

PSYCHOPATHIC PERSONALITIES AND THE LAW

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A MEETING of the Medico-Legal Society was held at the Medical Hall, East Melbourne, on November 28, 1936. The President, Dr. Ernest Jones, occupied the chair, and Dr. C. Farran-Ridge delivered an address, "Psychopathic Personalities and the Law."

DR. FARRAN-RIDGE said: I had intended to begin my address with a few words of explanation and apology; but a day or two ago I bought a small book by Herbert N. Casson on public speaking, and the first thing I read in it was the injunction, "Never begin your speech with an apology": so I think I had better plunge straight into my subject, without preamble, and start by giving you a definition of the term "psychopathic personalities."

PSYCHOPATHY

"Persons, who, not being mentally defective or certifiably insane, stand apart from their fellows by reason of persistent abnormalities of character and social conduct are called psychopathic personalities, or psychopaths."

Definitions are anathema to psychiatrists but lawyers are reputed to like them; so I shall offer an alternative definition which I owe to Kraepelin. "To the boundary zone between mental health and illness belong numerous persons who present no strongly marked disorders, but nevertheless deviate considerably from the average on account of the inadequacies of their endowment. Here it is partly a question of undeveloped rudiments of actual psychoses, such as manic-depressive insanity and dementia praecox; and partly also of misbegotten personalities whose development has been disturbed by unfavourable hereditary influences, germinal injuries or other inhibitory factors acting early in life. If, withal, their defects are essentially limited to the emotional life and the disposition of the will, we call them psychopathic personalities."

The term psychopath is sometimes used loosely to connote any mentally abnormal person (insane, mentally defective, or psychopathic); but psychiatrists habitually employ it in the restricted sense just defined. Psychopaths do not suffer from lack of intelligence, like the feeble-minded, or from delusions and hallucinations, like the insane, their abnormality being expressed mainly in the character and intensity of their emotional and volitional reactions. They do suffer, however, from peculiarities of temperament, and morbid impulses and inclinations which make it difficult or impossible for them to get on with ordinary people or to adapt themselves to the requirements and restrictions of society.

An insane person is often recognized to be mentally ill because his conduct has changed for the worse by comparison with what it was at some former period when he was considered to be well.

The abnormal emotional and instinctive reactions of a psychopath, on the other hand, very often manifest themselves from early childhood, and show no great change throughout life except in so far as they are aggravated from time to time by mental stresses, unfavourable life situations or the psychological disturbances which accompany puberty, adolescence and menstruation. With the different forms of psychopathy it is not a question of specific disease processes which run definite courses, but of lasting abnormal states. That there is an *organic substratum* to psychopathy is indicated by the fact that along with the mental disorders go biological and nervous disturbances, retardation of physiological ripening, heightened sensitiveness to alcohol, disturbances of sleep, increased activity of tendon reflexes, fainting turns, tics and hysteriform attacks of all kinds. If further proof is asked for, it is furnished by encephalitis lethargica, a virus disease which actually transforms, as it were experimentally, normal children into psychopaths, especially of the anti-social type, by damaging their brains. It is significant, too, that following an attack of encephalitis lethargica previously normal adults sometimes develop irresistible impulses, obsessions and morbid urges similar

