

One hundred years ago

Insanity and murder

SIR, – So far from agreeing with Dr. Mercier's letter which appeared in the BRITISH MEDICAL JOURNAL, January 28th, may I be allowed to “demur, contest, renounce, repudiate and deny” his astonishing doctrine that a person may be at once insane and responsible.

The proposition that insanity and irresponsibility are not convertible terms may commend itself to Dr. Mercier, but I shall be surprised if the majority of his brother alienists do not emphatically repudiate it, while it is one which is hardly likely to commend itself to the humanitarianism of the present day. As is well known, some of the most enlightened jurists have propounded the precisely opposite doctrine, namely, “that no man is responsible for an act which is the product of mental disease”, and it is hardly too much to say that this is in fact the principle adopted (in capital cases) by our own Home Office authorities, though not, unfortunately, by our Courts of Law. The fact that this divergence exists is, I venture to think,

abundant justification for your recent article.

That it should be possible to deal with a person purely as a criminal, when competent medical evidence has been adduced at the trial to the effect that such person was insane at the time of committing the act and that the verdict and its consequences has subsequently to be disregarded by the Home Office in order that substantial justice should be done, is a proceeding that indicates that our present system is far from satisfactory.

A case occurred during the past year at the Central Criminal Court, in which the prisoner, though declared insane by competent medical evidence, was sentenced to death. Dr. Mercier may regard this as perfectly satisfactory (especially as the Home Office fortunately interfered and sent the case to Broadmoor); I do not.

It is clearly of the utmost importance that criminal proceedings should coincide with that sense of justice which is innate in mankind. If an insane person is dealt with by the Court as a criminal, that sense of justice is shocked, the law is not

respected, and the main object of punishment in securing obedience to that law is not attained.

My own view remains now what it has been for some time past, that the question of sanity or insanity is purely a question for competent medical evidence, and that the question of the allocation of responsibility is one for the Court unhampered by the dicta of 1843; but whatever may be thought of this proposition, few, I venture to think, will agree with Dr. Mercier that those who are afflicted with the saddest of all afflictions that can befall a suffering humanity should be treated as felons, still less that they should be consigned to a shameful death. – I am, etc.,

A. DOUGLAS COWBURN.

Of the Middle Temple and Central Criminal Court, London, S.W., Feb. 6th.
Barrister-at-Law

REFERENCE

British Medical Journal, 11 February 1905, 331–332.

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

Corrigendum

Needs for mental health treatment among general practice attenders. *BJP*, 185, 318–327. Figure 1 (p. 320) was printed incorrectly. The correct figure appears right.

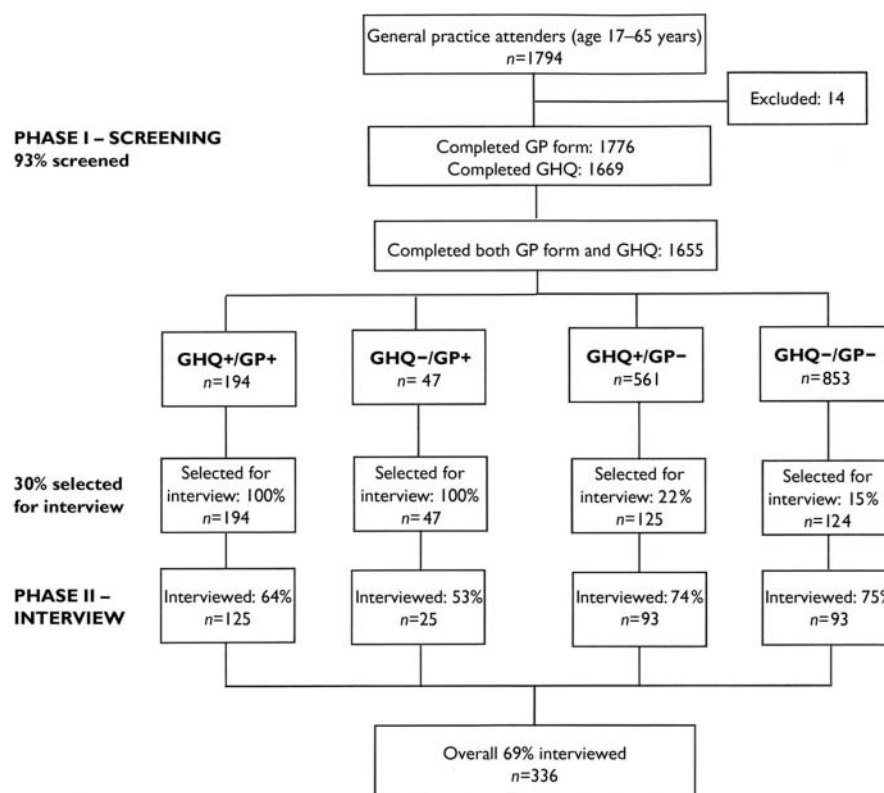


Fig. 1 Study design, sampling fractions and attrition rates.