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REFLECTIONS ON CRIMINAL CONDUCT AND ITS TREATMENT*

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It has seemed to me that the problem of how best to deal with the sick society which exists in our midst to-day has not been discussed comprehensively by anyone who has already given evidence before the Royal Commission. Punishment by any violent and arbitrary method—for example, hanging or flogging—to be administered fairly should be considered in relation to the medical, social, and economic problems which exist. If this is not done then we merely dispose of and deal with a few “tigers” without influencing the tiger problem as a whole. We know that the human race is loaded with imperfections, and in consequence we are not likely to obtain a better-organized society until we have improved the quality of the people who constitute it.

Our mental hospitals and colonies for the mentally defective are crowded to overflowing, and further provision is an urgent necessity. In addition, however, the amount of mental and emotional unrest and instability in the population is increasing rapidly. This is due to the fact, in part at least, that the poorer stocks are increasing while the healthier stocks are tending to diminish, and in consequence a dysgenic situation has arisen whereby the weakly and those potentially liable to mental and nervous upsets are surviving to a much greater age than was the case previously. Socially, the position is complicated by the fact that so many married women are employed in industry. The wastage turnover is high, and leads to unrest, instability, and irritation not only in the factory but in the home. A state of licence and freedom from restraint exists which previously was not the case. The position is complicated by inadequate housing and by the high divorce and illegitimate rate.

Economically, the high cost of living and the state of uncertainty and insecurity in which people live are, I believe, tending to affect the general position and indirectly are influencing the emotional instability which is so prevalent. I believe that it is only by an improvement of the above-mentioned conditions that we are likely to see a better-ordered society. The violent methods of punishment and retribution which have received such universal approval in legal and public circles have little or no constructive value, and make no contribution towards social

reformation. The fundamental problem facing everyone interested in human betterment is the improvement of the quality of the race.

Disorders of Conduct

My interest and experience in relation to the criminal law dealing with persons accused of murder or other serious offences has extended over many years, and has concerned itself essentially with those who, for one reason or another, have been regarded as nervously or mentally abnormal, or at least where doubt has been cast on their sanity. I believe it is generally agreed, medically, that a transitory or more permanent disturbance of the mental faculties of some type or degree plays a significant part in many forms of criminal conduct—for example, murder, suicide, sexual offences, writing threatening letters, fire-raising, etc. Legal and public opinion, however, in judging such offences is apt to adopt a moralistic rather than a medical code and to be sceptical of the findings of the psychiatrist; in consequence, when a medical opinion is submitted it should be stated in terms which can be easily understood and should deal with the actual facts.

Medical theorizing, especially in the witness-box, is as much to be condemned as the hypothetical questions of the lawyer. The estimation and elucidation of a state of nervous or mental disorder—its nature, its severity, its causation and recoverability—is a matter of the greatest complexity which may require repeated examinations, and preferably a period of skilled psychiatric observation, by both doctors and nurses under far better conditions than at present exist. The reason for that statement is because the signs and symptoms of the disorder are so often entirely subjective, and because neither the cell of the accused nor the prison governor's orderly-room or office provides a neutral enough atmosphere for so serious and skilled an examination. Neither the prisoner nor the examining doctor is entirely at his ease.

During the past fifty years our medical knowledge in relation to the various types and categories of nervous and mental illness has been greatly extended, and methods of treatment have been introduced which effect recoveries which border on the miraculous—for example, in syphilitic disorders of the nervous system, pellagra, states of exhaustion and anoxaemia, profound depressive, delusional, and obsessional states. Gaps in our knowledge still exist, but

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as our methods of investigation become better defined those gaps should gradually be bridged over, and the how and why of conduct disorder associated with an involvement of the mental faculties may become more fully understood.

One of our great difficulties is that in nervous or mental cases we cannot, except rarely, point to any specific causation as in the case of physical illness. We require to content ourselves with saying that the personality of the individual has become twisted or distorted as the result of a constellation of factors involving the development or lack of development of instinct, hereditary or genetic factors, environmental surroundings, or perhaps more personal matters of a physical or emotional nature. We never can divorce the offence from the life history of the individual. The setting or background in which the crime occurs is an important part of the total picture.

