Attacks on the British Royal Family: The Role of Psychotic Illness

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The role of psychotic disorders in attacks on British Royalty is examined. In the 23 attacks, there was evidence of psychotic illness at the time in 11 (48%) cases, with evidence of mental disorder in 4 additional ones. These data almost certainly underestimate the contribution of major mental disorder, as psychiatric evaluations were not available on several attackers. Psychotic states do not, however, preclude a rational element to the attackers’ grievances. The objective of most attackers was to commit an outrageous act to bring attention to grievances. Nine attackers had stalked their victims. Greater attention to psychiatric disorder among those who harass royalty or other public figures would allow early intervention. Ensuring that the obviously mentally ill stalkers of prominent persons are referred to psychiatric services would meet the needs of most of them for treatment and care, while reducing the chances that a tiny minority will progress to attack.


I would fain believe it is the privilege and boast of the country that no man but a madman would attack the most gracious Sovereign of this country. I believe it is as great a proof of insanity as it is possible for a person to give.—Alderson, J. sentencing Pate for his attack on Queen Victoria (R v. Pate, 8 St. Tr. N.S.2.)

Attacks on members of the British royal family are rare events. When such attacks occur, they occasion intense public interest and are the subject of careful forensic scrutiny and often of subsequent academic study.1–6 The importance accorded to the role of mental illness as a factor in those who attack not just royalty, but politicians and heads of state, has varied widely over time.7 In the 19th century, at least in the English-speaking world, there was what amounted to a presumption that those who made such attacks were insane. William Gladstone (1809–1898), the British prime minister, reassured Queen Victoria, after yet another attack on her person, that whereas foreign assassins had political motives, in England those who attempted such assassinations were all madmen.8 Gladstone’s assurance to his queen betrays not just a view of the mentally ill, but also a boast about the perfection of Britain’s property-owning democracy, where only the mad could find reason, or the lack of reason, to enter on a project of political change through the mechanism of assassination.

Early research on attacks on the President of the United States similarly highlighted the role of psychotic illness.9–11 This perspective has been undermined by a loss of confidence in our Western democracies, shaken by the increasing alienation and restiveness of minority groups within the wider community. In the studies by Clarke12,13 and the more recent Exceptional Case Study (ECS) Project,14–16 the paradigm for the would-be assassin shifted from the psychotic pursuing his delusional agenda to the politically motivated or angry social misfit.

Those who stalk or otherwise intrude on public figures have long been regarded as having high rates of mental disorder. The connections are far from clear between the all too common stalkers of heads of state and politicians and the tiny group of would-be attackers. The current construction of the potential
presidential or royal attacker as a dedicated predator on a carefully prepared project of assassination leaves little place for obvious prior stalking behaviors.14–16 Similarly, psychosis as a causal factor will be marginalized if it is regarded as incompatible with planning and rational motivations.

In this study, we re-examined the role of psychotic disorders through an examination of all the attacks on a member of the British Royal Family since 1778 for which there are public records.

**Methods**

**Sample**

Between 1778 and 1994, there were 23 attacks on the life or safety of monarchs or members of their immediate families. Details of these incidents were compiled from a range of sources, including existing scholarly accounts, court records, government papers, the archives of lunatic asylums, newspapers of the day, the published and unpublished letters of politicians and royal family members, and various editions of State Trials and the Newgate Calendar.

Attacks were defined as any hostile act involving either a weapon or the making of physical contact by an individual. Alarming intrusions that had no hostile intent, such as Michael Fagan’s appearance in the Queen’s bedroom in 1982, do not qualify as attacks. We have not included group events, such as the stoning of George III’s coach in London in 1795 and the attempted storming of the Princess of Wales’ convoy by anti-nuclear protesters in Barrow-in-Furness in 1992. Events that involved unwelcome but nonhostile physical contact, such as model Jane Priest’s encounter with Prince Charles in the Australian surf in 1979, were also excluded. Attacks, although they could involve homicidal intent, were not synonymous with such intent.

Warnings were defined as communications threatening attack or portending danger. Stalking behaviors included sending repeated unsolicited communications, attempting repeatedly to gain access to palaces or royal persons, and loitering repeatedly in proximity to royalty.

