THE SOCIOPATHIC OFFENDER

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At no time in the history of the world has organised crime been so rampant, ruthless and brutal as the present. The purpose of this article, however, is not to consider mass criminality but to recall very briefly some types of mental abnormality, other than insanity and mental defectiveness, which affect the behaviour of individuals and cause them to commit legal offences.

Laymen tend to divide their fellows into normal and abnormal types. The physician, with his experience of the wide borderland between health and disease, is more critical, and will often be unable to accept the layman's concept of normality. For one of its inevitable characteristics is occasional odd behaviour, and no man is himself always. In the study of crime and criminals the immediate concern is often the amount of deviation from a hypothetical standard pattern of thought and behaviour which can be accepted in the conflict between individual and communal interests. It may be noted, in passing, that not only may unusual behaviour be related to normality but normal behaviour may be consistent with mental abnormality.

So it comes about that murder may be the overt expression of jealousy in a person whose emotional response cannot be considered abnormal merely because it has been caused by a severe stress and has resulted in a rather common tragedy. On the other hand, a paranoid person may go through life without injuring society unless he is forced on the defensive too heavily by real or imaginary circumstances.

The numerous physical, physiological and psychological facts and theories relating to crime and criminals advanced by different schools of thought at different times gradually appear in correct perspective. Lombroso's assumption of an innate criminal type has been long discredited. Undue emphasis on heredity has been replaced by the view that it acts with environment as a simultaneous crimogenic factor, albeit of varying significance in different cases. The importance of Kretschmer's types of physique in relation to crime is significant, but is obscured by the transitional forms which present themselves to the clinician. We have, so far, insufficient knowledge of the manner in which the endocrine glands affect ordinary behaviour to allow us to assess with any degree of precision their role in the causation of crime. The psychological approach to criminal problems is in favour at the moment, but it is pertinent to remind ourselves that the materialism and determinism of past years are being displaced to-day in many directions by a spiritual approach to some of life's problems which is independent of science.

Crime is the result of failure to control the self in relation to society. It is the duty of society, and particularly of social hygienists who come into contact with potential criminals, to teach them how to live in harmony with themselves and society and maintain control of the circumstances which surround them. Although an analogy between crime and disease is often misleading, it is true to say of crime, as of disease, that the sooner treatment is initiated the more satisfactory are the results likely to be.

A good deal of disservice to the scientific approach to criminal problems has resulted from over-emphasis regarding the incidence of mental abnormality and crime. Modern views accept the normality of the majority of law-breakers and experience shows that the ordinary legal processes exercise a corrective effect upon most of them. For example, an official examination of the files of 17,918 males who were over the age of sixteen years and had no previous convictions recorded against them but were found guilty of offences sufficiently serious to warrant the taking of their finger-prints showed that only 21.3 per cent were found guilty of further offences during a subsequent five-year period. The paramount importance of the early recognition of abnormal mental states associated with crime lies in the fact that this alone may indicate the appropriate method of treatment, without which the offender may become an ever-present nuisance or menace to society.

There are various classifications of criminals. That which deals with them according to the instinct which is predominantly affected has an advantage over official classifications, for it immediately points out to the scientist the emotional factor concerned.

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An emotional disturbance in childhood sometimes establishes a habit of thought which gives rise in later years to a sudden and violent disturbance of behaviour which may have devastating effects upon all concerned. This is also sometimes apparent in adolescents and adults. Its vehemence may surprise the chief actor as much as his victim and audience. It is a misfortune that a matter which adversely dominates the lives of some persons is retained closely within the innermost recesses of their thoughts. It is an added misfortune that some persons are unaware of its effects upon them. Happily, there can be no doubt that Child Guidance and Psychiatric Clinics enable a good deal of potential criminality of this kind to be diverted into socially useful channels of conduct.

The Criminal Statistics for England and Wales (1937) show how consistently the incidence of crime decreases with age in both sexes. For males the lawless age of thirteen years; is twice as lawless as the age of nineteen, and the age of nineteen is twice as lawless as the age of thirty. Juvenile crime is generally due to social immaturity rather than to viciousness or mental abnormality, and official statistics, as well as personal experience, suggest that some of the crime-producing factors become less, and those which contribute towards social order become more, dynamic as the individual passes from puberty to adolescence, early manhood and maturity.

