An Address ON MIND AND MOTIVE:

SOME NOTES ON CRIMINAL LUNACY.

DELIVERED BEFORE THE SECTION OF FORENSIC MEDICINE
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OF MEDICINE.

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THERE is no royal road to a knowledge of criminal lunacy. This hydra-headed conjunction of crime and insanity forces itself upon our acquaintance through miserable lives and surroundings, through wretched and disordered phases of mind, through noxious records of jealousy and drink, and of sexual and savage passions, and through manifold experiences taught in reformatories, prisons, and asylums.

It occurred to me that the Forensic Medicine Section of this International Congress might be interested in listening to some notes on criminal lunacy from an old Government official of forty-six years' service: with a record of ten years' medical work in convict prisons, twenty years at Broadmoor Criminal Lunatic Asylum, and sixteen years in his present office as Lord Chancellor's Visitor in Lunacy, work varied during the last twenty-seven years by holding from time to time special inquiries on behalf of the Home Office.

The idea of crime on the one hand and the idea of insanity on the other, each in its way, implies a deviation more or less important from standards of conduct which bear the stamp of social sanction.

What those standards are and what those deviations amount to are the questions which form the basis of any estimate regarding individual members of the community who have committed acts of criminal import. From the estimate thus formed we have the evolution—so far as criminal acts are concerned—of the criminal and the criminal lunatic.

Crime, criminals, and criminal lunatics are subjects which lend themselves to much thought and contemplation, and also to much literary effort and bookmaking; and they are subjects with regard to which it may be said that the less you know the more you can write, especially if you are gifted with an abounding imagination and a metaphysical turn of mind.

However that may be, as big social problems they are subjects which stand out prominently in the range of economical science, domestic politics, and legislative procedure; but taking them to-day, as we are, on the more limited, but still comprehensive, area of criminal psychology, we are to regard them from two principal points of view—the theoretical or speculative and the practical or medico-legal.

THE THEORETICAL OR SPECULATIVE ASPECT.

The theoretical standpoint need not keep us long, as it does not immediately concern us.

Insanity is a mental condition or a neurosis, and its heredity or hereditary transmission is a fact in nature well established and universally accepted.

The heredity of crime, of which we hear so much, is a mythical and dangerous doctrine advanced by those so-called "criminologists" who would have us look upon criminals as poor, hapless creatures foredoomed by nature from birth to eventuate as parasites preying upon society by the perpetration of certain punishable acts. Now, crime, unlike insanity, is neither a mental condition nor a neurosis; it has to be regarded in the main* as an occupation, an employment, or a business taken up as the outcome of environment, education, training, and

* In the Criminal Statistics for the year 1911 it is shown (Table V) that, of 10,646 persons convicted and sentenced, as many as 8,297 were convicted for offences against property, with or without violence, and for forgery and offences against the currency—that is, as many as 77 per cent. were convicted for crimes which had reference to the acquirement of property by larceny and other thievish and fraudulent means; or, in other words, that more than three-fourths of our crime has relation to the means used for earning a livelihood or maintaining a family.

circumstances, and entered upon as a means of trying to make a living; and the same train of thought may be applied to shoemaking, agricultural labour, and other occupations, where sons succeed fathers, and children parents. It is too much to expect a young thing—an infant or an infant brain—to rise superior to the compulsory education in crime with which criminal parentage and the criminal atmosphere generally smother it. I defy the children of the most intellectual and the most cultured and moral Lord Chancellor or Lord Archbishop not to succumb under similar circumstances.

Besides, the "heredity" idea as to crime takes the heart and the hope out of all philanthropic and legislative measures for the education and proper upbringing of children and youths. Look what has been done by training-ships, and by Barnardo and other homes for waifs and strays! This could never have been done if crime is an inborn and inherent ingredient of any mental life.

Again, we are not concerned to-day with the theorist and faddist doctrine that all who commit murder are insane; nor with that other tenet which one so often hears from people who look upon themselves as specially strong-minded, that tenet—a remedial one of sorts—which would make a clean sweep of all lunatics, ordinary and criminal, by consigning them to the lethal chamber.

THE PRACTICAL OR MEDICO-LEGAL ASPECT.

