

FEMALE HOMICIDES.*

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FEMALE homicides can be conveniently considered under three headings : (1) Those who kill their children, (2) those who kill adults, and (3) abortionists. The last group has not been included in the 126 cases under review, because the mental condition of the abortionists is of little interest for our present purpose. I have never known a prisoner charged with this offence raise the subject in mitigation of punishment. The 126 cases are not in any way selected, but are the total number of murder charges I have had under my care at Holloway prison during the years 1923 to 1932, excluding cases of abortion. I have selected the year 1923 because the Legislature introduced the Infanticide Act in the previous year ; this Act effected certain changes in practice to which I shall refer again in some detail.

First as to the woman who kills her infant child. Just as certain people believe that anybody who commits suicide is insane, so others regard the killing of a child by its mother as an indication of insanity. With neither of these theories can I agree.

The Infanticide Act has made it necessary to divide women who kill their children into two classes, *viz.*, (1) those who kill their child while it is still newly born, and (2) those who commit the offence during lactation and the child is some months old. I have endeavoured to find some statistics on these points ; I have no knowledge of any figures given by foreign authors, and the only ones I have been able to trace to a British author are those given by Dr. (now Sir) John Baker, who found at Broadmoor in 1902 that infanticides occurred in the following proportions—in the insanity of pregnancy 5%, in puerperal insanity 35%, and in the insanity of lactation 60%.

Puerperal insanity was first described by Fürstner in 1875.

An investigation of 54,000 cases of labour at the Rotunda Hospital, Dublin, revealed 81 cases of insanity—*i.e.*, 15%. At Queen Charlotte's Hospital, during the years 1926 to 1930 there were 10,730 births, and only 9 cases of puerperal insanity. These figures are of particular interest when considering the case of the woman who kills her newly born child.

Formerly the term "infanticide" meant the murder of a young child or

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infant, but since the passing of the Act known as "The Infanticide Act, 1922", the term has taken on a more restricted meaning. Prior to the passing of this Act a woman who killed her newly born child and was found guilty of the offence was sentenced to death, regardless of the age of the child, provided she was not found to be insane. It would seem that many judges, and the general public also, felt that it was undesirable to pass the death sentence on such a person, when everybody knew that in a few days the prisoner would be reprieved and the sentence commuted to one of penal servitude for life. This state of affairs was remedied when the Infanticide Act was placed on the Statute Books, and for our present purpose Subsections (1) and (2) of Section 1 are important.

Section 1, subsection (1) states that: "Where a woman by any wilful act or omission causes the death of her newly born child, but at the time of the act or omission she had not fully recovered from the effects of giving birth to such child, and by reason thereof the balance of her mind was then disturbed she shall, notwithstanding that the circumstances were such that but for this Act the offence would have amounted to murder, be guilty of felony, to wit of infanticide, and may for such offence be dealt with and punished as if she had been guilty of the offence of manslaughter."

Section 1, subsection (2) states that: "When, upon the trial of a woman for the murder of her newly born child, the Jury are of opinion that by any wilful act or omission she caused its death, but that at the time of the act or omission she had not fully recovered from the effects of giving birth to such child, and that by reason thereof the balance of her mind was then disturbed, they may return a verdict of infanticide."

I submit that the term "newly born" and the phrase "the balance of her mind was then disturbed" both call for some explanation. To the term "newly born" the Court of Criminal Appeal has given some explanation to which I shall refer presently, but no explanation has been given to the phrase "the balance of her mind was then disturbed".

As a result of this Act a very large number of accused persons are successfully defended, and are either "bound over" or sentenced to short terms of imprisonment. The following is an instance:

A. B—, æt. 39, single. Prisoner's mother had been for many years strange in her manner and violent at times, and had been considered by some to be insane before her death, some eighteen months prior to the crime committed by her daughter. The patient had lived in southern Ireland, and had been through the political troubles. When the mother died the prisoner was left very badly off, and decided to take in paying guests to supplement her small income. She was seduced by one of her paying guests, and the man refused to marry her. As the pregnancy advanced, she determined to give up her home in Ireland and came to live with friends in this country. She had informed them of her condition before her arrival, and was received with sympathy. A month before the confinement was due she became depressed and sleepless. The child was born two weeks before its time and weighed only 4 lb. at birth. The mother was attended

