

Criminal acts may be the outcome of mental confusion and loss of memory, and among examples that have come to my notice, I may mention a postman who began to take home letters that he ought to have delivered but had failed to do so because he was so dazed, although while on his rounds he appeared normal. Fortunately, his wife discovering these undelivered letters, and realising that he was becoming peculiar, had him overhauled medically as she feared he would get into serious trouble. Another patient in my own experience was accused of embezzling money, whereas really he was too confused to enter up all receipts of cash and I was able to get the charge withdrawn.

We have endeavoured to stress the practical importance of duly recognising the certain causes of disturbance of mind, deterioration in character and loss of moral responsibility, firstly because they lead to grave distress and social disaster, and secondly because it is wasteful to punish by ordinary legal procedure patients who are simply the victims of disease for which they are quite irresponsible.

The problem of dealing with the mental and moral degeneracy due to disease, which is so elusive that the patients can remain at large to the casual observer in normal health and able to pursue their usual occupations, obviously require most careful consideration.

Obviously common sense will revolt against attributing misconduct to any malady short of convincing proof that serious pathological conditions have caused definite mental disease, though it may be difficult at present, and perhaps dangerous, to differentiate between those cases in which crime is determined by infections, and those due to innate moral obliquity.

The appreciation of effects of disease in causing mental unbalance and moral degeneracy will help us to recognise and treat the earlier manifestations of these diseases. When those so afflicted are brought within the pale of the law, medical examination must determine the existence of disease as the adequate and likely cause of misdemeanours, by the collaboration of expert investigation. We do not hesitate to employ the last resources of science in the detection of crime, surely it is equally imperative to avail ourselves of such resources in discriminating disease as a cause of such crime. Casual observation cannot suffice, we must look for definite pathological changes, e.g., in the blood and other tests which are not matters of surmise, but of scientifically determined fact. The alteration in character due to the incidence of infective disease is more or less coincident with the development of infection, and it is when one who has long borne a good character and done good work, and lived an apparently blameless life, displays a rapid and definite departure from what is known to have been the individual's normal standard, there is grave reason to suspect some inter-current disease. This after all is precisely what we suspect if rapid alteration in intellectual capacity becomes strikingly apparent, for then appropriate steps for treatment are regarded as a common sense precaution; the day is approaching when similar precautions and appropriate treatment are likewise regarded as common sense in regard to equivalent manifestations or moral irresponsibility.

Such questions require to be approached from many

standpoints, and only after careful thought can one hope to reach balanced views on matters too serious for sentiment.

The newly issued Criminal Statistics for the year 1928\* among other lessons, tend to enforce the urgent need for new methods in differentiating disease and crime. Out of a total of 150 criminal lunatics received into asylums during the year, 54 had been found by juries guilty but insane on arraignment. But of the remaining 96, only 5 had been certified insane before trial, while 91 were certified insane while serving sentences in prison. The Editor of the *Lancet*† cogently remarks that "it is hard to resist the impression that there was waste of time and money in trying persons who were already insane," and asks, "Is it reasonable to suppose that the insanity of those 91 persons was not to be detected without first sending them to prison as convicts?"

The need for earlier diagnosis of mental disease and moral irresponsibility is surely obvious, since the earlier recognition of such conditions will enable us to apply necessary treatment for the prevention of misdemeanour and crime without waiting for the natural and often inevitable denouement in avoidable disaster.

#### References.

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\* H.M. Stationary Office. Cmd. 3581.

† *Lancet*, July 5th, 1930, p. 30.

### AN INSPIRING EXAMPLE.

We were chatting recently with a Scottish Nurse, and mentioned with admiration the heroism of Dr. Elsie Inglis.

"Who's she?" she enquired.

And this great woman has not yet been in the grave for thirteen years! So we took from our bookshelves, "The History of the Scottish Women's Hospitals," and handed it to her country-woman.

"Now," we said, "don't come to tea again until you have studied this volume. So much devotion, such great glory. Go away and thank God for such an inspiring example."

We often read the Dedication of the Roll of Honour of those women who died on foreign service attached to the Scottish Women's Hospitals during the Great War. We need to keep the beauty of their lives and sacrifice in everlasting remembrance. Thus it is written:

"There is no Sea  
Nor Time nor Space nor Division  
in  
God's dear Home.  
There is only God and His Strong  
Love and Peace  
and  
A Great Remembering."

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