

DELINQUENCY AND CRIME.

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INTRODUCTION.

THE modern usage of the word "delinquency" lacks precision, and some writers use it to connote all types of offences, however serious, and whatever the age of the offender, whilst others restrict its use to minor offences committed by children and young persons. A crime is described legally as an act or omission forbidden by law under pain of punishment (Harris and Wilshere, 1919), and may be regarded as conduct which the State considers to be opposed, at the time, to the welfare of the community. Kenny (1909) stated, "Crimes are wrongs whose sanction is punitive, and is remissible by the Crown, if remissible at all."

After the age of 16 years the crime rate per 100,000 of the population shows a decrease in each successive age period, and the incidence of crime is nearly eight times greater among males than females. The figures disprove the assertion of those who declare that crime is a disease, for there is no reason to believe that the number of boys who are mentally abnormal at the age of 13 is nearly double the number of those aged 19, and there are no facts to prove that eight men and youths are mentally abnormal to one woman or girl. Personal experience shows that juvenile crime is generally due to social immaturity rather than to mental abnormality, and that men commit crime more frequently than women because their responsibilities are usually heavier, and their instinctive urges more imperative (East, Stocks and Young, 1942).

Further, the records of 17,918 males and 2,749 females who were over the age of 16 years in 1932 and were found guilty in that year of offences sufficiently serious to warrant the taking of fingerprints, and who had no previous proved offences recorded against them, showed that among males 90 per cent. of the older persons and over 70 per cent. of the younger were free from any further charges during the subsequent five years. The figure for females was nearly 90 per cent. (*Criminal Statistics*, 1940). Here again it is difficult to believe that crime in first offenders is a disease, as it is usually cured by ordinary punitive measures. Repeated offences, however, are often the result of mental abnormality.

Recent observations show that the proportion of oligophrenic and psychotic offenders is less than was supposed. The number of persons received into prisons in England and Wales in 1938, the last year for which figures are available, was 50,060, of whom 0.9 per cent. were insane and 0.5 per cent. were certifiable under the Mental Deficiency Acts.* Further investigations are

* *Criminal Statistics*: The number of "receptions" is always greater than the number of different persons received into prison, since many persons after the termination of one sentence are reconvicted and return to prison the same year. Further, 8,217 of the total were committed to prison by Civil Process for failure to comply with orders for the payment of monies and for other non-criminal offences.

required before the proportion of subnormals, psychoneurotic and psychopathic personalities in the ordinary criminal population can be accurately assessed. At the Psychiatric Clinic of the Court of General Sessions in New York City, where about 2,600 offenders are examined yearly before sentence, Thompson (1940) found 1.5 per cent. were psychotic, 2.4 per cent. were mentally defective, and 6.9 per cent. were psychopathic personalities.

CRIMOGENIC FACTORS IN PEACE.

Recent research mainly confirms the results of previous studies. An official investigation (East, Stocks and Young, 1942) into some of the causes of crime in 4,000 male adolescents between the ages of 16 and 20 years in the London area showed that a family history of crime was reported in 5 per cent. of the cases, and was rather more frequent among those convicted of offences against property and those with more than one conviction. A family history of immorality was reported in 3 per cent. of the cases; there was no significant difference according to the nature of the offences committed, but the incidence was higher in those with more than one conviction. Quarrelsomeness was present in 3 per cent. of the cases, and lads with a record of offences against the person and against discipline alone showed a significant excess with a quarrelsome father. A family history of insanity appeared in 6 per cent. and was more frequent among those convicted of sex offences, but was not more frequent among those with more than one conviction than among the remainder. A family history of psychoneurosis was found in only 2 per cent., of mental defectiveness in 3 per cent., of epilepsy and drunkenness in each 5 per cent.

Young (1938) considers that parental alcoholism is probably more often one of several alternative agencies having an adverse influence on conduct, rather than the specific cause of crime in the offspring, though some cases may be properly attributed to its exclusive influence.

There was a family history of tuberculosis in 12 per cent. of the London adolescent criminals, of heart disease in 1 per cent., of diabetes, chorea, paralysis, spinal cord disease, hernia and deformity, and venereal disease in less than 1 per cent. in each.

Bazeley and Anderson, Ferguson and Critchley, Brain, Abt, Pinard, Ossipowa and others have noted the association of mental abnormalities with congenital syphilis. More recently Jenkins and Crudin (1941) have referred to the insignificance of acquired syphilis as a cause of adult crime. In a study of 154 children, 129 being examples of congenital syphilis and 25 of acquired syphilis, they found paresis contributed largely to expulsion from school, distractibility, emotional instability, seclusiveness, temper tantrums, inattentiveness in school, excitability, destructiveness, and other minor disabilities of character. Associated with lying, and for the most part negatively associated with paresis, they found stealing, truancy, sexual delinquency, fighting and disobedience. The investigation of London adolescent criminals suggested, on the whole, that hereditary factors played only a minor part in the causation of crime, but the blood and cerebro-spinal fluids of the lads were not examined as a routine measure, and the importance as a factor of congenital or concealed syphilis was not explored.