to those of a psychopath, but caused by inflammatory lesions situated in the base of the brain which interfere with those nervous mechanisms upon the anatomical integrity and functional efficiency of which the power of effective willing seems to depend. I believe that in the brains of many psychopaths there exists a congenital organic defective disposition of a similar kind and similar localization to the defects produced in later life by the virus of encephalitis lethargica. Encephalitis lethargica has thrown light into many of the dark places of psychiatry and into the domain of impulsive insanity in particular. Psychopaths show certain mental defects which characterize them as a class, although individual psychopaths will, of course, show different degrees and combinations of these defects. They take short views rather than long views, and cannot forego immediate satisfactions for the sake of greater future gains. They lack the necessary foresight and wisdom to so manage their lives that in the long run and on balance they may prove successful. They have no common sense; and cannot learn by experience. They are deficient in social feeling and herd instinct and are non-co-operative. They are vain, selfish, and untruthful, pleasure loving and work-shy. They are restless and unsettled, and have no stability of purpose. They have no energy or capacity for persistent effort. Many of them are so weak-willed that they cannot resist ordinary temptations, or the suggestions of designing persons. They lack self-control, and usually give way without resistance to their appetites and instincts, especially the sexual instinct. Most of them, as previously mentioned, are abnormally susceptible to the action of alcohol. Psychopaths, when their conduct is particularly morbid or revolting, are sometimes spoken of as "degenerates," that is, the depraved and deteriorated representatives of a stock which has undergone degeneration. By degeneration in this sense is meant the appearance in a stock of new hereditary peculiarities which hinder or make impossible the attainment of ordinary life aims. One does not of course regard as evidence of degeneration

all those inborn peculiarities which are detrimental to one's success in life. If one did, no one could escape being considered degenerate. It is only when personal deviations from the accepted normal have a seriously prejudicial effect on the bodily and mental life that they assume the significance of the pathological. It is a question of degree. The whole conception of degeneration as applied to criminals and psychopaths is, as a matter of fact, vague and unsatisfactory. Degenerates do not constitute a clinical entity. The term degenerate still calls up a mental picture of a psychopath, a mental defective, or a criminal of the type described by Lombroso, but it has no exact connotation and is passing out of use among psychiatrists. The delimitation of psychopaths is difficult because they pass over without any sharp line of demarcation into the normal. It is often hard to decide in any given case of suspected psychopathy whether one is dealing with peculiarities of personal endowment which should be regarded as falling within the range of normal variation, or with a definitely morbid personality.

The classification of psychopaths is just as difficult as their delimitation, for queer, aberrant, or eccentric people who might be regarded as psychopathic personalities occur in inexhaustible variety. However, if we consider those whose conduct and social reactions are of such a kind as to bring them to the attention of psychiatrists or into conflict with the law, we find that they tend to fall into certain more or less well-defined groups:

(1) *The impulsive insanity group*, which is fortunately a very small one. Impulsive insanity provisionally includes all those forms of mental disorder, which developing on a basis of heredity, are characterized by the occurrence of single morbid inclinations and impulses, usually of a serious or dangerous kind. Its chief representatives are the pyromaniacs who set fire to things; the nurse-maids who murder children entrusted to their care, for example, the notorious Nurse Thompson, who killed at least six babies by hitting them on the head with a feeding bottle when their crying got on her nerves; the poisoners (such as Lucrezia Borgia,

the Marquise de Brinvilliers and Gesche Gottfried); the habitual anonymous letter writers; and the kleptomaniacs. It is noteworthy that these very abnormal persons are nearly always females.

(2) *The sexual perverts* who obtain sexual gratification exclusively or by preference in activities which cannot lead to procreation. They include the exhibitionists, the fetichists, the sadists, the homosexuals and others.

(3) *The psychopathic personalities proper*. This is a large and extremely important group, which is sub-divided by Kraepelin into:

- (a) The pathologically excitable, i.e., unduly excitable but otherwise fairly normal persons who, especially under the influence of alcohol, are given to the most violent, though transient, emotional outbursts, often for quite trivial causes. Particularly from motives of jealousy, they are apt to commit suicide or manslaughter. These are the people in whose case the plea of "temporary insanity" can be legitimately made.
- (b) The unstable or ne'er-do-wells. Weakness of will and social incompetency are their outstanding characteristics. They frequently have good intelligence; though never common sense or wisdom. They have no strength of character, and cannot stand alone. They are particularly apt to fall into bad company and to give way without resistance to seductions of all kinds, especially alcohol, and sexual seductions. They have no stability of purpose, and never stick to anything for long. They are work-shy and unemployable. Some of them become completely idle and demoralized, and end in vagrancy and prostitution. Others attempt to retrieve their economic ruin by resorting to those crimes of the weak—embezzlement, petty frauds and forgery. When led by evil associates they may commit more serious crimes, such as house breaking.

