RESPONSIBILITY IN MENTAL DISORDER, WITH SPECIAL REFERENCE TO ALGOLAGNIA.*

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The aim of science, in its search for knowledge and understanding, is to put truth beyond a peradventure, for the danger of ignorance lies less in lack of knowledge than in the acceptance of statements which cannot be established by facts, or by a true interpretation of facts. In spite of the world commotions of to-day, when the most constant thing is change, and many believe that material things are more lasting than those which, although imponderable, are imperishable, it is important now, as ever, to retain the standards of science and avoid the vulgar competition of the market-place.

Henry Maudsley (1) wrote, in his classical work on *Responsibility in Mental Disease*: "A person of large calm and deep intellect, looking to the history of human development through the ages, and from what point it started; estimating the value of beliefs; contrasting the faiths of to-day with the faiths of the far distant past; reflecting how different probably will be the faiths of the most distant future to which imagination can reach; and considering with the preacher the uncertain end of all the labours wherewith man labours under the sun, is not likely to be strongly moved to destroy vigorously what seems error, or strongly urged to propagate zealously what seems truth; is likely rather, like Pilate, not jestingly, but in a cold spirit of philosophy, to ask 'What is truth?' and amidst the turmoil of hot-headed partisans to sit, like Gallio, caring for none of these things."

The student of bio-social problems inevitably encounters many difficulties when he sets out to collect and appraise the facts associated with criminal conduct, for we lack precise knowledge even concerning fundamentals. The influence of heredity on behaviour, for example, is still obscure. When discussing, elsewhere (2), the sterilization of criminals I suggested that qualities still normal and socially acceptable in the parents might result in social discord when synthesized in the offspring, and lead to crime. W. A. White (3), writing on heredity, has recently stated: "In the agitation for the sterilization of the unfit the constructive possibilities of inadequacies have never been discussed as far as I know. For example, it never seems to have occurred to anyone engaged in this discussion that some things which are called 'unfit' may have definite and positive values. It has been stated by writers that the neurotic has made valuable contributions to knowledge and to civilization in general. If this is true, then is it not also true that certain undesirable features

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represented in the germ-plasm which lead to neuroses may produce, if they part form of a particular kind of pattern, not simply disastrous results, but also highly desirable ones? For example, certain types of individual presented with certain inherent obstacles develop compensatory reactions which prove of the utmost value to the race."

The causes of crime are sometimes particularly elusive; for example, the intriguing, well established, and, as far as I know, unexplained fact that women commit crime less frequently than men. Since women have left the home and compete with men in the labour market, and elsewhere, it might be thought that a relative rise in the figures of crimes by women would result. There is no evidence of this; the number of convictions among women as well as men are less than in the pre-war years. So many factors are involved, however, that caution must be exercised when comparing the present figures with those in the past; but it is significant that 33,733 women were received on conviction into the prisons in England and Wales in 1913, and only 4,338 in 1935 (4). Women are generally less aggressive than men, and it is a matter for speculation whether this, and other inherited traits, may not predispose them to accept restrictions which are for the benefit of society, more readily than men, and if so, whether the effect is not to make them more adaptable to circumstances and less criminal. In regard to the acquisitive instinct it is common knowledge that many men and a few women commit crime to possess what they covet. Do women commit crime less frequently than men because their material wants are fewer and more easily gained, or because they induce men to commit crimes on their behalf? Or are they from long custom more capable of self-denial and all that it implies?

This for England. In America T. Earl Sullinger has recently found, from a study of female arrests recorded by the Omaha Police from 1930 to 1934 inclusive, that crime committeed by women is on the increase. In 1930 the number of arrests was the lowest, namely, 1,321 (in 1931, 2,090; in 1932 there was a drop followed by another decrease in 1933, which had a total of 1,830 arrests). In 1934 the number rose to 2,101. Housewives head the list, and then in order come prostitutes, waitresses, students and teachers. Sullinger considers the increase is without doubt a reflection of the economic and social turmoil of the present and past five years, and that such conditions affect women more readily than men, the spirit of freedom and individualism causing restlessness and dissatisfaction among the women population. However this may be, one must agree with Sullinger that the whole realm of female criminality needs much scientific study (5).

Again, determinism and free-will still claim their adherents, and fail to seduce their opponents. Edward G. Boring (6), discussing determinism and freedom, writes: "The eclectically-minded psychologist who takes as psychology whatever history provides for him in 1930 is going to choose determinism, for psychology has come to be scientific in the physical deterministic sense of

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science. If the psychologist wants freedom he will not be the historically determined eclectic. However, the reader must not misunderstand me. Determinism is far from being the 'truth'. The problem of freedom and determinism is the great unsolved problem of philosophy. . . . No causal relationship is ever so precisely established that the determinist does not still believe in the persistence of a probable error; and a probable error measures the persistence of ignorance. Perhaps it leaves room for freedom."

It cannot be denied that the voluntariness of human conduct is sometimes exaggerated, and although many regard free-will as an illusion, others are satisfied that the formation of character and conduct can be assisted by exercising what we call, for convenience, the will. In either case we cannot disregard the fact that the doctrine of free-will is accepted by most criminals.

