

Clinical Notes and Cases.

Some Cases of "Medico-Legal" Interest.⁽¹⁾ By F. RAINSFORD, M.D., Medical Superintendent, Stewart Institution.

THE question of how far insanity can be pleaded in extenuation of, or as an explanation for, the committal of an indictable offence is one that possesses for me unusual interest.

From time to time we alienists are called upon to express our opinion regarding the mental state of prisoners in cases involving the life of the criminal, and for this reason alone, if for no other, I think a discussion on the points which I hope to raise in this paper may be of interest to the Division as well as advantageous to the profession.

Anyone who reads the medico-legal columns of our Journal must, I think, be struck by the fact that the legal aspect of the question is far from settled, and that the decisions given are frequently dependant on either popular feeling, the caprice of the judge or the attitude of the Crown Prosecutors. Of course, in cases of evident insanity characterised by well-marked delusions, alterations of temperament and manner, the difficulties are slight, but in those cases where the symptoms are not so prominent—in what might be called borderland or incipient cases—the difficulty of giving a decided opinion is most marked. It is for these reasons that the following cases, which have been under my care, all of which had acted criminally, and which were sent here to avoid suffering the legal penalty for their offences, may be suggestive of some discussion.

CASE 1.—M. K— was admitted to the Stewart Institution, September 17th, 1902, æt. 16. He was a nice-looking, well-grown boy, son of a gentleman filling a high official position in the City of Dublin. His history was that for the past three years he had been giving trouble at home. He had been to various schools up to twelve months previous to admission and had invariably misconducted himself. He was idle and lazy, and generally absented himself on every possible opportunity. He was then sent to a public school, and ran away from there on several occasions. From another public school he did the same, so that eventually his parents were obliged to take him home and keep him there. He got steadily worse, stayed out at night, and on one occasion slept in the ashpit adjoining the house, to the great scandal of his family. He was then put into a business house, and after a short time

the manager asked his father to take him away as he was suspected of pilfering. Taken home again it was found that he was constantly stealing, not merely from his own home, but from the houses of those whom he visited, and when taxed with it produced the pawn-tickets. With the money thus obtained he took trips to Liverpool and other places, and generally returned in a most dilapidated condition. He is said to be untruthful and believed to be a masturbator.

He was seen and attended by Dr. Cope, who looked upon him as a case of moral insanity, and in consultation with the late Connolly Norman it was decided to try asylum treatment and so he was sent to me.

As far as I could judge, testing him by the ordinary standards, he was not in any sense insane. He was effeminate looking, and not very strong-minded, but he was invariably a nice-mannered, tidy, well-set up youngster, and during the whole time he was with me his conduct gave me no trouble.

He was not fond of reading, but he made himself useful in many ways, and he improved considerably in health and appearance. He used to say that all the trouble at home was caused by the action of his mother, who gave all her attention to his sisters and would do nothing for him. After being here for three months he had so much improved that he was sent to school again, but he ran away after three days and came back here five days after leaving, giving as his reason that it was all work there, no play, and not nearly as good food as here. He stayed on here for some months, paying occasional visits home, always returning at appointed times, and he was finally discharged in November, 1903, after a stay of fourteen months.

He then returned to school and did fairly well, and from time to time I met him in Dublin and learnt from his father that his conduct was quite satisfactory.

Now, had this boy been charged with stealing at any time it is doubtful if any medical man would have been able to convince a judge or jury that he was insane to the extent of not knowing right from wrong or incapable of appreciating the criminality of his actions. He would thus assuredly have been sent to gaol, and would to a certainty have developed into a permanent criminal.

Undoubtedly it takes a man of wide knowledge of insanity and strong in his convictions to sign a certificate of insanity in a case like this. Yet the result, I think, shows that the medical men who did so did the right thing, and probably saved from many troubles a nice young fellow.

CASE 2.—J. V—, æt. 34, admitted February 8th, 1906. Medical certificates state: (1) "Is suffering from kleptomania and other moral manias, and is not accountable for his actions. Is constantly stealing whenever he caught the opportunity, and from his own friends and relatives, without showing any shame at being discovered."

(2) "Mental enfeeblement. Does not admit of having done wrong. Says he has no control over himself, when he sees an object he can steal and get money on it. Cannot account what he does with the money. Has no respect for his personal appearance. Does not mind what he does."