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by a medical man and had a nurse for four weeks. She appears to have been much better mentally after the child was born, but when she got up after the nurse left she became very worried, because the child did not thrive, and she decided to put it in a home. The child, however, became very ill, and the medical attendant informed her that he did not expect the baby to live for more than a day or two; the child was then 45 days old. After the doctor left the house she strangled the child by tying a piece of twine round its neck. She then wrapped the baby in a rug, put brown paper round the rug and posted the parcel to an old servant in Ireland. She told the lady she lived with that the child had died and that she had thrown it into a pond. The lady sent for the doctor, and prisoner then told the doctor the truth, and the dead body was found in the Post Office.

On reception to prison, she was depressed and complained of chronic headache and buzzing noises in the head. She was easily confused and her memory was defective; she suffered from insomnia. Her physical condition was impaired, she was anæmic and below the normal weight for her height. Her mental condition remained unchanged for three or four weeks; she then began to gain weight and improved physically and mentally. She was nearly three months awaiting trial, and during that time gained 20 lb. in weight. It will be observed that there was quite sufficient evidence to say that the woman was insane on reception and I reported accordingly. At the trial the defending counsel submitted that this case came within the meaning of the Infanticide Act, and the learned Judge agreed. The woman was found guilty and sentenced to 6 months in the second division.

Many similar cases came before the courts; perhaps the majority do not show such definite evidence of insanity as the above.

An important issue was decided in the following case:

C. D—, æt. 24. No history of insanity, fits or alcohol. Was at a convent school until the age of 18. Came over to England in 1925 and worked for a year, then went home to Ireland for a holiday and became pregnant. On her return to England she went into domestic service, and shared a bedroom with another girl. The baby was born at 5.30 a.m., and her room-mate did not wake up till after the birth had taken place. Prisoner was removed to a hospital, where she had five stitches put into the perinæum. She remained at the hospital for eleven days, and then got daily employment in a small hotel and engaged a room. The landlady agreed to look after the baby, but at the last minute disappointed her and she was obliged to go elsewhere. She then developed an abscess of the breast, and had no money or food except a tin of Swiss milk to feed the baby with. She tied a napkin round the child's neck and put the body in a cardboard box under the bed. There was nothing abnormal noticed about the girl's mental condition on reception into prison, but her physical condition was very poor. She was tried at the Central Criminal Court seven weeks after the crime, being charged with the murder of her infant, 35 days old. I reported that she was of sound mind, both on her reception to prison and at the time of her trial. Her counsel submitted that she was entitled to be dealt with under the Infanticide Act, but Mr. Justice Talbot ruled against him. The girl was found guilty of murder and condemned to death. Within a few days the sentence was commuted to one of penal servitude for life.

The prisoner was advised to appeal on a point of law. The following extract from the *Criminal Appeal Reports*, vol. xx, is of interest in this connection:

“ Counsel for appellant stated the sole ground of appeal was on a point of law. He referred to Section 1 (1) of 12 & 13 Geo. V, c. 18, the Infanticide Act, and in continuing the learned counsel said:

“ ‘It is submitted that Talbot J. ought to have directed the jury that they had the power to find “infanticide”. Counsel recounted the admitted facts, which showed that the appellant was in great distress at the time of the birth for some weeks from poverty and malnutrition, and had only just obtained employment when she killed the child. The learned Judge had ruled against counsel for the Crown that there was evidence of insanity to go to the jury, but none of infanticide. There was between insanity and sanity a degree of mental derangement which the medical authorities called puerperal, which might appear physically for any period from two to six weeks after childbirth, to meet which condition the Statute was designed. An essential point was that the learned Judge had ruled that the infant was not “newly born” within the meaning of the Act, but at Reading Assizes, on October 16, 1923, Mary McConnell was charged with murder of her child born April 28, 1923, and killed by her on June 11 following. Shearman J. held that the jury could find a verdict of infanticide.’