The London data showed no tendency for the lads to differ in stature from the general population of artisan town-dwellers of the same ages. Hooton (1939) concluded from a comparison of American criminals of all ages with a control series that the criminals had a mean stature about 1 cm. less than average. The mean weight of the London lads was well below that of London employed males of similar ages, but was consistently above the general urban industrial average. There was no certain evidence of any association of criminal tendencies and underweight. There was, however, a consistent excess in weight of lads of every age with more than one offence. On the other hand Hooton found that recidivists tended to be lighter in weight than first offenders. There was no appreciable difference between the mean chest measurements of first offenders among the London adolescents and those with a previous offence, but at age 16 lads with three or more previous convictions registered a statistically significant excess over lads with fewer convictions. Recidivists in Hooton's study tended to be deficient in chest breadth in comparison with first offenders.

Blumenthal (1941) cites diseases of the nervous system, endocrine imbalance, adenoids, and diseases of the eye and ear as factors in delinquency, and introduces Adler's theory of organ inferiority to explain abnormal behaviour in children so handicapped. Baldie (1941) reminds us that organic inferiority may result in delinquency, but frequently leads to great social achievement. In the London adolescents impaired vision occurred in about 13 per cent., impaired hearing in 4 per cent., and adenoids in about 2 per cent. Wallace (1940) found delinquents more physically mature, but presenting a greater number of physical defects than average school-children. Tucker (1940), from a consideration of the writings of various observers, concluded that there is at least some physical basis for criminal behaviour. Hooton (1939) arrived at the same conclusion. Lott (1940) found in a series of 100 court cases representing specially difficult problems that physical disabilities were present in 26 and had a very definite bearing on the behaviour of 12 of them. Hrdlicka (1939) states that there is not a single physical sign, or collection of such signs, that would justify the diagnosis of anyone as a prospective criminal.

Some correlation between the physical and psychological constitution can often be traced in criminals as well as in others, but transitional forms and mixed types confuse the findings, and probably most criminologists will agree with Landecker (1941) that the thesis of an association between physique and character should be applied with extreme caution in this field.

Among the London adolescent criminals insanity and epilepsy were present in about 1 per cent. and psychoneurosis in less than 2 per cent. Nearly 4 per cent. were mentally defective—a proportion far higher, of course, than would be found among the general population. Only 54 per cent. of those who had attended primary schools succeeded in reaching the highest class. Bagot (1941) found in juvenile delinquents in the Liverpool area that backwardness and not defectiveness influenced the incidence of offences. He criticizes the fantastic proportions between mental defectiveness and delinquency given by some observers, and refers to the recent work of Healy and Bronner, who found in "New Light on Delinquency" that no differentiation could be made between

the mental ability of their delinquents and the controls from other members of the same families. Bagot refuses to accept the view that mental defectiveness is a notable factor in the production of crime, and declares that this is not so when measured as a proportion of the total amount of delinquency coming before the courts to-day. He believes that a contrary view is apt to mislead those who are not familiar with the subject, and prison psychiatrists in this country will agree. Bagot found recidivist juveniles were below, or very much below, the mental ability of first offenders, and considered that this was an indication of a real difference between the two groups. Among the London adolescent criminals, however, the proportion of the mentally defective was no greater among those who had been convicted more than once than among first offenders.

Arnott (1939) found in 75 children referred to a Child Guidance Clinic for severe grades of abnormal and anti-social conduct that mental defectiveness was present in 32 per cent., epilepsy in 32 per cent., organic brain damage in 12 per cent., and psychological causes in 24 per cent. Mann, C. W., and Mann, H. P. (1939), in a study of 1,731 juvenile delinquents of both sexes found nothing to prove that low intelligence is a source of juvenile delinquency.

Wile and Davis (1939), in a study of 380 children who were born spontaneously, and 120 who were born with instrumental or operative assistance, found that the children with instrumental birth appeared to show a general reduction of personal energy rather than a mere increase in sensitivity and irritability. They consider that behaviour reactions are not to be interpreted as due to shocks at birth, and refer to the previous work of Wetterdal, who found that in regard to the mental and physical conditions of children aged 12, no inferiority could be detected in those delivered by forceps when compared with those delivered spontaneously. According to Rosanoff, Handy and Plesset (1941) the part played by cerebral birth trauma or post-natal cerebral trauma, as an aetiological factor in delinquency and crime, is apparently that of impairing or destroying the inhibitory brain mechanisms which control and regulate behaviour.

Hartman (1940) found among American white native convicts that the average intelligence rating of recidivists was significantly above that of first offenders, and that differences between the two groups were present at all levels of the intellectual scale. The recidivists showed a greater proportion of superior and very superior and a smaller proportion of retarded persons. The proportion of mentally defective persons in the two groups was, however, practically the same. Tulchin (1939), as the result of psychological tests applied to 10,000 males, concluded that the proportion of criminals with inferior mentality was no higher than in the general population. The complexity of the subject is obvious. Miles (1938) asserts that criminals as a group have a lower intelligence than the mass of humanity, but they probably do not always have a lower mentality than the social group from which they are recruited. She reminds us that our measurements of criminals must be drawn from individuals who have come in conflict with the law, and their lower level of intelligence, as compared with the general population, may be

an indication not so much of the relation of mental ability to crime as of the fact that the more intelligent criminal escapes detection.

