be possessed of a simple nucleus rather than of one divided into several lobes. The figures given above confirm Cooke's observation. The "dislocation" met with in insanity is not caused by tuberculosis; in cases of mental derangement where no tuberculosis exists, the dislocation is well marked (Table III); if tuberculosis be present the amount of this left-handed dislocation of the count is increased.

When cases of insanity are grouped according to mental condition, the values of the means of the indices of the various groups do not differ greatly except in the case of melancholia and mania—*i.e.*, the "recent" cases—as opposed to those of long standing (Tables II, IV). That the difference between the mean of the non-tubercular maniacal and melancholic cases differs from the mean of the other non-tubercular cases by more than three times the probable error justifies the consideration of maniacal and melancholic cases as a group apart, in which the Arneth count is less dislocated than in other types of insanity.

Table II, column 2, bears this out.

Table V confirms the statement that a dislocation of the Arneth count can exist in insanity in absence of tubercle.

Table VI shows that an improvement of mental condition may be accompanied by a return of the Arneth count towards normal.

Conclusions.

(1) In various forms of insanity the Arneth count shows a left-handed dislocation. This dislocation is not due to tuberculosis.

(2) The dislocation is greater in amount if tuberculosis is co-existent with the insanity.

(3) Cases of recent mania and recent melancholia show a less marked dislocation of the count than do cases of other forms of insanity.

(4) Improvement in the mental condition may be accompanied by a change of the Arneth count in the direction of normality.

References.

(1) Cooke, W. E.—*The Arneth Count*, 1914.

(2) Hamilton Black.—*Brit. Med. Journ.*, January 18th, 1913.

Recent Medico-Legal Cases.

[The Editors request that members will oblige by sending full newspaper reports of all cases of interest as published by the local press at the time of the assizes.]

Rex *v.* Ronald True.

Reported by Dr. M. Hamblin Smith.

The case of Rex *v.* Ronald True, tried at the Central Criminal Court in May, before Mr. Justice McCardie, raised in an acute form

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the old dispute as to "criminal responsibility." And the storm of public excitement which it created has directed attention to the position of the medical witnesses in such cases.

True was indicted for the murder of a prostitute, in a flat at Brompton. The woman's death was due to strangulation; and, in addition, five severe wounds had been inflicted upon her head. The motive suggested by the prosecution was robbery, inasmuch as money and jewelry had been taken from the flat. That the woman was murdered by the prisoner was not seriously disputed. And the sole point which arose in the case was the question of the prisoner's state of mind.

True, who is thirty years of age, appears to be the son of a wealthy mother. She had always provided him with funds, and there was no evidence that she had ceased to do so. He had been educated at a well-known public school. It was stated that he had always been considered an abnormal boy. After leaving school he farmed in New Zealand. Later he got into the Royal Air Force, and had two bad "crashes." He had become addicted to the use of morphia, and was at one time taking 30 gr. daily. He had been in two nursing homes for the treatment of this habit. And he was convicted and fined in October, 1921, for obtaining morphia by means of forged prescriptions. There was much evidence of the existence of those mental characteristics which are common in morphinism—the boastfulness, the disregard for truth, the invention of sensational stories without any apparent motive, the lack of foresight, etc. And there was also evidence that he had a definite delusion, to the effect that he was impersonated by another man named Ronald True, and that this man was trying to murder him. The prosecution attempted to break down this last piece of evidence by suggesting that it was not to be considered as a genuine delusion, inasmuch as there appears actually to be another man of that name, who is known in some forms of London society. The defence urged that this actual Ronald True was not the man referred to by the prisoner, and that the prisoner's idea on this matter was a genuine delusion. And this latter view was the one taken by the medical witnesses.

The medical evidence called for the defence was exceedingly strong and entirely unanimous. Dr. Norwood East, medical officer of Brixton Prison, had True under observation for about two months from March 8th, which date was only two days after the murder. He formed the opinion that True's idea as to impersonation was a genuine delusion and he was prepared to certify him as insane. Dr. Young, also of Brixton Prison, gave evidence to the same effect. Dr. R. Percy Smith had examined the prisoner, regarded him as insane, and was quite prepared to certify him as such. Dr. W. H. B.

