

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.

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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, af-

ter 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 Clarke^{12,13} 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

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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 1 The Nature of Attacks and Attackers' Psychiatric Status

Case	Year	Name	Age	Attack	Psychiatric Status	Disposal
1	1778	Rebecca O'Hara	30s	Knife attack as George III alighted from carriage at St. James' Palace	Delusional conviction that she was true queen	Committed to Bedlam, where she remained deluded
2	1786	Margaret Nicholson	45 years	Attempted to stab George III as he entered St. James' Palace	Chronic petitioner; delusional beliefs	Committed to Bedlam, where she remained deluded until her death in 1828
3	1790	John Frith	30 years	Threw a stone at the royal carriage	At trial, gave a delusional account of his motivation for attack	Found unfit to plead and committed to an asylum
4	1800	James Hadfield	29 years	Shot at George III in Drury Lane Theatre	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	Found insane and committed to Bedlam, where he remained actively psychotic
5	1801	Catherine Kirby	?	Threw stones at George III in the street	Considered too insane to be tried; deluded	Committed permanently to Bedlam
6	1801	Urban Metcalf	25 years	Attacked George III with knife at the theatre	A six-year history of periods of psychotic excitement (probably manic) interspersed with relative normality; deluded	In and out of Bedlam until finally and permanently committed to York asylum in 1822
7	1832	Dennis Collins	60 years	Threw flint at William IV at the Ascot Races	Insanity plea based only on counsel's assertion of melancholy; rejected	Transportation to Australia
8	1840	Edward Oxford	18 years	Fired twice at Queen Victoria's carriage in London	Insanity plea based mainly on evidence from family; found insane	Transferred to Bedlam, but showed no subsequent signs of insanity; released, and emigrated to Australia where he had a successful career as a writer
9	1842	John Francis	19 years	Attempted to shoot at Queen Victoria and Prince Albert in the royal carriage	Unhappy, socially isolated youth expressing anger at world in general; no psychiatric disorder found.	Guilty verdict; transported to Australia
10	1842	John Bean	18 years	Tried to fire a defective gun at Queen Victoria's carriage	Distressed, isolated youth with antimonarchy sentiments; said he was tired of life and wished for death; no psychotic features	Guilty verdict; imprisoned
11	1849	William Hamilton	17 years	Fired on Queen Victoria's carriage	Unemployed, recent immigrant from Ireland; isolated, desperate; no psychotic features	Guilty verdict; transported

Attacks on the British Royal Family

Table 1 Continued

Case	Year	Name	Age	Attack	Psychiatric Status	Disposal
12	1850	Robert Pate	30 years	Struck Queen Victoria with a brass-topped cane while she was in her carriage	Pleaded insanity, supported by evidence from two leading psychiatrists with no opposing evidence; despite this, found guilty	Transported to Australia
13	1868	Henry James O'Farrell	35 years	Shot Queen Victoria's son in the back at the Grand Picnic in Sydney, Australia	Trained for priesthood but became increasingly odd and withdrawn. Said to have developed "religious mania" ^{17,18} ; diary discovered after the attack described as a "jumble of clearly lunatic ravings"; not psychiatrically evaluated (probably due to political interference)	Found guilty and executed
14	1872	Arthur O'Connor	17 years	Entered the grounds of Buckingham Palace and pointed a gun at Queen Victoria	Insanity defense supported by several eminent psychiatrists, but O'Connor sabotaged their attempt by pleading guilty; deluded	Transported to Australia, but returned and again attempted to enter Buckingham Palace; this time committed permanently to Hanwell Asylum as deluded and insane
15	1882	Roderick Maclean	28 years	Fired a pistol at Queen Victoria as she sat in her carriage at Windsor Station	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	Committed to Broadmore Asylum for criminal lunatics
16	1936	Jerome Bannigam, aka Patrick McMahon	34 years	Raised a loaded revolver at Edward VIII who was riding in royal procession after trooping of the colours	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.	Sentenced to 2 years' hard labor
17	1974	Ian Ball	20 years	Attempted to kidnap Princess Anne; shot and seriously injured two protection officers and two bystanders who came to the aid of the princess	Prior history of psychiatric disorder; deluded; diagnosed schizophrenia	Committed to Broadmoor Hospital where he remains
18	1981	Marcus Sargeant	17 years	Fired blanks at Queen Elizabeth on Horseguards' Parade at the trooping of the colours	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	Imprisoned; some years later committed to a psychiatric hospital; religious delusions

Table 1 Continued

Case	Year	Name	Age	Attack	Psychiatric Status	Disposal
19	1986	Christopher John Lewis	17 years	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 ¹⁹ ; eventually committed suicide
20	1986	Alfred Adcock	57 years	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 years	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 years	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 years	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.

