above-mentioned Dr. Fothergill had a seat, to summon one representative only from the Royal Medico-Psychological Association was unsatisfactory. This motion was seconded and carried.

At the conclusion of the meeting members and guests were kindly entertained to tea by Mrs. Cedric Bower.

SOUTH-WESTERN DIVISION.

THE AUTUMN MEETING of the Division was held, by kind invitation of Dr. Elizabeth Casson, at Dorset House, Clifton Down, Bristol, on Thursday, October 29, 1931.

Dr. Barton White was in the Chair.

The minutes of the last meeting were read and confirmed.

Dr. BARTON WHITE referred to the loss the Association had sustained in the death of Dr. J. R. Lord, and asked the members to stand in silence for one minute. It was resolved that a letter of condolence be sent to Dr. Lord's widow.

Dr. S. Edgar Martin was nominated as Hon. Divisional Secretary and Drs. Barton White and B. M. Mules as Representative Members of Council on the proposition of Dr. J. McGarvey, seconded by Dr. J. J. O'Reilly.

Dr. Barton White was nominated as Chairman of the Division on the proposition of Dr. J. McGarvey, seconded by Dr. J. J. O'Reilly.

On the proposition of Dr. McGARVEY, seconded by Dr. O'REILLY, Dr. A. A. D. Townsend was nominated to serve on the Mental Nursing Advisory Committee to the General Nursing Council.

The following letter from the Hon. Educational Secretary was read:

"*Re* Examination Inspectors.

> "At a meeting of the Educational Committee held on May 20, 1931, it was resolved that the question of nominations for Examination Inspectors should be referred to the Divisions of the Association, and that some expression of opinion from each Division should be asked regarding the number of inspectors required. I should be glad if you would put this matter on the agenda at your next Divisional Meeting, and that in due course you will let me know the nominations as suggested, so that I may report to my Committee."

It was unanimously agreed that two Inspectors would be sufficient for the S.W. Division, and that Drs. W. R. Dawson and A. A. D. Townsend be nominated.

Drs. BLACHFORD, PHILLIPS and RUTHERFORD expressed the opinion that Examination Inspectors were unnecessary.

Dr. SOUTAR pointed out that one of the reasons of their appointment was to bring the Royal Medico-Psychological Association's examinations into line with the General Nursing Council's examinations.

The place of the spring, 1932, meeting was discussed. An invitation to hold the meeting at Bristol Mental Hospital was received from Dr. Barton White, and Dr. Bedford also offered to have the meeting at Herrison, Dorchester. The matter was left in the hands of the Hon. Divisional Secretary.

The following was elected an Ordinary Member:

WILLIAM GREGORY RIVERS, M.B., Ch.B.Edin., Medical Superintendent, Cornwall Mental Hospital, Bodmin.

Proposed by Drs. F. Dudley, J. R. Benson and S. Edgar Martin.

Dr. ELIZABETH CASSON read a paper entitled **"Some Experiences in Occupational Therapy,"** and Drs. SOUTAR, DAWSON, MCGARVEY and O'REILLY took part in the subsequent discussion.

Dr. W. R. DAWSON read a paper entitled **"Dementia Præcox as a Cause of Crime."** Drs. MCGARVEY, O'REILLY, KING-TURNER, LEECH, SOUTAR and the CHAIRMAN took part in the discussion which followed (see below).

During the morning and after the meeting members were conducted round the house and gardens, and were most hospitably entertained to lunch and tea. A hearty vote of thanks was accorded to Dr. Elizabeth Casson for her generous hospitality.

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PAPER.—**"Dementia Præcox as a Cause of Crime: A Medico-Legal Case,"** by W. R. DAWSON, *O.B.E.*, M.D., Consulting Neurologist to the Ministry of Pensions; Physician to Extern Mental Clinic, Bath; late H.M. Inspector of Asylums, Ireland, etc.

