that some children brought up in homes where drink is strictly prohibited may rebel into alcoholic over-indulgence (Davies & Stacey, 1972), or alternatively, that the presence of an alcoholic in a family may lead some other relatives to eschew drink completely.

Religion was also an important influence for most of the teetotallers. Subjects who had been converted to Christianity in adult life had often given up alcohol at the same time, perhaps because they desired an outward expression of their faith. It was notable that the Bible's statements on alcohol were differently interpreted according to subjects' own views on drink.

Neither cost nor health were important as motives for abstinence. Perhaps these practical considerations influence people to cut down their drinking rather than to stop completely; the total abstainer tends to be motivated by moral or idealistic principles.

Our findings are in keeping with those reported in studies from Norway (Wallace *et al*, 1972) and the USA (Goodwin *et al*, 1969), which both found that the correlates of teetotallism included female sex, religious conviction, and teetotal parents.

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*Jennifer Hughes MRCP, MRCPsych, *Senior Research Fellow,*

Murray Stewart, *Fifth-year Medical Student,*

Brian Barraclough, FRACP, *Senior Lecturer,*

Department of Psychiatry, University of Southampton, Royal South Hants Hospital, Graham Road, Southampton SO9 4PE

*Correspondence.

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Attempted Infanticide

A. J. WILKINS

Summary: The offence of attempted infanticide has hitherto been unknown in English Law. A case is here described in which a woman was convicted of infanticide, and attempted infanticide, having been charged with murder and attempted murder. The relevance of this is discussed, together with an aspect of infanticide previously unreported in the English literature, i.e. repetition of the offence.

The offence of infanticide was first introduced into the Law of England and Wales in 1922, and was further amended in 1938. The Law as it now stands makes provision for women involved in cases of homicide of their children aged under 12 months to be charged with the lesser offence, amounting in effect to manslaughter, "if . . . at the time . . . the balance of her mind was disturbed by reason of her not having recovered from the effect of giving birth to the child or by reason of the effect of lactation consequent upon the birth". The offence only applied to a period of one year following childbirth

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and to the child born of that confinement. A Special Committee of the Royal College of Psychiatrists (Bluglass, 1978) recognised that the law on infanticide was anomolous in that no offence of "attempted infanticide" existed. Women who have been prevented, or who have failed in their attempts to kill their children, have been charged with a variety of offences ranging from attempted murder to concealment of birth. The College recommended that it should be incorporated in the existing legislation. I report a case below which resolves this anomaly and which is likely to influence cases of this nature in the future.

Case report

Mrs B was a 28 year-old unemployed, unmarried mother of two children, aged 11 and five years. She had as a child always been shy and timid, with few friends. She moved frequently with her family until the age of 17, when she became pregnant by a man who was already married with a family, although he did maintain some responsibility for her. She took contraceptive precautions for a few years until the relationship waned, but even so, he would visit occasionally. She had stopped contraceptives because of the intermittent nature of her relationship with him and as a result, became pregnant and had a second child; at the age of 25, she became pregnant by him for the third time.

Throughout, she had concealed the fact that she was pregnant by wearing ill-fitting clothes, declining ante-natal care, and only visiting her general practitioner once. The father eventually found out about the pregnancy because she had told some friends. Despite that, she made no preparation for the child's birth. She went into labour, delivered the baby herself, and disposed of the body and attached placenta by wrapping it in a towel and placing it in the bottom of a wardrobe, where it remained undiscovered for two years. She explained to her friends and the father that the child had been born dead with the umbilical cord around its neck.

At the age of 27, she became pregnant by the same man for the fourth time. This time, the father remained in ignorance of the situation until she was arrested. A neighbour knew of her condition, but she did not seek ante-natal care; she again attempted to conceal the pregnancy and made no preparations for the birth. She delivered the baby herself, after which she left it lying on her bed attached to the placenta for 12 hours. Eventually, she wrapped it in towelling and put it in a drawer. The neighbour, who knew of her pregnancy, became suspicious and called the police, who found the baby, a boy, in a drawer still alive and took him to hospital, where he recovered. The police then searched the flat and discovered the mummified body of the child she had disposed of two years previously. Decomposition prevented a detailed forensic examination. The pathologist was unable to determine whether it was stillborn, although the mother herself stated that it was born alive. Hence, she was charged with the murder of the child which had died two years before and with the attempted murder of the newborn child.