The concept of free-will, although convenient, is not essential when we consider responsibility. Indeed, if there be such a property as free-will there is no standard by which its presence or absence can be measured in the criminal, or in his judge. Responsibility is a practical question, the answer to which must be supplied, not by philosophers, but by society as the result of experience, and with regard to the psychiatric, social and other factors involved. It should be assessed and modified from time to time by the light of assured scientific discovery, and a wise discrimination between the changing needs of society and the claims of individual offenders.

Even determinism holds the individual responsible for his conduct as a member of society, since the community has decided to protect itself from those who do not conform to the standards of behaviour it has introduced.

It is important to note that the standards applied in the administration of the criminal law vary from time to time. This has been demonstrated in a recent lecture on "Obscene Literature" by Sir Edward Tindal Atkinson (7), the Director of Public Prosecutions.

The recognition of the fact that an act is culpable appears to depend largely upon the manner in which we react to illegal conduct, whether with fear, disquiet, or complacency. The probability that in certain circumstances we may succumb to temptation ourselves and commit similar offences will affect also our estimates of turpitude and blameworthiness and, as Jeremy Bentham (8) pointed out more than a hundred years ago, an offence which is premeditated will be generally more alarming than one in which design and intention can be excluded.

The penalties inflicted by the criminal courts to-day have lost much of their retaliatory character. Most people accept the view of Bentham (9) that—"The principal function of government is to guard against pains. It fulfils this object by creating rights, which it confers upon individuals; rights of personal security, rights of protection for honour, rights of property, rights of receiving aid in case of need. To these rights correspond offences of different kinds. The law cannot create rights except by creating corresponding

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obligations. It cannot create rights and obligations without creating offences. It cannot command nor forbid without restraining the liberty of individuals. It appears, then, that the citizen cannot acquire rights except by sacrificing a part of his liberty. But even under a bad government there is no proportion between the acquisition and the sacrifice. Government approaches perfection in proportion as the sacrifice is less and the acquisition more ".

Criminal conduct is essentially a variant of ordinary human behaviour and is not necessarily, or usually, allied to mental disorder. In the ordinary affairs of life a wide latitude is granted to each individual in matters of social behaviour, but if the divergence from accepted standards of conduct becomes intolerable, either as a menace or a nuisance, society is forced to take protective action. The measure of toleration varies with time and circumstance, and few things are more striking to the student of anti-social conduct than the fact that a large number of usually law-abiding people are convicted daily in the criminal courts of motor offences without forfeiting the respect of their fellows. It appears that a tendency to break the law and to acquiesce in certain forms of crime is more common than has been supposed sometimes, and that there is much potential criminality in unexpected places. Moreover, the number of crimes known to the police do not fully represent the amount of crime in the community, since a certain number are undetected and others are not reported. It is difficult to avoid the view that the ordinary man is a potential criminal, and that the measure of his potentiality depends upon his ability to adapt himself to stress and adverse circumstances.

There can be no doubt that a degree of mental abnormality is suggested if criminal conduct is exceptional in character or frequency, particularly if detection usually follows and repeated punishment proves ineffective. If by criminality we mean the tendency frequently to repeat crime which the law proscribes, it appears that recidivism, although not a disease itself, is often a symptom of an underlying pathological mental state. The recidivist may not be a psychotic or psychoneurotic, but he may be affected by a minor mental disability, which influences his conduct and character, and prevents adjustment to specific situations or to the general purposes of life.

In the current *Annual Report of the Prison Commissioners* (10) I set out, for practical purposes, the following provisional—

Mental Classification of Criminals.

1. Normal.
2. Subnormal : Inferior intelligence.
   Constitutional psychic inferiority.
3. Mentally defective* : Imbeciles.
   Feeble-minded persons.
   Moral defectives.

* Idiots, being always under supervision, do not commit crime.

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4. Mentally inefficient : Unstable adolescents.
Temperamentally unstable adults.
Psychologically maladjusted persons.
Psychopaths : Alcoholists.
Drug addicts.
Perverts : Homosexuals.
Exhibitionists.
Sadists and flagellants.
Masochists.
Fetichists.
Eonists.
Necrophilists.
Schizoids.
Cycloids.
Paranoid personalities.

5. Psychoneurotics : (suffering from) Neurasthenia.
Hysteria.
Anxiety neuroses.
Compulsive-obsessive neuroses.

6. Psychotics : (suffering from) Schizophrenia.
Paranoia and paraphrenia.
Manic-depressive disorder.
Involutional melancholia.
Exhaustion psychoses.
Alcoholic psychoses.
Other toxic psychoses.
Psychoses with general metabolic dysfunction.
Epileptic psychoses.
General paralysis of the insane.
Arterio-sclerotic psychoses.
Senile psychoses.
Other psychoses with degenerative brain lesions.
Psychoses with other brain lesions.
Moral insanity.
Prison psychoses : Depressive reactions.
Impulsive reactions.
Hysterical reactions.
Paranoid reactions.
Mental deterioration.
Malingering.
Other psychoses.

There are no official figures in this country to show the relative frequency of the different groups, but overlapping of the different types of cases frequently occurs.

