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CRIME AND INSANITY. LECTURE III.

GIVEN AT THE MAUDSLEY HOSPITAL, MAY 14, 1929.

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You have been informed already that mental deficiency does not absolve a guilty person from responsibility for his acts or omissions unless the defect is of such a degree that the accused is thereby rendered unfit to plead, and that in this event he is said to be insane on arraignment and is sentenced to be detained during His Majesty's pleasure. This is the only occasion when the mental condition of a defective person, relative to his criminal responsibility, is submitted to a jury for decision.

Attention has been called also to the fact

that when a mentally defective person is fit to plead, and is found guilty, the presiding judicial authority may call evidence concerning his mental condition, and if satisfied that the offender is mentally defective order his detention in a suitable institution as an alternative to imprisonment.

Further, it will be remembered that the official statistics of the Prison Commissioners for the year 1927 gave a total of 639 delinquents who were dealt with under the Lunacy or Mental Deficiency Acts, and that of these 244 were certified to be mentally deficient. The association of crime and mental deficiency is therefore an important one, but the clinical and diagnostic problems arising therefrom present many difficulties. Moreover, the term has been extended by recent legislation in order to meet modern administrative and social requirements, and now includes cases which previously were outside the legal definition

of the different categories of mental defect. In consequence many subtle and controversial issues have been introduced to medical witnesses.

For better understanding of the present position it is desirable to trace briefly the development of the legal definitions of this administrative term. A distinction was made even in early times between the idiot who was so born (*fatuus naturalis*) and the lunatic who had lost his reason as the result of disease or from some other cause. Later, imbeciles were distinguished from idiots and lunatics, and the Idiots Act of 1886 recognizes them legally for the first time as a class less defective than the idiots. Still later, a group of children were acknowledged who, although defective, were not so deeply deprived of their mental faculties as the imbeciles; they were referred to as feeble-minded. At about the same time certain criminals were officially recognized to be of a higher grade than imbeciles but not certifiable under the Lunacy Acts. They were classed as weak-minded.

As previously stated, a Royal Commission was appointed in 1904 to inquire into the care and control of the feeble-minded, and as a result the Mental Deficiency Act of 1913 was passed. In this Act four classes of defectives were defined, namely:—

“(a) Idiots; that is to say, persons so deeply defective in mind from birth or from an early age as to be unable to guard themselves against common physical dangers;

“(b) Imbeciles; that is to say, persons in whose case there exists from birth or from an early age mental defectiveness not amounting to idiocy, yet so pronounced that they are incapable of managing themselves or their affairs, or, in the case of children, of being taught to do so;

“(c) Feeble-minded persons; that is to say, persons in whose case there exists from birth or from an early age mental defectiveness not amounting to imbecility, yet so pronounced that they require care, supervision and control for their own protection or for

the protection of others, or, in the case of children, that they by reason of such defectiveness appear to be permanently incapable of receiving proper benefit from the instruction in ordinary schools;

“(d) Moral imbeciles; that is to say, persons who from an early age display some permanent mental defect coupled with strong vicious or criminal propensities in which punishment has little or no deterrent effect.”

This Act for the first time defined legally two new classes of defectives; the feeble-minded and the moral imbecile. But experience in the working of the Act showed that its usefulness was impaired to some extent, as it became apparent that many adults were in fact mentally defective, but not subject to the provisions of the Act in the absence of evidence to prove that the defect existed from birth or from an early age.

The incidence of encephalitis lethargica in this country in 1918 and subsequently followed as it was in many cases by marked mental and moral deterioration, focussed attention on the strong anti-social proclivities which were a sequel of the disease and demanded special measures for the protection of the patients, and the public. Time showed also that these mental changes might be delayed for some years, and as they could not be referred always to causes existing from birth or an early age, the subjects could not be dealt with under the Mental Deficiency Act. For these and other reasons a revision of the Act of 1913 was considered due, and in 1927 an amending Act was passed.

We need only consider the definitions of mental deficiency formulated in this Act and substituted for those in the Act of 1913. They are as follows [Section 1 (1)]:—

“(a) Idiots; that is to say, persons whose case there exists mental defectiveness of such a degree that they are unable to guard themselves against common physical dangers:

"(b) Imbeciles ; that is to say, persons in whose case there exists mental defectiveness which, though not amounting to idiocy, is yet so pronounced that they are incapable of managing themselves or their affairs or, in the case of children, of being taught to do so :

"(c) Feeble-minded persons ; that is to say, persons in whose case there exists mental defectiveness which, though not amounting to imbecility, is yet so pronounced that they require care, supervision and control for their own protection or for the protection of others or, in the case of children, that they appear to be permanently incapable by reason of such defectiveness of receiving proper benefit from the instruction in ordinary schools :

"(d) Moral defectives ; that is to say, persons in whose case there exists mental defectiveness coupled with strongly vicious or criminal propensities and who require care, supervision and control for the protection of others."