In regard to emotional maturity, assessed by the Pressey Interest-Attitude Tests, Durea and Fertman (1941) found that, age for age, delinquent girls compare unfavourably with non-delinquent norms. This result confirmed the earlier work of Durea with delinquent boys. These observers suggest that an important element in repeated delinquencies in juveniles is an emotional immaturity, probably partly constitutional, partly conditioned by unfavourable home and neighbourhood environment, and possibly a by-product of less than average intelligence. There can be no doubt, as a result of clinical experience, that emotional factors have an important effect on recidivism in juveniles, adolescents and adults of both sexes, and often are unrelated to the intelligence level of the offender.

Adolescent instability, using the term in a wide sense, was a well-marked feature in many of the London adolescent criminals. But what often appears to be mental abnormality is found on critical investigation to be merely an exaggerated form of normal emotional reaction. The importance of the biological aspect of adolescent crime is shown by the fact that during puberty and adolescence the instinctive urges associated with sex, aggressiveness, gregariousness, acquisitiveness and self-assertiveness become more direct and persistent.

Among environmental factors, home conditions in the London adolescent criminals proved to be, as usual, of great importance. The average size of the families from which the lads were drawn—five children, including the offender himself—was appreciably larger than the average size of comparable families in the population as a whole. This confirms the results of previous workers, and is corroborated by Bagot's recent investigation. There was also a significant association between the absence of one or both parents and the commission of multiple offences against persons or property. When an older brother or sister left the home after the offender had reached the age of 14 years an increased frequency of disciplinary as compared with other types of offences was observed.

There was no reason to consider that a lad's position in the family was a factor of importance. Those under lax, careless or repressive control and those who had lived away from home showed a greater tendency to repeat offences, and they became more amenable to control as age advanced. Owing, perhaps, to the limited scope of the London inquiry, little evidence was available concerning the connection between crime and poverty. Sexual offences were less common among lads coming from the poorer districts, and these offenders came from homes with a significantly smaller number of inhabitants per dwelling than other groups of offenders. The total percentage of time spent in unemployment was not apparently greater than that so spent by the general population of the same sex and age; but at the actual date of committing their offences a large number were temporarily unemployed. There was a well-marked association between high earnings and multiple convictions, and it seems that aggressiveness, selfishness, initiative and other attributes which determine a lad to commit multiple offences sometimes favour his earning capacity.

Bagot's juveniles were between 8 and 16 years of age. More than 50 per cent. of his delinquent families were below the poverty line, and the proportion of families of delinquents living in crowded houses was so high that these factors, and unemployment among boys aged 14 to 16, were important aetiological factors.

CRIMOGENIC FACTORS IN WARTIME.

In peace time, crime is the resultant of numerous and combined endogenous and exogenous causes, and different individuals are dissimilarly affected. Among the exogenous causes, domestic circumstances, social and economic conditions, educational and religious influences, new legislative measures and new methods of penal treatment play their part. Many of these factors are modified by war conditions and novel crimogenic influences become operative.

A circular issued jointly by the Home Office and the Board of Education (1941) showed that for the first four months of the war there was throughout the country an increase of about 28 per cent. in the number of children under 14 found guilty of indictable offences compared with the same months in 1938. For the first twelve months of war the increase was about 41 per cent. as compared with the previous twelve months of peace. In the age group 14-17 there was an increase of about 22 per cent., in the age group 17-21 an increase of about 5 per cent., but in the age group 21 and over a decrease of about 12 per cent. during the first twelve months of war. As Evjen (1942) points out, the figures support the general contention that war increases delinquency and crime rates among juveniles and decreases the rates among adults. War, in fact, is an outstanding example of the effect of environment on the crime rate of the time.

The increase of juvenile delinquency during the war of 1914-18 was generally attributed to the absence of fathers in the fighting services abroad, and the consequent lessening of discipline in the home. In the present war evacuations and transfers, the absence of mothers during the day at war work and the interruption of school life are additional disruptive influences. Juveniles over school age in employment are faced with new temptations; they earn high wages, but lack experience in the use of money. The official joint circular states: "Poverty is sometimes given as a reason for delinquency, but under these new conditions unexpected pocket-money has brought new temptations." At the beginning of the war many clubs and other recreational facilities became inoperative and the important provisions for leisure activities were cancelled. The psychological effect of the excitement and unrest of war on adolescent boys, a newborn spirit of audacity and adventure and the black-out increase the crime rate.

The local effect of war is seen in the official figures of the Administrative County of Middlesex. The number of juveniles aged 5-17 years brought before Juvenile Courts in the area during the year 1938-39 increased by nearly 1,000 in the year 1940-41, in spite of the fact that the estimated number of juveniles at these ages in the area was reduced by 49,500 (*Report, Middlesex C.C., 1942*).