Those cases in which there are clear reports that the attackers had been experiencing delusions and/or hallucinations at the time, we designate psychotic. Those with documented histories of psychiatric treatment, but no evidence of psychotic symptoms at the time are simply referred to as mentally disordered.

**Analysis**

The incidents were elucidated in terms of:

- The target, and the harm inflicted.
- Where and how the attacks occurred.
- The nature of prior warnings or stalking behaviors, if any.
- The attacker’s motivation.
- The attacker’s psychiatric history and mental state at the time.
- The outcome for the attacker.

The size of the sample allows only a descriptive analysis.

**Ethics-Related Considerations**

This study is confined to data already in the public domain in previous scholarly accounts, court records, hospital archives, and newspaper reports. The authors have had access to information from the files of the Royalty Protection Police on cases and information currently outside of the public domain, but that material has not been used in this article.

**Results**

**Target**

The majority of the 23 attacks were on the reigning monarch (83%): George III was attacked six times, Queen Victoria eight, Edward VIII once, and Elizabeth II on three occasions. Of the remainder, four involved the monarch’s children and one the spouse of the heir to the throne.

**Harm Inflicted**

Only two attacks resulted in serious physical injuries. In 1864, Queen Victoria’s son, Prince Alfred, was shot and seriously injured at a Grand Charity Picnic in Sydney (Case 13). The attempted kidnap of Princess Anne in the Mall in 1974 left the princess unharmed, but led to four people being shot and seriously injured (Case 17). Minor injuries were sustained by King William IV when hit by a stone (Case 7). Queen Victoria received a black eye and bruise to the head when attacked while riding in her carriage (Case 12). The remaining 19 attacks did not lead to any form of physical injury (Table 1).
<table>
<thead>
<tr>
<th>Case</th>
<th>Year</th>
<th>Name</th>
<th>Age</th>
<th>Attack</th>
<th>Psychiatric Status</th>
<th>Disposal</th>
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<tbody>
<tr>
<td>1</td>
<td>1778</td>
<td>Rebecca O’Hara</td>
<td>30s</td>
<td>Knife attack as George III alighted from carriage at St. James’ Palace</td>
<td>Delusional conviction that she was true queen</td>
<td>Committed to Bedlam, where she remained deluded</td>
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<td>2</td>
<td>1786</td>
<td>Margaret Nicholson</td>
<td>45 years</td>
<td>Attempted to stab George III as he entered St. James’ Palace</td>
<td>Chronic petitioner; delusional beliefs</td>
<td>Committed to Bedlam, where she remained deluded until her death in 1828</td>
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<td>3</td>
<td>1790</td>
<td>John Frith</td>
<td>30 years</td>
<td>Tossed a stone at the royal carriage</td>
<td>At trial, gave a delusional account of his motivation for attack</td>
<td>Found unfit to plead and committed to an asylum</td>
</tr>
<tr>
<td>4</td>
<td>1800</td>
<td>James Hadfield</td>
<td>29 years</td>
<td>Shot at George III in Drury Lane Theatre</td>
<td>Had serious head injury sustained while a soldier in the recent war with France; a postmortem many years later revealed extensive damage to the nondominant frontal temporal area; deluded</td>
<td>Found insane and committed to Bedlam, where he remained actively psychotic</td>
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<td>5</td>
<td>1801</td>
<td>Catherine Kirby</td>
<td>?</td>
<td>Threw stones at George III in the street</td>
<td>Considered too insane to be tried; deluded</td>
<td>Committed permanently to Bedlam</td>
</tr>
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<td>6</td>
<td>1801</td>
<td>Urban Metcalf</td>
<td>25 years</td>
<td>Attacked George III with knife at the theatre</td>
<td>A six-year history of periods of psychotic excitement (probably manic) interspersed with relative normality; deluded</td>
<td>In and out of Bedlam until finally and permanently committed to York asylum in 1822</td>
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<td>7</td>
<td>1832</td>
<td>Dennis Collins</td>
<td>60 years</td>
<td>Threw flint at William IV at the Ascot Races</td>
<td>Insanity plea based only on counsel’s assertion of melancholy; rejected</td>
<td>Transportation to Australia</td>
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<td>8</td>
<td>1840</td>
<td>Edward Oxford</td>
<td>18 years</td>