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Stoddart had also examined the prisoner, and had formed the same opinion. It may be remarked that no medical evidence to rebut that brought by the defence was called by the prosecution, presumably because they were unable to find any. Some interesting evidence as to True's conversation and conduct while under observation in the prison was given by a hospital attendant.

Something was made by the prosecution of the fact that True had attempted to cover the traces of his crime. To some extent he appears to have done so, although that would not disprove insanity. But there was also evidence that he went to the shop of a tradesman to whom he was known, on the day of the murder, and had bought a suit of clothes, exhibiting fresh blood-stains on his trousers, which stains he accounted for by a most improbable tale. At the same time he showed some of the jewelry which had been taken from the dead woman's flat.

The usual discussion as to the meaning of the McNaughten criteria took place, especially as to the precise connotation of the words " nature and quality of the act " and the word " wrong." It appears to be agreed that this latter word connotes " morally wrong "—that is to say, an act which would be generally reprobated by society. And this seems to be the only tenable view of " morality," unless we are prepared to postulate the existence of a special " moral sense." There was, however, nothing in the published reports which threw any new light on the other questions involved, or as to how an accused person's " knowledge " of the " nature and quality," etc., is to be determined.

During the legal arguments at the trial the case of Bellingham was mentioned, and it seems as if this case has still to be considered. Bellingham was tried in 1812 for the murder of Mr. Percival. And Chief Justice Mansfield, who tried the case, laid down that what had to be proved, to establish a defence of insanity, was that, at the time of doing the act, the accused man did not know that the act was "a crime against the laws of God and Nature." He does not appear to have enlightened us as to what these laws of Nature are, or how murder could be a crime against them. And the other part of his ruling would seem to exonerate a man who was able to satisfy the court that he did not believe in God. If we are to go back to this case, there seems no reason why we should stop there. And we could return to the rule laid down by Mr. Justice Tracey (Rex *v.* Arnold, 1723). And to judge from certain letters in the public press, this is what some persons think we should do. For it has been suggested that the proper test of " responsibility " is whether the accused man would have committed the crime had a policeman been standing at his elbow.

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All the four medical witnesses stated that, at the time when they saw him, they were prepared to certify True as insane. And this test of certifiability seems to be the really reasonable one. The idea which underlies the process of certification is that, for the safety and well-being of society, a certain man should be placed under care, control, and treatment. If a man's mental state is such that he needs the adoption of these measures, then it would seem clear that he cannot be held "responsible," in the sense of being liable to punishment for his antisocial acts. Conversely, if a man is not a fit subject for certification, then he may be held socially responsible. The test is a practical one, and avoids all discussion of the really insoluble problems as to what the man "knew." And it is the test which is adopted not only in non-criminal cases, but in the case of criminal offences of a lesser kind. It is unfortunate, though, perhaps, unavoidable, that these legal discussions nearly always take place in cases of murder. In the smaller offences, even those tried at assizes or quarter sessions, all this trouble never arises. And in police court work many cases never get further than the first remand: the man is found to be insane, is removed to an asylum, and the case goes no further. The test of certifiability might, of course, fail in the exceptional case of a man who committed a crime, and was not arrested and brought under observation until some time later, when he might have completely or partially recovered from his insanity.

Something was made at the trial, and much has been made since, of the fact that no steps had been taken to have True placed under restraint until the commission of the murder. There is nothing unprecedented in this. And it is difficult to see how it can ever be entirely obviated under any conceivable system. Many a man has gone about with his insanity unsuspected or ignored until he has committed some crime. But, in this particular case, it is only fair to say that True's wife appeared to have been contemplating the step of having him placed under restraint. And it is quite likely that, had a full examination been made into True's mental state at the time when he was convicted for obtaining morphia by forged prescriptions, his insanity would have been discovered and dealt with. This is simply another argument, were any such argument really needed, for the closer investigation of persons coming before any of our courts. Deliberation and cunning are not necessarily disproofs of insanity. And it is interesting to observe that these points were just those which were raised in the public discussion at the time of McNaughten (see *Queen Victoria's Letters*, vol. i). That many of the patients appear to be quite sane is a remark often made by lay visitors to our mental hospitals.