Of the number of persons received into prisons in England and Wales in the year 1938 there were 0.91 per cent certifiable under the Lunacy Acts and 0.54 per cent under the Mental Deficiency Acts. They were transferred to the appropriate institutions. Apart from these cases there is no doubt that the proportion of psychoneurotic and other less well-defined groups of mental abnormality received into prison, and who may be referred to for convenience as sociopaths, is considerable. But it is very difficult to give figures here which would be generally acceptable, since much of the material lies within the borderland between normality and mental abnormality. The importance of the sociopath in this connection rests on the fact that his disability tends to give rise to anti-social behaviour, and that although a penal institution may seem inappropriate, no other custodial measures which can be enforced upon him for the protection of society are available. This class of offender, however, is often just as much in need of help as the declared psychotic or defective, and timely understanding and well-considered treatment will prevent many of them from committing crime. And just as the earlier years of the present century saw progress made in our understanding of insane and defective patients, so may we confidently believe that the attention now being directed upon sociopathic personalities will enable us to clarify our knowledge of them and assist in the prevention of crime due to these causes.

Anxiety states may give rise to criminal conduct if the patient is unable to meet his responsibilities and adapt his emotional reactions to social requirements. In the ordinary affairs of life circumstances may cause anxiety which persists until the situation is solved. In morbid anxiety the emotional tension is due to endogenous factors, and the condition of fear, apprehension and doubt may be mild or severe, the milder forms being usually more chronic in their course than those which are severe. The intensity of the emotional disturbance is not the only criminogenic factor, for overt action is also related to the amount of control which the patient can summon at a given time. Attempts at suicide, vagrancy, theft, sexual offences and major crimes including homicide may be the result of an anxiety state. The diagnosis usually presents little difficulty to the psychologically minded physician, and its early recognition is important as treatment may socialise many patients and prevent the commission of a crime.

Hysteria, also, is rather frequently associated with criminal conduct. The symptoms subserve the not fully conscious motive of the patient to obtain advantage in feeling from an unpleasant emotional situation. The hysterical offender often protests that he has no recollection of the events connected with the crime, and his desire to forget often seems to enable him to do so. He may assert that he does not know his age and may seem unable to understand simple questions, although he is otherwise alert and able to adapt himself to most situations, so that the question may arise whether he is making a purposive effort to deceive the examiner. In the malingerer there is a conscious objective motive for the reaction, namely, the deception of others; in the hysteric there is a subjective desire to be dissociated from reality. Crimes associated with hysteria include theft, forgery, sending threats by letter, arson, common and indecent assaults, attempted murder and murder. A detailed examination of the circumstances of the crime as well as an examination of the offender is necessary, for
here as elsewhere in criminal cases the medical examiner must be satisfied that the criminal conduct is directly due to, and not merely associated with, the mental abnormality. In other words, an hysterical person may commit a crime which is not attributable to hysteria.

**Obsessive-compulsive states** are not usually associated with criminal conduct, although impulsive behaviour is a common cause of crime and may be a symptom of major and minor mental disorder. In a recent series of 406 offenders who were specially investigated because their mental condition appeared to be suitable for psychological treatment only two showed an obsessional symptom which was undoubtedly connected with the offence. The medical examination of this class of case requires particular care lest the indications of a compulsive state are suggested to the accused. It is common for the non-compulsive offender to attempt to evade the consequences of his act by alleging that he was obliged to commit theft, assault or other crime, but the account usually lacks the essential features of a genuine compulsion. The social importance of this group lies in the fact that the condition is difficult to remove, and if it tends towards crime the illegal act is likely to be repeated irrespective of punishment. I am not concerned here with the question of criminal responsibility, and although the doctrine of the uncontrollable impulse is not accepted in a criminal court in this country, when the law is strictly applied, I have no doubt that a defence of this character would receive full consideration if adequately presented in a suitable case. I may add that to many of us the real criterion of criminal responsibility often seems to be the ability of the accused to control his actions. A medical witness would prove himself to be a benefactor to society if he could devise a reliable test, which a jury could understand, for measuring the capacity of an accused person to control his conduct in a given situation.

**Cycloid, schizoid and paranoid states.**—The association of crime with manic-depressive disorder, schizophrenia and paranoia is of great importance, and its association with the minor cycloid, schizoid and paranoia is no less significant. Kretschmer's view that there is a clear biological affinity between the psychic disposition of manic-depressives and the pyknic body type is not always confirmed clinically in criminal practice, either in regard to the major affective disorder or to the cycloid offender. Similarly, the biological affinity between the psychic disposition of the schizophrenic and the bodily disposition characteristics of the asthenics, athletics and dysplastics may be absent. The importance of heredity in these conditions, however, is significant forensically as well as therapeutically.