- (c) The impulsive. This is a small group which includes the incorrigible spendthrifts, the wanderers and the dipsomaniacs or periodic drinkers.
- (d) The pathologically contentious. These are arrogant, narrow-minded, intolerant, unreasonable persons who are not paranoiacs, but nevertheless devote a disproportionate amount of their time and energy to seeking satisfaction and redress for real or fancied slights or injuries.
- (e) The pathological liars and swindlers, i.e., persons endowed with an abnormally lively imagination and possessing considerable adroitness and cunning, who, in spite of punishment, persistently perpetrate frauds and swindles of all kinds. They are great talkers, and their fluency gives them a deceptive appearance of ability. They are restless and unsettled, and have neither industry nor endurance. Sometimes for the sake of notoriety they accuse themselves of crimes which they have not committed, and give most detailed and convincing accounts of the attendant circumstances.
- (f) The anti-social, or enemies of society, characterized by their pathological callousness and their dangerous criminal propensities. Ronald True and Cecil Maltby are worthy representatives of this group.

There are a large number of other types of psychopathic personalities that are just as interesting but less important from our point of view. Of these may be mentioned:

(1) the eccentric, i.e., odd, whimsical, incalculable persons who on account of their peculiar individuality are never able to adapt themselves to the requirements of communal life.

(2) The cranks, with their fantastic and impracticable projects.

(3) The visionaries, with their deficient sense of reality, and preoccupation with ideas of the perfectability of mankind.

(4) The fanatics, who urge their beliefs with unreasonable insistence, and strive with passionate tenacity to realize their one-sided aims. The influence of fanatics is usually restricted by the opposition which they everywhere encounter; but in times of revolution they may become dangerous and attract to themselves a following on account of their inspiring ardour and ruthless violence.

The chronic alcoholics, and the drug addicts, really belong to the group of psychopathic personalities, but are usually treated of separately in works of psychiatry.

I have outlined, as you perceive, an enormous field and one that it is utterly impossible to cover in three-quarters of an hour. I shall not attempt to do so, but shall devote my attention to the kleptomaniacs as representing the impulsive insanity group; the exhibitionists as typifying the sexual pervers; and, if time permits, the pathologically excitable as belonging to the psychopathic personalities proper.

I hope that subsequent speakers will deal with the anti-social psychopaths who carry on a perpetual war against society, because they should not be omitted from any consideration of psychopathic personalities. I think I may safely leave the fanatics to Dr. Jones, for he has suffered much at their hands.

KLEPTOMANIA

As an introduction to the subject of kleptomania, I should like to explain the difference between a morbid impulse and an obsession. For a patient a morbid impulse has all the naturalness and inevitability of an instinctive action; it seems to him an expression of his own will. The contemplated aim of the impulse has about it something alluring and seductive; and if it is connected with sexual emotion the desire for its attainment may become uncontrollable. The disastrous consequences to the person himself, and to others which result from the carrying out of the impulse have not the slightest effect in preventing its repetition.

An obsession may be defined as the persistent and disturbing intrusion into consciousness of an idea which cannot be