The judge, in his summing up, stated that he intended to go some-

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what further than the criteria in the McNaughten case. He left to the jury the classical questions given in the judges' answers. He further told them that if they found that the prisoner while in an epileptic seizure murdered the woman, they should find him "guilty but insane." Whether this really goes further than the McNaughten case will depend upon whether we read the questions put to the judges by the House of Lords, together with the answers thereto. If the questions are read into the answers, then a crime committed during an epileptic state would, probably, not come within the McNaughten criteria. For the questions referred to crimes committed by persons suffering from insane delusions. But if the judges' answers are read alone, there is no doubt at all that crimes committed in an epileptic equivalent or a post-epileptic state would fall within the McNaughten ruling. Probably epilepsy was suggested by the defence as an attempt to bring the case definitely within the McNaughten ruling. There was very little in the published evidence which indicated epilepsy, and the results of Dr. East's observations were quite against this supposition.

The judge further instructed the jury that even if the prisoner knew the physical nature of the act, and knew that it was morally wrong and punishable by law, and yet was, from mental disease, deprived of the power to control his actions, then the verdict should be "guilty but insane." Whether this is an extension of the McNaughten ruling is a question for legal authorities to decide. Mr. Justice Stephen would appear to be uncertain on this point. See his statement as to what the law is (not what the law should be) in his *History of the Criminal Law*, quoted and discussed at length in Mercier's *Criminal Responsibility*. But even if it is an extension, the proposed criterion is, from a scientific point of view, quite as objectionable as the old tests, and its application would give rise to quite as many acrimonious disputes.

Ultimately the jury found True guilty. That they were legally entitled to reject, as they did, all the medical evidence seems certain. The ultimate decision as to the bearing of the evidence lies with the jury. Whether they would have as readily rejected similar weighty and uncontradicted evidence in a case of "physical" illness is a matter about which we may have our doubts. But it has been said that every layman considers himself a competent judge in matters of insanity.

The case, of course, went to the Court of Criminal Appeal, and Sir Curtis Bennett strongly urged that the jury were not entitled to reject the medical evidence. But the court refused to accept this view, and the appeal was dismissed. The court did not give any decision on the question of the power of controlling actions, on the

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ground that, the jury having rejected that alternative, the question did not arise in this case.

The next step was the appointment, by the Secretary of State, of a special commission, consisting of Dr. S. R. Dyer, Sir John Baker and Sir Maurice Craig to examine True. There is nothing at all unusual in this procedure, which is definitely laid down in the Criminal Lunatics Act, 1884, Sect. 2 (4). And such action on the part of the Secretary of State was foreshadowed, both by Mr. Justice McCardie, and by the Lord Chief Justice, who presided at the appeal. The members of the commission unanimously reported that they considered True to be insane. True was reprieved by the Secretary of State and removed to Broadmoor. It has been urged that the Secretary of State was not legally obliged to act upon the findings of the commission which he had appointed. It may be that he is not absolutely obliged so to do. But this would leave us, practically, in the peculiar position that a man convicted (say) of larceny, and sentenced (say) to three months' imprisonment, and who is, in prison, found to be insane, is not to serve out his sentence, but is at once to be removed to an asylum, while a similarly insane man, who happens to be convicted of murder, is to be hanged.

It has been suggested that the finding of the special commission indicates that True was sane at the time of the trial, and had become insane while under sentence. Such an occurrence is, of course, conceivable, although very unlikely. But such a state of affairs is not necessarily to be assumed. The verdict at the trial is concerned with certain legal views as to "knowledge," etc. The members of a special commission are not hampered by any considerations of this kind. Their position is precisely similar to that of physicians called in to inquire into the sanity of a man not under sentence, or of a man convicted of some crime other than murder.

Again, it has been urged by a high legal authority that True, having been allowed to plead to the indictment, is necessarily to be considered as having been sane at the time of his trial. This reveals a complete misconception. The questions as to fitness to plead to the indictment will be found fully described in a paper in the volume of this journal for 1916. These questions are concerned with certain special points. A man, a paranoiac for example, might be quite insane, and yet might quite properly be found fit to plead to the indictment.

