

# Medico-Legal

## CIVIL RESPONSIBILITY OF SCHIZOPHRENIC

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

On June 22, 1949, Mr. A. G. R. Marsden, who was staying at the Bedford Hotel, Brighton, was suffering from catatonic schizophrenia. He struck the manager of the hotel, Mr. A. J. H. Morriss, on the head with a brass fire hydrant key, inflicting severe injuries. For this attack Marsden was prosecuted, and at his trial at Lewes Assizes was found unfit to plead, and was accordingly detained in Broadmoor.

In the Queen's Bench Division on March 25<sup>1</sup> Mr. Justice Stable had to decide the effect of Marsden's mental illness on his civil responsibility in an action for damages for assault brought against him by Mr. Morriss. The defence to the action was that, applying the M'Naghten rules, whether or not at the time of the assault Marsden knew what he was doing; all the doctors who gave evidence were agreed that he did not know that what he was doing was wrong.

In giving judgment in favour of Mr. Morriss, Mr. Justice Stable said that, although Marsden at the time of the assault was a certifiable catatonic schizophrenic, his act was voluntary in that he was directing his hand to do that which he knew that he was doing at the time he did it. In a civil action for assault the knowledge that he was doing wrong was immaterial.

This decision is a good illustration of the fundamental difference in English law between civil and criminal responsibility. Generally speaking, an intention to infringe someone's rights is not necessary in order to create legal liability for having in fact infringed them. Almost always intention is an essential element in establishing criminal liability. The words of a criminal indictment which are so familiar, "malice aforethought" in murder, wounding "with intent" to do grievous bodily harm, receiving stolen goods "knowing them to be stolen," underline this basic requirement of the English criminal law. It is because a man who is insane within the M'Naghten rules is incapable of forming a "guilty intent" that he is not criminally responsible. But, since intent is, generally speaking, not a necessary constituent in the infringement of civil rights, it follows that insanity is not necessarily a defence to a civil action, even to an action arising out of the same facts for which the defendant has been absolved from criminal responsibility.

<sup>1</sup> *The Times*, March 26.

## Vital Statistics

### Poliomyelitis

Poliomyelitis notifications (uncorrected) in the week ending September 20 (38th week of the year) were as follows: paralytic 127 (115), non-paralytic 61 (68); total 188 (183). This is an increase of 5 compared with the previous week, the figures for which are in parentheses. Up to and including the week ending September 20 the overall uncorrected notification rate for England and Wales was 7.22 per 100,000.

### Paratyphoid Fever in Wales

During the week ending September 13, 49 cases of paratyphoid fever were notified in Wales, an increase of 34 on the total of the preceding week. Paratyphoid fever has persisted in the principality since it appeared during the week ending May 17, and 524 cases have been notified in the past 18 weeks. Geographically there appear to have

been three major outbreaks and one smaller one: (1) along the Swansea valley; (2) on the borders of Glamorganshire and Monmouthshire; (3) in Brecknockshire; and (4) the smaller outbreak in Pembrokeshire. The number of notifications in these counties to date are: Glamorganshire 246, Brecknockshire 128, Monmouthshire 114, and Pembrokeshire 20. The remaining 16 cases occurred in the counties of Carmarthen 7, Denbigh 5, Flint 3, and Cardigan 1.

In these days of mass-produced foodstuffs it is possible to get a very wide dispersion of cases from one source of infection. The distribution in time and space of paratyphoid fever in Wales suggests that the outbreaks did not have a common source and that the present experience is possibly due to three or four separate outbreaks. Only two cases were notified in the 18 weeks in the combined urban districts of Bridgend, Cowbridge M.B., Glyncoth, Maesteg, Neath M.B., and Ogmore and Garw, which are situated between the two main outbreaks in Glamorganshire. The first appearance of typhoid fever in Wales was during the week ending May 17, when 14 cases were notified on the borders of Glamorgan and Monmouth (Gelligaer U.D. 8 and Bedwellty U.D. 4). In the following week 43 cases were notified over a wider section of the same area (Gelligaer U.D. 16, Bedwellty U.D. 8, Mynyddislwyn U.D. 7). The outbreak gradually declined up to July 19, although a rise in incidence occurred during the week ending June 21, when 9 cases were notified in Cardiff C.B. Scattered cases occurred along the borders of the two counties during the following six weeks and then flared up during the week ending September 13, when 17 cases were notified in Tredegar U.D. and 9 cases in Cardiff C.B.