dismissed by any volitional effort. An obsession is recognized by the patient as pathological, as something foreign to his will. He has a feeling of subjective compulsion, and the thought of yielding to the obsession is not at all attractive to him. On the contrary, he feels that he must struggle against it, and he does so indefinitely, and never yields to it, if it involves some criminal action. Along with obsessions goes a mental state of doubt, indecision and irresolution. Actual examples may perhaps make the distinction clearer. A young man who suffered from severe obsessional neurosis and subsequently came under my care, was walking one evening on Hampstead Heath, London, when he was picked up by a young woman who led him to a secluded spot where they might talk together undisturbed. Now my patient was admittedly hesitant and indecisive and a laggard in love, but that fact hardly justified the conduct of the young woman who, on only one hour's acquaintance, introduced her hand inside his trousers, and took hold of his penis. My patient was considerably upset by this occurrence and promptly left her; but when he returned home the thought entered his head that he had murdered her, and he could not get rid of it. In the morning, not knowing the young woman's name or address, he could not set his mind at rest, and the obsession became so insistent and tormenting that he went to the nearest police station and gave himself up as a self-confessed murderer. But as he could not produce the body and no girl had been reported missing, the officer in charge refused to arrest him, and told him to go to a hospital, which he did. A man like Sodeman in similar circumstances would have strangled the girl, and felt all the better for it, and would probably have had a particularly good night's rest. In his case there would have been no question of real remorse, and he would have sought out similar occasions in the future.

Kleptomania is a morbid impulse and not an obsession.

I cannot go into the subject of kleptomania exhaustively or systematically because it would take up too much of your time.

There have, I think, been three recent additions to knowledge that have increased our understanding of morbid stealing. The first two have come from the side of general medicine, and consist in:

- (1) The observation that kleptomania has developed in a number of instances in persons previously normal and of unblemished character following an attack of encephalitis lethargica.
- (2) The recognition that Fröhlich's syndrome (a condition of abnormal obesity and sexual infantilism which in children and adolescents is usually caused by the pressure of tumours interfering with the functions of the hypothalamus and pituitary gland) is frequently associated with kleptomania and other morbid impulses, such as setting fire to things.

The third addition to knowledge comes from the side of sexual psychology and consists in the discovery that in a number of cases of kleptomania a definite sexual motive for the theft can be demonstrated. These cases have been grouped together under the heading of kleptolagnia, the distinguishing features of which have been described by Havelock Ellis as follows:

"The subject though often neurotic is not necessarily highly degenerate. The act far from being motiveless, or in a strict sense irresistible, has a definite and intelligible motive, and is carried out with reasonable precaution. The instinctive desire is to secure sexual excitation which cannot be obtained—for whatever reason—in more normal ways, by reinforcing the feeble sexual impulse by the stimulus furnished by the emotions of fear and anxiety which necessarily accompany the perpetration of theft. There is no desire to appropriate the stolen object for purpose of gain, and when its sexual effect has been obtained, either in the act of stealing or by subsequent masturbation, it is hidden away or destroyed."

I do not dispute the fact that cases of kleptolagnia occur,

but, in criticism of the conception, I should like to point out that the sufferers must have committed at some time or other ordinary thefts in order to find out the efficacy of thieving for the production of sexual stimulation.

Closely related to the sufferers from kleptolagnia are the erotic fetishists who sometimes steal articles such as shoes, handkerchiefs, underwear, etc., which have for them the value of a fetish. It is evident that morbid stealing is often connected with sex, but this fact should not make us blind in any given case to the existence of an underlying psychopathy of which the sexual disorders are themselves a manifestation. I should not have dealt with the troublesome subject of kleptomania at all, for I am far more interested in some other forms of psychopathy, except for the fact that recently, while the treatment of sexual offenders was under the consideration of a sub-committee of the Victorian Council for Mental Hygiene, Mr. Ackeroyd was very insistent that certain persons, for example kleptomaniacs, commit offences that are not in themselves of a sexual nature, because they are maladjusted sexually. He considered that such persons should be regarded as sexual offenders and should come under the provisions made for the latter and that like the latter they should be sent to a mental hospital and not to gaol. The committee did not receive Mr. Ackeroyd's views with enthusiasm, but I happen to know that Mr. Ackeroyd has an unrivalled first-hand knowledge of sexual offenders, and I think that respectful attention should be paid to any of his opinions. Besides, I should like to push in another group of cases myself. The psychoanalysts tell us that chronic alcoholism, morphinism, cocainism and drug addictions of all kinds invariably arise on a basis of repressed homosexuality. I submit therefore that persons suffering from these conditions should be regarded as sexual offenders and dealt with accordingly.

