. We not only had interviews but an abundance of records—juvenile court, police, prison, hospital, welfare, death certificates, social agency, earnings (from Social Security), military, and even credit ratings. In the “good old days,” we were denied only FBI records. Third, the initial records were astoundingly complete and factual. We were lucky to have records dating from before the dominance of dynamic theories of childhood illness. What was recorded were statements of the complaints and a comprehensive review of symptoms, rather than interpretations. This didn’t last—the records of this same clinic in the late 1930s were very different and much less useful to research. But what probably really made for the work’s success was our decision to concentrate on childhood antisocial behavior and its outcome. This was a natural choice for us because the clinic had been set up chiefly to serve the St. Louis Juvenile Court. We didn’t know then that the clinic’s clientele was not as atypical as we had supposed.

Conduct problems were what was chiefly being seen all over the country, while child psychiatrists were teaching and writing mainly about the minority whose complaints were sleep problems, fears, and other neurotic traits. As the attraction of psychodynamic approaches waned in the late 1950s and early 1960s, the book was seen as a righting of an inappropriate concentration on the minority and the neglect of the more common, and, as we found, the more seriously affected in terms of long-term outcome. Not only were antisocial children as adults much worse off than the controls, they were vastly worse off than the children referred for other reasons.

The reason books get cited is less that they contain truths than that they are relevant to later work. Our success in locating and interviewing encouraged others to begin long-term follow-ups and to extend the follow-up period for ongoing studies. They then referred to our study in reporting their own results. And happily, the citations have almost been confirmations of the book’s findings, even when results were subjected to fancier statistics than we dreamed of.


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