The limits of manic-depressive disorders are not clearly outlined. On the one hand is the unequivocal psychosis, and on the other the mild degrees of affective states which may not materially interfere with conduct or the ordinary affairs of life—the cycloid group. The energetic euphoria of the elated cycloid personality as well as his despondent inaptitude in the opposite mood-swing must always be taken into account when criminal conduct threatens. An aggressive, destructive, acquisitive or sexual offence may occur as a not entirely unexpected episode or as a sudden and unforeseen explosion. The old-fashioned term "dipsomania" may sometimes include episodic phases of the cycloid personality, and crimes attributable to drink should be investigated from this angle.

The relationship between unequivocal cases of schizophrenia and the schizoid personality is still uncertain. Numerous studies point to the condition being an inherited anomaly, and schizoid states to be clearly related to schizophrenia. The introspective, dreamy, solitary, uncertain, unreliable and unduly sensitive schizoid may commit a carefully planned or impulsive crime. The offences are often trivial, but they are frequently aggressive, and murder is a not infrequent sequel.

The tendency of current opinion regarding paranoia and paranoid states is to regard them as clinical varieties of a large group having a hereditary constitution. E. Mapother and Aubrey Lewis consider it unprofitable to think of them as syndromes in their own right and of the same order as schizophrenia and manic-depressive disorder, and regard them as being on the same subsidiary level as stupor, hypochondriasis, anxiety and depersonalisation. The jealous, suspicious and querulous paranoid is all too ready to blame others for the difficulties and unpleasantness he encounters, which are often imaginary or the result of his own misdirected thoughts or actions. Threats and major aggressive crimes cause him to be at times a nuisance and on other occasions a menace to society. He may be also socially dangerous in a small community because he tends to make mischief, and in a larger community because he may impress others with the validity of his suspicions and induce his associates to form socially hostile groups.
The early diagnosis of a cycloid, schizoid or paranoid state is important because the constitutional factor is often incapable of modification, and only the precipitating exogenous factors may be avoided in the attempt to prevent crime.

A sexual pervert is one whose sexual activity seeks and obtains complete satisfaction without the necessity for hetero-sexual intercourse. The perversion must be indulged in persistently, preferably in reality, at any rate in fantasy, and must not be merely a substitute for a preferred hetero-sexual activity which for some environmental reason is difficult to obtain. Investigation of a large number of perverts shows that it is possible to regard true perversion as fundamentally a simple tendency. One seldom meets with a case of "pure" perversion, as besides the main activity there is nearly always a conspicuous interest in, and frequently a performance of, other perversions. This occurs so frequently, and to such an extent, that it is difficult to know in many cases under which heading the particular individual should be classified. Frequently the sexual performance itself shows the presence of more than one perversion; for instance, the combination of homosexuality and sadism or masochism is very common. I have had under observation an elderly offender in whom exhibitionism, masochism, frottage, flagellation and bestiality were noted. Many sexual perverts are often quite normal in every way in hetero-sexual relations, but have a strong bias towards, and much prefer, one or more sexual perversion. There seems to be in some persons a tendency towards general sexual perversion whilst other factors operate in selecting which shall be the source of chief interest. Cases of sexual perversion often occur in the families of sexual perverts under circumstances in which common environmental factors are extremely unlikely, and it often seems that one is dealing with a personality factor since it is difficult to see how environmental factors alone could produce so frequently so complicated a pattern except by very special and hence unlikely coincidences. An early experience of perverse activity, and its frequent repetition in reality or fantasy before ordinary hetero-sexual activity has taken place or been clearly comprehended, appears to be the commonest single environmental factor. Another important factor may arise from an early experience and its emotional repercussions, or from a more recent happening which through repulsion or dislike actively prevents normal hetero-sexual life. More general environmental factors will favour the development of a perversion in suitably disposed individuals, but it is a mistake to regard the sexual pervert as being necessarily over-sexed. He is frequently under-sexed, and the perverted activity may be an indication of a limited sexual ability.

