He further held that the prisoner having given himself up to the police was evidence of insanity.

The judge's summing-up appears to have been entirely against the defence of insanity. He stated that the medical witnesses had formed their opinion entirely upon what the prisoner had said to them. He also pointed out that the prisoner had protested against being regarded as insane, and knew that he was being examined in order to discover whether he was insane or not, knowing that, if held to be insane, he would escape the full penalty of the law. He therefore described it as " childish " to suppose that the prisoner's statements could be relied upon. The newspaper report of the summing-up is very condensed, but it is not easy to follow the reasoning here.

The jury accepted the judge's view of the matter, and found the prisoner guilty. He was sentenced to death. After this had been done, the jury added a recommendation to mercy.

The judge is reported as saying that justice has to be administered according to law, and not according to the views of medical men. The jury, in a criminal trial, is sworn to give a true verdict " according to the evidence." It is no doubt true that during the progress of a trial, evidence, even non-medical evidence, might be forthcoming which would upset even the most eminent medical evidence which had, as in this case, been brought forward. But it is hard to see that any such rebutting evidence was forthcoming here. It is also, of course, true that a prisoner, whether sane or insane, may practise deception. But is the jury, even when directed by a judge, better able to decide upon that point than are medical witnesses, especially a witness who has had the prisoner under close observation for some weeks previous to the trial?

The ultimate result was that the Secretary of State, acting we may presume upon the result of an inquiry held under Sec. 2 (4) of the Criminal Lunatics Act, 1884, respited the sentence, with the view of sending the prisoner to Broadmoor Criminal Lunatic Asylum. This procedure is similar to that adopted in the case of Ronald True. And the entire absence of any popular clamour in the present instance indicates how large a difference the " sensational " nature of a case may make.

The Atkins Report.

[The following letter written by Dr. J. Warnock was rejected by the *Daily Mail*. An article of similar pungency found a place in the February number of the *Fortnightly Review*.]

Sir,—The article on " The Impulse to Kill " in your issue of to-day's date, attributed to an ex-asylum medical officer, should not be allowed to pass unnoticed. It would indeed be interesting

https://doi.org/10.1192/bjp.70.289.284 Published online by Cambridge University Press

to learn in what text-book or in what asylum case-book he has found a case diagnosed as "homicidal mania." Such a term is not to be found in the classification adopted by the Board of Control. Such a label would be unscientific, as the tendency to kill occurs in many forms of insanity. I have known murders to have been committed by persons suffering from mania, melancholia, paranoia, general paralysis, pellagra, alcoholic insanity, and from other forms. In thirty-seven years' experience of many thousands of cases I have never met an example of insanity the symptoms of which were limited to a tendency to kill. Also, my experience of the prevalence of the tendency to kill has been very different to that of your correspondent. I have met several hundred instances of it. In some races homicidal attempts are far commoner among the insane than suicidal attempts, though in England the reverse is apparently true.

The assertion that each type of lunatic keeps on repeating the same kind of action is misleading, and makes me suspect that the writer still adheres to a belief in monomania—a term long ago discarded as untenable. The personality of the so-called monomaniacs are not people under the influence of one fixed idea or tendency. On the contrary their personality is warped and changed, and much of their conduct is affected by their delusions. Thus I have known a megalomaniac kill his neighbour. Lunatics commit murder from all sorts of motives, influenced by all sorts of delusions, hallucinations, emotional outbursts, and from religious exaltation or depression.

Although I have met and discussed the question with many medico-psychologists, I have never met one permeated by the idea that every criminal is insane. In the present state of our knowledge that statement is far too broad, and seems to be an echo from the days of Lombroso. But experience has shown that the more criminals are studied, the more it becomes evident that a certain proportion of them are not quite sound in mind, and that to punish them like ordinary people is barbarous—just as barbarous as we now think the murder by the law of so-called witches in the middle ages to be. Centuries hence our law as regards the insane will be called barbarous for not treating this class of the community more justly.

The final word as to insanity or otherwise of an accused person should be said by those who are expert in the observation and understanding of the insane, *i.e.*, the trained medico-psychologists. The present system of leaving the question to a jury is absurd, and contrary to what obtains in other cases where expert knowledge is freely used.

I am unaware that anyone has advanced the theory that when a person who has never shown any symptoms of insanity commits a brutal murder, he is the "automatic victim of a diseased mentality." On the contrary, if such a theory were advanced in any case, the indi-

https://doi.org/10.1192/bjp.70.289.284 Published online by Cambridge University Press

vidual should be very carefully observed; and if, in reality, it transpires that the man cannot control himself like a normal person the expert should so certify. But to suggest that the fact of his committing a brutal murder automatically justifies a plea of want of control is pure nonsense, and is a view held by no authority on mental diseases within my knowledge.

As to the influence of the ductless glands on human conduct, your correspondent must have had bad luck in never meeting and treating a case of myxœdema—a disease in which not only is the bodily health profoundly impaired, but the victim becomes insane from absence of functioning of a ductless gland—the thyroid—so that asylum detention was often necessary. That such a case is nowadays promptly cured mentally as well as physically by the administration of sheep's thyroid glands is well known to all medical men, and is clear proof of the extraordinary effects of that ductless gland on the mind. Also, he has never evidently met with a case of exophthalmic goitre accompanied by severe insanity, due to over-action of the thyroid gland, and curable by removal of half or all of the too active glands. The proof is tangible enough for the most sceptical. Medical literature abounds in examples of the action of the endocrine gland on the emotions and the mind generally.

No one with considerable experience in murder trials can be satisfied with the McNaughton Rules; even the judges do not adhere closely to them. Long experience has taught me that the lunatics knowledge of the wrongfulness of the act should not be the criterion. The proper question to ask is: If this man had been unattacked of insanity, would he have committed the crime? But the discussion of the fallacies contained in the McNaughton Rules would be too long for your space.

I would point out that no one proposed to turn the Court into a psychological clinic, any more than to turn it into an analytical laboratory in a poisoning case. Just as the physical poison is sent to a chemical expert in his laboratory, so in cases of suspected insanity (or " mental poisoning ") the man's mind should be examined by the appropriate expert in his laboratory, *i.e.*, by a psychological expert in his clinic. When this reform is effected, the present illogical custom of sentencing a man to be hung as sane and reprieving him afterwards as insane will cease. This system tends to bring justice into contempt, and to arouse suspicions of favouritism. Thus, the first step necessary is to withdraw the technical question of insanity from the jury, and put it in the hands of experts, as in the cases of poisoning, food adulteration, and other technical matters, leaving to the jury only the question of fact: Did the accused commit the alleged offence or not?

https://doi.org/10.1192/bjp.70.289.284 Published online by Cambridge University Press