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

Attacks on the British Royal Family

Table 2 The Attackers' Motivations

Pretender to throne		
1	Rebecca O'Hara	Asserted her right to the throne as the true queen
6	Urban Metcalf	Believed he was king based on delusional genealogy; repeatedly attempted to enter royal palaces
Politically motivated		
8	Edward Oxford	Led a secret society, Young England, dedicated to radical political change, though with few, if any, other members; assassination was to advance the society's aims
14	Roderick Maclean	Wrote royalty were "bloated aristocrats" who robbed the poor; persecutory delusions mixed in with antiroyalist and leveler sentiments ²⁰
15	Henry O'Farrell	Campaigned against local Archbishop, who he believed was persecuting him; also gave an account of being a member of a Fenian organization fighting for Irish freedom, although it is doubtful that any such group existed
19	Christopher Lewis	Led a small group, the National Imperial Guerrilla Army, holding right-wing, antimonarchist, nationalist views ¹⁹
21	Henearoachuca Tepou	Attempted to publicize Maori grievances
22	David Kang	Frustrated at authorities ignoring his campaign on behalf of refugees
23	Castilav Bracanov	Long-time antiroyalist campaigner
Petitioners		
2	Margaret Nicholson	Frustrated after not receiving any response to her multiple petitions to the king seeking her "rights"
3	John Frith	Multiple petitions to parliament and the king around his construction of the constitution and Bill of Rights; the lack of response led to the attack
7	Dennis Collins	Ex-sailor wounded in action who was pursuing a range of grievances against the Admiralty by repeated petitions; frustration at lack of response precipitated the attack
The resentful		
9	John Francis	Resentful at the world in general and about the money wasted on royalty in particular
10	John Bean	"Tired of life"; antimonarchist wanting attention and to express anger at the system; imitating Francis
16	Jerome Bannigam	Resentful at his treatment by the government and the Home Secretary in particular
18	Marcus Sargeant	Bitter about his failure and unemployment; wanted to make himself famous through the attack; military ambitions; interest in assassins
Bizarre		
4	James Hadfield	Acted on God's instructions to kill the King so as to usher in the Second Coming
17	Ian Ball	Attempted to kidnap Princess Anne for a complex mixture of reasons: wanted ransom (3 million pounds), wanted to publicize the plight of the working class, and wanted his parking fines to be excused
20	Alfred Adcock	Sexual preoccupations with touching women (several convictions for indecent assault); fixated on Diana, erotomanic delusions

From the attackers' statements before and after the events, it was possible to discern a motive in 19 of the cases. The motivations in some cases were mixed, but the predominant drives and intentions have been used for classification.

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 available evidence that they were psychotic when they attacked (Table 1). For example, O'Farrell,¹³ who shot Queen Victoria's son Alfred in 1868, had a history suggestive of mental illness, but no adequate records survive of his evaluation, if any was attempted amid the indecent haste to execute.

Although Oxford⁸ 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 ei-

ther 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 this study was one when royalty had great symbolic importance, some capacity to intercede, but little control over the levers of power.

Poole¹ 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.^{1,22} 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-

ical context, many were also both creating a spectacle of protest and mentally ill.^{23,24}

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 colleagues¹⁴⁻¹⁶ 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 par-

ticular 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 figures³² 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 The mental health legislation in the United King-

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.