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The majority of law-breakers are mentally normal and their conduct does not exceed the limits of normality sanctioned by custom. This is particularly true of persons who have been imprisoned once only. Of 30,151 prisoners received into prison for the first time during the years 1930–33, 24,326, or 80·7%, had not, so far as is known, returned to prison a second time up to the end of 1935. (As might be expected, the percentage is higher in the cases of those without previous proved offences before committal to prison. Of 18,990 such persons, 16,212, or 85·4%, did not return to prison; while of 11,161 persons with previous proved offences the number who did not return to prison was 8,114, or 72·7% (11).)

Among 298,415 persons received into prisons in England and Wales during the 5-year period 1929–33, 1,296, or 0·43%, were mentally defective within the meaning of the Mental Deficiency Acts, and 2,147, or 0·71%, were certifiably insane (12). The figures vary according to the class of prisoner under review. Thus, I found some years ago that among 14,927 remand male prisoners who came under my observation, 205, or 1·3%, were certifiable under the Mental Deficiency Acts, and 225, or 1·5%, under the Lunacy Acts (13). But among 2,000 youths admitted to the Boys' Prison at Wormwood Scrubs, 75, or 3·75%, were certifiable on account of mental defectiveness, and 8, or 0·4%, on account of mental disease.

The association of crime and mental defectiveness established by statistics from English prisons is less frequent than many suppose. A good deal of attention has been directed by our prison medical officers during recent years to the mentally inefficient—a group which is to-day not less important in criminal work than the insane and mentally defective groups.

I have no figures to represent the number of subnormal, mentally inefficient and psychoneurotic criminals received into prison. They are not inconsiderable. But the number in either group will depend to some extent upon the personal bias of the observer, and will be greater among those who repeatedly commit crime.

The subnormal group is a large and important one. Every experienced worker in mental deficiency knows that, in addition to defectives who can be certified, there are a large number who must be given the benefit of the doubt and escape certification, and a still larger number who cannot be considered mentally defective in the legal sense. They form, with the constitutional psychic inferiors—those whose character and volition are inadequate—the subnormal group of criminals.

The mentally inefficient group comprises those who are not normal, but are not included in the other groups. Certain types stand out clearly: the unstable adolescents, the temperamentally unstable adults, the maladjusted whose character defects result in repeated criminal conduct, and the psychopaths. Other types are ill-defined, and there is still a good deal of uncertainty in regard to their position, partly because our knowledge of the underlying

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psychological and other factors is incomplete, and also because the influence of physiological factors is uncertain. Moreover, the scientific study of crime is often hampered by the fact that we view our material in cross-section only, and the true perspective gained by the passage of time sometimes proves the previous opinion of an acknowledged expert to be erroneous.

It is perhaps true that physiological factors are most clearly associated with crime during adolescence. But the part played by the endocrine system is often then, as well as later in life, a subject for speculation and seldom a matter of certainty. A. B— was sentenced to detention in a Borstal institution for three years when aged 19 years and 8 months. There was no history of mental disorder in the family, and he was happy at home. He was occasionally dishonest at school, and also introduced younger boys to bad sex habits. He possessed ability, but was lazy. When 16 years of age he was bound over for indecently assaulting a girl aged 10 years, and a month previously he had indecently assaulted a woman. He was examined by an eminent psychiatrist and was sent to work on a farm, where he remained for nearly two years. He was then apprenticed to a firm of engineers, but in a few months indecently exposed himself and was again bound over. Three months later he indecently assaulted a woman on a foot-path, having first removed his outer clothing. It was for this offence that he was received into the Borstal Institution. He was in good health, mentally alert, and his mental age was 13 years 5 months. There was no evidence of mental defectiveness, schizophrenia or psychoneuroses. He was over-sexed, and I considered that his delinquencies were probably due to physiological imbalance, which might right itself when maturity was attained, and that anything more than a superficial psychological examination was contra-indicated. He served two years of his sentence, and on release the Borstal Association I kept in touch with him for a further period of two years. During this time he remained in regular work and did well, and there was no suggestion of sex excesses. He has now been at liberty for over four years, and it is reasonable to believe that the origin of his anti-social conduct was correctly assigned.

The period of adolescence is admittedly one of difficulty, and is frequently associated with instability and criminality, for the instinctive urges which then become forceful are not always controlled, and fierce competition in many directions is not always accepted as inevitable. Many problems of adjustment must be faced, and the assistance of an understanding mentor or physician is sometimes necessary to accomplish this and to enable a philosophy of life to be accepted, so that the adolescent offender can view his problems in their true perspective.

The temperamentally unstable adult criminals are those in whom the innate affective-conative dispositions which result from the inter-reactions of their somatic and psychic personalities are inadequate for social requirements. The heredity of such criminals may be faulty, although an environmental stimulus

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may be the immediate cause of the dynamic response ; and the fact that some temperamentally unstable adults, whether prisoners or free men, become stabilized later in life suggests that the chemical reactions of the endocrine organs may contribute their quota to this result.

The mental abnormality in the maladjusted criminals is often slight, and attributable in many cases to a faulty reaction to mental conflicts and repressions. Psychological investigation and treatment may sometimes help to socialize them.

The psychopathic criminals are those whose behaviour anomalies are not due to defective intelligence, but to abnormal modes of emotional and instinctive reaction which are habitual, and chiefly due to inherited factors. They include alcoholists, drug addicts, homosexual perverts, exhibitionists, sadists, masochists, fetichists, eonists and necrophilists ; also schizoids, cycloids and paranoid personalities. Their temperaments and reactions are more canalized than is the case with the unstable adolescents and temperamentally unstable adults. Here, again, psychological investigation and treatment may prove advantageous in certain cases, if the constitutional factor is less significant than the environmental stimulus.