<td>Fired twice at Queen Victoria’s carriage in London</td>
<td>Insanity plea based mainly on evidence from family; found insane</td>
<td>Transferred to Bedlam, but showed no subsequent signs of insanity; released, and emigrated to Australia where he had a successful career as a writer</td>
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<td>9</td>
<td>1842</td>
<td>John Francis</td>
<td>19 years</td>
<td>Attempted to shoot at Queen Victoria and Prince Albert in the royal carriage</td>
<td>Unhappy, socially isolated youth expressing anger at world in general; no psychiatric disorder found.</td>
<td>Guilty verdict; transported to Australia</td>
</tr>
<tr>
<td>10</td>
<td>1842</td>
<td>John Bean</td>
<td>18 years</td>
<td>Tried to fire a defective gun at Queen Victoria’s carriage</td>
<td>Distressed, isolated youth with antimonarchy sentiments; said he was tired of life and wished for death; no psychotic features</td>
<td>Guilty verdict; imprisoned</td>
</tr>
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<td>11</td>
<td>1849</td>
<td>William Hamilton</td>
<td>17 years</td>
<td>Fired on Queen Victoria’s carriage</td>
<td>Unemployed, recent immigrant from Ireland; isolated, desperate; no psychotic features</td>
<td>Guilty verdict; transported</td>
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<td>12</td>
<td>1850</td>
<td>Robert Pate</td>
<td>30 years</td>
<td>Struck Queen Victoria with a brass-topped cane while she was in her carriage</td>
<td>Pleaded insanity, supported by evidence from two leading psychiatrists with no opposing evidence; despite this, found guilty</td>
<td>Transported to Australia</td>
</tr>
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<td>13</td>
<td>1868</td>
<td>Henry James O’Farrell</td>
<td>35 years</td>
<td>Shot Queen Victoria’s son in the back at the Grand Picnic in Sydney, Australia</td>
<td>Trained for priesthood but became increasingly odd and withdrawn. Said to have developed “religious mania”; diary discovered after the attack described as a “jumble of clearly lunatic ravings”; not psychiatrically evaluated (probably due to political interference)</td>
<td>Found guilty and executed</td>
</tr>
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<td>14</td>
<td>1872</td>
<td>Arthur O’Connor</td>
<td>17 years</td>
<td>Entered the grounds of Buckingham Palace and pointed a gun at Queen Victoria</td>
<td>Insanity defense supported by several eminent psychiatrists, but O’Connor sabotaged their attempt by pleading guilty; deluded</td>
<td>Transported to Australia, but returned and again attempted to enter Buckingham Palace; this time committed permanently to Hanwell Asylum as deluded and insane</td>
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<td>15</td>
<td>1882</td>
<td>Roderick Maclean</td>
<td>28 years</td>
<td>Fired a pistol at Queen Victoria as she sat in her carriage at Windsor Station</td>
<td>Prior history of admissions to lunatic asylums; unanimous opinion of four psychiatrists who examined him after the attack was that he was deluded; found insane</td>
<td>Committed to Broadmoor Asylum for criminal lunatics</td>
</tr>
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<td>16</td>
<td>1936</td>
<td>Jerome Bannigam, aka Patrick McMahon</td>
<td>34 years</td>
<td>Raised a loaded revolver at Edward VIII who was riding in royal procession after trooping of the colours</td>
<td>Habitually drifted ‘into a state of phantasy whence he emerges with his persecutory ideas woven into a tissue of malicious defamation of others.’ Not certifiable.</td>
<td>Sentenced to 2 years’ hard labor</td>
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<td>17</td>
<td>1974</td>
<td>Ian Ball</td>
<td>20 years</td>
<td>Attempted to kidnap Princess Anne; shot and seriously injured two protection officers and two bystanders who came to the aid of the princess</td>
<td>Prior history of psychiatric disorder; deluded; diagnosed schizophrenia</td>
<td>Committed to Broadmoor Hospital where he remains</td>
</tr>
<tr>
<td>18</td>
<td>1981</td>
<td>Marcus Sargeant</td>
<td>17 years</td>
<td>Fired blanks at Queen Elizabeth on Horseguards’ Parade at the trooping of the colours</td>
<td>Discharged from army after 3 months; attempted unsuccessfully to join police and fire brigade; fascinated by previous assassinations; wanted to become famous; refused psychiatric evaluation</td>
<td>Imprisoned; some years later committed to a psychiatric hospital; religious delusions</td>
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Where the Attack Occurred