Coming now to criminal lunacy (involving crime, criminals, and criminal lunatics) in its practical or medico-legal aspect, we find, to start with, that while the criminal tendency or bent in the sane is towards thieving and plunder, the criminal tendency in the insane is towards homicide or personal violence. Thus, of 1,120 criminal lunatics under detention at the end of the year 1911, more than 800 were detained for murder, manslaughter, attempts to murder, and wounding. Of this 800 as many as 478 (nearly five-eighths) had committed murder, the proportion being 289 males and 189 females.

A peculiar interest attaches to the question of insanity when it is raised with regard to a fellow-being who is under trial for a criminal offence, however trivial in character; but when the offence is murder and when a verdict of guilty involves the possibility of the death penalty the interest to the medical men concerned becomes absorbing and laden with heavy responsibility.

The notes I am submitting here have reference to murder cases only, and are necessarily, with the time at my disposal, somewhat crude and sketchy in character.

The Prevention of Crimes by Lunatics.

Insanity and all the conditions leading up to it are the *bête noire* of the medical practitioner, for in the first place it brings him into contact with the domestic difficulties and troubles of his patients at an inconvenient and disagreeable angle, especially if he has to send the head of the house or any of its members to an asylum; and, secondly, his education and training for his profession have probably been so far neglected, that he has not had the opportunity of dealing practically with the insane. I have always held that no medical man is fully equipped for the practice of his profession unless he has had some months' experience, the more the better, as a medical officer in an asylum. To this lack of experience is no doubt traceable much of the criminal lunacy which is preventable, and which would be prevented if certification and if removal to an asylum or to proper care and supervision were not so long delayed. Experience and the resulting capacity for arriving at a proper decision enable the physician more effectively to gauge the mental characteristics of the individual, and also the motives which are most likely to actuate him when deviations from the normal in the direction of insanity thrust themselves prominently into notice.

When the provisions of the Mental Deficiency Bill, now in process of becoming law, come into operation there will be a more ready means of preventing weaklings and mental defectives from qualifying as criminal lunatics by committing murder or other crimes more or less grave. Doctors will then have a less troublesome task in dealing with patients of this class, who are so difficult and impossible at home. The Act will thus have an immense and

direct beneficial social influence, and will also become a veritable means of effecting a reduction in the number of criminal lunatics. There is, however, undoubtedly a risk of abuse in this matter which will have to be guarded against. That risk is lest unquestionably certifiable lunatics should be shut up in institutions—as mere defectives under the operation of the Act. On this account I think it is fortunate for the public that the Commissioners in Lunacy are to be administrators in this somewhat ticklish matter. How they will like it is another question!

I may mention, by the way, that the Board of Lord Chancellor's Visitors are fully cognizant of frequent abuses arising in connexion with a beneficent provision which was made in the Lunacy Act, 1890, Section 116, Subsection 1 (d), on behalf of persons who are merely suffering from senility or from such mental infirmity as incapacitates them from looking after their own affairs. Undoubted and certifiable lunatics, often of a troublesome description, are dealt with under this particular subsection of the Act in order to avoid certification. The authorities are thus deprived of the power of dealing with the patient personally, and have to confine themselves to the disbursement of his money. These cases are not under official medical cognizance or supervision, and they are therefore liable to careless management and a retardation of recovery.

MEDICAL JURISPRUDENCE OF INSANITY.

The broad guiding principles upon which medical opinion has to be based are two in number:

1. *That no lunatic shall be hanged.* This would be an unworthy and repulsive spectacle, repugnant to public feeling—a spectacle to which no Judge of the High Court, however officially dogmatic in rigid application of the “right and wrong” test of insanity, would, as a private gentleman, allow himself to subscribe as a contributing party. In cases where a judge has, on the rigid test or on the failure of the plea on other grounds, to sentence to death a prisoner whom he has some reason to believe to be insane, he has always the opportunity of communicating with the Home Secretary on the subject.

2. *That no mere criminal shall, on the plea of insanity, be allowed to escape the due punishment for his act of murder.* Herein lies the responsibility of the doctor who is giving evidence, expert or otherwise. He is on the horns of a dilemma. If, from lack of experience or want of sufficient careful examination into the mental condition, motives, and circumstances, he fails to trace the insanity which, as a matter of fact, exists, he runs himself against the first principle and contributes to the hanging of a lunatic. If, on the other hand, he declares for insanity from sentiment or on insufficient grounds, or if he fails to see through the prisoner's sham indications of insanity, he runs against the second principle by “standing in” with the criminal impostor and helping him to escape punishment, thereby failing in his duty to the public.