Even with all those points in mind, however, it may still prove extremely difficult to say where sanity ends and insanity begins. The dividing-line is narrow. Sanity and insanity are essentially legal terms which have never been accurately defined. There are many sane persons whose conduct is extremely eccentric and foreign to social custom, whereas there are many technically insane persons whose conduct may never lead them into any serious trouble. In such circumstances we must continue to try to approximate medical and legal opinion, so that, in combination, we can do what is best for the welfare of the individual, whether that involves treatment or punishment.

The legal outlook, in my opinion, is too greatly dominated by an intellectualistic and moralistic point of view, by the concept of reason and free will, and by lack of appreciation of the fact that conduct is motivated by instinctive drives which operate at a much less conscious level. On the other hand, it may be argued that the medical point of view is too liberal-minded, concerns itself too greatly with the individual, and does not fully appreciate its duty to society. But yet it is only by realizing that individualization is the dominant truth of modern medical science, whether applied to disease or to crime, that we look forward more hopefully to the future. The large army of recidivists is the best answer to the arbitrary-sentence methods at present in vogue.

The above general statements may now be applied to the groups of persons with whom I have been particularly concerned: (a) those of unsound mind; (b) mental defectives; (c) psychopathic states (character anomalies); and (d) psychoneuroses.

Persons of Unsound Mind

I am one of those who believe that in cases involving a capital charge the plea of mental disorder in bar of trial or sentence is submitted too frequently. Such a defence is to be deplored in those cases in which there is no special redeeming feature, and when the defence of insanity is really a plea *ad misericordiam* rather than anything else. Doctors and lawyers are equally to blame: doctors because they are too much influenced by sympathy and theory; lawyers because they have been educated to present every case in as favourable a light as possible. In cases of a less serious type the plea of mental disorder is not submitted often enough, largely because the accused would prefer to serve a defined prison sentence than undergo prolonged treatment in a mental hospital. The danger of such a situation is self-evident, because it is just those cases which merely swell the ranks of the recidivists. Furthermore, it is rare for criminal conduct to be the first

sign or indication of mental disorder. The mentally disordered criminal is a person who for years, or months, or weeks beforehand may have given evidence of his mental abnormality, and in numerous cases medical advice may have been sought beforehand. When this has been so it constitutes strong presumptive evidence of the bona fides of the case.

In British courts the method in use of testing the truth of the plea of mental disorder allows both the prosecution and the defence to submit independent medical evidence. There is much to be said in favour of such procedure; it helps to maintain the liberty and independence of the subject, and as a rule it operates with fairness. Unfortunately in some cases it leads to unseemly wrangling, to a clash of medical opinion, and to a consequent lack of confidence on the part of the public. It was the desire to obviate that state of affairs which led, many years ago, to the introduction of the Briggs Law of Massachusetts. The court appoints a panel of experts to submit a report on the state of mind of the accused, and that report is accessible both to the prosecution and to the defence. It is a method which is worthy of careful consideration. If the panel should fail to agree, then the case goes forward to trial on its merits irrespective of whatever medical evidence there may be.

The M'Naghten Rules

It is cases of psychosis or unsoundness of mind which come into the ambit of the M'Naghten rules. The M'Naghten case is so well known, and the rules have been so fully discussed, that no useful purpose would be served by again considering them in detail. I may, however, be allowed to make certain observations and suggestions. In their day and time the formulation of the M'Naghten rules constituted a definite advance in legal thought and practice; they set a standard, and they were more or less in conformity with medical knowledge. Now the position has been greatly altered. The M'Naghten rules are no longer in harmony with medical knowledge, and, furthermore, judges themselves vary widely in their interpretation of the rules. This position is greatly to be deplored, because it leads to irritation, which in an indirect way may be vented on the prisoner at the bar. The only way I see of getting round this is by improving the professional training of both the lawyer and the doctor and by the development of medico-legal societies.

In my opinion it is impossible to define degrees of unsoundness of mind—one person is not necessarily more mad than another—but there are many different forms of mental disorder, all of which equally should exonerate a person from a charge of criminal conduct—for example, melancholia, schizophrenia, paranoid states, general paralysis, senile dementia, epilepsy with insanity, and many others. In many of the above cases the individual's mind is sufficiently clear to know what he is doing, but at the same time the true significance of his conduct is not appreciated in relation either to himself or to others. Persons who are proved to be insane in a medical sense are, in my opinion, not legally responsible for the crime which they may commit. I would agree with Lord Justice Clerk Inglis when he said: "In a strictly legal sense there is no insane criminal. Concede insanity and the homicidal act is not criminal. The act of the insane, which in the sane would be criminal, lacks every element of crime."