Section 1 (2) adds that "For the purposes of this section mental defectiveness means a condition of mind existing before the age of 18, whether arising from inherent causes or induced by disease or injury."

It is to be observed that by this Act mental defectiveness is legally defined ; that the defectiveness need not exist from birth or an early age, but may arise during any of the first eighteen years of life ; that the term moral defective is substituted for that of moral imbecile in the Act of 1913 ; and that whereas the defect of the moral imbecile was stated to be permanent in the Act of 1913, no such qualification is made in the definitions of moral defectiveness or mental defectiveness in the Act of 1927, although that quality is usually implied in these terms.

My purpose so far has been to indicate the gradual change that has taken place in legal and medical opinion concerning the nature and quality of mental deficiency. Successive definitions have included subtractions

from the subnormal in the community. This encroachment necessarily makes the distinction between the defective and subnormal more difficult to determine.

Generally speaking mental defect is manifested by defects of intelligence or character. The former can be more accurately ascertained than the latter. The mental tests in general use, such as those of Binet, Simon, Terman, Burt, Ballard and others, enable the mental age or intelligent quotient (i.e., the ratio of mental age to chronological age) of the subject to be ascertained and compared with that of the normal. The mental age of the idiot is usually accepted to be less than that of a child 3 years old, that of an imbecile to be less than that of a child of 7, and the feeble-minded person to have a mental age above this. Certain American authorities, Goddard, Healy, Jelliffe, White, Fernald and others, consider the mental age of the high-grade moron (or feeble-minded) may be as high as that of a child of 12 years. But it is found that with this high limit character defects and social disabilities enter largely into the diagnosis.

The average mental age of an unselected group of 200 male prisoners was found by Drs. H. A. Grierson and C. H. L. Rixon to be 14 years, and there is reason to believe that this may be accepted as the average age of male offenders who are neither insane nor defective. Mental age, however, is only one factor to be considered in the diagnosis of mental defect ; no arbitrary line can be drawn by tests to define the limits of feeble-mindedness. The final test is the capacity for social adaptation.

Social efficiency and social adaptability depend upon the affective and conative attributes of mind as well as the cognitive. The socially acceptable harmonize their instincts, sentiments, emotions, ethical perceptions and volitional capacity with communal requirements. Mental defect may be exhibited by failure in these directions and by lack of foresight, ability to plan, to memorize and concentrate attention, to dis-

criminate between different ideas, and to form judgments on alternative situations.

It is apparent that the definitions of feeble-minded persons and moral defectives in the Mental Deficiency Act, 1927, are capable of wide interpretation. In practice there is sometimes much difficulty in ascertaining whether the social disability is the result of a condition of arrested or incomplete development of mind existing before the age of 18 years, or is due to causes other than mental deficiency, such as adolescent instability, mild psychoses or psycho-neuroses. Adolescent instability may occur with variations over long periods, and mild psychoses are sometimes transient but recurrent. In the psycho-neuroses the mental impairment is specific and not general, but in moral deficiency the defect is general and not limited to any particular mental quality, instinct or emotion. The various factors which determine character and affect conduct are still imperfectly ascertained, and difficulties in diagnosis will arise, and differences of opinion will be expressed by medical witnesses, until further knowledge in this direction is established.

The medical witness will be well advised if he never states in court that a person is mentally defective unless he is assured that the facts upon which his opinion is based are such as to convince a reasonable but opposing critic. He may also usefully remember that the moral defective lacks moral perception, that is to say, he has no appreciation of his social obligations to others, and no moral sentiment or wisdom.

In criminal practice a differential diagnosis between the moral defective and the habitual criminal becomes important. Certain clinical observations are of assistance in the matter. The delinquencies of the moral defective are characterized by their variety ; the defective does not specialize in any particular type of crime ; by their wantonness, acts harmful or dangerous to self as well as to others being committed in a purposeless manner ; by their unprofitableness, the

offenders frequently standing to gain nothing and lose all by the act; by their commencement at an early age and persistence, in spite of precept, example, and punishment; by their disregard for consequences, and the absence of any serious effort at concealment. The moral defective may display verbal morality and reply with discrimination to so-called ethical perception tests, but he fails in their practical application to situations involving his own moral obligations. The habitual criminal, on the other hand, does not usually commence his criminal career in early childhood, his criminal acts tend to become specialized, detection is avoided if possible, the risks incurred are not greatly disproportionate to the possible gains, the profits of the crime are enjoyed and not disregarded. He appreciates his wrong-doing and at the commencement of his career has some conception of his social obligation to others. The habitual criminal may in favourable circumstances abandon his disregard for the law and become a law-abiding citizen, but the moral defective continues his antisocial career even when placed beyond the temptations of ordinary individuals.

