CRIME AND INSANITY IN INDIA.

By Capt. G. R. Parasuram, B.A., M.R.C.P.E., Dipl.Psych.,
Deputy Superintendent, Government Mental Hospital, Madras.

Medical men are often called upon to give evidence as to the mental condition of an individual, charged with crime, at the time of committing the crime. They are also expected to give an opinion as to whether by reason of insanity the accused was incapable of knowing the nature and consequences of his act, or did not know that what he was doing was either wrong or contrary to law. The question is frequently one of life and death for the accused, and therefore it is very necessary that medical men should understand the inner working of a criminal's mind before they venture an opinion regarding his mental condition. In India we have hitherto depended for our guidance on books written by learned authors who base their conclusions on conditions prevailing in their own countries, and cannot be expected to know the conditions of Indian life. I feel the time has come when we should begin to collect first-hand information regarding our criminals from our own observations. I am afraid very little work has been done in this field in India, and it is time that we compare our results with those obtained in the West. It is with this object that I venture to submit this paper, so that it may stimulate others in India also to work on these lines.

This paper is a study of 175 criminal patients in Madras Mental Hospital, including 6 juveniles. Of these, 156 are males and 19 are females.

Under conditions prevailing in India it is very difficult to get a satisfactory history in cases of mental disorder. The patients often do not help. The relatives, through ignorance or disinclination or false pride, are also unwilling to help, and it is no wonder that in the medical history sheet supplied by the police all the columns are often marked "unknown," including, in some cases, even the names of patients. In criminal cases the committing magistrates often do not even send a copy of the judgment.

In spite of these difficulties I have tried to give as much information as possible.

https://doi.org/10.1192/bjp.77.317.365 Published online by Cambridge University Press

Incidence of Insanity amongst Criminals.

Of the 175 cases, 36 were acquitted on account of insanity at the time of the crime, and were sent here; 89 were under trial; and the remaining 50 were undergoing imprisonment when they were transferred here on account of their mental condition. The daily average of the criminal population in the various gaols of the Madras Presidency in 1929 was about 15,000. This gives a proportion of 89+50=139 to 15,000, or ·92%. (All the criminal insane in the Madras Presidency are admitted to this Hospital.)

Age-Incidence (*vide* Appendix I).

The age-incidence as shown in Appendix I is rather interesting. The youngest murderer at the time of his committing the crime was a boy of 7, and the oldest a man of about 60 years. It will be seen that amongst males there is a gradual increase in crime, which reaches a maximum between 26 and 30 years of age, and then gradually subsides, the largest number of crimes being committed between the ages of 21 and 40—the age-period when the brunt of life is at its height. Amongst women the maximum is reached between the ages of 16 and 20, for the reason that in India amongst the lower class this is the beginning of the child-bearing age, when there is a great deal of strain on the woman. This is, more or less, in accordance with the Madras Gaol figures, which show that the crime-incidence reaches its maximum about these ages.

Districts (*vide* Appendix II).

It will be noted that Malabar, Coimbatore, Tinnevelly, South Kanara and Vizag Agency contribute the greatest number of criminal insane. Why should these districts contribute the greatest number of criminals? Is it that there is something in their environment which predisposes them to criminality? The Malabar Moplah, the Coimbatore Gownden, the Agency hillman are all types by themselves. They are all strong, sturdy and daring people, and the use of the knife is like play to them, while the Moplah, as far as his religion is concerned, is a fanatic.

Occupation (*vide* Appendix III).

Practically all the patients are tillers of the soil and hewers of wood. They are illiterate, with no chance to be civilized, have no social

status, and lead a hand-to-mouth existence. It is no wonder, then, that their instincts get the upper hand. Cultivators and coolies predominate; unemployed form a good few; petty traders some; 5 from the police, toddy tappers 6, and all the occupations involving manual labour are represented.

Heredity.

Heredity is an important factor in the history of these cases. In 36 males and 6 females a definite family history of insanity could be got. In the majority of remaining cases the family history is stated to be unknown. I am sure that with a complete history, which is unfortunately lacking, in 50% at least of these people a hereditary taint could be got, as could be gleaned from a complete study of the case-records.

Previous History.

Of the 125 cases who were found to be insane at the time of crime, 73 males and 6 females had a definite history of previous insanity. It is unfortunate that a good history is lacking in many of these cases, but from a careful perusal of the judgment and other records it is possible to presume that in at least 80% of these cases the crime was directly the result of insanity.