The mental constitution of psychoneurotic criminals may lead to recidivism as well as to isolated crimes, and although their offences usually are not the most serious, they are sometimes morally dangerous to the community. Neurasthenia, hysteria, anxiety states and the compulsive-obsessive neuroses are all associated with crime. It is important to distinguish between the sexual pervert and the obsessional offender. The pervert usually awaits his opportunity when detection is unlikely, and shows no desire to be divorced from his perversion. The obsessional law-breaker shows little selection concerning the circumstances under which misconduct occurs, and is anxious to be relieved of his mental disability. In practice it is found that perverts are seldom obsessional in their criminal conduct, and the predominance of the pervert in prison, in spite of his precautions to avoid detection, indicates the comparative infrequency of compulsive-obsessive offences in this class of crime. Imprisonment, with its regular and well-ordered life, relief from stress and freedom from competition may bring about a degree of recovery in psycho-neurotic cases accompanied by fatigue, and in others often appears to exercise a controlling effect on future behaviour. There is reason to believe that, generally speaking, psychotherapy is less profitable in psychoneurotics who are criminal than in those who are not.

The various psychoses are associated with almost every type of crime, and some psychoses with particular types—for example, melancholia with crimes of violence and general paralysis of the insane with theft. In many the offence is the direct result of the mental disorder, but it often appears to be independent of this and due to chance circumstances. The psychotic offender may feign sanity or insanity, and malingering may be evidence of

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mental inferiority. Further, I suggest that the clinical differences between the criminal conduct of the epileptic, hysteric and malingerer may depend upon the level of consciousness at which the attendant mental processes occur. If a pathological condition not amounting to major mental disorder is combined with a psychosis it is important in criminal cases to distinguish, as far as possible, the manner in which each may be connected with the criminal act; as when, for example, murder is attributable to sadism in a manic-depressive subject.

The professions of law and medicine regard criminal responsibility from different points of view, and in order to illustrate the medical approach I shall now discuss briefly some cases of algolagnia and confine my remarks to sadism, since the association of masochism and crime is usually incidental rather than causal.

It is necessary first to define sadism or active algolagnia as sexual emotion associated with the wish to inflict physical or moral pain on the object of the emotion, and masochism or passive algolagnia as sexual emotion associated with the desire to be physically subjugated and morally humiliated by the person arousing the emotion. It is important to note that in these definitions sadism is not synonymous with cruelty, unless the view is accepted that all cruelty has a sexual basis.

Hirschfeld (14) regarded sadism in man as a heightening of the normal sexual attitude, and masochism in a woman as a heightening of the normal female sexual attitude. Stekel (15) looks upon sadism and masochism as a definite form of psycho-sexual infantilism, the libido of the masochist being passively directed, that of the sadist actively. He says, however, "It will not do simply to compare with each other the ideas masculine-sadistic and feminine-masochistic, although this point of view apparently gains support through many manifestations of sexual life". He considers algolagnia to be a disorder of environment and to be referable to definite influences in childhood.

Iwan Bloch (16), discussing algolagnia, says: "It is certain that we have here to do with an anthropological phenomenon, and that it is normal within wide limits."

Freud (17) stated, in his *Three Contributions to the Theory of Sex*: "The sexuality of most men shows a taint of aggression, it is a propensity to subdue, the biological significance of which lies in the necessity of overcoming the resistance of the sexual object by actions other than courting. Sadism would then correspond to an aggressive component of the sexual impulse which has become independent and exaggerated and has been brought to the foreground by displacement." He states in another passage (18): "A sadist is simultaneously a masochist, though either the active or the passive side of the perversion may be more strongly developed and thus represent his preponderate activity."

W. McDougall (19) has pointed out recently that Freud, in his later work,

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Civilization and Its Discontents, regards sadism and masochism as two opposite modes of working of the death-instinct, whereas McDougall regards them as the impulses of the two opposed but independent instincts of self-assertion and of submission respectively. He refers to Freud's death-instinct as " the most bizarre monster of all his gallery of monsters ".

Havelock Ellis (20) considers that sadism and masochism are based on normal human impulses and reinforce weak impulses, and that they are the extreme term of tendencies which in a slight degree are strictly within the biological sphere. He considers that they often exist separately and that it is rare to find a sadistic masochist, but common to find an element of masochism in the sadist. This has been also my experience in criminal cases. With regard to flagellation, Havelock Ellis (21) quotes Kraft-Ebing and Moll, who regard passive flagellation as a physical stimulant only. Havelock Ellis considers that it may be masochistic and active flagellation definitely sadistic. He points out that in either case sexual emotion is associated with pain.

We are concerned here with the relation of sadism and responsibility, and it is unnecessary to consider further the many psychological aspects of the subject.

