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HENRY WADE
DISTRICT ATTORNEY
RECORDS BUILDING
DALLAS, TEXAS 75202

May 29, 1964

Honorable J. Lee Rankin
General Counsel
President's Commission on the
Assassination of President Kennedy
200 Maryland Avenue NE
Washington, D. C. 20002

Dear Mr. Rankin:

I have discussed with Sheriff Bill Decker the matter concerning you and members of your commission interviewing Jack Ruby in the Dallas County jail. I went through the jail with him and believe that one of the jury rooms would be an ideal place. This is a conference room where twelve jurors sit around a table and discuss their verdict in criminal cases. It is approximately 20' x 15' and would appear to me to be adequate for your interrogation. Mr. Decker and I would like to have a couple of days notice together with how many persons you feel should be in the room, counting Ruby, the stenographer and others so that we can put a table with the proper kind of chairs in it. These chairs are soft cushioned chairs but are not ideal for work at a table, and I am sure you will be satisfied with this.

I am also enclosing a copy of the psychiatric examination made by Dr. Joslyn West of the University of Oklahoma who came here at the instance of the defense counsel and a copy of the report made by Dr. Stubblefield whom Judge Brown asked to examine Ruby after the defense had filed an affidavit of his present insanity.

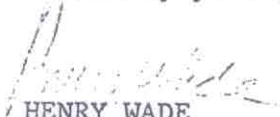
Ruby did a little damage in the jail last night, breaking his reading glasses and also throwing a cuspidor at one of the electric light bulbs and breaking it, I am told by Sheriff Decker. We all realize he has deteriorated some physically and possibly mentally also since the verdict but I believe Decker and I agree that most of this is an

Honorable J. Lee Rankin
May 29, 1964
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act that he is putting on.

I look forward to seeing you at 9:00 a.m. on June the 8th.

Sincerely yours,


HENRY WADE
DISTRICT ATTORNEY
DALLAS COUNTY, TEXAS

HW:sc



DEPARTMENT OF
PSYCHIATRY, NEUROLOGY,
AND BEHAVIORAL SCIENCES

THE UNIVERSITY OF OKLAHOMA
MEDICAL CENTER

800 NORTHEAST THIRTEENTH STREET
OKLAHOMA CITY, OKLAHOMA 73104

May 7, 1964

The Honorable Henry Wade
District Attorney, Dallas County
County Courthouse
Dallas, Texas

*Brook
for
Wade*

Dear Mr. Wade:

It was good to have a chance to talk to you after the hearing on April 27th. If Jack Ruby's mental illness continues I hope it will be possible for him to be put in a mental hospital soon.

I am enclosing the results of my examinations for your personal interest.

Looking forward to seeing you again soon, preferably on a happier occasion,

Sincerely yours,

LJ West, M.D.

Louis Jolyon West, M.D.
Professor of Psychiatry
Head of the Department

LJW:rj

P. S. The enclosed reprint might possibly be of interest to you and your associates.

L. J. W.

Dallas, Texas

27 April 1964

REPORT OF PSYCHIATRIC EXAMINATION OF JACK RUBY

Upon re-examining Mr. Jack Ruby from 8:00 to 9:30 this morning, I found his condition to be considerably improved over last night. His general aspect was changed from one of agitated suspiciousness to one of wary bewilderment. He tried to avoid discussion of his delusional pre-occupations that the Jews were being murdered. Apparently a visit from his sister last night had reassured him somewhat. However when I asked him about his brothers, he mumbled: "I imagine they're gone." Then when he was told that his brother Earl was also coming to see him, and had been contacted by long-distance telephone, he said that he must have been mistaken about the identity of the man he took to be his brother being killed out in the street, the previous night. When I asked him how he knew it was even a Jew he had seen, he carefully avoided my glance and said: "That's a good question."

Mr. Ruby was clearly suspicious and evasive during this interview. After seeing me, he told his visiting Rabbi that he couldn't trust me, because he didn't know what part I "might have in it", and revealed that he thought the murders were really still going on but that it would be safer to avoid the subject.

There were many signs of considerable improvement of symptoms overnight. There was a return of his known previous willingness to discuss the Oswald slaying, and he gave some attention to the progress of his defense, although this interest was still considerably less than usual according to one of his attorneys. While he frequently mentioned Oswald by name last night, today again (as always heretofore) he referred to him only as "the deceased" or "that person". He reviewed his account of the Oswald slaying, which was consistent with that given during the florid psychotic period last night. This material is not reported here.