IT is generally agreed that the group of cases of mental abnormality comprehended by Kraepelin under the name of "dementia præcox," but now increasingly known as schizophrenia, includes a large number of criminal offenders. This peculiarity may be partly explicable by the size of the group, which has been estimated to contain some 60% of all patients in mental hospitals, but it is also inherent in the essential nature of the disorder, especially the degree to which volition and resulting conduct are dissociated from and discordant with thought and feeling, which latter again lack mutual co-ordination. Kraepelin has emphasized the fact that the isolation of the will is liable to give rise to "very sudden impulses, not explicable even to the patient himself"; but in some cases it would appear that the impulses are not really sudden, but rather of the nature of growing compulsions, which the patient may seek to rationalize. Sullivan maintains that this isolation of the will is "the explanation of the majority of the crimes, especially the homicidal crimes, committed by patients suffering from dementia præcox," and that homicidal impulse independent of, and irrelevant to the rest of the conscious personality, is frequent in that disorder; also that a "tendency to abrupt and irrelevant action characterizes this form of insanity in all its stages, persisting even in cases of advanced dementia," while on the other hand morbid impulsiveness may often be a very early episode, and in fact a motiveless murder may be the first overt sign. "In such a case," he continues, "beyond the character and circumstances of the act, there may for a time be no grounds for attributing the crime to mental disease; the murderer may seem to be of normal intelligence and affectivity, and if he professes to have had a reason for his deed, as, for example, some morbid religious notion, he may be readily brought to admit that he was in error and may express contrition and remorse." It may be pointed out, however, that some of the cases detailed by Sullivan show no evidence of suddenness.

The early stage at which a serious act of violence may occur, and the absence of any warning, may render it very difficult to recognize the real nature of the crime, and as it is now admitted that the disease may cease at any stage to progress, and may even clear up, it may never be possible to make more than a provisional diagnosis.

Having recently had to deal with a case which appears to illustrate many of these points, I have thought it of sufficient interest to consider shortly.

Before proceeding to describe the case, however, it is advisable to recall to mind some further special features of the disease which have a bearing on some of the details to be brought out later. Thus the important part played by neuropathic heredity in causation is a matter of general agreement, and is likely to be enhanced if present in the case of both parents; and very great significance is also rightly attached to the presence of the "dementia præcox personality," shown by shy, seclusive habits and a generally shut-in, reticent disposition, which are not incompatible with more than average intelligence and a good degree of self-esteem. A juvenile, Peter Pan-like sort of type is sometimes met with, which appears never to grow up. On such a basis the actual disease is readily developed, and it has been aptly described as "the culmination of a long-continued period of unhealthy biological adjustments in individuals with a constitutional inferiority," about the commonest of the more protracted exciting causes being worry over self-abuse, though financial, domestic and other difficulties may play a part. Two-thirds of the cases occur between the ages of 15 and 30 years, the maximum being about 25. Apart from volitional abnormalities, the most prominent symptoms are a dulling of the emotions, resulting in indifference; a certain suggestibility; and a lack of correspondence between the feeling and the thought—*e.g.*, such patients will nonchalantly express ideas which normally would be accompanied by remorse or unhappiness or shame, and are also indifferent to depressing situations, like detention in a mental hospital. Often the habitual expression and manner are groundlessly smiling and silly. Ideas of reference are common, *e.g.*, that people can tell by the eyes that self-abuse is being practised. Judgment is very faulty, but memory, both recent and remote, is good, including that for

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school learning; and the intellect in general is not impaired. Feeling is variable, and the patient may alternate rapidly between like and dislike for the same individual ("ambivalence"). With this much by way of preface, I now proceed to the case.

On the evening of April 1, 1931, which was dark and rainy, A—, described as a radio engineer, 23 years of age, drove from his home to his brother B—'s bungalow, about three or four miles distant, crept up to the window of the sitting-room, the blinds not being drawn, and shot B—, fortunately not fatally, with a shotgun which he had provided for the purpose. He then returned home and behaved as if nothing had happened. The suspicions of the police were aroused, however, and he was arrested. He made no real attempt, then or later, to deny the main facts, which he supplemented very fully, and he was committed for trial. When his case came up for hearing he was charged with having feloniously wounded his brother B—, there being three counts in the indictment, *viz.*, shooting with intent to murder; wounding with intent to murder; and doing grievous bodily harm.

The circumstances brought out at the trial or in the police court previously were as follows: The family history showed neuropathic heredity on both sides, though not very close. As verified by the police, on the father's side, two cousins committed suicide, and a third attempted to do so and was afterwards in a mental institution. A fourth was also in a mental hospital, and a fifth was eccentric. On the mother's side there were three cases of mental trouble. A few months before the boy's birth his mother met with two accidents of a serious nature, and he was not so strong as the other members of his family. In childhood he had a fall, which caused some concussion, and he also sustained a severe fright in Scarborough, at the time of the bombardment in 1914, when he saw a shell come over. As a schoolboy he played truant from time to time, and once, being threatened with punishment for doing so, he went off on his bicycle and disappeared for nearly a week, sleeping in fields and under haystacks. As a younger boy he had suffered from compulsions, *e.g.*, to reach a certain gate on the road before a man in front of him, or to count up to a certain number before getting into bed. He was always reticent, and as a lad did not take much part in games. There existed, however, a most extraordinary and unusual attachment between A— and his brother B—, the two being described as inseparable friends. B— had saved his life while swimming on one occasion in 1925, and denied that they had ever had a quarrel or row of a serious nature. Later on, when they were for a few years wireless operators on different ships they used to communicate with each other by wireless, and when the accused had retired from the sea, after suffering from dysentery in the Tropics, they went into business together as wireless specialists, and were so engaged up to the date of the shooting. Until the brother's marriage (in June, 1930), they occupied the same house, but after that A— slept at his father's, though continuing to be a considerable part of every day at his brother's bungalow, from which their business was carried on.