Procedure.

The administration of justice in England in murder cases rests, before and during the trial, with the Treasury, which acts as prosecutors; and after the trial with the Home Office, which has to carry out the sentence of the court, or, if occasion arises, reconsider it, possibly in consultation with the judge.

In the procedure by which a decision is arrived at as to whether a prisoner is or is not a criminal lunatic, there are three stages where the state of his mind may come up for consideration.

1. *The jury may be called upon to give their verdict as to his fitness to plead.* It is always best, if possible, to let the prisoner stand his trial and plead. This course does away with his after-grievance that he was not allowed to speak on his own behalf. Cases, however, do present themselves where the dementia or the insanity is such as make it futile to place the prisoner in the dock.

2. *The trial itself.* Here the examination of the prisoner before trial by medical men is apt to be handicapped by the fact that the prisoner is not bound to answer truthfully (if he answers at all), apart from any confession he may have made, or in view of his coming plea of not guilty.

3. *The prerogative of mercy exercised by the Home Secretary on behalf of the King.* The Criminal Lunatics

Act, 1884, Sec. 2 (1), empowers the holding of a statutory inquiry in the following terms:

In the case of a prisoner under sentence of death, if it appears to a Secretary of State, either by means of a certificate signed by two members of the Visiting Committee of the prison in which such prisoner is confined, or by any other means that there is reason to believe such prisoner to be insane, the Secretary of State shall appoint two or more legally qualified medical practitioners, and the said medical practitioners shall forthwith examine such prisoner and inquire as to his insanity, and after such examination and inquiry such practitioners shall make a report in writing to the Secretary of State as to the sanity of the prisoner, and they, or the majority of them, may certify in writing that he is insane.

In this regard, the recommendation of the jury, a letter from the judge, or information sent by responsible citizens is duly considered by the Secretary of State.

MEDICAL EXAMINATION OF THE ACCUSED.

I have already referred to the grave responsibility that rests with medical men called in to examine and report, or to give evidence as to the mental condition of a prisoner charged with murder. The range of their examination has to deal with the general mental condition of the prisoner, his mental condition at the time of the murder or alleged murder, the circumstances which led up to the murder, and the circumstances and the mode of the murder itself. Running through the whole area of our inquiry the question of motive or the inciting cause has to be in the forefront; for in some cases strange beliefs and morbid fancies show themselves in the previous life-history of the individual which, although in themselves seemingly remote, may afford some clue or explanation as to why the murder was committed. After sentence to death, the restrictions which hampered examination before the trial are to some extent removed.

I am anxious to-day to impress upon you not merely the necessity of not being contented with finding mere “indications” of insanity, which may be real, or may be false and assumed for the purpose of deceiving, but also the necessity of leaving nothing out in our scrutiny which would help in getting at the inciting cause, getting at the motive, for the murder. We must continue to ask ourselves, “Why did he do it?” For this is the crux in forming an opinion as to the existence of insanity in criminal, as compared with ordinary, non-criminal cases, it is the focus upon which our investigation must be directed and centred. There is, in murder cases, a specific act round which our examination concentrates itself.

CONDUCT OF MEDICO-LEGAL INQUIRIES.

I now propose to deal briefly with some questions and considerations connected with the medico-legal inquiries in murder cases.

Knowledge of Right and Wrong.

This is not a bad rough and ready test for use in a court of law, and the question is one which a medical witness ought to be prepared to answer.

1. If he can say the prisoner did not know right from wrong, let him say so.
2. If he has an opportunity of saying the prisoner knew right from wrong, but that his power of self-control was in abeyance or lost, let him say so.
3. If he believes the prisoner knew right from wrong absolutely, let him say so.