No attacks occurred in royal residences. Thirteen (57%) occurred while the victims were in transit, riding in, or alighting from, carriages or cars. Two cases involving Edward VIII and Elizabeth II (cases 16 and 18) concerned the monarch riding on horseback in a royal procession on the trooping of the colours. Seven cases (30%) occurred at public royal events (including those abroad), two others occurred at the theater, and one at the races. The location of one attack is not recorded. Fifteen (65%) attacks occurred in London, three elsewhere in the United Kingdom, and the remainder in the Antipodes (three in New Zealand and two in Australia).

The Attack

Twenty (83%) of the attackers were male, seven (30%) of whom were adolescents. Only two attackers were known to be married. Thirteen (57%) cases involved firearms, all except one being a handgun. Three cases involved knives, three involved stones, and one a brass-headed walking cane. A further three cases, although hostile, involved no potential for serious injury, including a wet T-shirt thrown at the Queen in 1990, an aerosol sprayed in Prince Charles’ face in 1994, and the indecent assault on Princess Diana in 1989 (Table 1).

Few cases can be confidently classified as failed regicide. For example, although 13 cases involved firearms, six of the weapons did not contain live ammunition. Francis (Case 9) loaded his gun only with powder when he shot at Queen Victoria in her carriage in 1842. He made two attempts on consecutive days, in that the gun did not fire on the first occasion. Bean (Case 10), in imitating Francis on the day after Francis was reprieved, knew that the old flintlock that he had filled with powder, wadding, and a piece of clay pipe, would be unlikely to inflict injury. Hamilton’s (Case 11) pistol was not loaded with live ammunition, and he seems only to have wanted to frighten the Queen. O’Connor (Case 14) pointed an unloaded pistol at Queen Victoria. Sargeant (Case 18), before firing blanks at Queen Elizabeth during the trooping of the color in 1981, had tried to obtain real bullets. At his trial, it was said that he conducted a fantasy assassination only because he did not have the means to conduct a real one. The other cases are unlikely to have involved any desire to kill. David Kang, (Case 22) who rushed at

Table 1  Continued

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| 19   | 1986 | Christopher John Lewis| 17   | Fired a rifle at Queen Elizabeth on a visit to Dunedin in New Zealand  | Extremist right-wing views; history of offending; no psychiatric evaluation before trial | Imprisoned; later transferred to secure psychiatric hospital; wrote an autobiography;
|      |      |                       |      |                                                                        |                                                                                    | eventually committed suicide          |
| 20   | 1986 | Alfred Adcock         | 57   | Indecently assaulted Diana Princess of Wales at a public function      | Long history of psychiatric admissions; deluded; diagnosed schizophrenia           | Committed to secure psychiatric hospital |
| 21   | 1990 | Henearoachuca Tepou   | 27   | Threw wet T-shirt at Queen Elizabeth on a visit to New Zealand         | Activist for Maori rights; no psychiatric disorder                                | Noncustodial sentence                  |
| 22   | 1994 | David Kang            | 23   | Fired starting pistol at Charles, Prince of Wales, on visit to Australia | Activist for refugee’s rights; history of treatment for depressive illness; hoped to be shot by police | Guilty; noncustodial sentence          |
| 23   | 1994 | Castilav Bracanov     | 58   | Sprayed Prince Charles with an aerosol on New Zealand visit            | Antiroyalist; eccentric, but not psychotic                                       | Noncustodial sentence                  |

Details of the psychiatric status of the attackers and their eventual disposal. There is sufficient information to regard the attackers as psychotic at the time of 11 incidents (1, 2, 3, 4, 5, 6, 12, 14, 15, 17, 20). There is a history of psychiatric disorder characterized by delusional ideas, either before or subsequent to the attack in a further two cases (13 and 18), although evidence for the attackers’ state of mind when they attacked is absent. A further two cases (19 and 22) had received psychiatric treatment.
Prince Charles while firing a starting pistol in Sydney in January 1994, appears to have been seeking to publicize the cause of Cambodian refugees and believed that he would be shot.

