CASE OF CHARGE REFERRED BY EXAMINED : JACK LEON RUBY, AGE 52

: MURDER

DEFENSE ATTORNEY, MELVIN BELLI, ESQ.

DALLAS, TEXAS, DECEMBER 21 and 22, 1963

PRELIMINARY DIAGNOSTIC IMPRESSION:

This patient has an abnormal background that is highly significant from the standpoint of psychopathology. His father was a drunken, quarrelsome immigrant carpenter who tyrannized the family. Both the mother and the children were terrorized by him. The family was so disorganized that a Chicago social agency had to scatter the children in various homes. The mother was apparently well-meaning but an ineffectual individual. In later life she suffered a psychotic depression necessitating hospitalization in a state psychiatric institution. A younger brother had a brief period of psychiatric hospitalization. The patient's brothers and sisters, with perhaps one exception, have all exhibited an abnormal degree of emotional instability. They are a quarrelsome, inflammable group - at one time feuding, at another making sacrifices for one another.

The patient has all of his life exhibited extreme emotional instability and episodic outbursts of aggression. In 1952, after a business failure, he had a depressive illness of psychotic proportions, but sought no medical assistance. Throughout his life there have been mood fluctuations, but none of the depressive phases appears to have reached the intensity nor to have been as prolonged as that occurring in 1952. That there is persistently a high degree of impulsivity in his behavior cannot be denied.

There are several other aspects of the patient's personality structure which are of great significance. First, there is a voracious need to be accepted and admired, even to be loved by everyone, but particularly by individuals in positions of authority and great social prestige. Doubtless this was a factor in his making unusually strong identifications with persons in positions of power, ranging all the way from police to Presidents. Secondly, there is, at a deep unconscious level, intense psychosexual conflict, leading the patient to be constantly asserting his masculinity by flighting, sexual promisculty, body building exercises, etc. Then, there is a distinct paramoid flavor in his relationship with people. He sees insults and criticisms when none was intended. He exhibits some distrust of his lawyers and his psychiatrists. His hypochondriacal trends, his food fads and his narcissistic concern over his body weight and his baldness are frequently associated with abnormal suspiciousness. As is so commonly the case, at times he grossly over-compensated for his feelings of inadequacy by a swaggering boastfulness.