At the trial of James Jefferson, at Leeds, in July, 1908, for murder, the medical witness said, “I think he knew he was doing wrong;” whereupon a juror asked: “If he knew he was doing wrong, but was insane, how then?” Mr. Justice Bingham: “If he knew he was doing wrong it does not matter how insane he was, he is guilty.” The jury, after a retirement of an hour and a half, found the prisoner guilty, and he was sentenced to death. The case came before the Court of Criminal Appeal (consisting of Mr. Justice Lawrance, Mr. Justice Ridley and Mr. Justice Darling), and the decision arrived at was as follows (*Times*, July 31st, 1908):

Mr. Justice Lawrance, in giving judgement, said that there was no doubt that the verdict was unsatisfactory, and in his judgement it ought not to stand. He had read the evidence given by the doctors, and it appeared that there was strong evidence called before the jury, which showed that this man was not in such a state of mind as to make himself responsible

for his act. The verdict being unsatisfactory, he thought they ought to say that the verdict which the jury should have returned was that the man was insane when he committed the act. . . . The verdict would be set aside, and the order would be that the prisoner should be detained during His Majesty's pleasure.

No word in this decision as to "right and wrong" as a test of responsibility. I think it well to mention this case here as showing that in the eye of the law a knowledge of right and wrong is not incompatible with the existence of insanity, carrying with it irresponsibility, in the individual.

Take the case of insane persons—and there are many of them—who commit murder and who at once either go and give themselves up to the police or make their escape, showing that they knew they had done wrong. R. D. murdered his father in Cobham Park many years ago, not from any malicious motive but because the apparent approximation of two stars in the Great Bear was a behest to his deluded mind that he had to do this "to set free the great God Osiris." He escaped at once to France, where he was found wandering and placed in an asylum, whence he was brought back to this country and died in Broadmoor. Again, W. A. N., an insane person, murdered his two children by cutting their throats one morning in Bermondsey. He went straightway to the police-station and told the sergeant on duty what he had done. He was found insane and ordered to be detained during His Majesty's pleasure.

Again, many insane women who commit infanticide know that it is a wrong act; but the judge does not even put his question as to right and wrong to the jury.

Pre-existing Mental Enfeeblement: its Degree and Character.

Mental enfeeblement in some form is a precursor of the insanity which leads up to murder in a large number of cases, and has to be reckoned with in our estimate of the general mental condition of the alleged murderer. Its action is two-fold: on the one hand, it causes failure and disaster in business operations, in industrial occupations, and in the affairs of life generally; and, on the other, it is apt to expand into more serious and more active mental derangement under the pressure of poverty and distress. Over-anxiety, stress, worry, and domestic trouble, especially when combined with some amount of intemperance in drink, form most potent outside factors in the production of criminal insanity.

For our purpose mental enfeeblement may be classed under four heads:

1. *Natural mental defect.* This may be congenital or it may arise from arrested mental development later in life. This is a very large class, and it supplies the "borderland cases" in questions of insanity, and also those cases—those "mental defectives"—for whom the Legislature is at present making provision, as already referred to. Moral obliquity finds a place here.

2. Mental enfeeblement resulting from *idiopathic cerebral lesions*, softening, senility, and the like.

3. Mental enfeeblement resulting from *traumatic cerebral lesions*, from blows and from injuries due to external influences, including sunstroke.

4. Mental enfeeblement associated with neurasthenia, malnutrition, and drink.

In dealing with the various conditions here specified, it must be clearly understood and constantly borne in mind that they do not in themselves either constitute insanity in any form or imply irresponsibility. The individual, in spite of them and of their supposed influence, has to be regarded as sane and responsible and capable of committing acts which are referable to ordinary malicious motives—acts which, in themselves, are of purely criminal import, and therefore punishable. Nevertheless, they are conditions of mind that have to be considered and weighed when we are dealing with homicides whose crime is a matter of life and death, and may or may not be due to insanity.

The Question of Infidelity.

Where the victim is wife, paramour, or sweetheart, the question of infidelity arises in many cases of murder, and it is a question which is by no means always easy of solution; for the belief in the prisoner's mind may be

well founded and true in fact, or it may be an absolutely groundless delusion. This is one of the cases in which it is sometimes necessary to have recourse to outside evidence of the police or of neighbours as to domestic relationships, where that has not already been given at the trial. Jealousy, "the green-eyed monster," has much to answer for in these cases.

The circumstances of the case, the personal narrative of the accused, and the opinion we have already arrived at (before the subject of the murder is touched upon) as to the reliability, or otherwise, of his statements, no doubt help us in forming a judgement in a matter where, as frequently happens, a jealous disposition and some indulgence in drink about the time of the murder combine to complicate the situation.