I rather fight shy of discussing the curative treatment of kleptomania; but I should like to tell you of a case of "true kleptomania" (if there is such a condition) that came under my observation in a mental hospital in London.

The patient, a young woman of twenty-five years of age, looked a psychopath, but was quiet, soft spoken, plausible, unobtrusive and shy, and no one would have suspected that from childhood she had been emotionally unstable, an inveterate liar and an incorrigible thief.

She had entered the hospital as a voluntary boarder to avoid going to goal. She said that she did not know why she stole things, that the impulse to steal simply came over her from time to time and she had to yield to it. After six months' stay in the hospital, she said that she felt very much better for the treatment (which had consisted essentially in providing her with board and lodging), that all her morbid impulses had gone, and that she would like to have a day's leave to do some shopping. Her request was granted, but she had not been gone two hours before a telephone message was received from the manager of Harrod's to the effect that she had been arrested in the haberdashery department with a varied assortment of articles secreted under her cloak.

As I want my address to be of practical value to the legal members of this society I shall, if it is not presumptuous on my part, conclude my observations on kleptomania by offering some suggestions for the defence of shoplifters in cases where it has to be admitted that they did in fact steal the articles as alleged.

I must confess that all my schemes are likely to founder on the same rock, i.e., lack of credulity on the part of judges as a class; but by putting them forward I shall be able to expound to you, incidentally, some modern psychological theories of the causation of kleptomania. It is desirable that you should know these because you are liable to meet them in the courts at any time, and it is important, too, that when doctors talk of the psychological treatment of kleptomaniacs you should understand the theories upon which such treatment is based.

If the woman is single, I suggest that the best thing to do is to point out as many reasons as possible for regarding her stealing as pathological; and then explain that your unhappy

client is suffering from kleptolagnia; that she did not really wish to take the goods, but was simply making an effort to attain direct gratification for her sexual impulses by aid of the emotional energy generated by the excitement of her thefts.

If the woman is married and has no children, you can allege that her husband is, in spite of his protest, impotent; and that her kleptomania is caused by lack of sexual gratification; and then proceed to quote in support of your theory a case reported by Otto Gross, which I shall read to you as reproduced in précis by Stekel, with some added comments of his own, in his monumental work entitled *Peculiarities of Behaviour*:

"The patient is a young woman belonging to a healthy family. Her hereditary history is negative. At seven years of age she met with a head injury. Later she developed fainting spells and periodic depressions, alternating with periods of exaltation. Subsequently she was tortured by tremendous kleptomaniac compulsions. 'In that state,' she says, '*I could not let a thing lie in its place*; I felt an irrational craving to steal something; I had no peace until I could take it.' For the past four years the woman has maintained relations with an impotent man ('she could not let a thing lie'). When he finally achieved potency and she became pregnant, her kleptomaniac impulses cleared away (it was no longer necessary for her to take something not her own). It is noteworthy that some of her confessor's questions had particularly roused her; he had asked, for example, whether she took the male member in hand to guide its insertion and similar questions. She stole very many articles of various kinds: stocks, furs, gloves, pocket books, arm bands, rings, umbrellas, etc. Anyone," says Stekel, "familiar with psycho-analysis recognizes at a glance that these articles have high emotional value as symbols. Pocket books, rings, arm bands, furs, stockings, gloves are articles having in common the feature that something is stuck into them. The umbrella is a universal penis symbol, because opening the umbrella is a reminder of erection.

In the course of his psycho-analysis of this case Gross at once recognized the sexual basis of kleptomania, the patient craved to 'do something forbidden' or, expressing the matter more plainly, 'secretly take hold of something' (in this connection, remember the patient's agitation when she was asked whether she 'took hold of the penis'). Gross relevantly observes that the source of the kleptomania stands plainly revealed—'secretly to take hold of something' is common to both the sexual wish and the tendency to steal."

