

## Crime and Mental Disease.

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ONE HALF OF THE people who have been condemned to death for murder in this country have, on medical evidence, been found insane, and most who have studied the mental condition of our criminal population have come to the conclusion that crime and mental disease are closely allied.

The most frequent cause of crime is feeble-mindedness in which they become thieves, prostitutes, etc.

Other manic forms which might lead to crime are: Melancholia, which sometimes leads to murder and suicide; Epilepsy and cases of Impulsive Insanity; Schizophrenia with delusions of persecution which sometimes leads to assassinations of prominent people; General Paralysis of the Insane which often leads to assaults; Alcoholism, due to which a very large number of crimes are committed under the influence of alcohol. Chronic intoxication does not exempt a person from punishment, but if insanity is traced he would be exempt.

If while under the influence of alcohol a person takes the life of another, he may be acquitted of murder as there may have been no premeditation or malice.

The plea of insanity is seldom used unless the case is one of murder, in which case, if the person is found insane he is detained ("During Her Majesty's Pleasure") in a Criminal Lunatic Asylum after two mental specialists have examined his mental state by the Home Secretary's orders. This is devised for all classes.

Habitual drunkards, who are a danger to themselves and others, may on their own application, with a declaration of two people that the applicant is a habitual drunkard, be admitted to a licensed retreat.

In 1898 the Inebriates Act was passed, by which if a habitual drunkard be sentenced to imprisonment or penal servitude for an offence committed during drunkenness, or if he has been convicted four times in one year, the Court may order him to be detained for a term not exceeding three years in an Inebriate Reformatory.

Criminals are blood relations of the insane, and the law has gradually altered from formerly, when it had to be clearly proved that the prisoner was "labouring under such a defect of reason from disease of the mind as not to know and appreciate the nature and quality of the act he was doing or the circumstances that the act was wrong." In fact, the person had to be totally delirious or fatuous before he could escape punishment.

Now he is punished if he can distinguish right from wrong or if he has sufficient will power to control his impulses. He escapes punishment if the act was done entirely without motive, if there was no concealment of the crime, or if the prisoner is unfit to plead. Thus the power of controlling his actions is the test. The law will not exonerate an insane person for all offences but only for those which would be done under certain circumstances by a deluded person.

It was in the year 1836 that Dr. Cesare Lombroso was born at Verona. He later served as an army surgeon and held posts as a professor in mental diseases at Pavia. He wrote numerous works on insanity and criminal insanity and the close connection between insanity and genius. He expounded his theory of criminology, which is largely in use now, in which the congenital habitual criminal is marked by physical and

mental defects; the arrested cranial development, heavy jaws and ugly features, low intelligence and many other minor abnormal physical characteristics.

There are innumerable degrees and kinds of mental and moral defects that fall far short of insanity and yet are related to it either psychologically or hereditarily, defects which lower the person's ability to work, lower his moral force and social stability.

Few men of genius who have discovered so much for the benefit of others have been without mental disease in their families. Many themselves have fallen victims to it eventually.

In some cases the moral sentiment of the criminal is to suit his own ends and not necessarily the result of disease. If insanity is present it usually breaks out in adolescence or later.

Others, weakminded, are scarcely fully responsible, but moral imbeciles and perverts require permanent segregation in preference to punishment.

Drunkenness is not considered an excuse for crime, but Delirium Tremens and Alcoholic Insanity are, and attempts at suicide due to alcohol with insanity present are usually placed under care by the relative.

The condition was first accurately described early in the 19th century by Sutton of Greenwich, who had many opportunities of studying the different forms of alcoholism among sailors.

Recovery takes place in a large proportion of cases in private practice, but in hospitals the death rate is said to be high.

The patient is usually confined to bed and carefully watched night and day, the danger of escape being very great as the patient imagines he is being chased by various sorts of demons. The patient's condition is usually serious and impulsive outbursts and collapse may occur. One of the most important functions in nursing such cases is that of observation and the use of observation wards in which the patient is watched day and night.

A case of suicide in a mental hospital is an event which, in the opinion of the general public, should never occur, and all efforts are made to prevent such an occurrence.

Suicidal patients usually sleep on the ground floor; they are most cunning and persistent in their efforts to destroy themselves and their clothing is searched thoroughly for any kind of concealed weapon which could be used for self-destruction. This is done each night while the thought of suicide is prominent, as during the day they will manage to collect objects which a normal mind would not think could be injurious.

The usual system prevailing in mental hospitals regarding cases of suicidal tendency is to issue a card in the case of each patient, mentioning on it the manner of attempted suicide or if threatened. It is signed by the medical officer, and as each nurse takes over the case it is signed by her, and also by other nurses of the ward who may come in contact with the patient.

Some patients are so determined to injure themselves that a special nurse is necessary for them, and in these cases the nurse must not leave the patient till relieved by another nurse and should never be more than a few feet away from her patient. This applies day and night.

Suicide may be accidental, impulsive, or intentional and may occur while in a state of sanity or insanity. Coroners' juries often regard suicides as happening while the victim is of unsound mind, and thus comfort

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