Prior Warnings and Stalking-like Behaviors

Ten of these attackers are known to have evidenced warning behaviors before the attacks, in the form of threatening letters, communications with demands linked to warnings, or telling others of their intention to attack the sovereign (Cases 2, 3, 4, 7, 9, 15, 16, 18, 20, and 22). Nine attackers had shown prior stalking behaviors, including multiple unsolicited communications in seven (Cases 2, 3, 7, 12, 14, 20, and 22) and, in four instances (Cases 1, 2, 5, and 12), either repeatedly approaching, or attempting to enter a royal palace or loitering near a royal on public occasions. O’Farrell (Case 13) had stalked another public figure. Given the gaps in the records, it is probable that others also stalked and gave notice of their intent to attack the royal personage.

Motivation

The attackers often gave accounts of their reasons after the event, even if those reasons emerged from delusional preoccupations. The motivations can be political, or the attackers can be divided into frustrated petitioners, pretenders to the throne advancing their claims, the resentful expressing rage at the world in general and royalty in
particular, and the bizarre (Table 2). Four cases (5, 11, 12, and 13) are unclassifiable owing to lack of information.

**Psychosis and Psychiatric Disorder**

Eleven (48%) attackers were reported as having delusions and/or hallucinations at the time of the incidents (Table 1). Five of the attackers in the early cases were placed in the secure unit at the Bethlam (Bedlam) Royal Hospital in London. Psychiatric records of these cases survive. Four of the 23 attackers were not subjected to any form of psychiatric assessment. There were four additional subjects with histories of mental disorder, but no adequate records survive of his evaluation, if any was attempted amid the indecent haste to execute.

Although Oxford was found insane at trial, the nature of the evidence, together with his subsequent progress cast doubt on the diagnosis of a psychotic illness. He has not been counted among the 11 psychotic cases.

Seven attackers were under 20 years of age. They all appear to have been angry, alienated young men whose grievances against the world had come to focus on the sovereign. Four were known to have been seeking infamy. Grandiosity and pathological lying (mythomania) were present in at least two.

**Outcome for the Attacker**

Ten (43%) of the 23 attackers were committed to psychiatric hospitals and two more were transferred to a psychiatric hospital from prison (Table 1). Seven (30%) were imprisoned, four underwent transportation (17%), and one was executed, despite the possibility of his having been insane. One person who was probably not mentally ill was sent to the hospital, one who probably was mentally ill was transported, and another who was mentally ill agreed to voluntary exile with remission of prison sentence, being later committed to a lunatic asylum when he returned to Buckingham Palace (Cases 8, 12, and 14). Only two persons intended to die as part of the attack (Cases 4 and 22).

**Discussion**

The primary aim for most of these attackers of British Royalty was to bring public attention to either their personal grievances, the political views they espoused, or simply to themselves. A significant proportion were driven by delusional preoccupations, but this did not preclude their being motivated by understandable political or personal grievances. Nearly half had stalked their victims.

The revolution of 1642 effectively ended royal power in Britain, despite the Restoration. The Glorious Revolution of 1688 and its resolution in the 1689 Bill of Rights confirmed the relationship of the Crown to Parliament, which was henceforth the seat of political power. The Bill of Rights assigned the monarch the role of mediating for the benefit of the ordinary citizen between the power of the House of Commons, representing property owners largely from trade and industry, and the House of Lords, representing the aristocracy, whose power was based in landed wealth. The monarch was allotted the role of a prototypical ombudsman for the common people, a role not always embraced with enthusiasm by the reigning sovereign. Regicide ceased to be an effective way of grasping power, or even of influencing the political process. At best, it could now only be a spectacle to bring attention to a cause. The period of the study was one when royalty had great symbolic importance, some capacity to intercede, but little control over the levers of power.

Poole argues convincingly that to dismiss many attackers of royalty as simply incompetent and lunatic is to miss another important reality. Some can be characterized as frustrated petitioners in pursuit of contractual dues. Although the political basis of the contractualism that characterized the relationship between sovereign and people has waned, it continued (and continues) to operate to some extent in the popular, as well as the disordered, imagination. Political motivations can be adduced in several of the cases, although they sometimes come clothed in delusional or idiosyncratic preoccupations. Even among the attackers who were psychotic, there was usually a core of protest against real injustice and inequality in their actions. Political motivation and psychosis are not mutually exclusive explanations, but are potentially different aspects of the motivation. This perspective helps explain why so few of the attackers intended the death of a royal. Their actions were usually demonstrations of discontent, not failed regicide. This fact also assists in making links with the presidential attackers in the United States, where for all the apparent differences of polit-
Attacks on the British Royal Family