“It would appear from a note in the Criminal Appeal Reports that the medical authority referred to was Quain, *Medical Dictionary*, 3rd edition, published in 1902.

“In the course of the Judgment given by the Lord Chief Justice, Lord Hewart said: ‘With regard to the melancholy facts of the case it is enough for the present purpose to mention that the baby was born during the night of the 19th August last and that according to the uncontradicted evidence of the mother, the appellant took the baby’s life on the 21st September, so that at the time of the act of killing the child had lived from the 19th day of August until the 21st day of September, that is to say somewhat over a calendar month.’

“In that state of the facts the learned Judge held that, in view of the lapse of time, it was not possible to find that that infant was a newly born child within the meaning of this Statute; or, in other words, to expand the proposition to its full length, he held that there was no evidence fit to go to the jury upon which they might be asked to hold that this was a newly born child. He did not purport to define the term ‘newly born child’; what he did was to rule that a child who had lived from August 19 until September 21 could not be found to be a newly born child within the meaning of this Section. The Lord Chief Justice, continuing, said: ‘The argument which has been urged on the other side is to the effect that this Statute is contemplating an act committed by a mother at a time when she had not fully recovered from the effects of childbirth, and, when for that reason she is in a state of mental disturbance, and that the real question is, not how many days ago, or how many weeks ago the child was born, but whether the child who is killed is the child from the effects of whose birth the mother accused had not yet recovered at the time of the committing of the act. To read the Section in this way is to misread it, in our opinion. In order that the condition of this Section may be fulfilled there must be at least three co-existing circumstances.

“‘*First*: The child must be the child of that mother.

“‘*Second*: The child must be her newly born child.

“‘*Third*: At the time of the act or omission she must not have fully recovered from the effects of giving birth to that child, and by reason thereof the balance of her mind must then have been disturbed. We do not propose to undertake the task, which does not arise, of defining this expression “newly born child”. It is enough for the purpose of the present appeal to say that Mr. Justice Talbot made no error in law in holding with reference to a child of more than a calendar month of age that there was no evidence upon which he could invite or permit a jury to find that the child was newly born within the meaning of the Statute. In the circumstances this appeal fails and is dismissed.’”

Although the Lord Chief Justice laid down that there are three co-existing circumstances, *viz.*, (1) The child must be the child of that mother; (2) the child must be her newly born child; and (3) at the time of the act or omission she must not have fully recovered from the effects of giving birth to that child,

and by reason thereof the balance of her mind has been disturbed, yet no proper definition of the term "newly born" was or has been given since so far as I am aware, but it would appear that any child under the age of one month is usually taken to be newly born.

I suggest that there are three periods, any one of which might be considered as meaning "newly born" from the purely medical standpoint, *viz.* :

- (1) A child of not more than 24 hours old.
- (2) A child of not more than 10 days old.
- (3) A child who has not completed its lactation period.

I understand that certain animals are liable to destroy their offspring, but this usually occurs within a few hours of the birth of their young. I do not know if there is any scientific explanation for this, but I have always understood that it occurred either when the mother saw or thought she saw the possibilities of danger, or destruction of her offspring, or in those cases where the young animal was abnormal or deformed. May not, then, a woman, as a result of the strain of her pregnancy, culminating in the severe trial of her confinement, lose her reason for a short period immediately following her confinement and also destroy her offspring? My grounds for suggesting a period of ten days as the fixed period for considering a child "newly born" will be obvious, as it is the time generally accepted when the uterus has subsided into the pelvis, and in the majority of confinements the time when the mother may safely be allowed to get up if her pregnancy has been normal.

In making the third suggestion, *viz.*, that of any child who has not been weaned, may it not be said that, if the mother is still lactating, unusual demands are being made upon her health—the direct result of her confinement—and, therefore, she has not fully recovered from the effects of giving birth to the child that she is feeding? I have had a very large number of such cases, and it has appeared to me that these called for mercy and special consideration.