The general health at the time of the crime was fair in 100 cases, and indifferent or poor in 75.

Present Mental Condition.

There are 36 cases who have recovered, and are awaiting disposal, 36 are permanent dements, and the rest are still suffering from their ailments.

Ganja.

In 4 cases of murder, 1 of arson and 1 of theft the patients were definitely known to be addicted to ganja-smoking. In these cases the ganja habit appears to be more a symptom than a cause of insanity, being used as a means to drown the patient's miseries—a solution to his insoluble difficulties. At the same time a vicious circle is formed, the disease leading on to the ganja habit—the ganja occasionally giving rise to an acute confusion, when t

patient does not know what he is doing, and so resulting in crime. Ganja here is only a contributory factor.

Alcohol.

Alcohol plays a very minor *rôle* in the causation of insanity and consequent crime in this country. These people are poor and cannot afford the luxury of intoxicating beverages. Amongst the 175 cases there have not been more than 6 in whom a history of alcohol could be got. The common drink in this Province is toddy, and one has to consume a good quantity before one can get intoxicated. Moreover toddy drinking is no more than a secondary factor, as the cases all show other causes for their mental condition.

Syphilis.

Eight cases showed a syphilitic taint, 2 were G.P.I., and 1 cerebral syphilis, and in the rest syphilis was only an additional factor in the causation of insanity.

Nature of Crime (*vide* Appendix IV).

As many as 101 out of 175 are murder cases. The forms of insanity in murder cases are given in Appendix V. In a number of these there has been a murder of more than one person or an attempt to murder or cause grievous hurt to one or more persons, or an attempt to commit suicide. In almost all these cases there was little or no premeditation, the motive was slight, there were no accomplices, there was no attempt to hide, and there was more violence used than was necessary to kill the victim. It is very characteristic that in as many as 56 cases out of 90 males and 10 out of 11 females the murdered person was a close relative of the patient (*vide* Appendix VI). Murder of wife, children or parents seems to be the commonest amongst males, and amongst females murder of their own children. There have been 6 cases of attempted murder and 11 cases of hurt among men. It is only accidental that in these cases the victims were not actually killed.

Theft is the next commonest crime. This had often been done clumsily, in broad daylight, without premeditation or attempt at concealment; they were petty thefts too.

There are 9 cases of *arson* and one of *rape*, and the rest are minor crimes.

Forms of Mental Disorder among Criminals (*vide* Appendix VII). *Dementia Præcox.*

This is the predominant disease (75 males and 5 females). In 15 cases dementia præcox was superimposed on a previous mental defect (high grade). In the majority of dementia præcox cases there is a certain amount of irresponsibility. They know their crime, but take up a "don't-care" attitude about it. Some of them, though now demented, have a good memory for their crime, and show a complete lack of emotional reaction. They give varying reasons for their crimes, but when confronted with a straight question they either evade, or answer irrelevantly. They are neither pleased nor sorry for what they did.

A few of them have no knowledge of the crimes committed, and their case-records as well as their condition before and after the criminal act show a definite superimposed confusional state.

Some of these cases have definite delusions, but there are no cases of true paranoia. The delusions are neither fixed nor systematized, though they seem to have played an important part in determining their crimes. These are really cases of dementia paranoides.

Appendix VIII gives the nature of crimes in dementia præcox cases.

Manic-Depressive Insanity.

Appendix IX gives the nature of the crime in this type of insanity. It is rather surprising at first sight to find that such cases should commit crime, especially murder. But in some a superimposed confusional state seems to be the determining factor. In a few an underlying mental defect accounts for the irresponsible act. In a few others insanity developed after the crime.

These cases are emotionally unstable, being easily upset on the slightest provocation. They explain away their crime by the excuse that there was provocation (trivial to an ordinary individual). In some, definite delusions led to the crime. In a few cases pure mischief was the motive for minor offences.

Epilepsy.

There are 13 cases of epilepsy. Of these, 8 had committed murder, and the others minor offences; 6 are still suffering from fits, and are more or less demented. In a few there is a history of

epilepsy, but they have had no fits since admission to hospital. There are two cases of epileptic equivalents. In all these cases the history and the character of the patients, the amnesia for the crime, the circumstances of the crime and present condition all point to their being epileptics. One of these was a case of epileptic equivalent in a man of 42, who murdered his wife, whom he loved, and attempted to murder his aged father and some others. There was a history of his having suffered from attacks of giddiness and having been queer for a few days after the attacks, when he was sleepless and used to wander about. He has complete amnesia for all the events of his crime. There was neither motive nor attempt at hiding, and he had no accomplices. He had practically butchered his wife, and would have killed his father and others too if he had not been prevented. Throughout there was no attempt at malingering. He has had no fits since admission, and is practically normal now. Though convicted in the lower court, he was acquitted on appeal.