Sadism and masochism may be imagined, symbolic, simulated or real; and sadistic acts may result in murder, attempted murder, wounding and lesser bodily injuries and assaults; in damage to property, the result of ink-splashing, dress-slashing and the like; and in obscene letter-writing—the so-called epistolary sadism. Sadistic arson, so-called, is probably infrequent in this country, and a faulty diagnosis may be reached if artefacts are incorrectly appraised. There appeared to be some reason to consider that a youth, 21 years of age, set fire to some hayricks to produce an emotional state in which sex erethism was an important feature. He had derived sex gratification from sadistic conduct with boys, and masochistic fantasies occurred during masturbation and in his dreams.

Theft may be associated with masochistic fantasies in certain women who steal articles for which they have no use, but obtain sexual stimulus and gratification by the act—the so-called kleptolagnia.

The imaginary or ideal sadist may practise his sexual abnormality in thought only; in others some act is imagined to be the cause of pain and humiliation to the victim, as in the epistolary sadist. C. D—, an elderly man was convicted of writing sex obscenities in letters to the young saleswomen in a well-known London store, which he dropped on the floor for them to pick up and read. He did not wait to witness their confusion and disgust, and it is interesting to note that his sadistic tendencies were overtly expressed when he was becoming senile, and were regressive in character.

I have described elsewhere (22) the association of exhibitionism and masochism in the same subject. In the following case exhibitionism was combined with sadistic fantasies. E. F—, aged 36 years, was convicted of indecently

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exposing himself and was sentenced to twelve months' imprisonment as an incorrigible rogue. He commenced masturbation at the age of 10, and was over-sexed. He considered that an attack of encephalitis lethargica in 1925 reduced his inhibitory capacity, and a very tight prepuce probably added to his difficulties. His first hetero-sexual experience occurred when he was 19 years old. He married at the age of 24 and his wife bore him one child, but left him after his first conviction in 1926 for indecent exposure. He is now serving his tenth sentence for this offence, and on some occasions several charges of indecency have been dealt with at the same time. The exhibitions were not solicitations, but were carried out to stimulate fantasy during masturbation, and the fact that the girls who witnessed his conduct screamed and ran away increased his sexual gratification. During the present sentence he has been circumcised and has undergone psychological treatment.

The importance of fantasy in connection with sex crime is well recognized, and sadistic acts upon inanimate objects may be of forensic importance. I have referred elsewhere (23) to the case of a fetichist who committed burglary to obtain possession of women's shoes, which he then savagely slashed with a knife. He was detected in prison cutting the throats of women in the photographs which other prisoners were allowed to retain in their cells, and he admitted that by so doing he derived full sex gratification.

A more aggressive type of sadistic fantasy is seen in the dress-slashers and dress-defilers. A married man, aged 23, had never been in the hands of the police until he was arrested and convicted of slashing with a safety razor the dresses of two women on the same evening. A sadistic widower, aged 51, was convicted of throwing on to ladies' dresses from a fountain-pen a solution of horse-excrement, which he prepared at home for the purpose, so that he might, if necessary, attribute the soiling of the dresses to splashings from the road.

Sadistic symbolism was well defined in the case of G. H—, aged 34, who flicked ink from a fountain-pen on to ladies' dresses as he passed them in the street. He was a married man, but he derived more satisfaction from ink-throwing than from normal sex intercourse. His attitude was attributable to an early sex experience, in which he soiled, during sex play, the underclothing of a young girl companion and was rebuffed in consequence.

Sadism may be simulated when a rapist kills his victim in order to silence the only witness of his crime, or uses violence to effect his escape after committing a sex offence. Also, if violence is used when a crime is committed which, although not sexual in origin, appears to be so.

The tendency to use flagellation as a means of sex gratification was overcome without difficulty by a youth who followed young girls in the streets and struck them over the legs with a piece of wire. He avoided further imprisonment for this offence after a second period of penal detention and psychological treatment.

Sadism has been more persistent in the case of I. J—, a young man, aged 25.

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He has been convicted on four occasions during a period of four years of assaulting young children of both sexes. On the last two occasions several offences were dealt with simultaneously. I. J— had an attack of encephalitis lethargica when 12 years of age, but soon after obtained a scholarship and eventually a University degree. He received sex instruction from his widowed mother, and practised masturbation before reaching puberty. He has had no hetero-sexual experiences, but was courting a young woman at the time of his arrest. He has frequently left home with a cane, seeking out children in quiet districts, presenting himself to them as a police officer, accusing them of an imaginary offence and offering them the alternative of being whipped or arrested. He has no sex interest in youths or men, but he derives satisfaction from whipping grown-up girls, and has also flogged himself. The flagellation does not cause full sex gratification, but acts as a sexual stimulant and makes subsequent masturabation more pleasurable. His general health is good, his facial expression somewhat immobile, and at one time his speech was a little monotonous and his bodily movements rather slow. There is reason to believe that he is able to control his desires if he so wishes, and although he is anxious to attribute his sex offences to the previous attack of encephalitis, it is very doubtful if this is actually the case. None of the medical experts who have seen him have been prepared to certify him under the Mental Deficiency Acts.

It may be noted here that some young women are willing to be sexually stimulated by receiving a severe thrashing. In one case which came under observation a sadist had no difficulty in obtaining, without payment, several young women for this purpose ; they willingly accompanied him to the appointed place, and some received more than one severe caning.

