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CRIME AND INSANITY.

LECTURE IV.

GIVEN AT THE MAUDSLEY HOSPITAL, MAY 14, 1929.

By W. NORWOOD EAST,

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(Continued from p. 54.)

It will be unnecessary to consider crime in association with secondary dementia as the patients are usually under care prior to its onset. In other cases the history of a previous attack of insanity with subsequent mental deterioration renders the diagnosis clear.

Senile dementia, however, is a frequent cause of crime, and although its recognition is easy and we all have experience of the

condition, it may present difficulties to the medical witness.

The mental deterioration is essentially a quantitative reduction of the former mental capacity of the individual, which may be declared by a failure of memory, attention, capacity for work and receptivity for new ideas which is the common heritage of the long-lived. Each individual must be judged according to his own previous standard, for a man of superior intellect may show evidence of senile mental deterioration, which is obvious when compared with his former capabilities, but he may be superior still to a less intelligent person who shows no deterioration. This fact may arouse criticism in a criminal court, for the jury will more readily accept a contrast between an accused dement and a normal person than the difference between the present condition of a prisoner, which is a matter of fact and observation, and that which is alleged to