If the woman is married and has several young children, the theory of sexual starvation will not be readily accepted, and you will have to put forward some other explanation. I suggest that you should follow the Freudians who see in weaning the root of all evil, and in "separation anxiety" arising from love privation in early childhood, the motive for all acquisitive behaviour. You can say that your client was abruptly and brutally weaned when a baby and as a result suffered severely from separation anxiety. You can explain that her libido, fixated on her mother, seeks a substitute for her in *property* and that her kleptomania is merely a means of overcoming the separation anxiety which still persists in her unconscious mind. If you can prove that immediately before the so-called theft she drank a glass of milk your case will be enormously strengthened because you can suggest that the taking of the milk reactivated her "weaning complex" and created such a storm in her unconscious mind that, at the time, she did not realize the nature and quality of her acts. If, of course, her parents had put her on the bottle at birth and never let her come off it, her kleptomania might have been prevented; but you are not concerned with that. If you think that this line of defence would appeal only to psycho-analysts, you can suggest that your client suffers from mental dissociation or dual personality, and say that when she is her normal personality (personality A) she is as honest as the day, but when she is personality B (which unfortunately she was at the time of the alleged offence) she behaves in a manner at variance with her real nature and has no subsequent

recollection of her conduct, which can be recalled to her only under hypnosis. You can point out that it is unjust to punish A for a crime committed by her when she was not A but B.

Finally, you can toy with the idea of pleading epileptic automatism, for it is astonishing how often advocates get away with the suggestion of epilepsy. The diagnosis of epilepsy has the great advantage that no evidence seems to be required in support of it except the crime itself.

EXHIBITIONISM

I shall quote from Havelock Ellis's excellent account of this condition enough to make clear its essential features. He says: "There is a remarkable form of erotic symbolism—very definite and standing clearly apart from all other forms—in which sexual gratification is experienced in the act of exhibiting the sexual organ to persons of the opposite sex, usually by preference to young and presumably innocent persons, very often children. This is termed exhibitionism.

"It would appear to be a not very infrequent phenomenon and most women, once or more in their lives, especially when young, have encountered a man who has thus deliberately exposed himself to them. The exhibitionist, though often a young and apparently vigorous man, is always satisfied with the mere act of self-exhibition and the emotional reaction which that act produces; he makes no demand on the woman to whom he exposes himself; he seldom speaks; he makes no effort to approach her; as a rule he fails even to display the signs of sexual excitation. His desires are completely gratified by the act of exhibition and the emotional reaction it rouses in the woman. He departs satisfied and relieved. Exhibitionism should be regarded as fundamentally a symbolic act based on a perversion of courtship. The exhibitionist displays the organ of sex to a feminine witness and in the shock of modest sexual shame by which she reacts to that spectacle, he finds a gratifying similitude of the normal emotions of coitus. He feels that he has affected a psychic defloration." Exhibitionism is apt

to occur as a symptom in psychopathy, mental deficiency, dementia praecox and states of dementia associated with such conditions as general paralysis of the insane, epilepsy, arterio-sclerosis, senility and chronic alcoholism. There is no form of sexual deviation in which mental abnormality or actual disease is more constantly found than in exhibitionism. No exhibitionist should be sent to prison without expert medical examination.