In boyhood A— had, as he confessed, practised the habit of self-abuse, which he afterwards broke off; and subsequently he worried a great deal about his former addiction. His health also gave him much concern, though there is really nothing physically wrong with him.

The two brothers went for a camping holiday in Devon in September, 1929, and, as he informed the police on his arrest, it was then that he first thought of taking B—'s life. He stated that he formed a plan to kill him by striking him on the head with a piece of rock while bathing, and knocking him into the water, and that he thought he "could easily get away with it." His brother, however, said that he did not see how A— could have done so, as there were no stones bigger than pebbles, and the water was only six inches deep. As to "easily getting away with it," his brother said that A— thought himself "cleverer than some people," and the last statement is borne out by the facts that A— expressed a similar opinion to the police, and also said he "did not think there was a policeman alive who could connect 'him' with the job."

In explanation of his action he said to the police on his arrest: "I love my brother, but I hate him for the way he has treated my mother and his wife. He is a bully, and I thought the world would be better without him. I first thought of murdering him twelve months ago, when we were bathing down in Devonshire." (It may be said at once that the evidence showed no grounds for his allegation of B—'s ill-treatment of his wife and their mother.) Later on the prisoner gave

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a different explanation, *viz.*, that he found the constant association with his brother irksome at times, but when thinking things over he had come to the conclusion that if he were to leave his brother would be miserable, and that the only manner in which he could get away would be to kill the brother—in effect for the latter's own good. At all events it would appear that the idea continued to germinate in his mind from that time on, sometimes seemingly in abeyance, but coming into prominence when lying awake at night, and when worried and depressed. At such times the plan was worked out, though in the daytime the idea seemed horrible to him, and he never thought of it when in his brother's company. According to A—'s statement to the police, he bought the gun with which the shot was fired about six weeks before the act, and also a box of cartridges loaded with No. 5 shot, and a hack-saw with which he shortened the barrel of the gun. He then waited for a suitable opportunity—by which he meant a wet night. According to himself the idea of murder had taken possession of his mind for a few nights just before, but on this particular night he had intended to do something else, which fell through, and then it occurred to him that the night was just such as he had been waiting for. From that time until after the shooting he had a feeling that something was making him do it. He left home about 8.20 p.m., and motored out to his brother's bungalow as mentioned, changing on the way into an old overcoat which he had brought, left his car by the roadside, where it was seen by several people, and taking the gun and three cartridges, crept up to the bungalow by a back way. B— and his wife were sitting at opposite ends of a settee or sofa with a draught-board between them. A— took aim at his brother, but could only bring himself to pull the trigger by forcing it from his mind that it was his brother whom he was about to shoot, and also by the thought that it would be weak not to do what he had come to do. Having fired he did not stop to see what had happened, but raced to the car and drove rapidly back by a more circuitous route, throwing the gun and cartridges into a river on the way, where they were subsequently found. He reached the garage about 9.30, having changed back into his ordinary overcoat, and then went home. He there received a telephone message from another brother saying that B— had been shot, and he went out to see him. Subsequently he stated that after the shooting he "felt like nothing on earth," and was greatly relieved when he found that he had failed to kill his brother. To the police he told an elaborate story to account for his proceedings that night, but on checking up the times they found that these did not tally, and he was arrested, and at once confessed everything, as already related. Speaking generally he did not appear to realize the seriousness of what he had done, or that he had caused anxiety or worry to anyone, and he seemed happy and cheerful in prison. At the Police Court he went up to his brother and shook hands with him, and when the latter's birthday occurred shortly after the arrest he sent him a birthday card and wished him "many happy returns"! When leaving the court on the first day of the trial he was laughing heartily, and at the end of the proceedings he was observed to smile at his brother as he quitted the dock.