Bodman and Dunsdon (1941) report that the number of juvenile offenders

referred to the Bristol Child Guidance Clinic by magistrates and probation officers showed an increase of one-third in the year 1940-41 over the previous year. An analysis of the war year cases showed that 69 per cent. had committed previous offences, and emphasized the serious problems presented by the subnormal and defective group of delinquents.

Glueck (1942) warns us to view with circumspection the causal effects of war on crime, and to consider the particular circumstances of the war in question. The factors operating in the war of 1914-18 differ considerably from those which are active to-day. The factors associated with large scale air raids and the possibility of invasion were not present then, and are not apparent in America to-day. If we regard delinquency in juveniles as an expression of social immaturity we may believe with some confidence that there will be a gradual return to a more normal crime rate after the war, corresponding to a readaptation to ordinary social conditions.

After the passing of the Children and Young Persons Act, 1933, an increase in juvenile crime was observed. The reasons generally assigned for this were changes in police procedure, increasing reluctance on the part of police officers to deal on the spot with minor delinquencies, increased interest in the subject, a greater readiness to bring children before the Court, and changes in methods of salesmanship. It has been suggested (Child Guidance Council, 1941) that the most helpful lines of future treatment appear to be: Raising the school-leaving age to 15 and compulsory part-time education for older children, increased interest by local education authorities in the out-of-school hours of the children by the formation of Youth Service Squads, the establishment of Child Guidance Clinics, increased approved school accommodation and foster home placement (*Home Office Circular*, 1941).

Discussing preventive measures the official circular referred to above declared that "one of the best means of checking delinquency in wartime, as in peace, is to provide more, and more varied, social and recreative facilities to meet the needs and tastes of all sections of youthful community—indeed, this has been proved in places where such provision has been made and a decrease in delinquency has resulted—and to challenge youthful exuberance to interest itself in useful service. With goodwill and co-operation on the part of all concerned the difficulties even in wartime can be overcome."

Wartime crime in adults is encouraged by air-raids and the black-out, which provide opportunities for theft and looting, by regulations which attract black-marketing and other violations of government orders, and by the disorganization of married life which occasionally gives rise to unforeseen triangular situations and violence. Among unusual forms of crime, treason, treachery and sabotage, in particular, are incited by a state of war.

CRIMINAL RESPONSIBILITY.

Although the formula introduced a century ago after McNaghten's case has been frequently criticized, it has been propagated, as Zilboorg (1939) points out, throughout the Anglo-Saxon world, and has found its way into the criminal practice of England and America, whilst similar concepts prevail in Latin and Teutonic judicial systems. Mannheim (1938), however, reminds

us that most continental codes acknowledge an irresistible impulse, explicitly or by implication, as a reason for imputability.

Efforts in this country and elsewhere to introduce more acceptable criteria of criminal responsibility have generally failed, and Zilboorg believes that the law relating thereto is unlikely to alter in the near future. Indeed, some may agree with him that as doctors we do not know anything clinically or scientifically about responsibility. Moreover, if a medical formula of criminal responsibility is introduced the law may insist upon a rigid adherence to its specifications, with resulting hardship to offenders and embarrassment to psychiatrists.

The elasticity of the law in this matter is clear to all. In a recent trial for murder (*R. v. Buckfield*) the judge informed the prisoner that investigation would be made by the proper authorities as to whether there was any medical explanation of his act (*Times Law Report*, 1943). Moreover, the Court of Criminal Appeal, when refusing to accept a plea of insanity which the jury has disregarded at the trial, frequently calls attention to the fact that the Secretary of State has special powers to enable him to order a medical inquiry concerning the mental condition of the appellant (i.e. under the Criminal Lunatics Act, 1884, section 2 (4)).

Notwithstanding the statutory power of the Court of Criminal Appeal to admit fresh evidence not put before the jury at the trial, and thereby to quash a conviction, evidence tending to establish a defence of insanity must be produced at the hearing before the trial court. This was shown by the refusal for time for inquiry in an appeal heard in 1942 in *R. v. Trevor*. In 1921 the Court of Criminal Appeal also refused to hear evidence of insanity when the issue had not been raised at the trial—*R. v. Tillet*. On these findings it would seem that an accused man's counsel pleading insanity must put all available evidence before the trial court, and not expect facilities for procuring such evidence after the decision of the trial court has been declared (*Lancet*, 1942).

The pressing need to-day is not a reform in the law regarding criminal responsibility, but in that of our professional standards. Gillespie (1939) has recently referred to the duty of psychiatrists to interpret the McNaghten rules literally, so long as they are in force, otherwise the witness will bring psychiatry into disrepute and not help the mentally ill in the long run. Kinberg (1941) observes that even if a serviceable definition of imputability could be made it would be of no use, and would before long be a hindrance in the rational solution of problems connected with criminal responsibility.