The Court of Criminal Appeal has not given, as far as I know, any ruling on the expression "the balance of her mind being disturbed", and the practice now is not to ask for any medical evidence on the prisoner's mental condition in the cases of women whose babies are under the age of 4 weeks, but the Court is informed, of course, if the prisoner is insane or mentally deficient. In the 10 years under review I have had 64 cases which came within the Infanticide Act, 1922; the ages of the patients ranged from 17 to 40 years, but the majority were women in the twenties. Of the 64 cases, 51 were single women, 11 were married and 2 were widows. Of the 51 single women, 40 had made no preparation of any kind for the confinement, 7 had made some preparation, and in 4 cases the matter was doubtful. Of the 40 cases mentioned, only 8 had even mentioned the pregnancy to the father, otherwise there has been complete concealment or attempted concealment of their condition. Of the 11 married women, no preparation had been made. In 2 of these cases the children were illegitimate. As regards previous pregnancies—

Eight women had previously been confined once of an illegitimate child.
Four women had previously been confined twice of illegitimate children.
One woman had previously been confined three times of illegitimate children.

One woman had previously been confined four times of illegitimate children.

One woman had had six previous confinements, but the seventh child, the subject of the charge, was not by her husband. The methods of disposing of the children were, for the most part, strangulation, but other methods were adopted, such as drowning in pails or tubs. A certain number were stated to have fallen on the floor or lavatory pan, and in one of these, fractures of the skull were found. In two cases the child was thrown out of the window.

The question of complete or partial loss of memory at the time of the murder is very difficult to ascertain in these cases. I may say that over 50% of the cases complained either of total or partial loss of memory, but I believe that the number who actually suffered from true amnesia is very small. Only three of these cases had shown real signs of insanity. One was admitted to the Maudsley Hospital; in the other two cases the actual state of mind was not mentioned at the trial, as the prisoner's mental condition had cleared up, and she pleaded guilty to infanticide. Six cases were certified under the Mental Deficiency Act.

There were in all 24 cases showing some mental abnormality, and the remaining 40 showed nothing abnormal on reception, and nothing in the history to make one think that their mental condition, either at the time of the confinement or at any other time, was anything but normal.

SECTION II.

In regard to the cases of murder where the age of the victim is over 1 month and under 12 months, roughly speaking, the mother, if insane, may be said to have suffered from lactational insanity.

The older writers, such as Clouston and Savage, described under the heading of mental disorders associated with childbirth, four varieties, *viz.*, pregnancy, parturition, puerperal and lactational insanity; they not only describe four different types of disorders, but go into the minutest details in their endeavour to differentiate between the various kinds.

Later writers describe the insanity of pregnancy, puerperal insanity and lactational insanity, but not in very great detail; quite shortly what they describe is either a depressive or confusional psychosis.

The terms "puerperal" or "lactational insanity" are not used in Norwood East's *Forensic Psychiatry*, but he quotes a case of confusional insanity and one of melancholic stupor in a woman who had recently been confined. Baker, in the paper already referred to, said: "Authorities are not agreed as to when

the influence of the puerperal state ends and that of lactation begins." Clouston gave six weeks as the technical limit of puerperal insanity; Tuke fixed it at a month, but allowed two months for debatable cases. Campbell Clark proposed that a post-puerperal period of two to three months should be allowed in mixed or uncertain cases.

Stoddart says: "There is no such thing as puerperal insanity, as there is no subdivision which can be recognized without any history." That is to say, given a case to examine and not having been given the fact either that the woman was recently confined, or that she was feeding a baby, it would be impossible to diagnose puerperal or lactational insanity, and I concur with this view.

The majority of the patients whom I have seen and examined have been drawn from the poorer classes, who have had to get about their household duties at the earliest possible moment after confinement, and, in some cases, before they were fit to do so. Many of them have had financial worries, and perhaps insufficient or poor and unsuitable food. The majority of the cases were in poor physical health, anæmic and badly nourished. Concerning the family history of 35 of these cases, there was a definite history of insanity in 32 of them. In 2 cases the patients had previously been certified as insane, and the one remaining case was one of insanity superimposed on mental defect.