Those exhibitionists who are not insane or mentally defective are usually sensitive, weak-willed persons who indulge over-much in day-dreaming and phantasy formation. Their sexual impulse is weak and almost all of them have been masturbators from youth onwards. Many of them are very religious; and some are married. The actual onset of exhibitionism is often determined by an accident; for example, the patient notices himself being observed by a young woman when his sexual organs are for some reason exposed and is sexually excited in consequence: thereafter he seeks similar occasions. Exhibitionists, while not actually dangerous, do a great deal of harm and cannot be tolerated. They frequently have a very disturbing effect on innocent young women; and may fix vicious associations in the minds of suggestive children of both sexes, or at the best leave them with a nasty and lasting memory. I do not think there is anyone who has had better opportunities for studying exhibitionists than Dr. Norwood East, who for many years was Medical Officer to Brixton Prison, London, and I have therefore extracted for you some points about exhibitionism from his recent book, *Medical Aspects of Crime*. Of 291 sexual offenders admitted to Brixton Prison during twelve months 107 were exhibitionists. Of 150 exhibitionists specially studied by Dr. East 90 were single, 57 married and 3 widowers. Over a third of them were below the age of twenty-five years. In 26 cases the prisoners had been previously convicted of a similar offence.

Dr. East divides his cases into two groups, the mentally abnormal and the depraved.

(1) The mentally abnormal group is made up of:

Psychotics	14 cases
Psychoneurotics	5 „
Mental defectives	24 „
Subnormals, i.e., high grade uncertifiable defectives	9 „
Psychopaths, or "visionaries" as Dr. East calls them	40 „
Alcoholics	9 „
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Total	101 cases
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(2) His depraved group includes persons who exposed themselves:

(1) As a preliminary to attempt at carnal knowledge	2 cases
(2) With the object of debauching children to commit a masturbatory act upon them	12 „
(3) In order to attract, excite or invite a female	35 „
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Total	49 cases
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Among the psychotic offenders the psychosis was fully developed in seven cases, of which two were general paralytics, two paranoics, two schizophrenics and one a senile dement.

It is of special interest to note that not one of the 150 cases was due to epilepsy. Dr. East points out that all medical students are told of the connection between epileptic automatism and exhibitionism, but in practice such cases are not as frequent as they are dramatic. Dr. East's experience leads him to think that any sexual offence committed by a mental defective will be repeated unless institutional care is adopted. He comments on the small number of alcoholics in his series, and thinks that sexual offences were

much more commoner when liquor was cheaper and restrictions absent.

We now come to the fateful question: What is to be done with exhibitionists, or more generally sexual offenders, when they are brought before the magistrate or judge? In the existing state of the law the difficulty seems to be twofold:

- (1) They cannot be certified insane, and therefore cannot be compelled to go to mental hospitals.
- (2) They have got to be put under restraint somewhere, and there is no place to which they can be sent except to gaol. At the same time, the majority of them are not criminals in the ordinary sense, and require skilled psycho-therapeutic treatment and the environment of a mental hospital.

Judge Foster, fed up, apparently, with having to deal repeatedly with a problem for which there was no satisfactory or rational solution, recently created such a stir about the treatment of sexual offenders that the Government has decided to act in the matter. The proposals of the Government, as reported by *The Argus* of November 24, 1936, are as follow:

"A special institution, to accommodate forty patients, will be established soon at Mont Park for the observation and treatment of offenders against decency.

"A board composed of the Medical Superintendent of the Royal Park Home, a psychologist from the University or Education Department, a paediatrist (one skilled in child hygiene and diseases) and a trained social worker will be appointed to examine, report on and treat cases committed to its care. The board will be appointed immediately, and preparations to build the institution will be begun as soon as possible. It is estimated that the construction of the building, which will be a separate ward apart from but associated with the existing Mental Hospital at Mont Park, will cost about £3,000, and that furnishings will cost £2,000 more.

"Two psychologists, one a medical practitioner, and six

special officers, all of them fully qualified attendants, will be appointed to the staff, and it is expected that £2,500 will be needed yearly for their salaries.

"The specialist board would have in its jurisdiction mental defectives who are accommodated in many State institutions. The board would have the power to co-opt the services of penologists and medical specialists. It would deal with children, as well as with offenders against decency, and it would be competent to advise the judiciary and the Indeterminate Sentences Board whenever such advice was needed. When the board is established a court could remand an offender for observation and his later treatment would be guided by the report and recommendations submitted by the experts. In some cases the provisions of the Indeterminate Sentences Act could operate and offenders, though not habitual criminals, could be detained until they were cured or until such other action was recommended by the board."