The history of this case is most interesting. Patient was for fifteen years a clerk in a railway, and was looked upon as an exceptionally smart and competent official, and he filled for years the position of confidential clerk to the chairman. Two years before his admission he had an attack of hemiplegia consequent on syphilis, and in consequence had to resign on a small pension. Ever since that attack he deteriorated mentally, morally, and physically. He had no moral sense, stole whenever he could and pawned what he stole, and could never say what became of the money so obtained. He walked through an open window of a house opposite where he was living with his wife, in broad daylight, and took a Gladstone bag and some other things, which he pawned for ten shillings; for this he was indicted, and to avoid imprisonment it was arranged that he should be sent to me. His family history is very bad. His grandmother committed suicide; his father broke down in general practice in Ireland, and eventually died in an English asylum of general paralysis; his great uncle, uncle, and two cousins were insane. I am further informed that his father, who up to the time he broke down in health was a highly respected and respectable medical man, behaved in a similar way after his first seizure, and made away with a lot of family silver, which could never be traced.

On admission, patient is noted to be a tall, delicate-looking man. Somewhat stooped in the shoulders, and the subject of right hemiplegia. Hands long and fingers tapering. He has the appearance of languor and general enfeeblement. He is perfectly rational in conversation, but his manner is languid, and he does not seem to take an interest in anything. His memory is good, and he is free from delusions.

He is later on noted to be going on well, and to be quite satisfied with his surroundings. Has no sense of shame. Will micturate in front of everyone and anywhere he may be. Never seems to mind being found out, and cannot be snubbed. Later, I found that when allowed out to church on parole he was arranging to meet a disreputable woman in the park, and had promised her a brooch which he stole from someone here. In fine he had no moral sense whatever, yet his mental powers were good. He was a fine bridge player, and won first prize in *London Opinion* while with me for solving problems in that game. He was finally discharged "improved" in June, 1906, after a stay of four months.

He was then taken down to the country by his wife and later returned to Dublin, where he got work as a clerk in a mercantile office and for a time did very well. But about a year after his admission here he was caught in the act of stealing an overcoat in the Dublin Bread Company Restaurant and was tried before the Commission. I was asked by his friends to give evidence on his behalf, but the Crown, acting on the advice of the medical officer of the gaol, who said the gentleman was not insane, refused to accept or entertain any plea of insanity. However, after some demur I was allowed to speak. I pointed out to the judge the history of the case, the mental condition which had ensued on the hemiplegia, the family history, and I stated that in my opinion to send the man to gaol would do no good, as that once out of prison he would steal again. The judge was most sympathetic, but said he could only do one or other of two things: either find patient

insane and send him to the criminal asylum (which his wife strongly objected to), or send him to gaol; that he had no power to send him to the Richmond Asylum as a case for treatment, and so he was sentenced to twelve months' imprisonment. Later on his friends petitioned for his release, and I made a long report after a further examination of the prisoner in gaol. When I saw him there he was quite rational and said he could not account for his taking the coat; that he thought it was his own coat as he believed he brought one with him when going to lunch—he had left his own coat in his office; that there was no reason why he should have stolen money as he had 18s. of his own in his pocket and would draw £1 the next day. He was in every respect quite rational, and made no complaints except of the deprivation of tobacco. Notwithstanding my report setting forth all these facts the Crown would not interfere and he served out his sentence.

On his discharge he interested himself in antiques and curios, and for some months made quite a comfortable income buying and selling articles of vertu, but he again got into trouble from pilfering and is now an inmate of the Richmond Asylum.

Now this case illustrates very well the difficulties a specialist is under when called upon to give evidence. Both the prison doctors who had this man under observation stated he was quite sane. Examined by the ordinary legal standards he was. He knew he was doing wrong in stealing. He had sense enough to pawn at full value what he stole. It was, however, evident that the man was abnormal. His thefts were done openly, he exhibited no method or cunning in his actions, he was invariably found out. Yet the Crown Prosecutor says, "I will not allow of any plea of insanity being put forward. I have the prison doctor ready to swear he is sane, and we have had enough of this sort of plea put forward in a case heard the preceding day at the same Commission." To illustrate further the difficulties of procedure I should say that the learned Judge inquired why, when I had the patient under my care, I allowed him to leave, and seemed surprised when I informed him that under the private asylum form on which he was admitted I had no legal power to detain him when his wife, who signed the detention order, asked for his discharge.

CASE 3 is interesting, as it was heard at the same Commission as the preceding case, and it was the fact that he had yielded to a plea of insanity in this case which led the Crown Prosecutor to decline to do the same in Case 2.

G. M. V—, æt. 32. Admitted February 14th, 1907. Medical certificates state, (1) "The performance of acts of the most silly and incomprehensible character with a complete perversion of his sexual functions, indicating a weak intellect and undeveloped mind."

(2) "For a considerable time I have observed in patient evidence of an ill-developed puerile mind. He is abnormally frivolous, flighty, and deficient in will-power. His sexual nature is perverted; in this sphere the natural tendency is completely absent and is replaced by gratification obtained from silly and abnormal acts."