The diagnosis of mental deficiency depends upon the result of the medical examination and a consideration of the subject's reaction to his social environment. The diagnosis can be supported sometimes by the medical examination alone, but it cannot withstand criticism if founded solely on the history of the case. And it may be observed in this connection that in high-grade cases in whom conduct defects are of most importance, the simple and orderly life of an institution may mask extravagances which become apparent when the patient is at liberty in the outer world.

The condition of the idiot demands supervision and he is not seen in a criminal court. In a series of 283 male remand defectives found 33 imbeciles, 244 feeble-minded and 6 moral defectives. The crimes committed by defectives are frequently simple in

character and suggest the act of an abnormal person.¹ But crime of any kind may be associated with this condition. In the above series 71 were crimes of acquisition— theft, forgery, embezzlement and false pretences; 64 were sex offences; 63 offences connected with vagrancy; 22 were crimes of violence—4 murder, 2 attempted suicide; 21 were for housebreaking and being on enclosed premises, 16 were suspected persons, and there were 5 cases of arson. The remaining 21 offences were of various kinds but few in number. Although there is no crime pathognomonic of mental defect, it is found that offenders who indecently expose themselves or commit arson are frequently mentally abnormal. Thus, in 150 males charged with exhibitionism I found 14 were insane and 24 mentally defective, and in 44 cases of arson 14 were insane and 5 mentally defective.

Although the percentage of technical defectives in the criminal population is small, their suggestibility and incorrigibility

demand segregation as a rule. Of 674 defectives who were convicted before the Mental Deficiency Act of 1913 came into full force, 459, or 68 per cent., had previous convictions, and the total number of convictions was 3,296. In other words, if these 459 incorrigible defectives had been certified and segregated before their first known offence, 3,755 crimes would have been prevented.

It has long been recognized that defectives may show a high ability in some particular direction, and although most crimes committed by them are the result of special disabilities, a few are due to a special ability. Their crimes may be associated with marked cunning, by verbalism, or other qualities which appear at first sight to contra-indicate defectiveness, and the witness may have difficulty in convincing the court that a delinquent is within the purview of the Mental Deficiency Act if he is as expert at picking locks as a defective who came under my observation charged with being on enclosed premises.

It sometimes happens that defectives commit crime in association with one another. In the case of two men who were charged with indecency, both the active and passive agent were mentally defective. Two brothers, aged 25 and 18, each with a mental age of 9, were mentally defective. They stole their neighbours' chickens and were unemployable, and it became necessary to send them to institutions for defectives. In similar cases it may be suggested by opposing counsel that a conspiracy to commit a crime contra-indicates mental deficiency or insanity. With regard to the latter condition, the late Sir Thomas Clouston records the case of an epileptic who, in a post-epileptic state, conspired with another chronic patient in the mental hospital and made a lethal weapon with which to attack the doctor.

The psychoses and psycho-neuroses are sometimes superimposed upon mental defect and present special difficulties in diagnosis, and from the forensic point of view insanity

¹ A man, aged 30, was charged with arson. He admitted setting fire to four hay-ricks and was suspected of fire-raising in twenty cases. He was born in a rural district and could not learn to read or write. He worked at hay-making and binding and was for a time employed as a cowman. His height was 63½ in., weight 136 lb.; head circumference 20½ in. The urine was free from sugar or albumin, and the bodily organs appeared normal. His expression was vacant. He was ignorant on matters of ordinary interest and common knowledge, and was uncertain of the value of money and could only sum simple figures. He had some idea of local geography. He lacked ethical perception and had no sense of responsibility and did not appreciate the fact that his acts of fire-raising were dangerous and costly. Cognition, affection and conation were markedly defective. He was incapable of competing with his fellows and could only assist very slightly in his maintenance. His mental age by tests was 7 years. He was a low-grade feeble-minded person who required segregation. It appeared that he set fire to the ricks to enable him to earn a shilling by working the hand fire-pump with others in order to put out the fires.

developing in a subject who is mentally defective is of particular importance. It will be remembered that mental defectiveness does not absolve an offender, but insanity within the legal definitions permits a verdict which acquits him of responsibility. A man of 40 was charged with the murder of his infant. He sent the mother, who was mentally defective and with whom he had lived off and on for some years, on an errand, and during her brief absence struck the infant on the head and probably rendered it unconscious. He then put the infant in the fire and burnt it, and then placed it head downwards in a bucket of water. Death was said to be due to burning. He then went and gave himself up to the police. As a lad he had attempted to murder his sister in her sleep after she had remonstrated with him. He had also been convicted for attempting carnal knowledge, for theft and drunkenness, and had attempted suicide on two or three occasions. Soon after the passing of the Mental Deficiency Act, 1913, he was sent from prison to an asylum with hallucinations; he was also recognized to be mentally defective. He escaped and remained at liberty. A few years later he was remanded for theft, and whilst under observation in prison was again ascertained to be defective and was also depressed. He was reported accordingly to the court and was sent thence to a Poor Law institution as a place of safety, but he escaped whilst negotiations were proceeding for his detention in a suitable institution, and had been at liberty two years before the murder. On examination he was found to be mentally defective and was depressed, deluded and hallucinated. His mental age was 8-10/12 years, he was dull and his mental reaction and bodily movements were slow. His memory, attention, perception, judgment and reasoning were impaired. He was unconcerned at his position, took no interest in his surroundings and did not occupy himself at all. He was considered to be mentally defective and subject to recurrent