Cantor (1941) urges the view that none of us is normal. However this may be, an increase of psychiatric knowledge will add precision to our estimates of modified responsibility. Aschaffenburg (1941), whilst advocating an acceptance of the doctrine of modified responsibility, recognizes the difficulty in giving it effect. Crossley (1941) refers to the case of *Commonwealth v. Cooper*, in which the defendant was convicted by the jury of murder in the first degree. The question of constitutional inferiority was raised by the defence, and the judge was asked to tell the jury that if such a disorder carried with it a diminished degree of responsibility for the act the accused could not be found guilty of murder in the first degree. The judge refused to give the requisite ruling. Crossley also mentions the case of *Commonwealth v. Trippi*, against

whom a verdict of murder in the first degree was returned, and evidence was offered that his mental age rendered him incapable of criminal intent. The judge ruled that if it could be shown by psychometric tests that the defendant was of a certain mental age, it did not entitle him to the benefit of the presumption claimed by his counsel. The Supreme Judicial Court upheld this decision on the grounds that "criminal responsibility does not depend upon the mental age of the defendant, nor upon the question whether the mind of the prisoner is above or below that of the ideal or of the average, or of the normal man, but upon the question whether the defendant knows the difference between right and wrong, can understand the relation which he bears to others, and which others bear to him, and has knowledge of the nature of his act so as to be able to perceive its true character and consequences to himself and others."

The history of the Infanticide Act, 1938, is significant. The Act of 1922 created difficulties concerning the interpretation of the phrase "newly-born," and Viscount Dawson of Penn proposed in 1938 an amendment in the House of Lords, which was adopted in the Infanticide Act, 1938, so that if at the time of the crime the balance of mind of the accused was disturbed because she had not fully recovered from the effect of giving birth to the child, or because of the effect of lactation consequent upon the birth of the child, she shall be guilty of infanticide and may be dealt with and punished as if she had been guilty of manslaughter.

The importance of the concept of a disturbed balance of mind modifying responsibility is apparent in a study by Matheson (1941), who found in 36 women charged with homicidal offences, in which the victim was under twelve months old, that only four were insane, and that insanity was more often connected with the period of lactation than with pregnancy or parturition. The concept also illustrates the readiness of the law to accept the tenets of science in the interests of justice.

The association of crime with the psychoneuroses and psychopathic personality states is important. Disagreement regarding the clinical types to be included in the latter group must be accepted, and further investigations are necessary before views on the matter are sufficiently established to enlighten generally our conception of modified responsibility. I have suggested elsewhere (East, 1943) that psychopathic personalities often seem to lie within the borderland between mental abnormality and anomalies of character rather than in that separating mental health from mental illness.

Somnambulism and hypnotism are very rarely associated with criminal behaviour. Woodbridge (1939) suggests that a somnambulist may be legally sane in California and England, and insane in Kentucky and Texas. It seems probable that if the somnambulist state satisfied the McNaghten criteria an English jury might find the offender was insane.

Older writers on hypnotism referred to cases in which juries were satisfied that crimes had been really caused by hypnosis. Wells (1941) considers that recent writers agree more with rejection than acceptance of this view, but answers the question himself emphatically in the affirmative. In his first series of experiments Wells failed to produce a criminal act by three of his subjects. He then carried out an experiment on one of his class who was

honest and honourable, and had been previously hypnotized as well as warned that the experiment was intended to cause him to commit crime. Although the subject was determined to resist the induction of hypnosis he was, nevertheless, hypnotized and made to commit a theft.

Rowlands (1939) had previously shown that two of his subjects could be hypnotized and forced to do acts which were unquestionably repugnant to their moral principles. The subjects were made to throw sulphuric acid into the experimenter's face (supposedly, but not actually, since his face was protected by invisible glass). They did this believing that the acid would "scar the skin and put out the eyes" of the experimenter.

The question of hypnotic crime production is of more theoretical than practical interest. Wood (1938) suggests that hypnotism transfers responsibility from the subject to the hypnotist.

Electroencephalography has been introduced recently in this country in trials for murder. The writings of Finley and Macfie Campbell (1941), Hock and Kubis (1941), Davis, P. A., and Davis, H. (1939), Walter (1939) and others on different aspects of the subject seem to suggest that the EEG will be generally of little practical value to forensic psychiatry, as even specific abnormalities cannot alone provide evidence that the accused was criminally affected by his mental disability at the time the crime was committed.

Overholser (1939) recognizes the fact that we must expect the law will lag behind scientific progress, for it cannot be expected to lead; it must, if it is to be followed and respected by the majority, express the reasonably general view, but we should not expect it to ignore entirely facts of science which are widely accepted by those familiar with the data. Hulbert (1941) states, "In our culture the law is still, and we think properly, the last word in dealing with human conduct and misconduct. It is the last word but need not be the sole word." Yellowlees (1939) thinks that the legal criteria of insanity, though absurdly out of date in theory, work well in practice. Personal experience and a jealous outlook over many years on the respective rights of the public as well as those of offenders leave me in no doubt that the law on this matter is applied in England with justice, mercy and flexibility (1939).

ALCOHOL AND CRIME.

At the present time alcohol is only an occasional factor in the causation of crime in this country. In 1938 the number of persons found guilty of drunkenness was rather more than a quarter of the annual average for the years 1910-14. In a series of 100 males under my observation whilst awaiting trial for murder after the year 1918, alcohol was a dominant or contributory cause of the homicide in 19 cases (1939).