Paratyphoid fever first appeared in the Swansea valley during the week ending July 26, when 21 cases were notified in Pontardawe R.D. and 12 cases in Ystradgynlais R.D. In the following week Brecknock M.B. and R.D. experienced an explosive outbreak with 70 notifications. This area is to the north and between the other two centres of infection. Both the Swansea valley and the Brecknock outbreaks died down rapidly, although sporadic cases are still occurring. The smaller outbreak in Pembrokeshire was concentrated around the area of Fishguard and began with 7 cases during the week ending July 12, and lasted three weeks.

### Road Accidents in July

Casualties on the roads of Great Britain in July, 1952, were 20,998, including 455 killed, 5,122 seriously injured, and 15,421 slightly injured, as compared with a total of 21,811 in July, 1951. This is a decrease of 813.

### Infectious Diseases

A decrease was recorded in the number of notifications of measles 516, whooping-cough 344, and dysentery 32 in England and Wales during the week ending September 13, and an increase of 144 was recorded for scarlet fever.

The incidence of measles declined in most areas of the country. The largest fall was 95 in Durham; the largest exception to the downward trend was a rise of 51 in Lancashire. The largest falls in the notifications of whooping-cough were Lancashire 67 and Warwickshire 58. A small rise in the incidence of scarlet fever was recorded throughout the country. Notifications of diphtheria numbered 3 more than in the preceding week.

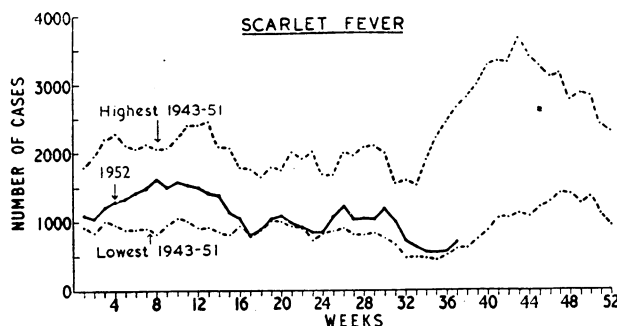
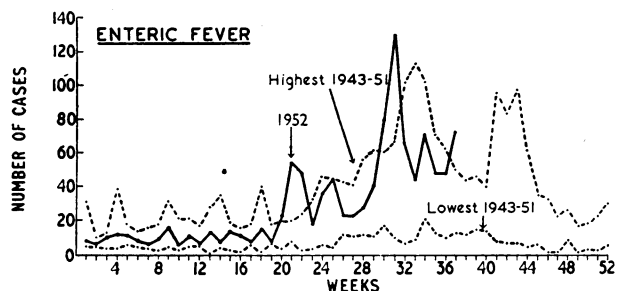
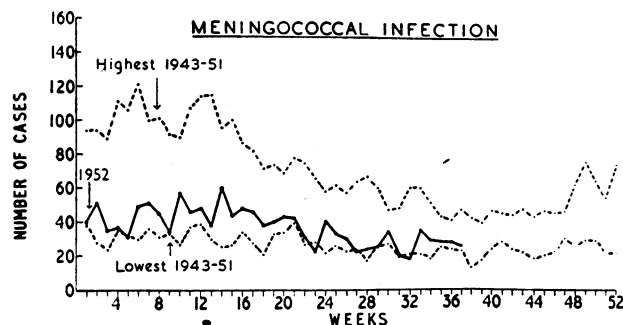
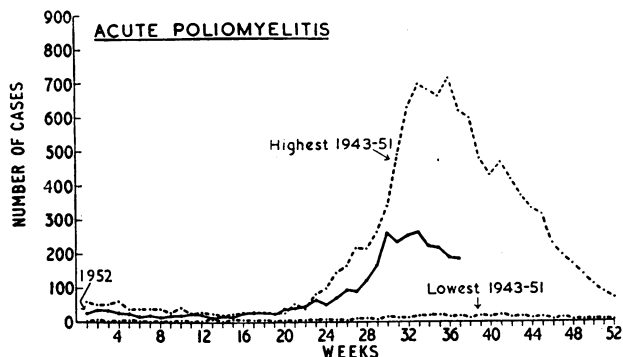
There were 23 more notifications of paratyphoid fever than in the preceding week, owing to an increase in the incidence in Wales. The largest returns were Monmouthshire 31 (Tredegar U.D. 27) and Glamorganshire 17 (Cardiff C.B. 9).

The number of notifications of acute poliomyelitis was the same for paralytic but 5 less for non-paralytic cases than in the preceding week. The largest returns were Essex 22 (Southend-on-Sea C.B. 6); Yorkshire West Riding 17 (Leeds C.B. 6); Lancashire 15; Kent 13; London 11 (Southwark 4).