More serious than the above cases was the sadistic crime of K. L—, aged 21. He was impulsive and bad-tempered as a boy, and was said to be nervous, but was otherwise an average scholar in the class-room and at play. He mixed with companions of his own age on leaving school, and had a girl friend for a short time, but he remained impulsive and resented correction. He observed from his bedroom window some young women in an adjacent one-story building undress and go to bed. He then climbed over the intervening wall, taking with him a large knife, and entered the room of one of them. She was aroused by the bed-clothes being gently pulled off her shoulders and sat up and screamed. K. L— then struck her with the knife and ran away ; he was not recognized, but gave himself up voluntarily to the police some hours later. He was sentenced to imprisonment. He was in fair general health, but a slight speech defect and unprepossessing appearance were noticeable handicaps ; he was mentally subnormal, but was not defective, psychotic or psychoneurotic. The sadistic nature of this offence was not disclosed until he was again convicted for an aggravated assault on a little girl. He decoyed her into a bedroom in his parents' house, seized her by the

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throat with both hands, flung her on the bed and held her there for a short time. He then left the house without interfering further with the child. Investigation led to the conclusion that both crimes were sadistic, and psychological treatment was given to K. L— during this sentence. His future, however, must be a matter of anxiety for some time.

The case shows that the algolagnic subject does not necessarily express his sadistic desires on all occasions in the same manner. This was also noted in the case of M. N—, a boy who killed two little girls. One died from shock the result of his attempt to rape her, from blows on the head and from partial strangulation. The other child's throat was cut with a knife. Both bodies were afterwards hidden by the boy, and although there was no evidence of any attempt to rape the second girl, seminal stains of recent origin were found on the clothing of M. N— soon after the murder. He stated at a medical examination that he derived sex gratification whilst killing the children. Several ladies' handkerchiefs were found in his pockets on arrest and suggested erotic fetichism, and it was also learnt that he had invited an older girl to indulge with him in sado-masochistic practices. M. N— was quiet and composed after the murders and had a clear recollection of the manner in which he carried them out. He was intelligent and alert, and has shown no evidence of mental defectiveness, psychoneuroses or psychoses.

The sadistic conduct so far described has been independent of mental abnormality other than may be implied in some cases of algolagnia, and the problem of irresponsibility is confined to the sexual deviation. In the cases which follow algolagnia is associated with homosexuality and constitutional psychic inferiority in one case, with feeble-mindedness in another, with moral defectiveness in a third, with the epileptic psychosis in a fourth, and lastly with manic-depressive disorder.

O. P—, a single man, aged 34, was convicted of indecently assaulting boys. He had been convicted twice before of similar offences, and on one occasion of assaults on several boys. On the second occasion he was sent to a mental hospital, but the medical superintendent considered he had feigned insanity in order to avoid imprisonment. At the time of arrest for the present offences O. P— was earning a salary of approximately five pounds a week. He stated that he received his first introduction to sex from a stranger, and attributed his sadistic desires to the thrashings he received from a hostile father. He alleged also that he derived pleasure from fantasies depicting scenes of cruelty. He had indulged in auto-erotic practices for many years, and at times in heterosexual relations. He engaged in homosexual practices with boys over a prolonged period, and in one case at least bound the youth's hands and feet together, and in some other cases stabbed the boys in the scrotum with needles. He alleged that he had done the same to himself, but his uncorroborated statements were quite unreliable. Before his last appearance at court O. P— succeeded in exploiting a psycho-therapist, who gave evidence

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to the effect that he considered O. P— required medical treatment and not imprisonment. But the Judge, aware of the past history of the accused, regarded him as a menace to society and refused to accept this view, and imposed a substantial sentence. O. P— then said he wished to receive psychological treatment, but when this was given refused to co-operate. He really had no desire to be separated from his mode of attaining sex pleasure, but was anxious to obtain preferential consideration and special privileges whilst in prison. He was vacillating in purpose, self-excusing, unreliable, petulant, a malicious mischief-maker, and lacked will-power and the desire to exercise self-control.

In the following case sadism appeared to be related to an early sex experience: Q. R—, aged 20, was found to be insane on arraignment when put upon his trial for the murder of a 4-year-old boy. He cut off the child's penis and injured the tissues of the axilla and rectum with a pair of scissors. A medical examination of his clothing, shortly after, supported his statement that he experienced a seminal emission whilst doing this. When the child was missed Q. R— voluntarily joined the search party, and some hours later returned with the child, naked and mutilated, on the handle-bars of his cycle. On being charged with the murder Q. R— described how he met the child in the street and gave him an apple and then took him some distance away from home on his cycle and killed him. At the medical examination Q. R— stated that when he was about 4 years old he had an erection of the penis and a sexual sensation whilst being bathed by an aunt. She scolded him and told him his penis would have to be cut off with a pair of scissors. Since then sex feeling, sex dreams and masturbation have been associated with thoughts of cutting with scissors, or with other ideas of cruelty. His first remembered orgasm occurred whilst watching two men fighting in the street. He had no heterosexual experiences, but on one occasion in a sex dream saw a girl being struck by a man. This account was accepted, for Q. R— lacked sufficient initiative and understanding to invent it. He was at the time of his trial unemotional and carefree, simple in manner, childish in conversation and outlook, easily confused and ignorant of matters of ordinary interest and common knowledge. In short, he was mentally defective.