I therefore maintain that the predisposing cause of their mental breakdown has been their insane heredity, coupled with overwork and fatigue, and that all these cases should come under the heading of "exhaustion psychosis". I am well aware that the law is very conservative, and that there are many judges and barristers who are familiar with the terms "puerperal" and "lactational insanity", and I think when we give evidence in courts we are justified in using these terms. The chief symptoms observed in these cases are those associated with a confusional state, usually with depression and sleeplessness. The patient is unable to judge of her surroundings, and shows no proper appreciation of time or place. Frequently there is amnesia with delusions of unworthiness, but hallucinations are not common. The cerebration is slow, and conversation is either impossible or monosyllabic, and practically every case complains of a vertex headache. In connection with the loss of memory mentioned, some interesting matters arise from a medico-legal point of view. In many of these child murders we find either a complete amnesia or partial amnesia, but, when we peruse the depositions of the case, we find that the prisoner has left some note or letter which shows very clearly that she was contemplating murder or suicide, or both, and, further, these notes nearly always express a hope that the husband or near relative to whom the note is addressed will forgive the perpetrator of the crime. Further it is clear that some know the nature and quality of the act.

Sullivan, in his book, *Crime and Insanity*, describes these cases as being the helpless spectators of their own insane conduct. They develop a delusion,

e. g. that they are unable to bring a child up, or that the child is dying of some painful disease, or that it will grow up deformed, or that for some other reason it is better that the child should not live. Their life becomes one morbid impulse to destroy themselves or their offspring. From this it will be seen that it is fairly easy to satisfy the legal mind that the woman did know what she was doing, but believed that it was the right and proper thing to do. Now, such a patient may later profess entire inability to recall the act, or her own remarks concerning it. In these cases Sullivan points out that there cannot be any motive for deliberate deceit, and that the same attitude is frequently maintained long after any such motive, had it ever existed, must have ceased to be operative. It may therefore be reasonably assumed that this amnesia is genuine, and that it results from the repression of the painful memory of the crime. Suicide charges are frequently associated with the type of murder under review, and this is only to be expected when one remembers that the murder is not committed with any idea of revenge, but because the mother considers that the kindest and only thing she can do, considering her supposed unworthiness, is to end her existence. In all these I have made careful inquiries with reference to the habits of the patient, *re* alcohol, and I can only find evidence of chronic alcoholism in two or three cases. In nearly every case one gets a history that the prisoner was a good mother and wife and on good terms with all her relatives. In none of the cases has the question of epilepsy arisen, although in a few there had been a history of "fits", which, on investigation, proved to be hysterical in origin. Finally, the methods employed for perpetration of the crime were, for the most part, simple and impulsive, and in most cases showed no previous planning. In the majority no attempt was made to conceal the crime, in sharp distinction to the cases of infanticide where the child is usually hidden in a trunk or wrapped up in paper. Strangulation and drowning are the principal methods, but in a certain number coal-gas poisoning has been the cause of death.

SECTION III.

In the third group the age of the victim varied from 1 year to 87 years of age. In the period under review I have had 27 cases. Ten were found guilty but insane, 7 were unfit to plead to the indictment, 4 were condemned to death, and 6 were found not guilty. Of the cases found not guilty or condemned to death, there was nothing of special interest to note in their mental condition; these were very similar to those one would find in a male prison. Of the cases that were found insane, there were a few cases of special interest. I have selected three which I think might give material for discussion.

CASE I.—The first case is that of a woman, *æt.* 41. She had been happily married for ten years, and her relations with her husband had been satisfactory in

every respect. There was one child of the marriage. The prisoner was charged with murdering this child, who was aged 9 years, by drowning her in the sea. She had attempted to drown herself at the same time. Her health had always been good, both mentally and physically, up to twelve months prior to the offence, when her menstrual function became irregular, and she suffered from headache and hot flushes, and began to worry over trifles. She then became rather suspicious of people, and frequently told her husband that she owed people money, which was not a fact. Two sisters of the prisoner were insane and were detained in mental hospitals.

