

Editor:

We wish to commend Dr. David W. James and his colleagues for their fascinating article¹ about attacks on the British royal family. Aside from the fact that it is the first complete report on a subject that is of great interest to historians, it provides a needed analysis of the role of psychotic illness in stalkers of highly prominent figures. Dr. Graham D. Glancy's commentary² is also deserving of praise for its instructive classification of stalkers, to which Glancy recommends that child-luring be added.

We think it is important, in the interests of historical accuracy, to offer a correction to the description by James *et al.* (Ref. 1, p 61) of the mental condition of James Hadfield who was charged with treason for the attempted assassination of King George III when, on the evening of May 15, 1800, he fired a pistol at the King as he entered the Royal Box at the Drury Lane Theater to watch a performance of *She Would and She Would Not*.³ James *et al.* wrote that Hadfield was "found insane and committed to Bedlam, where he remained actively psychotic" (Ref. 1, p 61). In fact, Hadfield was returned to Newgate Prison immediately after his trial on June 26, 1800, and was not transferred to Bethlem Hospital until October 10, 1800. Two years later, on July 27, 1802, he escaped, intending to cross the English Channel into France, but he was captured shortly afterward in Dover and taken to Newgate Prison where, according to Richard Moran,⁴ he remained until 1816, when Bethlem opened a criminal department. There, Hadfield became increasingly dissatisfied with his confinement and several times petitioned the House of Commons for his release. Moran states further (quoting Anonymous⁵) that in 1823 a staff member noted that Hadfield had shown no symptoms of insanity for a very long time.

Quoting from the archives⁶ of Bethlem Hospital, Moran reports that while in Bethlem, Hadfield sold straw baskets to visitors, wrote poetry, and painted in water colors. On one occasion, he asked for "liberty to hold communications with a female through the railing" (Ref. 4, p 516). He outlived all the participants at the trial in 1800 and died of tuberculosis on January 23, 1841, at the age of 69.

The events in the Drury Lane Theater in May 1800 are fairly well known and have been studied over the years by those interested in the development of mental health legislation. Information is, however, most commonly gathered from the British newspapers of the time.⁷ In recognition of the fact that we are writing to an American journal we decided to try to uncover the way in which the events were reported in the United States at that time. *The Gazette of the United States*,⁸ published in Philadelphia, carried a long and detailed account describing the incident in terms similar to those with which we are already familiar from reports in Great Britain, but there is additional information about some of the other events on that night. We learned that immediately after Hadfield had leveled his pistol toward the King's box, a policeman was able to knock him off balance so that the contents of the pistol were fired toward the roof of the Royal Box. The report continues, "His Majesty without betraying the slightest emotion turned round to one of his attendants and after saying a few words in a low voice, took his seat in apparent tranquility" (Ref. 8, p 1). There follows an account of the panic that spread through the theater, but Hadfield was quickly taken away, and the report concludes that "all this did not delay the theatrical performance more than a quarter of an hour but the appearance of the house during the interval and indeed the whole night, was melancholy" (Ref. 8, p 1). During the play, the King was frequently engaged in conversation with the Marquis of Salisbury. At the conclusion, "God Save the King" and "Rule Britannia" were sung, and the Royal Party departed to the cheers of the audience. It was only after the departure of the Royal Family from the theater at the conclusion of the evening's entertainment that the ornaments and other items in the Royal Box were taken down and examined, and a flattened bullet was found.

This was truly an eventful day for the King, because apart from the events in Drury Lane Theater in the evening, there had been a quite separate incident earlier. A description of the incident was discovered by one of us (A.L.H.) while consulting copies of *The London Times* of May 16, 1800.⁹ The report of this occurrence is juxtaposed to that in the theater, but no link was made, perhaps quite appropriately, because there does not appear to have been any link whatsoever. The incident occurred in the morning in Hyde Park while the Grenadier Brigade of Guards were

undertaking exercises in the presence of the King.³ A crowd of the general public was also watching. A firearm was discharged on the group of soldiers, and a Mr. Ongley of Chelsea, standing five or six yards from the King, was struck. No individual was identified, as the perpetrator fled. The reports concluded that the matter was accidental and was the consequence of the unintended discharge of the firearm.

The report, however, includes an account that when the King saw what had happened, he immediately rode up and ordered every assistance to be given to Mr. Ongley and to arrange for his wounds to be dressed and for him to be taken home.

We consider that the interest in this long-forgotten event from over 200 years ago is the insight that it provides into the relationship that the monarch enjoyed with his people and the responses of the public and the King to untoward events. The uncomplicated innocence of everything that happened shines through.

Finally, we can but speculate how major events of today and all that goes with them will be viewed in 2200.

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6. Bethlem Royal Hospital Archives, Subcommittee Minutes, April 3, 1802; June 15, 1826. Case Book, December 1816
7. See, for example, *Exeter Flying Post*, May 22, 1800; *Caledonian Mercury*, May 22, 1800
8. *Gazette of the United States*, July 8, 1800, p 1
9. *London Times*, May 16, 1800, pp 1–2

Editor:

Should the second Amendment be interpreted by the Supreme Court as the free right to bear arms by all in the case of *District of Columbia v. Heller* (76 U.S.L.W. 4631 (2008)), this lenient gun legislation will have profound effects on mortality and morbidity. Stricter gun law legislation is associated with reduced rates of both suicides and homicides in Canada, Australia, and Austria.^{1–3} Loftin *et al.*⁴ showed that restrictions in gun access has led to declines in homicides and suicides, while Rosengart *et al.*⁵ found that eliminating restrictions on carrying a concealed weapon has been associated with increased firearm homicide rates in the United States. Handgun purchase has been shown to be associated with increased risk of mortality for several years.⁶

Those with mental illness may be more adversely affected by relaxed gun law legislation. Suicide and homicide have low base rates of occurrence⁷ compared with the prevalence of mental illness.⁸ Individuals with mental disorders are as likely as those without to have access to carry or store a gun in an unsafe manner.⁹ Threats made with guns and other weapons increase with the presence of mental illness.¹⁰ At the same time, the rate of violent victimization has been found to outweigh the perpetration of violence.¹¹ The mentally ill will be negatively impacted by relaxed gun law legislation. Policymakers should be well informed of the wide-reaching implications of such changes.

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