During the interview there were four periods, lasting from one to three minutes each, of obvious auditory hallucinations. The patient would quickly rise, move to a corner of the room, and stand with head cocked, eyes wide and darting about. Once he heard the voices coming

PSYCHIATRIC EXAMINATION.

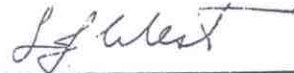
from below, and crawled under the table to listen. His spontaneous comments, and responses to my questions, both revealed that the hallucinations were of human groans and cries, sometimes of children or a child, and that the patient thought these might be Jews under torture. However, when each hallucinatory episode ceased, he would quickly try to gather together the threads of our previous conversation, and discuss some other topic.

Throughout the examination the patient frequently rubbed or covered his left eye, and occasionally complained of unpleasant head sensations and a sense of difficulty in thinking. "My thoughts keep going around in circles."

DIAGNOSTIC IMPRESSION:

Remains unchanged. The patient is now in partial remission. He might continue to improve, in which case the psychotic break will have been of the "twenty-four hour" variety often seen by the military psychiatrist among men under stress. If so, it might recur under future stress. On the other hand, this morning's improvement may be merely part of the usual fluctuation of intensity of psychopathology common in paranoid psychoses. If so, unpredictable outbursts of psychotic behavior, and fluctuating degrees of contact with reality hour by hour, can be expected.


It is still my belief that this individual should be in a psychiatric hospital for observation, study, and treatment at the present time.



Louis Jolvon West, M.D.
Professor of Psychiatry
University of Oklahoma School of Medicine
800 N. E. 13th Street
Oklahoma City 4, Oklahoma.

STATE OF OKLAHOMA

Subscribed and sworn to before me by Louis Jolvon West, M.D., to certify which witness my hand and seal of office this 28th day of April, A.D. 1964.


Rosemary R. Jenkins
Notary Public

26 April 1964

REPORT OF PSYCHIATRIC EXAMINATION OF JACK RUBY

Two weeks ago Dr. Hubert Winston Smith asked me whether I would be willing to examine Mr. Jack Ruby, presently under death sentence in the Dallas County Jail and without financial resources. I agreed, with the understanding that the examination would be without fee, and with the prior knowledge of the American Psychiatric Association, as well as with the assistance of some qualified Texas colleagues, and that the results of my examination would be completely available to the Court. Four days ago Dr. Smith requested that I come to Dallas today, to see Mr. Ruby briefly, and to testify at a hearing tomorrow regarding the possible value of further psychiatric studies. Hypnosis and intravenous sodium pentothal were included among possible techniques to provide further information concerning Mr. Ruby's state of mind at the time he shot Lee Harvey Oswald on 24 November 1963.

I received copies of some of the previously reported examinations of Mr. Ruby by several specialists, but was unable to read them until earlier today on the airplane. Tonight, my own findings make it clear that there has been an acute change in the patient's condition since these earlier studies were carried out.

Upon arriving at the jail this afternoon I met Sheriff Bill Decker, who informed me that last night after midnight Mr. Ruby had tricked his guard into stepping out to get him a glass of water, and then had run and struck his head against the wall. It was not clear whether or how long the prisoner was unconscious. According to the Sheriff, Mr. Ruby had subsequently been taken to a hospital where a physician examined him (including X-ray films of the skull) and stated that he was without serious injury. It was also said that Mr. Ruby had been caught stripping out the lining of his prison garb, apparently to fashion a noose for himself.

PSYCHIATRIC EXAMINATION

The examination was undertaken in a private interview room. Mr. Ruby appeared pale, tremulous, agitated and depressed. Said to be usually meticulous in his appearance, he was now disheveled and unkempt. He stared fixedly at the examiner with an expression of suspicion; his pupils were markedly dilated. There was a large abrasion on top of his head. An area on the left cheek appeared swollen and reddened. At first he was unwilling to be left alone with me, and seemed to anticipate some terrible news or fearful event. However, it was possible gradually over the course of an hour to obtain a reasonable sample of the patient's mental content. This can be summarized as follows.