After her rescue from the sea she was removed to the local hospital, where she was detained eight days before her reception into prison. On examination she answered rationally, complained of not having menstruated for some months, and of persistent pain in her back, running up her spine. She stated she slept fairly well the night before the offence, and could remember getting up in the morning, and the next thing she knew was that she found herself in hospital, but could give no reason, or had any idea how she got there. She showed no signs of delusions or hallucinations, was able to converse quite normally on all topics, her feelings and emotions appeared normal, that is, she knew she was charged with murder, and showed the remorse and emotion one might naturally expect from a mother under such conditions. She appreciated where she was, her powers of concentration and attention were normal, in short, nothing abnormal could be found beyond her persistent statement that her mind was a perfect blank after doing some ironing on the morning of the offence, up to the time she found herself in the hospital. The report from the civil hospital was to the effect she was suffering from shock, resulting from her immersion in the water; further, that on her admission she did not fully realize her position or the result of what she had done. She inquired after her child and her husband. She was quiet, and remained in bed, spoke very little and slept fairly well; she did not occupy herself in any way. The medical man who attended her prior to the murder informed me that he had been treating her for the climacteric, and that he noticed that she had lately become very suspicious, and was worrying over trifles, particularly money matters. She had recently complained of a great wrong, and, on investigation, this was found to refer to the fact that she had been doing some charring work, and was not insured under the National Health Insurance Act. The interview with the husband more or less confirmed the doctor's statements. The husband further informed me that, on the morning of the tragedy, he saw a piece of paper in the front room on the floor. At first he thought it was a piece of paper on which the child had been scribbling, but, on examining it, found it was something written by his wife, but he could not remember what she had written. When I read the depositions I found, for the first time, the real clue to her mental condition. The writing on the paper was as follows: "Dear — I am sorry it has come to this, but we are better off it is all through your mother also Mrs. — and family, Mrs. — also Mrs. — there is too many spies about for my liking, hope you will forgive me I have been a good wife true also loving."

She remained under observation from June 29 to September 28, during which time she menstruated twice. On September 28 it was first noticed that she was depressed and worried about people at home. On October 1 she stated: "My husband is on remand here now." When asked how she knew this, stated, "A girl in the ward has a bandage on her eyes and had a vision of Christ in the air". She also stated that certain of the patients in the ward were spies. This condition lasted about ten days, when she became apparently normal again and her mind became much clearer, and she for the first time spoke of some details of the tragedy. On November 15 she again became morbidly suspicious and had delusions of persecution. This attack cleared up in a few weeks. After this there was a definite deterioration in her mental condition, and she suffered from sleeplessness and depression. I understand that during the first weeks after her admission to Broadmoor she was depressed; since then she has made good progress, has been fairly bright and cheerful in demeanour and able to work in the laundry. It seems

probable that there is some inherent mental weakness, and that the patient will be likely to relapse under any stress.

CASE 2.—The second case is that of a widow, *æt.* 50, who was charged with murdering her daughter, *æt.* 11. The previous history of the case was that the woman had had good health up to the year 1917, when she had to undergo a serious operation (? ovariectomy). After this she never appeared to pick up in health and she became ultra-religious. She was married to a butcher, who later showed signs of having cancer, and also became abnormal mentally. The prisoner nursed him up to his death under most trying circumstances. Shortly after her husband's death she commenced to write strange letters to the vicar of her parish, proposing marriage to him; she also wrote to various people on the danger of the white slave traffic.

On reception into prison she was tremulous and depressed, and did not wish to converse in any way. She kept her arms crossed continually on her chest. She stated she had incurred the enmity of the chief white slave traffickers, because she had exposed the traffic, and she believed that the white slave traffickers were trying "to take her girl into slavery", and rather than that should happen she had taken the child's life. She believed that she was suffering from cancer, and gave as her reason for this belief that she knew her husband, when making sausages, in his capacity as a butcher, put some of his own cancerous material into the sausages, and that from eating them she had contracted cancer, and that she was now afraid that she might transmit this disease to others with whom she came in contact, and for this reason she intended to kill herself with carbolic acid, when she knew her child was safe. (I believe a bottle of carbolic acid was found in her house.)

I understand that since her reception into Broadmoor she has been a quiet and industrious patient, but has shown no tendency to lose her delusional ideas.