The unstable personality is distinguished by an intermittent inability to resist emotional influences. The psychic personality is uneven, and lacks equanimity to an unusual degree, although the intellect is often good or superior. There may be a deficiency of power to will and frequently a lack of persistent effort, but occasionally an exaggerated and perverse exercise of will in a limited direction is seen as the result of a transient internal or external influence. The emotional disturbance is expressed by uncertain conduct, which is often a transient outburst of anger and self-assertion and sometimes one of short-lived misery. Extravagant self-regard with labile thought and conduct encourage social inefficiency and often lead to major and minor forms of crime, since the inborn dispositions and temperaments are ill-fitted to social requirements if the response to an environmental stimulus is uncertain or excessive. In some cases it is particularly difficult to assess the relative importance of the physiological and psychological factors involved.

Constitutional psychic inferior personalities show a persistently inadequate type of behaviour, without defect of intelligence, which repeatedly places them at a social disadvantage. They are often rather likeable people, but they follow the line of least resistance and conative effort is wanting in situations which demand it. They are often placid and facile, disinclined to quarrel, and readily agree with the opinions of an associate who is only slightly more purposive than themselves. They are affectively impoverished, calm and often frigid, and tend to gratify the desire of the moment regardless of its future consequences. They frequently commit minor offences and are a nuisance rather than a menace to society.

The anti-social conduct of many other psychologically maladjusted persons is attributable to a faulty reaction to mental conflicts rather than to abnormal emotional and instinctive reactions which are habitual and largely due to inherited factors. William Healy focussed attention on this class of offender many years ago, and showed that in many cases a delinquent child may derive much benefit from a conversational interview. In adults, however, one frequently finds that this is not enough. A more complete exploration may be necessary and is not always successful.
The individual personality disorders briefly outlined above have social importance. Limits of space prevent me from illustrating them by examples, and from discussing their treatment before or after their arrest for a crime; but they appear before medical men much more often than the defective or insane, and many pass by unrecognised. Their early recognition and treatment may prevent the commission of major as well as of minor crimes, for although the constitutional crimogenic factor may remain uninfluenced by therapy the environmental factor may be amended thereby and conduct become adjusted to social requirements.

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SIMULTANEOUS OCCURRENCE OF HERPES ZOSTER AND VARICELLA

With a Report of Three Cases

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In the past five decades many articles have been published revealing the association between varicella and herpes zoster. The evidence in favour and against the close relationship of these two conditions has been carefully tabulated by WARD (1941). Up to the present, however, the identity of the causal viruses has not been proven conclusively.

BOKAY (1892) was the first to note their clinical association. Since his observation many cases appeared in the medical press in which varicella had developed in susceptible individuals when exposed to herpes zoster and vice versa.

Concerning another aspect of their relationship, namely, the simultaneous appearance of herpes zoster and varicella in the same patient, much fewer cases have been so far reported. FERRIMAN (1939) reviewed about 100 cases, and concluded that this combination of diseases was common in the elderly men, and that varicella followed herpes zoster within five days. He supported the view that the eruptions were caused by identical or clearly related organisms. CAMPBELL (1941) reviewed the literature to date, and described three cases, one of which was that of a male infant. He stated that in all his cases an attack of unilateral herpes zoster was followed by the development of a varicelliform rash at intervals of five to seven days. The eruptions were generalised, small and somewhat sparsely distributed on the body, but evolved typically through the stages of vesiculation and crusting. He believed that this explained the apparent co-existence of the two diseases, and that the virus of varicella was the infecting agent.

In this article three cases are submitted in which the simultaneous appearance of herpes zoster and varicella eruptions are recorded. Case No. 3 is that of a female, in whose home her three children, aged 13, 20 and 11 years, developed severe varicella one after the other within the recognised incubation period. Furthermore, the daily woman who worked in the home twice a week acted as "carrier" and conveyed the virus to her husband, who developed the dual diseases, with a fatal termination (case No. 1).

Case No. 1.—G. A. T., German male, aged 59 years, metal-box maker, was seen at his home on June 18, 1942. He stated that three days prior to his herpetic attack he developed a cold with a peculiar tight and painful feeling in his right chest and upper abdomen. The typical attack of herpes zoster involved the cutaneous distribution of the 7th, 8th and 9th dorsal segments. Some of the eruptions were of a haemorrhagic nature. Treatment consisted of mist. aspirin. The shingles were painted with collodion, and tab. veganin was ordered for the neuritic pain. Three days later he complained of malaise, and a further examination revealed a generalised, scattered, papular, vesicular and pustular eruptions of a varicelliform character in different stages of evolution. These were noted mostly on the body, face, scalp, tongue and fauces, with very few eruptions on the limbs. The "spots" did not follow any nerve distribution. On the same day as the varicella attack he developed hiccough, which
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