attacks of melancholia. He was found insane on arraignment at his trial. The defect alone would not have justified this verdict.

Two other points of forensic interest arose in this case. The man attacked the child in three different ways, any one of which would have effected his homicidal intention. In another case of mental defectiveness a victim was first bludgeoned, then suffocated and ultimately strangled, any one of which methods was sufficient to ensure speedy death. A suggestion of mental disorder or defect should arise when a murderer employs different efficient methods on the same victim. But it is by no means unusual for a homicide, who shows no evidence of insanity or mental deficiency, to inflict several injuries upon his victim with the same weapon. Further, it is sometimes suggested that a murderer is probably insane because he gives himself up to the police and informs them of what he has done. But in a series of 106 murder cases under observation, 19 gave themselves up to the police of whom 5 were insane. In addition 7 told their relatives of their guilt before arrest, and 9 told the police after arrest.

The psychosis may pass off in mixed cases of insanity and mental defectiveness if arrest does not occur until a considerable time after the crime, and unless this possibility is remembered the crime may be attributed to mental defectiveness, when in reality it was the outcome of insanity which would exculpate the accused. On the other hand, sometimes happens that a defective is arrested for a crime and develops a psychosis before the trial. Unless he is thereby rendered unfit to plead, it may not be possible to absolve him on the grounds of insanity. When a definite psychosis is present in a defective awaiting trial and has been noted for a considerable period, the evidence of mental defectiveness may be obscured, and it may be more advantageous to deal with the case before the court on the indications of insanity observed by the witness in preference to the history of defect given

relations and friends. Conversely, insane conduct may be properly testified by a relation, but fail to be displayed when under observation in an institution. The medical evidence then will probably be that of mental deficiency. In such case the witness must balance the relative merits of hearsay statements and personal observation.

Mental defect may be simulated by mental dullness resulting from physical disabilities such as anæmia, chronic intoxications, the sequelæ of debilitating diseases or head injuries, upon bad sex habits, privations, fatigue or too rapid growth. But a physical cause of mental dullness may aggravate mental defectiveness, and a full physical as well as complete mental examination is necessary for accurate diagnosis.

Since the indications of mental deficiency are the negation of those of efficiency, it follows that the intermediate group between the defective and normal, namely, the subnormals, will present symptoms of an indeterminate character. The line of demarcation between the normal and subnormal is of comparatively slight importance forensically, but that between the defective and subnormal is of immediate concern to the psychiatrist. In differentiating between them the medical man must be guided by the definitions of mental defectiveness laid down in the Act of 1927, by his knowledge and experience of normal intelligence, of normal mental capacities and reactions, and of conduct which is normal in the environment from which the subject is drawn.

(To be continued.)

AFTER - RESULTS OF GASSING AND GUNSHOT-WOUND CHEST, ESPECIALLY IN RELATION TO TUBERCULOSIS.¹

By G. BASIL PRICE,

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NEARLY fifteen years have elapsed since the first use of gas as a combatant weapon in warfare took place. The immediate effects of this agency were fully described during the war years and later in the medical history of the war. There is now extensive literature on the subject, but at this more remote period it may be well to review the present condition and later results in "gas" cases, and also in those suffering damage of the chest due to traumatism, particularly when the latter has affected the thoracic contents. It may be possible to draw some conclusions with regard to the post-war incidence of tubercle in these cases.

The earlier impressions expressed indicated a general apprehension that where a man had been gassed acute symptoms would almost inevitably lead on to the incidence of tubercle, whether activated or incurred primarily because of it.

It is generally agreed that mustard gas causes the most severe damage in the upper respiratory tract, while asphyxiating gases affect more largely the alveoli, the lungs and bronchioles, causing red-cell exudate and inflammatory consolidation.

Sergeant's general conclusions were, in 1925 :—

(1) Gassing by itself does not provoke tuberculosis; and with this conclusion statistics and experiment apparently were in accord.

(2) When tuberculosis follows gassing,

¹ Abstract of paper read before the Tuberculosis Association at Cambridge, 1929.