These proposals, when carried into effect, will undoubtedly constitute a great improvement in the machinery for dealing with sexual offenders.

It seems to me that at the moment, and it is of course only a passing phase, sexual offenders are seen out of focus. From being completely indifferent to them, the public are now so interested in sexual offenders that the latter have acquired a new and undeserved dignity and importance. Two sexual offenders transferred from Pentridge for treatment were shown at a recent B.M.A. Clinical Meeting at Mont Park. They were treated by the assembly not merely with courtesy but with profound respect—almost as guests of honour. I am sure that when they left the room the offenders felt that they had deserved well of the State. I am sorry for sexual offenders, as I am for mentally abnormal persons, but they are not very valuable citizens, and from a eugenist's point of view they are no good at all. It seems a little absurd that they should have more care and attention lavished on them than the equally unfortunate victims of neurosis and insanity. It excites

my own indignation that it should be proposed to spend on them £2,500 annually for salaries alone when I have for years striven in vain to obtain the appointment of an extra laboratory assistant at a cost of only £312 a year in order to make it possible to undertake research into the causation of mental diseases. I very much wish I had behind me in this matter the powerful advocacy of Judge Foster.

Desirable as the new proposals are they deal with only a tiny facet of the immeasurably greater problem presented by mental defectives and psychopaths as a whole, including the chronic alcoholics and the drug addicts.

The existing definition of a lunatic, namely, any person idiot, lunatic or of unsound mind and incapable of managing himself or his affairs, makes no provision for the recognition of high-grade imbeciles, feeble-minded persons or moral defectives.

In Victoria we urgently need a Mental Deficiency Act modelled on the English Mental Deficiency Act of 1927. It may be possible to improve on the English Act, for Victoria has before now led the way in matters of lunacy law and administration and is leading the way at the present time in regard to the treatment of sexual offenders.

Further, I should like to see drastic alterations made in the Lunacy Act so as to permit of a person being certified not as a lunatic but as a psychopath on conduct alone.

Disorder of conduct and unsoundness of mind may not be synonymous terms but they cannot be separated. We cannot know, as the late Dr. Mercier used to insist, what goes on in the minds of other people unless and until it is revealed to us by their conduct. If a person's conduct is disordered, then we can safely infer that his mind is disordered.

If a person shows persistent abnormalities of character and social conduct of such a kind as to result in serious wrong or injury to other people, then I submit that he should be certified as a psychopath and sent to a mental hospital for treatment. With a Mental Deficiency Act and an Act dealing with psychopaths, there would be no trouble at all about the disposal of sexual offenders and, what is

infinitely more important, we would get control over chronic alcoholics and drug addicts.

With regard to the therapeutic treatment of psychopathic exhibitionists, I envy, but I do not share, the confidence of some mental experts who claim that these patients can be readily cured in their consulting rooms. One has to remember that one is dealing with persons in whom there is invariably more or less congenital abnormality. Still if the congenital factor is not too strong much can be done to help them. Any cause of bodily ill-health should, of course, be dealt with along ordinary medical lines. Alcohol should be absolutely prohibited. An effort should be made to raise their morale and strengthen their will by subjecting them to discipline and providing them with work, preferably manual work in the open air. An attempt should be made to prevent them from making use of phantasy formation as a substitute for real achievement and as a compensation for deficiencies in place of facing their tasks and acknowledging and striving to make good their defects. Like alcoholics and drug addicts they are very apt to relapse. Norwood East considers that they are most easily cured by a term of imprisonment, which rudely dispels their phantasies, and brings them to earth and a sense of reality. In some cases he thinks this treatment is permanently effective.

Havelock Ellis suggests that they should join nudist clubs and in this way gratify their narcissistic desires, and so deprive them of their morbid intensity. I have no doubt that provision will be made at Mont Park for this form of therapy.