This patient was indicted for unnatural offences against boys under the Criminal Law Amendment Act—known as Stead's Act. Patient is the son of an Army officer who died when he was three years old

and his mother a Spaniard said to be of a highly passionate and unstable temperament marrying soon after, he was brought up by three maiden aunts with whom he has lived ever since. He lived a retired life, was never at a public school, and has mixed very little with other men. He was engaged in a stockbroker's office. About twelve months ago abnormal sexual tendencies were noticed. He got hold of a newspaper boy and gratified himself by stripping him naked and flagellating him; this was followed by mutual masturbation and other indecencies. He got into the hands of the police, but owing to strong influences brought to bear he was allowed off on condition he was sent to an asylum, the Crown Prosecutor saying that all such sexual abnormalities indicated mental unsoundness. On admission I note: "Patient is a medium-sized young man, weak type of face, very voluble, flighty and irresponsible. He seems to have no sense of the enormity of his offence, but realises he has avoided gaol. He is full of requests for all sorts of things; appetite is good and he sleeps well."

Later: "Conversation quite rational. Thinks he must have been out of his mind to do the things he did. Talks vaguely of being always delicate and of being threatened with water on the brain." Some days after admission patient was seen by one of the inspectors of lunatics, who stated that he was not a case which should be under certificate, and he was accordingly discharged and re-admitted as a voluntary boarder, and remained in that capacity here for a month from his admission, when he left.

In no ordinary acceptation of the term could this patient be termed insane. Leaving out of consideration the sexual aberrations stated, no medical man could possibly say there was anything abnormal in either his manner or conversation. He was fairly intelligent, gentlemanly in manner, full of small talk, and while here conducted himself quietly and rationally, yet he did acts of which it is doubtful if such are ever committed by a thoroughly sane and responsible individual. Can we then lay it down as an axiom that all such acts are in themselves evidence of brain disorder? Would any one of us if called upon to advise in such a case be prepared to be so dogmatic?

CASE 4.—G. S—, æt. 36. Admitted January 14th, 1911.

Medical certificates: (1) "Will not look one in the face, but looks furtively about. Cannot recollect facts within my own knowledge which occurred about a month ago, and gives quite different accounts of his illness."

(2) "Cannot look straight in the face, and is said to have threatened suicide on different occasions."

Patient, who is the son of a Dublin merchant, is one of a large family all of whom are mentally sound, and there is no hereditary predisposition. He is stated to have been always rather peculiar, dull, disinclined for, and incapable of, much work. He was for many years with an uncle, a contractor, and never seemed to learn anything, nor was ever of any use in the business. He was then tried in his father's business, but was of no use whatever. For some time past has been addicted to morphia, which he administered hypodermically, and had quite recently to be treated for a septic abscess on his arm caused by a dirty needle.

He has always led a rather solitary life, never showed any disposition for society, and it was suspected that he was a persistent masturbator, his whole appearance giving colour to that idea.

Owing to this habit of morphia his father refused to give him any money, and it was found he stole things from the house and with the proceeds purchased the drug. Recently he consulted a medical man and stole a clock from his waiting-room and pawned it, buying morphia with the money. He was handed over to the police and was in Kilmainham Gaol for some time on remand, when he was discharged conditional on his being sent here.

He had been for some time without the drug when admitted here, and consequently one did not look for the typical appearances of the morphino-maniac in him.

He is noted as a dull-looking man, healthy appearance, shifty expression, and furtive generally in demeanour. His conversation is rational, and he exhibits no signs of confusion of ideas nor delusions. He states he was first led to take morphia by seeing it administered to his mother to relieve distress of heart disease, that having neuralgia he tried it, and being told by a medical student that as long as he confined himself to gr. iij a day it would do him no harm he persisted in taking it. He says he took it at intervals for some years, but had been taking it constantly for last six months, and that his usual dose *per diem* was 6 gr. of combined morphia and cocaine.

He never showed any signs of insanity while an inmate here, and though his manner was odd and he held down his head and averted his face while talking, yet his conversational powers, though limited, were quite rational.

He was seen on February 5th, 1911, about one month after admission, by one of the inspectors of lunatics, who writes: "Mr. G. S— is a case of morphia habit and has got into trouble with the police for larceny. This may be a case of moral degeneration, but he does not appear to exhibit any symptoms of insanity, nor do we consider him a suitable case for asylum care. Under the circumstances we think he should be discharged at an early date."

Acting on this I called upon his friends to remove him, which was done on the 11th, since when I have heard nothing further about him.

Now I think these four cases exemplify what I have been trying to set forth, *viz.*, the uncertainty of the law in dealing with the question of insanity.

As further illustrating this point I may quote the cases reported in the Journal, January, 1899.

Reg. *v.* Copeland—where a woman, *æt.* 28, was found lying in three feet of water with a child under each arm. She was restored, but the children were dead. On being rescued she said: "She had been put about and didn't know what to do with herself. She had had no sleep, was very ill, and her husband was angry with her." It was proved she was weakened by illness and recent operations and it was suggested her mind was thereby weakened. Verdict: *Guilty*, but *insane*.