Sadism was associated with moral defectiveness in the case of a single man, S. T—, aged 29. He was dull, backward, difficult, and lacked moral sense at school. Similar findings were reported from the training school, where he was sent when 15 years of age for indecently assaulting a girl aged 6 years. He had been bound over at the police court a short time before for stealing a cycle. On leaving the training school he went abroad, but in a few months was deported for theft. He then joined the Army, but was found to be unsuitable in a few days, and was discharged. He was sentenced in the following year to two periods of imprisonment for indecently assaulting two little boys, aged 4½ and 3½ years. He took the children's knickers off, laid one across his knee

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and struck him, and then threw him through some bushes into a brook, and when the child tried to climb out pushed him back with his foot. He then picked up the other child and threw him into a field. He was convicted later of false pretences and thefts, and also served a sentence of nine months' imprisonment for an indecent assault on a boy aged 5 years. In the following year he was sentenced to two years' imprisonment for attempting to have carnal knowledge with a girl aged 7 years, having also struck her with his hands. A sentence of two months' imprisonment for a common assault on a girl aged 8 years followed. He has now been convicted and sentenced to a long period of penal detention for carnal knowledge of a girl aged 5 years. He gave her an ice-cream and persuaded her to follow him to a secluded spot, and there tied her ankles and wrists together with string and boot-laces, put her socks in her mouth, and bound her naked to a tree with her skipping-rope. Apart from the bruises due to the ligature the child had bruises on the buttocks and hips from blows, the fauces were bruised, the root of the tongue torn, and the posterior vaginal wall and perineum were torn and bruised. After the rape S. T— untied the child and left her. He was arrested the same evening, and blood and semen were found on his shirt. On examination S. T— was in good health, he was of average physique, the genital development was normal, but he was sexually inferior. His mental age was 12 years. Other instincts besides that of sex were faulty. He was untruthful and callous, and experienced no remorse for his victim or shame for his conduct. He lacked insight and was grossly asocial.

The modern conception of epilepsy as a term which embraces a group of disease states which are characterized in the main by periodic attacks of loss or modification of consciousness, and sometimes by changes of character, is of forensic importance. It seemed right to associate sadistic attacks with an epileptic psychosis in the case which is briefly set out hereunder :

U. V—, aged 27, at the time of his conviction for murder was reported to have had epileptic fits at puberty. He assaulted a girl when 15 years of age by jumping on her back, and after pulling her down interfered with her clothing. He also assaulted other girls and obtained sex gratification—erection without emission—in so doing. When 16 years of age he was convicted of an assault upon a woman, and in the following year was sent to a mental hospital after he had assaulted a girl. He was thought to be an epileptic and was discharged from the hospital some months later as relieved. He then carried out a series of burglaries, housebreakings and shopbreakings, and was sentenced to a term of imprisonment. His conduct in prison was normal. He went to Canada on release, but some time later was deported as an epileptic after he had attacked a crippled girl in bed. On his return to England U. V— obtained regular employment and did well. A year before the murder he became happily married, but on one occasion attempted to choke his wife without provocation, and immediately afterwards is said to have appeared frightened

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and dazed. This was apparently an epileptic manifestation. The day before the murder U. V— knocked down a woman in a country road and struck her several savage blows in the face and abdomen. Half an hour later he attacked another woman in a similar manner. The following day he attacked two other women, and one died from the injuries she received. He then passed through a short period of intense excitement, when he was quite regardless of his own safety and that of others. The attacks on the women were remembered, and there was no loss of consciousness connected with them. They were admittedly sadistic, and may have been induced by the alcohol which U. V— was said to have consumed a few days before. At the time of his conviction for murder he was wanted by the police, as he had savagely knocked down another woman a short time before. She had been able to identify him. He tied her wrists together and also her ankles and then left her, having pulled her knickers down to her knees and exposed the lower part of her body. He made no attempt to rape her. Whilst awaiting trial for murder he had several outbursts of excitement, which appeared to be epileptic in character. The jury did not accept the medical evidence of insanity at his trial, but the death sentence was commuted after a statutory inquiry had been held under the Criminal Lunatics Act 1884.

The last case to which I shall refer is that of W. X—, also convicted of murder. He did well at school, but passed through a period of mental excitement accompanied by hallucinations at the age of 18 years, and again a few months later. The attacks only lasted a few days. At the age of 22 W. X— made sadistic attacks on two middle-aged women within a period of a few weeks. Both were struck down, and earth and grass were then forced into their mouths. The hair and clothing of one woman were torn, the other was stripped of her clothing, was partially strangled and was then left unconscious. There was no attempt to rape either women, but traces of seminal fluid were found nearby to where the second woman was attacked. No arrest was made. A few months later W. X— made sadistic attacks upon two women, who escaped from him; the same evening he attacked and strangled another woman. She received severe injuries to the face and vulva, and the nipples were bitten off after death. She was a *virgo intacta*. W. X— again avoided arrest, but a few months later was convicted of the murder of a little girl. The hymen in this case also was intact, but there had been forcible entry into the rectum. There was no doubt, as a result of the medical examination of W. X—, that all these attacks were sadistic, that mortal violence was eluded if an emission occurred first, and it appeared certain that some of the attacks were associated with manic-depressive phases. The defence of insanity was not raised at the trial, but W. X— was found to be insane at the statutory inquiry held later.