Last night the patient became convinced that all the Jews in America were being slaughtered. This was in retaliation against him, Jack Ruby, the Jew who was responsible for "all the trouble." Somehow, through an awful mistake, and the distortions and misunderstandings derived from his murder trial, the President's assassination and its aftermath were now being blamed him. Thus, he himself was now also the cause of the massacre of "25 million innocent people." He had seen his own brother tortured, horribly mutilated, castrated, and burned in the street outside the jail; he could still hear the screams. He had seen and heard many other similar horrors. The orders for this terrible "pogrom" must have come from Washington, to permit the police to carry out the mass murders without federal troops being called out or involved.

Attempts to persuade the patient that these beliefs were incorrect, or the symptoms of mental illness, aroused his anger; he became more suspicious of my sincerity, and once or twice seemed about to attack me. He repeatedly intimated that he was being mocked or "conned" by the examiner, since I must know all about the things he was telling me. "Don't tell me you don't know about it; everybody must know about it!" He kept repeating that "After what happened last night" there was nothing more in life for him. He had smashed his head against the wall in order "to put an end to it." Whether it was the genocide raging across the land, or his own personal torment, that could be thus terminated, was not clear.

Attempts to discuss additional psychiatric examinations, or the pending hearings, or his prospective appeal, or a new trial, were fruitless. He felt that talk of a new trial was just a mockery "After what happened last night," and that he would be rotten and despicable to want to survive or be saved after having caused "a great people with a history of four thousand years to be wiped out." I persuaded the patient to let me invite Mr. David Candish, one of his attorneys, to step into the room, and then watched the two talk at cross purposes for a while. As the lawyer continued to discuss plans for the appeal, Mr. Ruby became increasingly agitated and clearly paranoid as it dawned on him that Mr. Candish, whom he had trusted, was now "pretending not to know what had happened last night."

Attempts to carry out many of the more formal aspects of a mental status examination were impossible. The patient was oriented in place and person, but perhaps not for time; he was non-responsive to many inquiries. Concentration was poor. Associations and continuity of thought were disrupted. Some material pertinent to his shooting of Oswald was elicited, but is not included in this report.

At this time Mr. Ruby is obviously psychotic. He is completely preoccupied with his delusions of persecution of the Jews on his account. He feels hopeless, worthless, and guilty because he is to blame for the mass-murders of his own people. The experiences of last night, are not only grossly delusional but include auditory and visual hallucinations as well. His emotions are abnormal. Feelings of anxiety, depression, guilt, suspiciousness and despair are expressed in various proportions. Often the affect is inappropriate to the ideas accompanying them.

DIAGNOSTIC IMPRESSION

Acute psychotic reaction: paranoid state. Manifested by delusions, visual and auditory hallucinations, suspiciousness, agitation, inappropriate affect, unshakable fixed preoccupations, depression, suicidal impulses, and impairment of reasoning, judgment, concentration, and progression of thought.

ETIOLOGY

Not fully determined. The stress of the patient's recent life situation is undoubtedly an important factor. Other contributing factors, including organic brain disease chronic or acute, should be explored.

PROGNOSIS

For the present acute psychotic reaction, fair, if proper treatment is promptly instituted.

RECOMMENDATION

Immediate psychiatric hospitalization, study, and treatment. Close observation. Suicidal precautions.

DISCUSSION

The possibility that the patient is malingering, or feigning mental illness was carefully considered. In my opinion this is not true of this individual at this time. First, I doubt that someone unfamiliar with technical psychiatry could play the part of a paranoid delusional psychotic person with such accuracy consistency, and typical detail. Second, it places Mr. Ruby at cross purposes with his attorneys, who have repeatedly encouraged him to believe that he has an excellent chance for successful appeal and that at a new trial he would not only be saved from the death penalty but that a much more sympathetic understanding of him would emerge. Third, I don't believe he wants to go to a mental hospital at all, despite his attorneys' belief that he should; he actually prefers the jail, where he says "they know me"; that this is inconsistent with his fears of murderous police is itself characteristic of his delusional state. Finally, he violently rejects the idea that he is mentally ill now, or that he is suffering from abnormal thoughts and feelings; the true malingerer usually grasps eagerly at such an explanation.

The unexpected discovery that this individual has developed an acute psychotic reaction naturally requires me to postpone consideration of the special

RUBY EXAM.

