recognised as a part of a group or culture). These patients also show sudden shifts from overidealisation to devaluation, which may be the reason for adopting the tattoos of an idealised culture at first, but making serious efforts to get rid of them subsequently.

An association of tattoos with borderline personality disorder is now recognised, and Inch & Huws' four cases further substantiate that association. The conclusion (from their short note) that tattoos may be a stigma of sexual abuse in childhood should not be entertained at this stage.

BUHRICH, N. (1983) The association of erotic piercing with homosexuality, sadomasochism, bondage, fetishism, and tattoos. Archives of Sexual Behaviour, 12, 167-171.

FERGUSON-RAYPORT, S., GRIFFITH, R. & STRAUS, E. (1955) The psychiatric significance of tattoos. *Psychiatry Quarterly*, 29, 112-131.

- GITTLESON, N. L., WALLEN, G. D. & DAWSON-BUTTERWOTH, K. (1969) The tattooed psychiatric patient. British Journal of Psychiatry, 115, 1249–1253.
- RASPA, R. F. & CUSACK, J. (1990) Psychiatric implications of tattoos. American Family Physician, 41, 1481-1486.

DINESH K. ARYA

Department of Psychiatry 'A' Floor, South Block Queen's Medical Centre Nottingham NG7 2UH

CORRIGENDUM

Journal, March 1993, 162, 426. The parentheses in the second column, at the end of the second paragraph, should read "(life-threatening 5-HT syndrome of hyperthermia)".

A HUNDRED YEARS AGO

The legal fiction of the insanity of suicides

The verdict returned by the jury as the result of the inquest on Mr Lombard John Newman Tanner, LRCP, SEd, who was found dead in his bedroom at a hotel in Fleet Street on April 29th, opens up once more the question of the justifiability of verdicts of "Suicide during temporary insanity" in the absence of any evidence of insanity. Both jurymen and judges are as eager to admit a plea of insanity when a man makes away with himself as they are unwilling to do so when he takes the life of another. The legal fiction - for in many cases it is nothing else - is now a mere "formula" which has outlived the purpose it was meant to serve. A felo de se is no longer buried at crossroads with a stake through his heart, nor does suicide entail any consequences on the survivors of a kind rendering any legal subterfuge desirable in their interests. Is not the supposed charity to the dead man in assuming that he was insane because he destroyed himself much more than counterbalanced by the injustice done to his relatives by branding the family, with an undeserved social stigma? Morselli, in his

great work Suicidio, says that in only about one-third of all cases of suicide are the perpetrators of the rash act insane; and Dr Wynn Westcott states that in only 20 per cent of the cases of suicide which have come before him as coroner had the deceased shown signs of mental unsoundness. In the case of Mr Tanner, the facts showed clearly that the suicide was deliberate. and there was not the slightest evidence of insanity. Dr Tanner, MP (with whom all will sympathise in the affliction that has befallen him), stated at the inquest that his brother took his own life "calmly, conscientiously, and according to his lights;" and charity as well as justice may fairly be satisfied with this pronouncement. It would be going outside our province to discuss the ethical aspects of self-murder; all that we are concerned with here is to urge, as we have done before, that for a jury to return a verdict imputing insanity to a man without any evidence beyond the bare fact of suicide is an unworthy evasion.

Reference

Lancet, 6 May 1893, 972.

Researched by Henry Rollin, Emeritus Consultant Psychiatrist, Horton Hospital, Epsom, Surrey