R. G. murdered his child and at the same time threatened to murder his wife, who, he alleged, was unfaithful to him. He was found guilty and sentenced to death. The late Sir Richard Brayn and I examined him at the request of the Home Office, and found that he had delusions, not only about his wife's unfaithfulness, but also that the child whom he murdered was not his. He had other delusions, as well as hallucinations of vision. We reported to the Home Secretary that in our opinion he was insane and irresponsible for his actions at the time he committed the murder, and we certified him to be insane at the time of our statutory inquiry into his mental condition. The death sentence was repealed and the man was sent to Broadmoor.

This case was especially interesting, as the judge who tried him spoke to me afterwards unofficially on the subject, and said he could not understand how we came to report in favour of the insanity of the prisoner, as he had gone closely into all the evidence in the case, and could find nothing to justify him in thinking he was of unsound mind or unaccountable for his actions. (This was before the Act was passed which enables a prisoner and his wife to give evidence.) I pointed out to him that he had all the evidence except that which was most vital, and which my colleague and I had—namely, that of the prisoner himself and that of his wife, upon which we were able to arrive at our decision. Whereupon the judge expressed his agreement with the opinion we had formed and his satisfaction with the ultimate ruling of the Home Office in the case.

Alcoholic Excess.

The medico-legal relations (in murder cases) of (1) delirium tremens, (2) drunkenness to oblivion, and (3) simple drunkenness—three phases of excessive indulgence in alcohol—need only be referred to briefly.

1. *Delirium tremens* is a recognized disease of the brain, in which delusions of a dangerous sort are apt to prevail; and when murder is committed by a person suffering therefrom the jury are not unwilling to record their verdict that the act was that of an insane person.

I. E. was indicted for the murder of his son, aged 3 years, by cutting his throat. After medical evidence of delirium tremens was given, Mr. Justice Charles, in his summing up, said: "Although the mere condition of drunkenness did not excuse the committal of crime, yet drunkenness might bring about a diseased condition of mind which proved an excuse for crime, in so far that such a person was not held responsible in the ordinary way, but was detained during the pleasure of Her Majesty." The jury then found the prisoner guilty, but added that they considered he was of unsound mind when he committed the crime.

In the case of H. H., who, during an attack of delirium tremens, murdered a domestic servant by shooting her, the accused was similarly found insane by the jury—and numerous other cases are recorded.

2. *Drunkenness to oblivion* ("mad drunk" or "blind drunk"), unlike delirium tremens, is not a disease, and cannot be dealt with on that footing. As a condition where some amount of derangement of consciousness and volition leading to crime is brought about by the individual's own act, aggravated drunkenness is not looked upon in courts of law as favouring a verdict of insanity. In murder cases, however, where the death penalty has been recorded, circumstances have occasionally been found such as have justified the Home Secretary in granting a reprieve to penal servitude for life.

3. The part played by *simple drunkenness* with regard to criminal lunacy is a grave one, as it is largely responsible for the fact that many harmless and inoffensive lunatics, or quasi-lunatics, are converted into criminal lunatics. In homicidal cases where this takes place,

drink is the last straw in determining that nothing short of murder will, to the lunatic's mind, meet the revengeful demands of the over-heated brain. It would never do to let mere drunkenness weigh, as insanity does, in relieving a murderer of his responsibility for the homicidal act. The case of H. T. in this relation is an interesting one. This man was sentenced to death and ultimately hanged for the murder of his wife, about whose fidelity he had doubts. Dr. Brayn and I held a medical inquiry into the state of his mind after he was sentenced. We found no insanity, but he told us that on the day of the murder he took a half-holiday and primed himself to excess with drink, to give him courage to carry out his intention of killing his wife.

Epilepsy.

Epilepsy has a weird and somewhat anomalous association with criminal lunacy and a real and important significance in homicidal cases. Genuine epilepsy may occur with sane states or with insane states of mind. In either case, in connexion with the fits, homicidal acts may be committed during unconsciousness and with complete obliviousness afterwards. But these acts are not complicated acts, nor, so far as my experience goes, premeditated or murderous in intent; and the motive will be searched for in vain, although in some cases some amount of association of idea with thoughts occurring during the pre-epileptic stage is discoverable.