On the above evidence I believe the M'Naghten rules have introduced a rigid categorizing which may appeal to certain types of mind, but they make the position too academic, and in some respects too easy, so that full effect

is not given to the very special and individual aspects which are present in every case. For instance, most people can understand what is meant by the "nature" of the act, but the "quality" of it can be defined either as synonymous with the physical quality or with the broader concept of "significance." The mentally disordered in many cases realize the physical quality of the act, but they never do realize the full significance of their criminal conduct.

The further moralistic issue of "right and wrong" is hardly ever applicable. In cases in which such a serious issue as capital punishment is involved there is surely little place for rules and formulae, and instead of introducing others, or of adding to or polishing up those already in being, I would suggest that they should be dispensed with altogether. I feel sure that every thoughtful judge who has been trained in criminal law procedure is well qualified to put the issue involved before the jury in such a comprehensive way that every case will be judged on its individual merits rather than in terms of a formula which cannot do complete justice to the individual aspects of each case. It has been said with approval that the M'Naghten rules constitute a yardstick for both judge and jury; but a yardstick is too rigid an instrument when an individual's life is at stake.

While I have always been greatly impressed by the scrupulous care with which a criminal trial is conducted, and by the fact that almost invariably the prisoner is given the benefit of any doubt which may exist, yet that is not to say that conditions could not be improved. I believe, for instance, that in every case involving capital punishment a psychiatric examination would be advisable, just as it is in cases of attempted suicide: the destructive motive is the same in both instances even though the object may be different.

For those persons who have been adjudged as of unsound mind I would advocate:

1. Care and treatment in a special type of mental hospital independent of a prison regime. Provision should be made whereby every method of psychiatric treatment was readily available. Failing acceptance of the above suggestion, then a modern psychiatric department should be established within the prison system.
2. Parole might be used more frequently.
3. Transfer to civil hospitals should be made more often, and dangerous patients in civil hospitals should be more easily and readily transferred to the prison psychiatric unit.
4. Remedial workshops equipped with modern machinery would be a valuable aid in the rehabilitation of such cases.
5. I would suggest that those cases which require observation and a detailed psychiatric report before trial should be transferred, for the time being, to a suitable psychiatric clinic or to a special ward in a mental hospital.

Mental Deficiency

This condition may be defined as a state of retarded development which has been present from birth or an early age and has prevented the individual from keeping pace with his fellows. It may be of various forms and degrees, which to a certain extent dovetail into one another. It constitutes a serious disorder which for all practical purposes is incurable. But yet, curiously enough, the law refuses (except in the most gross cases) to allow mental deficiency to be utilized as a defence in bar of trial or sentence. In many tragic cases in which I have been willing to certify the prisoner as a mental defective I have been informed that "the prisoner is merely mentally defective" and therefore he must stand his trial in a public court just like anyone else accused of a criminal act. Such an out-

look constitutes a grave injustice, and the time is long overdue for a recasting of the criminal law in relation to such persons. A prison sentence, long or short, in such cases has no deterrent or remedial effect; it merely adds insult to injury, embitters the enfeebled person still further, and renders him more liable to continue in a career of crime rather than to conform to society. Is it not a complete travesty to suggest that persons who can be certified as mentally defective should be allowed to plead to the charge against them, should be considered capable of instructing their defence and of being able to follow the evidence submitted to the court?

My point of view can be supported by the following cases.

Illustrative Cases

1. An unmarried woman aged 36, who had had two illegitimate children, murdered her third child by drowning shortly after its birth. She was a simple-minded, facile, mentally defective person, who had felt the strain of the childbirth and at the time of the crime was exhausted, sleepless, and distraught. She was subjected to a trial by jury, who found that she had committed the acts charged against her and was mentally defective. The court was then adjourned so that the procurator-fiscal might present a petition for a judicial order committing her to a certified institution.

The necessity for court proceedings under such circumstances seems entirely redundant.