There was an outbreak of most unedifying excitement after the final decision in this case was announced. The newspapers, with a few honourable exceptions, joined in a chorus of denunciation of the Secretary of State, and of the value of professional evidence in cases of this kind. Such manifestations are of interest to us, for the

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psychology of the mass is as important as that of the individual. But we have an even greater reason for interest. The conservative legal mind realises that an attack is being made upon one of its strongholds. When the dust of this particular conflict has settled down, it will be seen that the whole trend of educated opinion at the present day is towards having, not less, but far more stress laid upon the psychological examination of offenders. The legal mind is always anxious to frame and apply a strict "tariff for crime." But thoughtful people are beginning to see that merely to name the offence does not in any way characterize the offender or suggest the appropriate treatment. The ultimate decision must, of course, always lie with the administrative authorities. And it has never been seriously proposed that the fate of offenders should be placed in the hands of "specialists from Harley Street," as one judge has seen fit to phrase it.

Attempts were made to divert attention from the real issues by writing about "novel theories of the unconscious mind." It would not appear that considerations of this kind entered into this particular case. But at the same time we must not forget that, whether we adopt the theories of Freud, or some other position, this question of the influence of the unconscious mind will, ultimately, have to be reckoned with. Another point raised was that modern theories reject what is known as "free will," and that they are, consequently, destructive of morality, and subversive of our system of punishment. This is a most unjustifiable attempt to confuse the issue. It is very likely that many modern scientists hold deterministic views. But the strictest determinism is quite compatible with the retention of deterrent punishment. Indeed, it may well be argued that determinism is the only logical basis upon which to found a system of punishment.

One newspaper argued that even if True were insane, it was wrong to keep so "degenerate" a person alive; not apparently reflecting upon what the results would be were this principle to be carried to the limit. There was a reminder of the Geddes "axe" in the complaints made of the expense of keeping inmates in Broadmoor, which establishment was referred to as an "asylum *de luxe*." Objection was even taken to the cost of the special commission. It would be interesting to compare the fees paid to the medical witnesses with those received by counsel in this and similar cases.

In all these discussions it must never be forgotten that prison medical officers have, quite often, quashed, by their evidence in court, pleas of insanity of a quite unjustified nature. And also that juries have, before now, persisted in finding a prisoner insane, in the face of medical evidence to the contrary.

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The present excitement will fade away, and saner counsels will again prevail. But the existing position as to the question of "responsibility" is about as unsatisfactory as it well could be. It is likely that the courts may see fit to reconsider their rulings and their procedure. But the time has come for our Association to take up the question once more. Much has happened since the last committee sat on this subject. Even if we find that the whole legal position is so unscientific that we cannot properly take part in it, that finding alone would be worth placing on record. But we need not take so extreme a view as yet. There should be no difficulty in appointing a small committee of men of experience, of knowledge, and yet of what the newspapers call "ordinary common sense." And the report of such a committee, when accepted by the Association, would command great respect. The whole question is admittedly abstruse and complicated. But this furnishes all the greater reason for giving it full and careful consideration.

Occasional Notes.

National Council of Mental Hygiene.

Sir Courtauld Thomson, K.B.E., C.B., presided over a very representative gathering of physicians, alienists, neurologists, lawyers, the clergy, lunacy officials, members of various societies interested in the welfare of the mentally afflicted and deficient, and many others in sympathy with any movement which aims at greater efficiency in the care and treatment of the insane, which was held at the house of the Royal Society of Medicine on May 4th to inaugurate the proposed National Council of Mental Hygiene.

It was a successful, almost enthusiastic meeting in spite of the jarring note of the now familiar bilious kind struck by one speaker, which sounded incongruous in such a serious and well-informed assembly, and contrasted strangely with the weighty utterances of other speakers.

Sir Courtauld Thomson proved an able and courteous chairman, who, after announcing that a most sympathetic message had been received from the National Council of Mental Hygiene of America, stated the objects of the proposed National Council in the following words:

"The objects of the National Council were for the benefit of the whole country; all the skill, devotion and energy of the medical profession would be of little avail without the whole-hearted support of the general body of the public. Laymen on the Council might relieve their medical and scientific colleagues of much of the work in

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