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examinations into his mental status at the time of the shooting last November:

Jack Ruby is technically insane at this time. He is not now capable of cooperating intelligently in his own defense.

The essential details of the condition of this patient, as described above were transmitted to Sheriff Decker at 5:20 P. M. today, in the presence of Mr. David Candish. Included were the facts that the patient is acutely mentally ill, actively suicidal, and in need of immediate hospitalization.


Louis Jolyon West, M. D.
Professor of Psychiatry
University of Oklahoma School of Medicine
800 N. E. 13th Street
Oklahoma City 4, Oklahoma

STATE OF TEXAS

CITY OF DALLAS

Subscribed and sworn to before me by Louis Jolyon West, M. D., to certify which witness my hand and seal of office this 27th day of April, A. D. 1964.

David J. Candish
Notary Public in and for Dallas County,


5423 Harry Hines Boulevard
Dallas, Texas 75235
May 15, 1964

Honorable Joe B. Brown
Judge, Criminal District Court
Number Three
Records Annex Building
Dallas, Texas

Dear Judge Brown:

At your request I have evaluated Jack Ruby in the Dallas County Jail on Thursday, April 30; Friday, May 1; and Monday, May 11, 1964. You had indicated that his defense counsel had raised questions about Mr. Ruby's sanity and you requested my professional opinion about Mr. Ruby's current mental state, in order to evaluate the indications for a formal sanity hearing.

As you know, the question of insanity is a legal matter, and I assume that my task is to provide you with medical and psychiatric information which might prove to be useful to you in your decision. I am assuming that the issues involved here are very similar to the problem of pre-trial evaluation of mental competency. Although the laws and various rulings in this matter are somewhat vague, I am assuming that you are interested in attempting to answer these questions:

1. whether or not the defendant is insane presently?
2. whether or not the defendant understands the crime for which he was convicted and the punishment which he received?
3. whether or not the defendant is competent to assist properly and rationally his counsel in the preparation and presentation of appeal?

As one example of a pre-trial sanity ruling in *Dusky vs. U.S.* 362 U.S. 788 (1960) the Court stated "that it is not enough for the district judge to find 'the defendant (is) oriented to time and place and (has) some recollection of events' but that the test must be whether he has sufficient present ability to consult with his lawyer with a reasonable degree of rational understanding - and whether he has a rational as well as factual understanding of the procedures against him."

There are two basic questions - the meaning of insanity in the current legal situation, and what does assist counsel mean? Regrettably, there is a common tendency to equate psychosis with insanity and with incapacity to cooperate with

counsel. In my opinion, not all persons who show evidence of psychotic thought processes should be called insane or incompetent mentally for legal purposes. Just as it is possible for a person to be sane legally at the time of a trial, and yet insane at the time of a crime, it is also possible for a person to be sane at the time of a trial and to develop such a disturbed mental state that he becomes insane subsequent to the trial. In some situations, it seems to me, counsel could continue to appeal without the cooperation or participation of the defendant. To assist counsel the defendant should have reality-oriented accuracy in memory, judgment and thinking, if his participation in the appeal is required,

Usually, one discusses psychiatric observations from the framework of the so-called "M'Naghten Rule"-does the defendant have the ability to understand the nature of the event, to know that it was wrong, and to have the capacity to distinguish between right and wrong. This rule does not seem to be of much value in this post-trial situation currently re Mr. Jack Ruby, in my opinion.

According to Smith, 25 N.M., 48, 59, 176 P 819, 823, after a sentence of death, the test of insanity suggested is "whether or not the prisoner has not from the defects of his faculties, sufficient intelligence to understand the proceedings against him, what he was tried for, the purpose of his punishment unjust or unlawful, and the intelligence requisite to convey such information to his attorneys or to the court." Psychiatric observations within this legal framework seem to me to be pertinent to Mr. Ruby's current status.

I would like to submit the following medical and psychiatric observations on Mr. Ruby for your consideration, based on my examinations, including the one on May 11, 1964.

1. Physical health - Mr. Ruby reported that he "has lost weight," "has not been exercising regularly." He appeared pale, weak, tremulous, extremely tense, and moderately depressed. However, he seemed to be improved slightly in this most recent interview.