Examination of her mental state initially revealed her to be depressed, with anorexia and sleeplessness. She was pre-occupied with guilt feelings and morbid thoughts. There was no evidence of delusional beliefs or hallucinations. During her remand, she had periods of mild depression, for which she never required active treatment. Gradually her depression improved, although she remained isolated from others and lacked emotional warmth. Her own history of mild depression, alcohol abuse, and self-neglect throughout her last two pregnancies and in the intervening period, was confirmed by witnesses who had known her. During these pregnancies, her mental state was characterised by denial of her pregnancy and increasing passivity. During, and immediately after labour, she developed a dissociative state, with feelings of unreality. Her behaviour after the latter two births was remarkably similar: she had left each child still attached to the placenta, lying on the bed unattended for up to 12 hours. However, all who knew her maintained that her treatment of the two older children had been exemplary.

At her trial, the judge directed that the charge should be altered to infanticide and attempted infanticide. Mrs B pleaded guilty to these charges, and was sentenced to two years probation, with a condition of psychiatric treatment.

Discussion

Resnick (1970) distinguishes neonaticide from other types of maternal filicide. He described typical neonaticidal mothers as being young, unmarried, and not suffering from psychotic illness. Unlike the present patient, they rarely have a history of depression. They are markedly passive and characteristically conceal their pregnancy. They often deny that they are pregnant, making no preparation, either for the care or for the killing of the infant. This patient, however, was somewhat older (aged 26 and 28 at the time) and had a history of depression, alcohol abuse and self-neglect, but in other respects showed the characteristic features of neonaticidal mothers, as described by Resnick. Two aspects of this case are of special interest,

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viz.—repetition of the act, and the recognition in Law of attempted infanticide as an offence.

Repetition

Repetition of infanticide is rare. Resnick (1970), in his review of the world literature 1751–1968, found only two cases where two, and two cases where three successive children were killed. These cases were reported from France and Germany. A recent press report (Times, 1983) mentions a case in France involving nine separate incidents of neonaticide having been committed by a farmer and his wife who were said to be of low intelligence. It is of interest that the couple had two children, aged 11 and 12, who were said to have been well cared for. In Britain, d'Orbán (1979) did not find repetition among the 11 cases of neonaticide seen in a female remand prison over a six-year period. The present case is the first report of the repetition, or attempted repetition of neonaticide in Britain.

Attempted infanticide

An anomaly of the current infanticide legislation is the lack of any provision in the Infanticide Acts of 1922 and 1938 for the offence of attempted infanticide. In 1978, a Special Committee of the Royal College of Psychiatrists recommended that provision should be made for the charge of attempted infanticide (Bluglass, 1978). This would avoid the need to charge the mother with attempted murder, and would keep such cases within the same conceptual framework as infanticide, allowing them a special defence. The present case is the first occasion that attempted infanticide has been recognised as an offence in English Law and because of its importance, the case was reported in the Criminal Law Review (1983).

After legal argument, a plea of guilty to attempted infanticide under the Criminal Attempts Act 1981 was accepted by the Court. This Act states that, "if, with intent to commit an offence. . . a person does an act which is more than merely preparatory to the commission of the offence, she is guilty of attempting to commit the offence". (Part 1, section 1 (1). The second count was then put to Mrs B that at the time she, "attempted by wilful act or omission to cause the death of her child, being a child under the age of 12 months, when at the time of such act or omission the balance of her mind was disturbed by reason of not having fully recovered from the effects of giving birth to the child and/or by reason of the effect of lactation consequent upon the said birth". The prosecution then accepted a plea of not guilty to murder but guilty to infanticide on the first count, and not guilty to attempted murder but guilty to attempted infanticide on the second count. It would appear, therefore, that the Criminal Attempts Acts 1981 has made it possible to implement the recommendation of the Royal College of Psychiatrists that there should be provision for a charge of attempted infanticide.

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A. J. Wilkins, BSc, MBBS, MRCPsych, *Senior Registrar in Forensic Psychiatry, The Royal Free Hospital, Pond Street, London NW3 2QG*

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