The well-known Broadmoor case of E. C. is an interesting one. Mrs. C. while dressing her infant went to cut some bread for another child. She had an epileptic seizure, and, instead of cutting the bread, severed her infant's arm at the wrist. She had no consciousness of the act, and she told me at Broadmoor that she had no recollection whatever of what she had done.

Another case, that of H. J., is referred to by Dr. Baker, the Superintendent of Broadmoor, in an instructive analytical paper on epilepsy and crime in the *Journal of Mental Science* (April, 1901). H. J. was the subject of epilepsy after head injury, intensified by habits of intemperance. He went to a slaughterhouse with the object of interviewing a man concerning the killing of a pig. On returning home he beckoned his little girl, who was sitting on the doorstep, into the house, and he had no recollection of anything happening until a few minutes afterwards he discovered the child lying across his knees with her throat cut.

In the case of William G., a man well known to be epileptic, the death sentence was recorded, and Dr. Brayn and I were able to report to the Home Secretary that his act of putting his child on the fire, resulting in death, was committed while he was in an epileptic condition supervening upon alcoholic intoxication, and that at the time he was not conscious of what he was doing. Nor did he afterwards remember anything about having done it. He was relieved.

Delusions.

Genuine delusions of one sort or another, with or without hallucination, in an insane person charged with murder constitute the most frequent inciting cause of the homicidal act, and they are not difficult to detect in ordinary straightforward cases. The prisoner is only too willing, for the most part, to narrate the circumstances, to explain his grievances, and to justify his conduct if he believes himself to be the victim of conspiracy or persecution.

Speaking generally, they are mostly divisible into two classes: (a) delusions in conditions of mental exaltation or mania, and (b) delusions in conditions of mental depression or melancholia.

(a) Delusions in conditions of mental exaltation and excitement are chiefly exemplified in cases where one man kills another man, the incitement to murder being usually a delusion, or delusions, of persecution, suspicion, or of aggravated personal injury or annoyance in some form.

W. C. M., an American gentleman, of temperate habits and of great intelligence, murdered a complete stranger under somewhat unusual circumstances. He was the subject of very strong and active delusions to the effect that he was one of the many victims of a widespread criminal conspiracy which pervaded all ranks in society. One night, towards the early morning, he imagined he heard a man outside the door of his room—"one of the devils." With a pistol in hand he followed, as he believed, the man downstairs and out at the front door, where he saw, on the opposite side of the street, the man Merritt

going to his work at a brewery in Lambeth. Mr. M. went across and deliberately shot him, regarding him as one of the gang of conspirators, and then went and gave himself up to the police. At the trial there was abundant evidence of insanity in the case; and his brother said prisoner had sustained a sun-stroke and had been confined in an asylum in America. His delusions, curiously enough, prevailed most actively during the night and scarcely ever showed themselves during the day. The police produced a letter which prisoner had written to them the month before the murder, and in it he said, "My life may be taken any night: I trust your agents are not to be bought over as the American police are." The Lord Chief Justice (Bovill), in his summing up said, "There is evidence here that the mind is unsound, and if the evidence satisfies you that the prisoner at the time he committed the act was not in a state to distinguish right from wrong, and was not capable of controlling his actions (the italics are mine) then he would not be responsible for the act he committed and you would find a verdict of not guilty on the ground of insanity." The jury returned a verdict in those terms, and the prisoner was placed in Broadmoor, where his delusions continued very active, and led years afterwards to his mutilating his own person rather than yield to the uncleanly demands which the "conspirators" made upon him.

The following is a case of delusion of another description:

J. H., a labourer, murdered an old woman under the superstitious delusion that she was an old witch who had "looked upon" him and tormented him day and night and injured his health; and he justified his act by quoting texts of Scripture, and especially one in Leviticus where it says, "A man also or woman that hath a familiar spirit, or that is a wizard shall surely be put to death," etc. The farmer who captured him gave evidence that prisoner said there were fifteen or sixteen damned witches in the parish; he had killed one and he would kill the rest. The Governor of the prison stated that prisoner never appeared to think he had acted against the law in killing the woman, and that he seemed to think he had merely done his duty because she was a witch. The judge in his summing up said (and I think rightly) that he doubted very much whether there was in this case much of the impulse spoken to by the medical gentleman; and that from the way in which the prisoner had spoken of the witches and of his intention he thought it was much more a case of intention. After a few minutes' deliberation the jury returned a verdict of "not guilty on the ground of insanity."