2. Psychiatric status - In each interview Mr. Ruby was alert, friendly, and cooperative. He knew the day, date, month, and recognized and greeted this evaluator. He expressed some distrust of his attorneys, both the former ones and the present ones. He claimed that none of them had

visited him in more than one week (this was not confirmed by Officer Bowlin, who stated that Mr. Ruby's attorneys had visited him during that time.) This observation is an important one, since Mr. Ruby gives the impression of being very precise about his memory of events at the time of the crime and about discussions of the lawyer's trial strategy.

3. Of course, an important question remains, a most difficult one - namely, is Mr. Ruby malingering? In my opinion, Mr. Ruby has not been malingering during my three interviews with him.

4. I interviewed Officer Bowlin, who is assigned in the cell block where Mr. Ruby resides currently. According to the officer's statement to me, Mr. Ruby has been involved in conversations with fellow prisoners, has played cards cooperatively, has been sleeping poorly, does eat better than he did ten days ago.

5. The personal fantasies of a murderer typically involve a period of personal shock, followed by psychological detachment, and then often a gradual and subtle identification with the dead victim. This is illustrated very clearly in Mr. Ruby's belief that he was convicted for "the murder of President Kennedy and Policeman Tippit." The extent of his regressive behavior is revealed by his basic mistrust and inconsistent attitudes toward his attorneys. This heightened mistrust of them must be related to early life factors, since there is some evidence of moderately severe emotional problems in his childhood, and it is related probably to his actual experience with his attorneys, since their defense of him was unsuccessful. He remains inconsistent in his comments about them - praises them, then expresses doubts about them, wonders if he "should change attorneys again."

6. On Monday, May 11, 1964, in my evaluation of Mr. Ruby, he was quite willing to discuss the Oswald murder, his role in his own defense, and his perception of the "ironical twist of fate," that he describes as follows - "I killed Oswald so Mrs. Kennedy would not have to come to Dallas and testify. I loved and admired President Kennedy. I know what 'they' think. 'They' think I knew Oswald, that it was a part of some plot. It's not true. I want to take a polygraph test to prove that I did not know Oswald, that I was not involved in killing President Kennedy. After that I don't care what happens to me."

I asked Mr. Ruby the following specific questions:

1. What are the current legal proceedings that are being requested by your counsel?

Answer: "I don't know." Later he stated "A sanity trial - I don't want that - I don't want to be sent off to a hospital." Still later - "maybe I should go to a hospital."

2. What were you tried for?

Answer: "For the assassination of Kennedy - no, I mean, the murder of Oswald - I'm not sure."

3. Why are you being punished?

Answer: "because 'they' think I was a part of a plot."

4. Who are the people that you refer to as 'they'?

Answer: "The district attorney; Judge Brown; they Jury. The people who want to burn the Jews."

5. What impending fate is in store for you?

Answer: "I will be executed."

6. Do you feel that you are cooperating and can cooperate with your defense counsel, for example, in trying to proceed with your appeal, or in finding new evidence?

Answer: "I don't know. I want to tell the truth. I want a polygraph - Belli wouldn't let me take it."

It is my medical and psychiatric opinion that Mr. Jack Ruby has had and has now an acute psychiatric illness, with paranoid and depressive features. In my opinion, he is reacting to the stress of the trial, the sentence of death, the relative isolation and lack of physical activity, and now is improving gradually in his ability to evaluate the reality of his situation. However, I assume that he will show alternating periods of improvement and regression, similar to those that have been described by numerous authors in prisoners under sentence of death (for example, Duffy, Clinton and Jennings, Dean, The San Quentin Story, Curtis Publishing Company, 1950).

Summary

In my opinion, Mr. Ruby is mentally ill, with symptoms of moderate depression, delusions of persecution, moderate to extreme suspicion and distrust of several individuals, especially

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his present attorneys. In my opinion, these observations should be taken into consideration in your decision about the request for a formal sanity hearing. In my opinion, there are no psychiatric contraindications for you to question Mr. Ruby directly, or for you to permit the defense to put him on the stand for directly testimony about the sanity issue. Ideally, in my opinion, Mr. Ruby should be under the supervision of a psychiatrist, preferably in a psychiatric hospital, until the prisoner recovers sufficiently to proceed with his appeal with rational understanding.

I will be available for testimony and further consultation, when it seems indicated to you.

Sincerely,

R.L. Stubblefield

R.L. Stubblefield, M.D.

RLS:rh