Mental Deficiency.

There are 12 cases, exclusive of those who had a trace of defect in association with some other disease. Nearly all these patients were known to be of unsound mind before the crime and there is a family history of insanity. Unconcern seems to be the characteristic feature, and the crime, to them, is only a trivial incident. All of them remember their crime.

Senile and Presenile Psychoses.

There are 9 cases of this type, all in men, of which 6 are of murder. All of them are above 45; some of them are prematurely old. The majority of them have a poor memory and cannot give a proper account of themselves, and are more or less dements.

Confusional States.

There are 8 cases of confusion, all charged with murder; 4 of these are women who committed the crime during or soon after the puerperium. In all these cases delusions and hallucinations were important factors.

These are exclusive of the cases where confusion was superimposed on a pre-existing disease.

Neuroses.

There are 2 cases, both of anxiety hysteria. In one of them hysteria has been the direct outcome of murder and gaol life.

Organic Diseases.

Organic diseases amongst these patients have either a direct or an indirect influence on their mental condition, leading to crime. Encephalitis, beri-beri, relapsing fever, pituitary disease, tuberculosis, dysentery, heart disease, fistula-in-ano, middle-ear disease, cataract and various other conditions are found in these patients.

In women, pregnancy or childbirth is the starting-point of the disease which leads to the crime.

There are 15 cases where the crime was definitely not due to insanity, but insanity developed as a direct sequence of the crime and its aftermath. In all these cases the previous history and the family history are clear. Only in 4 cases could an unstable mental equilibrium be traced, and in these the crime, sentence and gaol life hastened the onset of insanity.

There are one or two instances where the shock of crime has led to the recovery of the patient from his mental disorder.

No Appreciable Disease.

There are 6 cases—5 males and 1 female—where the case-records show a crime committed by a normal person. There is neither previous history nor hereditary taint. The conduct of the individual before and after the crime is that of a normal person. No definite symptoms of insanity could be made out, either in their gaol or hospital life. Some of these are habitual criminals and very intractable to discipline. It looks as though the gaol authorities were tired of them. I would not call them malingerers, nor would I call them mental defectives. They are all of unstable mental equilibrium, and I would classify them as border-line cases.

The Rôle *of Delusions and Hallucinations* (vide *Appendix X*).

There are 28 cases of murder showing definite hallucinations and delusions which influenced their crime. Probably with a fuller history we might be able to trace more crimes to delusions. In some there was a divine command to kill, which could not be resisted; 2 performed human sacrifice; a few killed to obtain salvation for themselves or their victims; some killed those who

they imagined were practising sorcery on them; a few "saw murders being committed and came to the rescue of the victim"; some of them killed giants, wild animals, etc., while others killed their enemies because they could no longer suffer persecution at their hands.

In conclusion, I have to express my indebtedness to Dr. Hensman, the Superintendent of this Hospital, for the very valuable help and advice he has given me throughout the preparation of this paper. I have also to thank my colleagues in this Hospital for their valuable assistance.

APPENDIX I.—*Age-Incidence.*

Age at crime.	Number of males.	Number of females.	Age at crime.	Number of males.	Number of females.
1 to 5 years .	..	..	46 to 50 years .	6	1
6 ,, 10 ,, .	1	..	51 ,, 55 ,, .	1	..
11 ,, 15 ,, .	3	1	56 ,, 60 ,, .	2	..
16 ,, 20 ,, .	7	5	Above 60 ,, .	..	..
21 ,, 25 ,, .	31	3		156	19
26 ,, 30 ,, .	46	4			
31 ,, 35 ,, .	33	3	Total .	175	
36 ,, 40 ,, .	17	1			
41 ,, 45 ,, .	9	1			

APPENDIX II.—*Districts.*

District.	Males.	Females.	District.	Males.	Females.
Ganjam . . .	4	..	Salem . .	8	..
Vizagapatam and Agency	8	..	Coimbatore . .	14	1
Godavari . . .	4	2	Malabar . .	27	3
Krishna . . .	2	1	Nilgiris . .	..	1
Guntur . . .	4	..	South Kanara . .	10	1
Nellore . . .	5	..	Trichinopoly . .	7	1
Madras . . .	5	2	Madura . .	6	1
Chingleput . .	2	..	Tanjore . .	7	2
North Arcot . .	2	..	Tinnevelly . .	10	1
South Arcot . .	2	..	Ramnad . .	3	..
Chittoor . . .	4	1	Cuddapah . .	6	..
Kurnool . . .	2	1	Coorg . .	2	..
Bellary . . .	6	1	Mysore . .	2	..
Anantapur . .	3	..	Jeypore Agency .	1	..