The largest centres of dysentery were London 23 and Lancashire 20.

## Graphs of Infectious Diseases

The graphs below show the uncorrected numbers of cases of certain diseases notified weekly in England and Wales. Highest and lowest figures reported during the nine years 1943-51 are shown thus -----, the figures for 1952 thus ————. Except for the curves showing notifications in 1952, the graphs were prepared at the Department of Medical Statistics and Epidemiology, London School of Hygiene and Tropical Medicine.



## Week Ending September 20

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 852, whooping-cough 1,366, diphtheria 21, measles 2,590, acute poliomyelitis 188, dysentery 103, paratyphoid fever 33, and typhoid fever 5.

## INFECTIOUS DISEASES AND VITAL STATISTICS

Summary for British Isles for week ending September 13 (No. 37) and corresponding week 1951.

Figures of cases are for the countries shown and London administrative county. Figures of deaths and births are for the 160 great towns in England and Wales (London included), London administrative county, the 17 principal towns in Scotland, the 10 principal towns in Northern Ireland, and the 14 principal towns in Eire.

A blank space denotes disease not notifiable or no return available. The table is based on information supplied by the Registrars-General of England and Wales, Scotland, N. Ireland, and Eire, the Ministry of Health and Local Government of N. Ireland, and the Department of Health of Eire.

CASES in Countries and London	1952					1951				
	Eng. & Wales	Land.	Scot.	N. Ire.	Eire	Eng. & Wales	Land.	Scot.	N. Ire.	Eire
Diphtheria ..	26	3	9	0	1	36	2	13	0	1
Dysentery ..	100	23	90	4	1	103	28	82	0	
Encephalitis, acute..	2	0	0	0		4	0	0	0	
Enteric fever: Typhoid ..	9	0	0	3	2	10	1	2	0	1
Paratyphoid ..	64	0	2(B)	0		38	4	0	1	(A)
Food-poisoning ..	105	13		0		166	15		3	
Infective enteritis or diarrhoea under 2 years ..				19	47				12	43
Measles* ..	2,421	240	56	24	62	1,211	35	78	101	34
Meningococcal infection ..	26	0	4	0	3	23	2	10	0	1
Ophthalmia neonatorum ..	29	2	10	1		35	2	7	0	1
Pneumonia†	210	13	149	0		212	9	123	3	
Poliomyelitis, acute: Paralytic ..	115	6		6	11	42	6		12	7
Non-paralytic ..	68	5			2	48	5			2
Puerperal fever‡	203	33	12	1		263	32	19	0	
Scarlet fever ..	701	71	175	10	43	595	43	145	23	45
Tuberculosis: Respiratory ..			119	37				126	28	
Non-respiratory..			24	14				23	4	
Whooping-cough ..	1,487	90	95	27	46	2,420	112	305	43	89

DEATHS in Great Towns	1952					1951				
	Eng. & Wales	Land.	Scot.	N. Ire.	Eire	Eng. & Wales	Land.	Scot.	N. Ire.	Eire
Diphtheria ..	1	0		0	0	0	0	0	0	0
Dysentery ..	0	0		0		0			0	
Encephalitis, acute..		0			0		0			0
Enteric fever ..	1	0		0		0	0	0	0	
Infective enteritis or diarrhoea under 2 years ..	7	1	2	2	2	8		2	1	2
Influenza ..	2	1		0	0	2	0	1	0	0
Measles ..		0		0	0		0	0	0	0
Meningococcal infection ..		0	1				1	1		
Pneumonia ..	97	13		4	4	109	18		7	5
Poliomyelitis, acute	6	0			0	0	0			0
Scarlet fever ..		0		0	0		1	0	0	0
Tuberculosis: Respiratory ..	86	{ 12 0 }	13 0	5 1	3 1	119	{ 13 3 }	18 6	3 2	5 3
Non-respiratory..										
Whooping-cough ..	1	0		0	0	3	0	0	0	0
Deaths 0-1 year ..	170	19	26	7	15	201	24	24	8	9
Deaths (excluding stillbirths) ..	4,091	600	475	93	126	3,901	618	484	91	134
LIVE BIRTHS ..	6,907	1057	829	205	488	6,524	1110	745	188	390
STILLBIRTHS ..	176	19	18			166	22	14		

\* Measles not notifiable in Scotland, whence returns are approximate.

† Includes primary and influenzal pneumonia.

‡ Includes puerperal pyrexia.