These cases illustrate certain points:

(1) Sadism may be regressive in character.

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(2) It may be attributable to an early sex experience.

(3) It may be overtly expressed early or late in life.

(4) It may be practised upon inanimate objects with full effect.

(5) It may vary in intensity from mere thought to savage murder.

(6) It may not always be expressed in the same manner by the same individual.

(7) It may be used as a sexual stimulant and fail to give, of itself, full sex gratification.

(8) It may be more pleasurable than normal sex intercourse and may be used as an occasional alternative.

(9) It may be controlled, uncontrolled, or uncontrollable.

(10) It may exist with or without declared mental disorder; it may be associated with various degrees of responsibility and culpability.

(11) The sadist may be sexually inferior.

(12) He may have masochistic tendencies.

(13) He may be homo-sexual or hetero-sexual.

(14) He may select his victims from either sex; they may be of widely different ages.

(15) He may refuse medical treatment, although the consequences to himself and others may be serious.

(16) The degree of violence used by the sadist may depend upon the celerity with which an orgasm occurs.

(17) The more extreme the violence used in the sadistic act, the more likely is it to be associated with a pathological mental state.

The mental states set out in the aforesaid mental classification of criminals, and in this series of cases of sadism demonstrate, once more, the various degrees of responsibility which may occur in those who commit crime. Sadism may be considered normal within fairly wide limits, and the sadist responsible for his illegal acts. On the other hand, apart from the legal standards of insanity in a criminal court—whether these apply to the mental condition of the accused at the time of trial and to his unfitness to plead; or to his mental condition at the time of the crime and his inability from defect of reason due to disease of the mind to know the nature and quality of his act, or that it was wrong—there are the cases of accused persons who are insane according to medical standards and under the ordinary lunacy law, whereby a person can be certified and compulsorily detained in a mental hospital. This is the standard applied in the certification of convicted prisoners under the Criminal Lunatics Act 1884, Section 2 (3), and at the statutory inquiry in capital cases under Section 2 (4). It is also the standard which is sometimes accepted by the judicial authority in a criminal court.

In cases which appear to belong to the compulsive-obsessive neurosis, however, it may be impossible to determine whether the act was uncontrolled or uncontrollable. The ordinary tests in regard to compulsion are particularly

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difficult to apply in sex offences, for the sex urge, like the compulsion, is recurrent, is relieved by the appropriate action and may be preceded by a mental conflict to abstain from action.

It is interesting to note that the following Committees met in joint session at Washington on May 11th, 1934 (24): The American Psychiatric Association, the American Medical Association, the New York Academy of Medicine, and the Criminal Law Section of the American Bar Association. At this meeting certain statements of principle were prepared, including the following, which received the unanimous approval of those present:

"(1) Criminal incapacity by reason of mental disorder should be limited within very narrow bounds. The end to be achieved is to have only the most extreme cases of mental disorder recognized as grounds for an acquittal.

"(2) A defendant acquitted on the grounds of insanity shall be committed as a matter of course to the appropriate State Hospital for mental diseases; subject to release only on conditions applicable to the release of other committed inmates of the institution, together with the approval of the trial court or other appropriate tribunal.

"(3) Provision should be made whereby mental disorder which is not sufficient for an acquittal may result in treatment other than that provided for convicted persons who are not mentally disordered."

The first principle emphasizes the fact that the interests of society demand priority in matters concerning social order; the second principle reflects the practice in this country; and we have been working for some years along the lines suggested by the third principle.

In sadism, as in other forms of crime, there may be various degrees of culpability or blameworthiness as well as different standards of irresponsibility. The degree of culpability is primarily the concern of the judicial authority when imposing the appropriate sentence in any particular case. It also has medical interests, as some offenders who are not irresponsible may be less culpable than others if pathological factors affect character and conduct and are amenable to medical treatment. But, as I have pointed out in the current *Report of the Prison Commissioners* (25), in some cases which appear to be at first suitable for psychological treatment, it is found that the anti-social behaviour of the offender is fundamentally a demonstration of personality traits which are so inherent or so firmly established as to be immovable. Broadly speaking, the most suitable cases for treatment have been, so far, those in whom environmental circumstances have influenced a personality already predisposed to react to accidental effects.

In 1932 the Persistent Offenders' Committee (26) recommended the formation of detention establishments to be used when it appears to the court that by reason of the offender's criminal habits or tendencies his detention is expedient for the prevention of crime. Some sadists, and other sex offenders, as well as some mentally abnormal offenders who cannot be certified under the Lunacy

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or Mental Deficiency Acts, but present minor degrees of culpability which are not amenable to medical treatment, may be dealt with to advantage if this recommendation is implemented.

Meanwhile, those of us who are concerned with the medical treatment of crime may bear in mind the fact that Edward A. Strecker (27) has recently written : " Mental hygiene is on trial. It deserves to be on trial. It has been over-propagandized, over-dramatized, and over-sold, so that now it is in the unfortunate position of being obliged to default in some of the dividends it has so lavishly offered." Let us remember, also, the impartiality of the great Pro-Consul to whom Maudsley (28) referred in the passage quoted at the commencement of this lecture ; and when we consider " the seven and twenty jarring sects of the new psychology (29) " let us ask, with Pilate, " What is truth ? "

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