A drinking bout is no doubt a frequent cause of the culminating incitement to murder in these cases of delusion when the pre-existing exaltation reveals no such pronounced indications as would in themselves lead us to anticipate the homicidal act. In other, non-drink, cases there may be no marked behaviour of an excited or noticeable sort; but the delusive idea may be carried out under a quiet, steady fixed determination.

"Homicidal mania" and "homicidal impulse" are unsatisfactory and for the most part unjustifiable phrases or terms made use of when a prisoner, who has undoubtedly committed the murder, is uncommunicative as to details or says he has no recollection whatever of the circumstances or of the act, giving and leaving the impression that at any rate there was no motive, even if he was guilty. In these cases, with few exceptions I should say, prolonged examination or prolonged observation, where the case is a genuine one, has revealed the existence of delusions or other indications of the insanity of which the murder was the outcome. In cases of this sort it was by no means an unusual experience among inmates of Broadmoor to find that the individual had struggled with himself for weeks or months against committing the act which he ultimately did commit under the overpowering influence of definite and well-marked delusion.

(b) Delusions in conditions of mental depression, where, in women for the most part, there is an insanely exaggerated extension of religiousness and foreboding, accompanied by an overpowering sense of personal unworthiness and unfitness to live. In a mother the resulting actively suicidal ideas are apt to become associated with a strong morbid feeling that it is her bounden duty to her child not to leave it behind her to live the horrible life as pictured by her anguished mind; or it may be that she imagines she hears the voice of God telling her that it is her duty. In any case she takes the child's life, and in so doing it often happens that her death-dealing hand is stayed from carrying out the intended suicide.

The great frequency with which these infanticides occur is illustrated by the fact that of 181 female homicides who were detained in Broadmoor during the year 1911, as many as 154 had taken the lives of their own child or children; and it is evident that

a somewhat similar condition of mind is not uncommon in men, as 54 men had murdered their own child or children out of the 303 men so detained for murder.

Murder under these circumstances—that is, where an atmosphere of melancholy and foreboding becomes accentuated into an overpowering and insane sense of dejection and self-recrimination—more often than not occurs in the morning; while the opposite condition, revengeful suspiciousness and insane aggressiveness and excitement, involving captious self-assertion, possibly under the influence of drink (exaltation), is more likely to lead to murder late in the day or after midnight hours.

The occasional *morning* evanescent wave of gloomy dejection, and the occasional ultra-roseate and absurdly sanguine *evening* point of view are phases of self-introspective experience not unfamiliar to our normal selves. If either of these phases were to last indefinitely and persistently, we would in time become unfit for our work, and goodness knows what might happen.

Obliviousness of the Act.

A profession of obliviousness of the act (amnesia, forgetfulness, loss of memory) is often had recourse to as an expedient by prisoners in cases of murder, but it is an indication fraught with the gravest suspicion, and medical men ought to place no reliance upon it as a sole indication that the case is one of epilepsy or insanity. The prisoner usually in time, and when it suits him, is able to give a detailed account of the circumstances. Single and simple automatic acts are often completely forgotten in drink or epilepsy, but I am bound to say that in all my experience I have never been able to satisfy myself in any case of drink or insanity where murder has been committed that the recollection of a series of purposive and exceptional acts extending over a number of hours, and involving preparations for the murder and including all the circumstances of the act itself, has been absolutely and completely obliterated from the memory. Confusion and incompleteness of memory regarding some portion or portions of the circumstances connected with the act may certainly occur, but that is a totally different matter.

B. W., a soldier, was under sentence of death and afterwards hanged at Chelmsford for the brutal murder of the woman he was keeping company with. Dr. Brayn and I held a statutory inquiry by direction of the Home Secretary. At the commencement of our interview the prisoner assumed an aspect of stupidity and of incapability to understand our questions on the most ordinary matter of everyday life, and his replies were disjointed, calculated, and evasive. Later on, however, he gave up this attitude and talked more to the purpose on subjects that had no connexion with the murder itself. He told us about meeting and walking with the deceased on the evening of the murder. As we approached the circumstances leading up to the murder he completely "dried up," and indignantly and persistently denied having murdered her, avowing that he had no recollection whatever of the allegations made against him. We told him that the judge and jury were satisfied of his guilt, and that he had better think it over during the night and tell us about it in the morning. He, however, left us with an offended air, saying his word had never been disbelieved before. In the morning, after we spoke to him of the seriousness of his position, he broke down and told us in detail how he carried out the murder.