In my evidence in court I had no hesitation in saying that I was satisfied that the prisoner was of unsound mind, and I gave it as my opinion that he was suffering from dementia præcox in an early stage. This might easily give rise to a compulsion to act contrary to his own wishes. He had had compulsions as a child, and had stated that for several nights before the act the thoughts of murder had taken control of him. I did not think that at the time the accused knew that what he was doing was a wrong thing to do.

Dr. R. D. Gillespie also expressed the opinion that the prisoner was suffering from dementia præcox, although the symptoms were not pronounced, but thought that he had been labouring under mental illness for seven years, and this would influence his perception of right and wrong and impair his judgment. He was satisfied that the accused at the time did not know that what he was doing was wrong.

Two prison medical officers, however, one of whom had had charge of the prisoner, had been unable to observe any indication of mental abnormality, but it was admitted that the prisoner had been very reticent.

The points upon which the chief stress was laid by the prisoner's counsel were the absence of motive; the instability indicated by the crime, in view of the affectionate relations with his brother before and since; and the non-existence of any remorse for his deed. He urged that the case was one for treatment rather

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than punishment. The counsel for the Crown submitted that all the facts of the case were consistent with a hidden motive.

The judge in his summing up also dwelt on the absence of motive, by which, he said, he meant that there was no evidence of any "real wicked motive," and pointed out that no attempt had been made to drag out any motive from the father or brother when giving evidence; but their devotion to the man in the dock was obvious, and they evidently did not take any such view. He thought the jury should say that it was a motiveless and irrational crime. In the course of the trial his lordship had refused to accept any plea of irresistible impulse, and he expressed the opinion that the prisoner must be held to have known the nature and quality of his action, and also that it was against the law, and in that sense wrong; but it was possible that for other reasons he might have thought it justifiable and right. The defence had asked for a verdict that, when the prisoner committed the act with which he was charged, he was not responsible for his actions. In his lordship's opinion the jury could find such a verdict, if they so desired, on the evidence before them. There was no real warrant for a simple verdict of "not guilty."

The jury, after an absence of about half an hour, brought in a verdict of Guilty, but not responsible for his actions at the time, and the judge ordered the prisoner to be detained as a criminal lunatic "until His Majesty's pleasure be known."

The correctness of the judge's charge and of the jury's verdict is unlikely to be questioned; indeed, the result of the trial gives some reassurance that, unsatisfactory as the rules in the McNaghten case may be in some respects, the common sense of British courts can be relied upon to prevent miscarriage of justice. It will be noted that the judge in the present case would not accept the doctrine of uncontrollable impulse, and therefore must be considered to reject the recommendations made by the Atkin Committee in 1923; and undoubtedly, however theoretically just the doctrine may be, the difficulty of deciding whether uncontrollable impulse was present in a given case would almost always be insuperable.

Although, however, little doubt can exist as to the presence of unsoundness of mind in this case, the diagnosis of dementia præcox admits of some question, in the absence of many of the classical symptoms, such as hallucinations and actual delusions, dementia, and the peculiarities of speech and action characteristic of the more advanced condition. The arguments are, however, really of a somewhat cumulative character, and taken together afford, I submit, a strong presumption that the diagnosis is correct. Thus there is evidence of neuropathic heredity on both sides of the family, of possible pre-natal injury, and of certain shocks in childhood, as well as of mental compulsions, and it seems clear that he had suffered from an introverted personality, which was in all probability made worse by the excessive mutual devotion of the brothers. Addiction to self-abuse occurred, and later gave rise to much worry, which probably merged into generally hypochondriacal preoccupations. With all this there was keen intelligence, as shown by proficiency in a fairly difficult calling, but combined with a certain boyishness—he looks about 17—and want of wisdom. On the emotional side there is the curious combination of love and hatred for his brother, which is of itself a characteristic symptom; and a lack of emotional response to the conditions, shown by failure to appreciate his position and the implications of his act, or to feel any real remorse for it or for the concern caused to his relatives. The manner in which the idea of killing his brother gradually grew and developed into a definite plan, the absurd rationalization of it, the feeling of compulsion which led up to the act, and withal the confidence in his own acuteness and ability to bamboozle the police, are pointers in the same direction. Recent information (dated October 5) indicates that he is in much the same condition as when first admitted, the medical opinion being that "he has the appearance of a dementia præcox, but it is by no means a typical case."

NORTHERN AND MIDLAND DIVISION.

THE AUTUMN MEETING of the Division was held at the South Yorkshire Mental Hospital, Sheffield, on Wednesday, October 28, 1931, by the courtesy of Dr. W. J. N. Vincent, *C.B.E.* 23 members and 13 guests attended.

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