Hopwood and Milner (1940) examined the case-papers of 1,000 male admissions to Broadmoor Criminal Lunatic Asylum, covering a period of approximately 20 years. A history of excessive alcoholism was found in 131 cases, but in only 58 was alcohol thought to be the main, if not the only causative, factor for the crime. Homicidal offences among the alcoholists numbered 81, and the victims in 51 cases were their wives, paramours or sweethearts. The figures were believed to under-estimate the facts established.

Banay (1941) found at Sing-Sing Prison that the higher incidence of assault in the alcoholic criminals was significant. In the general group of offenders, crimes against property tended to have precedence. Frankel (1939) found 19 per cent. of 721 persons committed for trial for murder in America were chronic alcoholists. Gray and Moore (1941) found among 1,637 males in the Massachusetts State Prison 66 per cent. were alcoholists. The incidence of crimes against the person, or property, or sexual crimes was approximately the same among the alcoholists and non-alcoholists. Among 928 women at the Massachusetts Reformatory for Women, Gray and Moore found the proportion of alcoholists and non-alcoholists was the same. Among the latter 75 per cent. committed crimes against public order or sexual offences, 11 per cent. committed crimes against the person, and 14 per cent. against property. Of the former 34 per cent. were sentenced for crimes against public order and sexual offences, 6 per cent. committed crimes against the person, and 5 per cent. against property; the majority, 54 per cent., had been sentenced for drunkenness. Selling (1939) found in a consecutive series of 100 recent cases of male sexual offenders that about 8 per cent. were drinking continuously and 35 per cent. were occasional drinkers. In 57 per cent. there appeared to be no connection between alcohol and the present crime.

Norris (1941) has reminded us that whereas thieves rarely blame alcohol for their offences, sexual offenders often do.

Mapother (1938), Curran (1939) and many others consider the reduction in inebriety to be due to the influence of legislative changes and altered social conditions, rather than to any possible progress of psychiatry in the treatment of individual patients. This view is confirmed by the experience of prison psychiatrists in this country. Granting that most alcoholists suffer from nervous ailments, and that psychiatrists cannot remove the psychopathic conditions underlying many cases of drunkenness, Hall (1941) questions whether legal punishment is useless. He believes that we must recognize the fact that there are distinctive legal goals which may be at variance with scientific dictates, otherwise medical discoveries and propagandization may do more harm than good.

MENTAL ABNORMALITY AND CRIME.

Formerly studies of the association of crime with mental abnormality were largely concerned with intellectual processes. A change-over was observed when the relative emotional reactions were investigated more thoroughly. Future research into the relationship between volition and crime may enlighten some of the problems which arise in connection with unusual forms of criminal activity.

Draper (1939) considers that mental abnormality is responsible for about one-fourth to one-third of criminality, and that the mentally ill who commit crime come from the 2 per cent. of the general population showing mental abnormalities. He believes that many more criminals are drawn from the class who are mentally abnormal in proportion to their percentage of the general population than from the rest. It must be admitted that some degree of speculation enters into many such estimates. The number of prisoners who

are certified as insane or mentally defective in this country is known, but there are no precise official figures to show the number of subnormal, psychoneurotic and psychopathic personalities in the prison population. In an investigation at Wormwood Scrubs Prison, East and Hubert (1939) considered that the "normal" group included at least 80 per cent. of the receptions into prison in England and Wales.

Psychoses.—The alcoholic psychoses formerly made up a large proportion of insane offenders. In the year ended March 31, 1907, there were 246 cases of delirium tremens treated in prisons in England and Wales. In the year 1936 there were only seven cases (1938). Other alcoholic mental disorders also are seen less frequently in prisons than formerly.

Any attempt at precision when estimating the diagnostic types of psychiatric prisoners before trial is open to the criticism that reliable case-histories are seldom available and the previous mental histories of the patients are often unknown. Moreover, a criminal setting itself often increases the difficulties of accurate diagnosis.

Masserman and Carmichael (1938) found in 100 patients with an average length of stay of 24 days in the Psychiatric Division of the University of Chicago Clinics, who were re-examined a year or more after their discharge, that a major revision in the diagnosis had to be made in more than 40 per cent., and that the diagnosis tended to shift from neuroses to mixed forms of psychoses rather than in the reverse direction. Cameron (1941) inquires whether it is possible for us to think in terms of setting up Departments of Behaviour rather than Departments of Psychiatry, and in terms of teaching the fundamentals of human nature in place of the data of rather artificially classified diseases.

Interesting data regarding criminality in male psychiatric patients are presented by Erickson (1938), who found among 1,262 male patients in Eloise Hospital 25 per cent. had a history of criminality, despite the practice of sending mentally disordered criminals to special institutions for the insane criminal, and the difficulty involved in obtaining complete case-histories. A study of the types of offence disclosed a high frequency of sex crimes, and of other crimes against the person, the incidence being 20 per cent. for the sex crimes and 45 per cent. for the others, as compared with 10 to 15 per cent. each for the general criminal population.