Adolescent males made six largely unannounced attacks on the monarch. The elements that appear to be present in the adolescent cases include disappointment of their early ambitions and a need to bolster self-esteem. They appeared to wish both to gain personal notoriety and to take revenge on an uncaring and rejecting world. Elements of suicidal despair appeared in all six. U.S. studies of attackers have remarked on similar factors in a subsample of those who have attacked prominent people in the past 60 years.\(^{15,16,23,24}\) It is interesting that some of the characteristics of this adolescent group are also shared with those who have engaged in high school shootings in the United States.\(^{25,26}\) In the U.S. literature, there is an attempt to separate the desire to die, the wish to become famous through a destructive act, and the fascination with arms or assassination. It is far from clear in the sample of royal attacks that these various elements of the adolescent psyche can be split from each other.

Phillips,\(^{27}\) in his recent analysis of attackers and stalkers of U.S. presidents, gives prominence to the role of delusional thinking and active psychosis. James and colleagues,\(^{28}\) in their study of attackers of European politicians, noted 36 percent were deluded at the time of the attack, with 55 percent having had psychiatric illnesses previously. Most of the fatal and seriously injurious attacks were perpetrated by psychotic individuals. The leading study remains the ECS by Fein and colleagues\(^{14–16}\) of 83 attackers and would-be attackers of public figures in the United States. They noted that two-thirds of the subjects had histories of contact with mental health services, and 23 percent had been evaluated or treated in the year before the attack. In their opinion, 43 percent of the attackers were deluded at the time of the attacks. They concluded, “Many persons who demonstrate unusual or inappropriate interests in, or make threats against, public officials and figures are mentally ill. But...the great majority of attackers and assassins are not mentally ill” (Ref. 15, p 183; emphasis retained). The failure of the authors of the ECS to assign a major role to mental disorder may, given their findings, appear quixotic. The failure becomes understandable when placed in the context of the agenda behind the ECS. They set out to identify from a law enforcement perspective the risk factors that would assist in evaluating the threat that particular individuals might present to U.S. politicians. As a marker of the potential for attacking a prominent person, mental illness is of little use, being far too common in the community, particularly among those who come to notice by their harassment of politicians.\(^{29–31}\)

The ECS data are similar to those presented here. The difference is in the emphasis. The paradigm of the royal attacker, we advance, is a mentally disordered individual who, following a period of disorganized stalking, resorts to an ill-prepared attack. The path to violence emphasized in the ECS study is one of predation reflecting deviant but quasi-rational motivations realized through a planned progress to a fatal attack. The different models reflect different realities, but equally different perspectives. One serves the hope of protecting through more targeted law enforcement and the other of reducing risk through more effective mental health care for the population from which nearly 50 percent of attackers emerge.

The model of fixation recently advanced to direct the assessment and management of those who stalk public figures\(^{32}\) is relevant to royal attackers. Contemporary accounts suggest that many of the attackers had developed an intense fixation on their victims and had indulged in prior stalking behaviors. Psychosis is common in both the attackers and the stalkers of royalty and other public figures. Though more detailed studies may change the picture, currently there is little capacity to identify a high-risk group among the multitude of disordered people stalking public figures. Potentially, however, by attending not to the level of risk, but to the level of psychiatric disorder, a double benefit could accrue. Most of those with psychotic illness who are actively stalking royalty and other public figures are out of contact with psychiatric services. By ensuring that they are attached, or more usually reattached, to appropriate mental health services, their needs for treatment potentially could be met and, as a by-product, the risk of their joining the ranks of attackers would be reduced. Until recently, the Royal Protection Squad, like the Secret Service in the United States, kept a large database of stalkers and threateners but confined their activities to regular monitoring. Recently, a program has commenced to intervene more actively to ensure assessment and treatment for obviously psychotic stalkers both of royalty and politicians.\(^{33}\)
dom and in most of Western Europe is compatible with obtaining compulsory assessment and treatment if a person is mentally ill and suffering as a result of the illness. Such treatment is provided by state-funded, area-based services. U.S. legislation is not always so accommodating, nor in some states is care so easily accessed.

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