CASE 3.—The third case is that of a married woman, *æt.* 34, who was charged with murdering her mother by administering arsenic. A maternal aunt and an uncle on the father's side have both been certified and detained in mental hospitals. The accused had always had good health, and when the war broke out she had volunteered for service abroad. She went to France and was attached to the Belgian Red Cross. She told me that she went about the trenches dressed as a man. She married a Belgian and had three children, their ages at the time of the offence being 11, 9 and 4 years. At the birth of the first child she had a post-partum hæmorrhage. The second confinement was a placenta prævia, and after the third confinement she had what was described as a nervous breakdown. A year after her last confinement she had a definite mental attack, in which she became excited, broke ornaments off the mantelpiece and had definite suicidal tendencies. After this the attack changed in character and she used to wander about as if in a trance, having beautiful and poetical ideas. This attack gradually subsided and she remained well for some time, and during this time she was psycho-analysed. Her mother had to undergo an operation for cancer, which operation was successfully performed. While the mother was convalescing in a nursing home she was visited frequently by her daughter, and on one afternoon, when alone with her mother, the nurse heard a crash, and on entering the room the daughter said: "Oh nurse, mother needed your attention, and in reaching for the bell I accidentally knocked the table over." After this the prisoner took an affectionate farewell of her mother and left. The mother then informed the nurse that her daughter had given her something, and that she felt sick, and she actually did vomit. The doctor was communicated with, and he in turn rang up the daughter, and asked what she had given her mother, to which she replied, "I gave mother some arsenic, about an ounce. I got it from your surgery when the dispenser was away at dinner".

Her condition on reception to prison was confused. She did not know where she was, and was mildly excited, garrulous and inclined to be incoherent. Three days after her reception she saw in a newspaper belonging to another prisoner that her mother was dead. This news did not perturb her, but what did upset her was

that the arsenic she gave had not cured her mother of the cancer from which she was suffering. She went on to explain at great length that she had seen an image of a small Buddha dressed in a little green coat on her left as she went to visit her mother. The table was on the left of her mother, and that what she did was the result of a guiding impetus from the left, but this guiding light was now gone and it was all broken up as a result of her failure. I had many interviews with this woman during which she often complained of headache, but always on the left side of her head, and the image of Buddha was always on the left. Although this patient was of superior education, there was no evidence that she had any scientific knowledge, but she used to talk in what I may term a pseudo-scientific manner, for instance: "All action has a two-fold action, but mine has a three-fold one, but what they are I do not know. My reasons for giving my mother arsenic are many: (1) So that I should save father and my children the pain, (2) to cure her, (3) the abnormal affection is the desire to kill, hence using arsenic."

On another occasion she told me that Jesus of Prague was connected with the Buddha. That action has a threefold motive, but her action had a fourfold motive, and her abnormal affection for her mother would be a desire to kill to get away from the affection. The patient's mental condition did not improve, and when she came up for trial she was found insane on arraignment. I understand from Dr. H. P. Foulerton, the Medical Superintendent, that since she has been under his care at Broadmoor she has been a restless and hypochondriacal patient. At times she complains of momentary fits, of which she says she has some warning, but does not lose consciousness. She is generally rational in conversation, but at times becomes confused and shows inability to concentrate on the matter in hand. There have been, so far, no indications of further improvement in her mental state, and the prospects of recovery are not good.

It is interesting to note that each of the cases give as the reason for their action the desire to save their victim from what was considered a worse fate, and this is the underlying principle in practically all the infant murders that have come under my observation.

References.—Extract from *Criminal Appeal Reports*, xv, p. 132.—Baker, Sir John, "Female Criminal Lunatics: A Sketch", *Journ. Ment. Sci.*, January, 1902.—Solomons, B., "Puerperal Insanity", *ibid.*, July, 1931.—Stoddart, W. H. B., "Puerperal Insanity", *Clin. Journ.*, 1913.—East, W. N., *Forensic Psychiatry*.—Sullivan, W. C., *Crime and Insanity*.—Clouston, T. S., *Mental Diseases*.—Savage, G. H., *Insanity and Allied Neuroses*.