In England and Wales the highest proportion of insane offenders is found among homicides. During the ten-year period 1929–38 of 460 persons committed for trial for murder of persons aged one year and over 90 were acquitted. Of the remainder, 223 were found to be insane and 164 were found to be guilty without insanity (*Criminal Statistics*, 1929–1938).

During 1938 there were 3,303 cases of attempted suicide brought to the notice of the police, and 586 came before the courts. Of 12 children and young persons under the age of 17 charged with this offence before a juvenile court, 10 were found guilty, and 1 was sent to an approved school; of 568 adults and adolescents over the age of 17 coming before a summary court, 530 were found guilty, and 24 were sentenced to short terms of imprisonment. At quarter sessions and assizes 6 persons were found guilty of this offence, and 1 was sentenced to imprisonment (*Criminal Statistics*, 1938). The majority of these

offenders cannot be certified as insane, and some would not remain under voluntary treatment. I have supported elsewhere on medical grounds the penalization of attempted suicide offenders in special cases. Commenting on this, Mannheim (1939) says that it ought to be made as clear as possible that by accepting this view as a basis for the present attitude for the penal law, we are adopting a conception of punishment which replaces the old idea that even a reformatory method of punishment must be an evil by the other conception that it may be a purely beneficial treatment.

The prison psychoses form a well-defined group of reactions which may be described as depressive, impulsive, deteriorative, hysteroid, paranoid and feigned. The form of the psychosis appears to depend upon the previous personality of the offender as a rule. But looking back it seems that the cases seen in prisons in this country in the earliest years of the century were often directly due to the harsh penal discipline of the period, whereas to-day they are affective reactions to less obvious disturbances of consciousness in psychopathic persons. Karlan (1939) finds the symptoms may include depression, excitement, confusion, paranoid delusions, hallucinations and compulsive acts. He found in 46 of 50 cases, i.e. 92 per cent., that a definite relationship could be detected between the psychotic symptoms and the previous personality as shown by the previous history, or the temperament scale, or both.

Mental defectiveness.—As already stated, the association of mental defectiveness and crime is less than has been sometimes supposed, and this is undoubtedly due in some measure to more effective extra-mural ascertainment. There is, however, no ground for complacency, and constant vigilance from social and educational workers, psychiatrists and eugenicists is necessary.

The subnormal group of offenders affords a wide field for medico-legal research. Rogers (1939) points out how the whole subject of the clinical treatment of the problem child including its delinquency aspects is as yet only in its infancy, and that we must have many therapeutic failures before the subject is on a really sound and successful foundation.

Psychoneuroses.—There is little doubt that the psychoneuroses are associated with crime more frequently than is sometimes supposed. Syz (1938) refers to the fact that in many cases when the personality development leads to crime there appears to be a close relation to mechanisms described in neuroses and psychopathic personalities as repression, instinctual frustration, hostility, anxiety and symptom formation. He considers the criminal act, like the neurotic symptom, may often result from conflicting and poorly developed personality tendencies as an expression of rebellion or dependence, or as the equivalent of a neurotic compromise formation. Oltman and Friedman (1941) quote Alexander, F., and Healy, W., who state in "Roots of Crime" that the chief difference between neurosis and criminal behaviour is that the emotional conflict in the former results in symbolic gratification of unsatisfied urges, whereas in the latter it leads to overt misdeeds.

East and Hubert (1939) noted in remand prisoners that any hysterical reaction is likely to be much increased by unskilled psychiatric examination at this time, especially if the accused believes that illness may be a defence or an excuse at his trial. It was considered that the prison environment predis-

poses towards the appearance of hysterical symptoms in a suitable subject, but acts against their continuance except in the very severe case when reactive prison psychoses may occur. The hysteric easily embarks upon a line of behaviour through motives of which he is not clearly aware, and is therefore unable to assess their real value to him. He may thus start, perhaps in childhood, antisocial behaviour to cover up feelings of inferiority, or in attempts to gain some ill-defined emotional goal, and by habit and circumstance, continue throughout his life as he began.

The rarity of true obsessional activity among criminals is attributable to some extent to the fact that the obsessional personality leads the individual to worry to excess over all rules and regulations.

Anxiety states are particularly likely to result in crime if the offender lacks resilience to situations which require him to adapt his emotional reactions to present necessities. Although imprisonment tends on the whole to reduce anxiety because the result of the trial is no longer in suspense, and the routine life of a prison with a minimum of responsibility and freedom from making decisions has a calming effect, nevertheless, apprehensions regarding the future and similar factors may lead to anxiety states in those who are predisposed.

Neurasthenia is a comparatively infrequent cause of crime, but the accompanying irritability, hypersensitivity, depression, fatigue and slight depersonalization may be associated with criminal activities on occasion.

Psychopathic personalities.—Maladjustment at the socio-psychobiological level is frequently expressed by criminal behaviour in psychopathic personalities. Over-simplification on the one hand and over-elaboration of the clinical types on the other tend to confuse the problems arising from the association of this form of sociopathy with crime. The recent observations of Henderson (1939, 1942), Petrie (1942), Curran (1942), Hulbert (1939), Overholser (1938), Chornyak (1941), Cudmore (1939), Ruskin (1941), and others encourage the view that future study will clarify our ideas regarding the various clinical types, and result in more progressive measures for dealing with their antisocial effects.