Reg. *v.* Viney: A labourer, æt. 72, murdered three children and tried to murder a fourth.

It was proved that for some time before the prisoner had been considered of unsound mind. The prison doctor said he was of weak mind but he could not certify him as insane. Prisoner told him that a power of darkness came over him and he thought it right to kill the children so that they might go to a better world. Verdict: Guilty, with extenuating circumstances.

Commenting on these two cases the Journal says: "Very similar, but stronger evidences of insanity in Viney's case than in Copeland's, yet Viney was found guilty and Copeland insane. Clearly one of these verdicts was wrong. Are we then to blame the law? Scarcely. Under the same law that condemned Viney, Copeland was found insane. The discrepancy is to be found in the fact that the judges were different, the counsels different and the juries different. So long as the personal element in trials remains, so long will there be a discrepancy in verdicts."

Herein is my contention borne out, that though the law may be settled on the subject there is no certainty, as the counsel or the judge may or may not be sympathetic to the plea. In Copeland's case, as quoted, it would not appear that any evidence of insanity was given, yet she was found insane, probably because she was a woman, and young, and to murder her own children was considered in itself evidence of mental unsoundness, and she had the sympathies of the jury; but Viney, who was an old man of seventy-two, who his neighbours testified was looked upon as unsound of mind months before the commission of the crime, and whom the prison doctor thought was mentally weak, was found guilty. Take another case:

Rex *v.* MacGregor, *Journal of Mental Science*, April, 1906.

Accused was a manager of a factory in New Zealand. He was found by the owner (Mr. Sargood) in an office in the factory which had been locked by the clerks. Mr. Sargood thought he had been drinking, told him to leave the office, and report himself next morning.

There was a conversation, in course of which the accused spoke sensibly on matters of business, and expressed the intention of taking his own life. He also spoke of troubles he had with his wife. He apparently did not resent Mr. Sargood's action in virtually dismissing him.

Between five and six the same evening accused purchased a revolver and fifty cartridges, and then engaged a cab and drove to Mr. Sargood's house. Mr. Sargood was at dinner, but he was called out, and without any words prisoner fired at him, hitting him in the face but not killing him. When asked if he had killed Mr. Sargood he said, "I hope so," and when first seized said, "Yes, I have done it." To all the spectators and those who saw him shortly after commission of the crime he appeared sober, rational, and calm, though he smelt of drink. On the following morning he said, "I don't even know where I got the revolver. I have no 'down' on Mr. Sargood; why should I? I shall have to admit it. What could a lawyer do?"

The defence was that there was no intention, that the act was that of a broken-hearted, reckless, drunken madman.

In other words, that though drunkenness is no excuse for a crime,

yet it may, by depriving the accused of intention, excuse him from punishment.

The judge, in summing up, said that if a man by reason of drunkenness did not know what he was doing, or was incapable of forming an intention, he would not be guilty, but he pointed out that the purchase of a revolver and cartridges and driving to the injured man's house and shooting at him the moment he appeared were distinct evidences of intention. He added that if prisoner had a delusion that Mr. Sargood had done him a wrong, and did the act to avenge that wrong, then, even if the delusion existed, that was not sufficient to justify a verdict of not guilty on the ground of insanity.

Jury acquitted prisoner on the ground that he was insane at the time the offence was committed.

Now no plea of insanity was raised in this case by the defence, and the judge was quite clear in his instructions to the jury that such a plea could not be raised. Yet popular sympathy with the prisoner was such that the jury were influenced by it, as it appeared he had a wife whose conduct was such that he was driven to drink.

It is therefore abundantly clear that no precise lines can be laid down in any case in which the plea of insanity may be raised. All we, who are called upon to give evidence, can do is to form the best judgment we can on the case, having ascertained the personal history and having made a careful examination of the prisoner. It is for us to say: "Is the prisoner in our opinion insane? and if so, how far such insanity can be pleaded as an excuse for, or in extenuation of, the offence," leaving to the judge and jury to accept or reject our conclusions.

(¹) A paper read at the Irish Divisional Meeting held at The Stewart Institution, Chapelizod, Co. Dublin, on April 18th, 1912.

Observations on a Case of Dementia Præcox.(¹) By
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THE following case presents some important features from a diagnostic point of view, owing to its unusual onset and course, and the relative absence of initial symptoms indicative of the actual character of the psychosis.

The patient, H. S—, a Jew, æt. 36, was admitted to the West Riding Asylum, Wakefield, in June, 1911. He came of neurotic stock; two sisters had suffered from insanity; one is at present confined in an asylum, having had three or four attacks, and is obviously a manic-