2. An unmarried woman aged 24 murdered her newly born baby by inserting scissors or other sharp instrument into the mouth and throat of the child. The prisoner when 7 years old had already been certified as a mental defective. My examination showed her to be a feeble-minded person with marked intellectual and emotional impairment. As, however, she was "merely feeble-minded," she was regarded as fit to plead, and was tried in the usual manner. It was in this case that the Lord Justice Clerk (Aitchison) made the scathing comment: "If the law had kept pace with medical practice this prosecution would never have arisen. On the medical evidence this woman should never have been brought to trial." The opinion of the Lord Justice Clerk may not have conformed to the letter of the law, but it showed humanity and understanding.

3. An unmarried woman aged 36 cut the neck of her newly born child. The prisoner was a simple-minded, facile person who had not had sufficient realization or understanding to make any preparation for the birth of the child. After the fatal act she was quite unmoved by the tragic situation in which she was placed. The case went to trial and eventually the advocate-depute accepted a plea of culpable homicide to which she pleaded guilty. In this case the Lord Justice Clerk (Aitchison) took the view that she had already been three months in prison and that she could now be safely looked after in her father's home. She was accordingly discharged.

These cases illustrate the unfortunate and pitiful state which still exists. The legal procedure in such cases is antiquated and chaotic, and should be brought more into harmony not only with medical but with public opinion.

My contention is that mental deficiency of whatsoever degree should be regarded as an adequate defence in bar of trial or sentence, and that mentally defective persons who have committed criminal acts should be cared for under hospital or colony conditions until they can be discharged with benefit to themselves and with safety to the public.

Suitable provision for such cases is an urgent necessity, but at present we have neither the buildings nor the necessary medical or nursing personnel to cope with them. I do not ask for leniency in relation to them, but for greater understanding. It should always be remembered that they are mentally defective, that mental defect is one of the most prolific factors in criminal conduct, and that repetition of the offence is frequent. In consequence a return

to social and family life should always be regarded with meticulous care, and should not be considered advisable until a sense of social responsibility has been built up.

Psychopathic States (Character Anomalies)

The individuals who form this group constitute the biggest, most serious, and most controversial medico-legal and social problem. They are social misfits in every sense of the term, persons who have never been able to adapt themselves satisfactorily to their fellow man and appear to be entirely lacking in altruistic feeling. Their life histories are illuminating, and show how, from a tender age and from a variety of causes, they have proved a problem to themselves as well as to the world at large. They are the "sports" of the human race. The more I see of them or read about them or deal with them, the more confirmed I become that they are persons who have failed in the psycho-biological development. Such a failure may not be due to any fault in their environment or education, although that possibility should always be considered, but it is essentially constitutional, something which is inborn, something which is akin to the lack of intellectual development which characterizes the mental defective.

Irrespective of all the efforts which are made to assist them, often from their earliest days, they remain at an immature, individualistic, egocentric level. On this account they fail to appreciate reality; they are fickle, changeable, lack persistence of effort, and are unable to profit by experience or punishment. They are dangerous when frustrated. They are devoid of affection, are cold, heartless, callous, cynical, and show a lack of judgment and forethought which is almost beyond belief. They may be adult in years, but emotionally they remain as dangerous children whose conduct may revert to a primitive sub-human level. Neville Heath and John George Haigh are extreme examples.

On the surface they can behave as ordinary, likeable, attractive human beings, but they harbour in their inner depths instinctive forces which on occasions overwhelm them. In conversation and under controlled conditions no special flaw may be discovered to enable medical certification to be effected; it is impossible in such cases to define sanity or insanity, but it is surely obvious to everyone that we are dealing with conduct abnormality of such a degree and type as to constitute the greatest potential danger to the individual and his victim. They are in the most deplorable of all conditions—not sane enough to be at large and not insane enough (in terms of certifiability) to be suitable for Bedlam.

If our ethical code feels justified in sending them to the gallows then let it be so, but at the same time let us clearly understand that such persons are driven by what may be called their collective unconscious to deeds of violence which are as uncontrollable as a tidal wave. Are we justified, in such circumstances, in attempting to control the conduct of our fellow men by imposing capital punishment in the case of those we do not fully understand? I doubt whether we are. We merely add something to the satisfaction of the murderer, and, paradoxically enough, capital punishment may, instead of deterring others, encourage them to follow the same course.