The criminal psychopathic personality may be defined, tentatively, as a person who, although not insane, psychoneurotic or mentally defective, is persistently unable to adapt himself to social requirements on account of quantitative peculiarities of impulse, temperament and character which may require specialized medical and rehabilitative treatment, instead of, or in addition to, the ordinary methods of punishment before his social reclamation is effected.

The most important clinical types associated with crime are the cycloids, schizoids and paranoid personalities, some sexual perverts, alcohol and drug addicts, unstable personalities, psychologically maladjusted persons, and constitutional psychic inferiors.

Overholser (1938) observes that before the law can be expected to recognize the group as calling for specialized treatment, it will be necessary for psychiatrists to come to a better agreement on the delimitation of the group. The statistics that have been published by psychiatric clinics in courts and correctional institutions show such wide discrepancies that it seems likely the basal difficulty is in the criteria of diagnosis.

Hulbert (1939) considers that psychopaths are born below standard in function and adaptability. He prefers to classify them into types rather than into large groups.

Henderson (1939, 1942) considers psychopaths in the following categories—the predominantly aggressive, the passive and the creative. The creative psychopath, although important socially, is not often arrested for crime, and the grouping seems too wide for practical purposes in prison and forensic classification.

The constitution of the psychopathic personality, being incapable of reconstruction, can at best only be modified, and treatment is often necessarily restricted to this end. It is, however, important for the psychopath to realize that his over-valuation of self is some measure of his inferiority, that society must insist upon a limit to the behaviour it will tolerate, and that excuse and subterfuge will not prevail against the wider interests of society.

TREATMENT.

Although the scientific treatment of delinquency and crime is concerned with a comparatively small group of offenders, they are more socially inefficient, dangerous, incorrigible, and in need of help than others. The importance of treatment afforded by Child Guidance and Psychiatric Clinics in cases of incipient delinquency and crime can be no longer questioned, but Penrose (1939) points out that the development of services for the control of the anti-social elements of the community depends not only upon the current social standards, but also upon the financial resources of the State or district concerned.

The public has long been concerned with sexual offences, and this is due in recent years, in some measure, to over-emphasis regarding the value of medical treatment in this class of offender. Bowman (1938) refers to the fact that the public demands some simple and easy formula for dealing with this problem, but no such formula exists. The surgical treatment of sexual offenders has been recently discussed by Kopp (1938), Naville and Dubois-Ferrière (1941) and others. So far, the known facts have not encouraged public or medical approval for the adoption of sterilization as a method of treating sexual offenders. The role of sex hormones in relation to homosexuality has been considered recently by Reiss (1940), Barahal (1939), Rudolf (1941), Wright (1939), Allen (1940) and others, but the practical effect of hormone therapy as a remedy in criminal cases requires further exploration. Psychotherapy is sometimes useful in specially selected cases, but the psychopathic sexual offender, like many others, often fails to profit by any form of therapy.

Whilst recognizing the value of the psychiatric interview in relation to the aetiology of criminal behaviour, it must be granted that it would be a great disservice to psychiatry and the psychological treatment of crime if the limitations of the latter were not frankly acknowledged.

There is much truth in Wertham's (1938) statement that the largest number of sexual offenders belong to a group between crime and disease, and that if we treat them merely according to medicine, or merely according to the criminal law, we treat them as something which they are not, and that can help neither them nor us.

We should insist that others, as well as ourselves, recognize the fact that

among criminals, as in the general civil population, some persons are constitutionally unable to stand alone. At one end of the scale the ordinary offender is appropriately treated in a modern penal institution, at the other end psychotic and defective offenders receive treatment in mental institutions. Between the two extremes a small group of offenders require custodial care for the protection of society in an establishment which is neither a prison nor a mental hospital, but has some of the features associated with both.

East and Hubert (1939) envisage an establishment which would serve as an investigation, training, treatment and research centre, and as a colony for certain types of offenders who are unable to adapt themselves to ordinary social conditions, and for whom reformatory measures, however specialized, seem useless, and the severity and hardship of ordinary prison life inappropriate.

CONCLUSION.

We are concerned, as never before, with the training, treatment and rehabilitation of offenders, and Warson's (1941) statement that criminology and psychiatry are moving together is particularly true of Great Britain to-day. Future advances in the scientific approach to crime and the scientific treatment of mentally abnormal offenders will depend upon the carefully controlled researches of social workers, psychologists and psychiatrists attached to intra- and extra-mural centres. They will be further promoted when the provisions of the Criminal Justice Bill, 1938, are legalized. But this is not enough. A large scale orientation must enable the public to recognize with v. Hentig (1938) that deterrence is a principle to be handled with the utmost care. Above all, let us remember that the prevention of delinquency and crime, together with the treatment and rehabilitation of offenders, are problems in social hygiene which demand of their protagonists skill in the practical art of medicine, and fidelity in the application of scientific methods.

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