APPENDIX III.—*Previous Occupation in Males.*

Occupation.	Number.	Occupation.	Number.
Cultivators . . .	58	Police constables . . .	5
Toddy tappers . . .	6	Petty traders . . .	14
Unemployed . . .	16	Coolies	18
Cooks	3	Beggars	3
Goldsmith	1	Dhobies	2
Cowherd	1	Masons	4
Barbers	3	Coolie maistries . . .	3
Weavers	5	Carpenters	4
Chuckler	1	Oilmonger	1
Clerks	3	Petty officials . . .	3
Student	1	Postman	1

APPENDIX IV.—*Nature of Crime.*

Crime.	Number of males.	Number of females.	Crime.	Number of males.	Number of females.
Murder	90	11	Attempted murder	6	..
Attempted suicide	1	3	Theft	26	3
Hurt	11	..	Arson	8	1
Dacoity	4	..	House-breaking	3	..
Assault	2	..	Trespass	3	..
Waging war	1	..	Abduction and rape	1	..
Not furnishing security	..	1			

APPENDIX V.—*Form of Mental Disorder in Murder Cases* (101).

Disease.	Number of males.	Number of females.	Disease.	Number of males.	Number of females.
Dementia præcox	42	4	G.P.I.	1	..
Manic-depressive insanity	20	2	Confusion	4	4
Senile and presenile psychoses	6	..	Neuroses	2	..
Epilepsy	8	..	Mental deficiency	3	1
			No appreciable disease	3	1

APPENDIX VI.—*Relationship of Patient to Murdered Person.*

Males. Murder of—	Number.	*Females.* Murder of—	Number.
Children	11	Own babies	5
Wife	18	Children	3
Father	3	Brother	1
Mother	9	Nephew	1
Uncle	1	Others	1
Cousin	4		
Brother	3		
Brother-in-law	2		
Sister-in-law	2		
Aunt	2		
Nephew	1		
Friend	1		
Others	33		
	90		11

APPENDIX VII.—*Nature of Mental Disorder.*

Disease.	Number of males.	Number of females.	Disease.	Number of males.	Number of females.
Dementia præcox	75	5	Confusional insanity	4	4
Manic-depressive insanity	34	7	G.P.I.	2	..
Epilepsy	13	..	Cerebral syphilis	1	..
Mental deficiency	10	2	Encephalitis	1	..
Senile and presenile psychoses	9	..	Neuroses	2	..
			No appreciable disease	5	1
				156	19

https://doi.org/10.1192/bjp.77.317.365 Published online by Cambridge University Press

APPENDIX VIII.—*Nature of Crime in Dementia Præcox.*

Crime.	Number of males.	Number of females.	Crime.	Number of males.	Number of females.
Murder . . .	44	4	Trespass . . .	2	..
Attempted murder .	5	..	Hurt . . .	5	..
Theft . . .	8	..	Dacoity . . .	1	..
Attempted suicide .	1	1	Waging war . .	1	..
Arson . . .	6	..		—	—
Assault . . .	2	..		75	5

APPENDIX IX.—*Nature of Crime in Manic-depressive Insanity.*

Crime.	Number of males.	Number of females.	Crime.	Number of males.	Number of females.
Murder . . .	18	2	Arson . . .	1	1
Theft . . .	8	1	Attempted suicide .	..	2
Hurt . . .	5	..	Failure to furnish security	..	1
Dacoity . . .	2	..			

APPENDIX X.—*Nature of Delusions and Hallucinations in Murder Cases.*

Divine command which could not be resisted . . .	7
Seeing attempted murder and going to help the victim . .	4
Performing human sacrifice	2
Sorcery on themselves	2
Salvation by killing	1
Sending to Heaven	1
Seeing giant, wild animal or serpent	3
Cock fight	1
Persecution, killing in self-defence	7

https://doi.org/10.1192/bjp.77.317.365 Published online by Cambridge University Press