H. W., a drink case without insanity but with assumed obliviousness. This was a very bad and complicated murder where, having, against my own convictions, been persuaded by the prisoner that he had no recollection of the murder or the circumstances connected with it, I gave evidence to that effect at the trial, saying that although much under the influence of drink he was not insane. He was found guilty on abundant evidence and sentenced to death. Being anything but satisfied on the obliviousness in the case, I obtained permission from the Home Office to have another interview with the prisoner. I reasoned with him for a long time, and it was not till I caught him tripping that he gave way and told me the whole details of the murder in every particular, working himself up into a state of great excitement.

Feigned Insanity.

Malingering, imposture, and feigned insanity have to be guarded against, as they are sure to be "tried on" in many cases. They require tactful dealing when suspicion arises. As a rule the prisoner overacts the part and gives himself away.

Medical men should not be too ready to see insanity and give the prisoner the benefit of the doubt, merely because they feel that protracted examination may prove useless. The impostor not infrequently excites suspicion by a bad habit of repeating the words of the question put to him in

order that he may have time to think what is the best kind of answer to give. Besides this, there are many little things in the manner of the prisoner and his mode of response that contribute to detection.

A. B. was convicted and afterwards hanged for the murder of a woman with whom he had cohabited for years. A plea of insanity was set up, and the superintendent of the asylum and the medical officer of the prison gave evidence that he was insane. He was, however, sentenced to death. Dr. Brayn and I held an inquiry, and found that the indications of paralysis and imbecility were feigned. We reported to the Home Office that he was an impostor. The medical officer of the prison said he certified insanity because the asylum superintendent had done so and because he "hated these hanging jobs."

A Family History of Insanity.

A family history of insanity (often of the flimsiest sort), which is often advanced by well-meaning relatives and doctors, cannot be regarded as being of value in helping us to ascertain the prisoner's condition of mind at the time of the murder or his motive or object in committing it. If we first find the man to be insane, such a family history may come as corroborative and be useful later on in dealing with him.

Alleged Predisposing Causes.

Anomalous predisposing causes are also urged as evidence of mental derangement. Convulsions (fits) when teething, blows on the head and injuries when at school, severe effects of scarlet fever, measles, etc., are seldom any helpful guide to us in medico-legal cases. When a prisoner has advanced to manhood or middle life, has married and taken up positions of responsibility, childhood troubles rarely weigh for much.

Multiple Crimes.

Multiple murders and murder with attempted suicide must each be taken on their merits, different values *qua* insanity being given according to the circumstances of the case and the mental condition of the prisoner, and the motive where found.

Provocation and Premeditation.

Provocation and premeditation are points that have to be considered in any complete statement of the circumstances under which a murder has been committed.

MALINGERING.*

BY

SIR JOHN COLLIE, M.D., J.P.

THE question of feigning or exaggerating illness has of late attracted considerable attention in this country, but it is a mistake to suppose that the condition is of recent origin. Those who have to advise insurance companies know that exaggerated and fraudulent claims are, at any rate, as old as the accident laws. The reason for the prominence the matter has now attained is that many of the approved societies under the National Insurance Act have taken fright and become obsessed with the idea that excessive sickness claims from this cause must inevitably lead to serious financial embarrassment. On the other hand, there are those who emphatically deny any tendency on the part of the working classes to exaggerate or feign disease. It obviously would be unscientific to attempt to form any estimate of what the triennial valuation will disclose based merely upon the results of three or six months' working of the Act; therefore no one knows, or indeed can know, which view is correct until sufficient statistics are available. However, it may be safely assumed, judging from the experience of the Workmen's Compensation and Employers' Liability Acts, that it will be necessary to take special precautions for the prevention of malingering when dealing with thirteen millions of insured people, nearly half of whom, prior to the passing of the National Insurance Act, had not in any way been insured against sickness.

To most medical men the simulation of disease presents a difficult, almost insoluble, puzzle, for in ordinary medical practice such cases seldom occur; but those who have the

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