This was the type of case which Lord Alness had in mind when he promulgated the doctrine of limited or modified responsibility which has been generally accepted by our Scottish courts. May I remind you of Lord Alness's words: "Formerly there were only two classes of prisoner—those who were completely responsible and those who

were completely irresponsible. Our law has now come to recognize in murder cases a third class—those who, while they do not merit the description of being insane, are nevertheless in such a condition as to reduce their act from murder to culpable homicide. . . . There must be a weakness or aberration of mind; there must be some form of unsoundness; there must be a mind so affected that responsibility is diminished from full responsibility to partial responsibility; the prisoner in question must only be partially responsible for his action." That is an admirable statement, one to which I can heartily subscribe, and which meets the situation in most such cases. I believe it could be applied with justice to a much wider range of cases—for example, assault, sexual offences, and so on.

During the next fifteen years no capital sentence was carried out in Scotland, and, so far as I know, during that period the homicide rate in Scotland did not increase. While I agree with the position taken by Lord Alness, yet this does not mean that I believe that such cases should be treated more leniently. On the contrary, I believe they should be treated not necessarily with greater severity but under more specialized conditions and for such time as to prevent a possible recurrence of the offence. My plea is for an indeterminate sentence until a sense of social responsibility becomes established. Furthermore, they require to be cared for in a special institution or colony such as has been established in Denmark at Herstedvester, near Copenhagen (see Appendix).

Psychoneuroses

The persons who constitute the various clinical groupings of the psychoneurotic state are those who, while suffering from a vast number of nervous symptoms, are at the same time able to conduct their lives at a reasonable level and even continue at their work. Their number is legion, but their involvement in criminal conduct is comparatively infrequent. For the most part they seem able to exercise sufficient control and understanding whereby in time of stress or conflict they are able to go to someone for help, or else develop in themselves ways and means by which their emotions or disturbing thoughts are kept in check.

It is, however, important to understand that all the vagaries of conduct exhibited by the hysteric, the neurasthenic, the anxiety state, or the obsessive-compulsive are conditions which are not mere foolishness and something which the individual can control. Such states are the result of inner conflicts and emotional disturbances which are overpowering. The medical profession generally subscribe to the view that the signs and symptoms constituting the conduct disorder of the psychoneurotic are determined at a subconscious or unconscious level and are the result of the constant conflict which exists between the good and the evil, between one's conscience and one's instincts. When such conflicts can be resolved the patient may lead a moderately happy and contented life, but otherwise nervous fears, strange thoughts, compulsive acts, may take the field in an attempt, distorted though it may be, to bring matters to a solution. There are some who are willing to go so far as to say that all criminal acts must be determined on the basis of conflict, and that therefore the criminal person should be regarded as a sick person and not as a delinquent. That, however, is an extreme view and one which, in the present state of our knowledge, would not gain general acceptance. I would rather put it in this way—that the conflict which produces criminal acts in the case of delinquents is very much the same type as that which produces psychoneuroses. The problem may be the same, but the reaction is different, depending

upon the structure or make-up of the individual. I have never known a pure obsessive-compulsive state lead to a homicidal attack, but sexual offences are not uncommon.

Conclusion

In summing up the whole of this discussion I would like to say emphatically that I do not believe that medical men, whether psychiatrists or not, have ever wished to take over the functions of judge and jury, or even unduly to influence them in relation to any opinion they may come to. We wish to work in association with the law, because we believe we are able to make some contribution, small though it may be, to the elucidation and understanding of criminal conduct. We are primarily interested in doing everything we can to benefit, to care for, and even in some instances to cure the person affected, but we are likewise concerned with the welfare of society and the preservation of the lieges, and are as anxious as anyone else to live with a sense of security.

I would advocate that the legal and medical professions, so specially concerned in dealing with the disordered group of humanity, should be willing to appreciate each other's point of view and thus avoid scathing comment and criticism, especially in a court of law. It is the purpose of all engaged in the difficult task of estimating human conduct to do what we can to help those who have been unable to help themselves. Great advances can be made if together we are determined to understand and investigate more thoroughly the causes of criminal conduct and how they can be eliminated. Fundamentally this would take us back to a consideration of genetic and environmental factors—for example, housing, education, marriage, and so on—but, while such preventive and eugenic measures should be kept in mind, yet in practice we should, within our prison and legal system if thought advisable, build up an organization whereby the mind and spirit of the offender will come in for consideration to a far greater extent than previously. The essentials are :