References

1. Poole S: *The Politics of Regicide in England, 1760–1850: Troublesome Subjects*. Manchester, UK: Manchester University Press, 2000
2. Keeton GW: *Guilty but Insane*. London: MacDonald, 1961
3. Walker N: *Crime and Insanity in England. Volume 1: The Historical Perspective*. Edinburgh: Edinburgh University Press, 1968
4. Macalpine I, Hunter R: *George III and the Mad-Business*. London: Allen Lane, 1969
5. West DJ, Walk A: *Daniel McNaughton*. London: Gaskell, 1977
6. Eigen JP: *Witnessing Insanity: Madness and Mad-Doctors in the English Court*. New Haven, CT: Yale University Press, 1995
7. Mullen PE, James DV, Meloy JR, et al: The role of psychotic illnesses in attacks on public figures, in *Stalking, Threatening, and Attacking Public Figures*. Edited by Meloy JR, et al. New York: Oxford University Press, 2008
8. Longford E: *Victoria RI (2nd ed)*. London: Weidenfeld & Nicolson, 1987, p 446
9. Rothstein DA: Presidential assassination syndrome. *Arch Gen Psychiatry* 11:245–54, 1964
10. Rothstein DA: Presidential assassination syndrome II: application to Lee Harvey Oswald. *Arch Gen Psychiatry* 15:260–6, 1966
11. Hoffman JL: Psychotic visitors to government offices in the national capital. *Am J Psychiatry* 99:571–5, 1943
12. Clarke JW: *American Assassins: The Darker Side of Politics*. Princeton, NJ: Princeton University Press, 1982
13. Clarke JW: *On being mad or merely angry*. Princeton, NJ: Princeton University Press, 1990
14. Fein RA, Vossekuil B, Holden GA: *Threat assessment: an approach to prevent targeted violence*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, 1995. Publication NCJ 155000
15. Fein RA, Vossekuil B: Preventing attacks on public officials and public figures: a Secret Service perspective, in *The Psychology of Stalking*. Edited by Meloy JR. San Diego, CA: Academic Press, 1998, pp 175–91
16. Fein RA, Vossekuil B: Assassination in the United States: an operational study of recent assassins, attackers and near-lethal approachers. *J Forensic Sci*, 44:321–33, 1999
17. McKinlay B: *The First Royal Tour 1867–1968*. Adelaide, SA, Australia: Rigby, 1970
18. Travers R: *The Phantom Fenians of New South Wales*. Kenhurst, NSW, Australia: Kangaroo Press, 1986
19. Lewis JL: *Last Words*. Auckland, New Zealand: Howling at the Moon Productions, 1997
20. White S: *What Queen Victoria Saw: Roderick Maclean and the Trial of Lunatics Act, 1883*. Chichester, UK: Barry Rose, 2002
21. HRH The Duke of Windsor: *A King's Story. The Memoirs of HRH the Duke of Windsor*, KG. London: Cassell, 1951
22. Meloy JR: *Violent Attachments*. Northvale, NJ: Aronson, 1992
23. Phillips RTM: Assessing presidential stalkers and assassins. *J Am Acad Psychiatry Law* 34:154–64, 2006
24. Meloy JR, James DV, Farnham FR, et al: A research review of public figure threats, approaches, attacks, and assassinations in the United States. *J Forensic Sci* 49:1086–93, 2004
25. Vossekuil BA, Fein RA, Reddy M, et al: *The Final Report and Findings of the Safe School Initiative: Implications for the Prevention of School Attacks in the United States*. Washington, DC: Department of the Treasury, United States Secret Service and Department of Education, 2002
26. Meloy JR, Hempel A, Mohandie K, et al: Offender and offense characteristics of a nonrandom sample of adolescent mass murderers. *J Am Acad Child Adolesc Psychiatry* 40:719–28, 2001
27. Phillips RTM: Celebrity and special targets, in *Stalking: Psychiatry Perspectives and Practical Approaches*. Edited by Pinals DA. New York: Oxford University Press, 2007, pp 227–50
28. James DV, Mullen PE, Meloy JR, et al: The role of mental disorder in attacks on European politicians 1990–2004. *Acta Psychiatrica Scand* 116:334–44, 2007
29. Scalora M, Baumgartner J, Zimmerman W, et al: An epidemiological assessment of problematic contacts to members of Congress. *J Forensic Sci* 47:1–5, 2002
30. Scalora M, Baumgartner J, Zimmerman W, et al: Risk factors for approach behavior toward the U.S. Congress. *J Threat Assess* 2:35–55, 2002
31. Scalora MJ, Baumgartner J, Plank G: The relationship of mental illness to targeted contact behavior toward state government agencies and officials. *Behav Sci Law* 21:239–49, 2003
32. Mullen PE, James DV, Meloy JR, et al: The fixated and the pursuit of public figures. *J Forensic Psychiatry Psychol*, in press
33. Boys in Blue and Men in White Coats. *Economist*. May 31, 2007, p 35