1. Good psychiatric units, where satisfactory examination and observation can be carried out previous to trial, and where suitable cases could have adequate treatment after trial.
2. A well-qualified medical and nursing personnel, who, along with social workers and those with an aptitude for research, might bring an investigative spirit to bear on this most difficult problem.
3. An efficient aftercare organization.
4. Discharge to be determined on the basis of social stability. An elastic scale might be devised with minimum and maximum periods—but personal preference is for the introduction of an indeterminate sentence.
5. A special colony establishment under psychiatric control for psychopathic states ; the improvement of working conditions and the use of modern machinery.
6. A judiciary imbued with a remedial outlook and able to think in terms of illness and disease which may be entirely subjective.
7. Modesty on the part of the psychiatrist in relation to his ability to attain cures in the case of individuals who are so grossly and seriously involved.

APPENDIX

I have prepared a short abstract of an article by Dr. G. K. Sturup on the treatment of psychopathic criminals in Denmark. Dr. Sturup is the medical superintendent of the Herstedvester Institution.

The Danish Criminal Law (1930) does not utilize the M'Naghten rules, but states that no person who has committed a crime shall be subject to any punishment if, at the time of the deed, he was irresponsible on account of insanity or a similar condition of mind, or a high degree of mental deficiency. Those cases may be admitted to ordinary mental hospitals.

Herstedvester was established in 1933. There is accommodation for 180 males and 20 females. The period of detention is indefinite. The institution is neither a hospital nor a prison. It is described as a unique social-psychiatric department. Its problem is twofold: to effect satisfactory preventive detention, and to treat patients according to their psychical needs so that they may return to a normal life: detention is described not as punishment but as a security measure.

The majority of the patients are relapsed criminals who have committed serious offences—for example, murder, robbery, incendiaryism, rape, indecency to boys or girls—or drug addicts. The detainees vary in age from 18 to 70 years.

The same court which has passed sentence decides whether the detainee may be released, and release is always on a parole basis. Supervision while on parole is effected by officers specially trained by the institution.

There is very close co-operation between the court and the psychiatrist. The medical superintendent is counsellor to the Ministry of Justice, and thus is able to assist or advise every prison medical officer in difficult cases.

In addition to the main institution, a farm near Copenhagen has been developed as a market garden with accommodation for 20 detainees. Some of these detainees have been castrated, because it is believed that after such treatment those guilty of repeated sexual offences can be released on parole with much greater safety.

The staff consists of psychiatrists, nurses, teachers, a sociologist, and warders who have been trained in mental hospitals. Careful medical and social histories of each patient are compiled, and treatment of all kinds is utilized. Trades and occupations such as gardening, printing, bookbinding, joinery, toy-making, and tailoring are engaged in. The detainees work an eight-hour day, and are paid 10 kr. a week ; some earn more. They are allowed to spend half the amount they earn, and the remainder is saved until release is effected.

There is a lively club life, with sport, stamp-collecting, chess, and bridge. Study circles are formed, and in certain subjects correspondence courses are available.

It is asserted that 50% of the detainees go back to normal life in the community. Sturup believes his results can be improved upon.

Speaking at a scientific meeting of the Zoological Society of London on June 13 Dr. J. F. G. Wheeler gave an account of some poisonous fish and said that these were of two types, those which when eaten were followed by internal disorders, and those bearing spines capable of causing poisoned wounds. The first type presented a curiously baffling subject of investigation because the symptoms were not manifested until the cause had disappeared. In the Tropics fish-poisoning was a matter of economic importance. In Mauritius a large number of fishes, especially red fishes, were suspected of poisonous qualities and barred from the markets. According to the account of Charles Grant, published in 1801, fish-poisoning caused the failure of Admiral Boscawen's invasion of Mauritius in 1748. Some of the earlier Dutch seamen calling there referred to poisoning by fish but others mentioned eating fish reported to be poisonous without suffering any ill-effects. With the possibility of fishery development on the vast ocean banks like the Saya de Malha, the assertion that 80% of the fishes caught there belonged to a species (*Lutianus civis* C & V.—locally called Vara Vara) known to be poisonous was not encouraging and called for investigation. In the course of a two-year Fisheries Survey the scientists and crew of "M.F.R.V. No. 1," now renamed *Research*, have discounted these legends.