

The Insanity Defense: M'Naghten vs. ALI

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Controversy continues to surround the legal test of criminal responsibility. Until June 1, 1967, the legal test for responsibility in Maryland was the M'Naghten Rule. This states that a defendant must be ". . . laboring under such a defective reason, from disease of the mind, as not to know the nature and quality of the act he was doing, or if he did know it that he did not know he was doing what was wrong."¹ After a period of intensive lobbying by the psychiatric and legal profession, led by Dr. Manfred S. Guttmacher, Dr. John M. Hamilton and Dr. Jonas Rappoport, the Maryland Legislature adopted the test proposed by the American Law Institute (ALI). This test was first adopted by the Federal Court of Appeals for the Third Circuit in deciding *U.S. v. Currens* in 1961² and since has been adopted in some ten states and in almost all Federal jurisdictions.³ It states that a person is not responsible for criminal conduct if at the time of such conduct, as a result of mental disease or defect, he lacked substantial capacity to appreciate the criminality of his conduct or to conform his conduct to the requirements of law.

In Maryland, since 1960, the mental examinations of males accused of a felony who have entered insanity pleas or who are believed by the court to be incompetent have been performed at the Clifton T. Perkins Hospital Center. This is a 246-bed maximum security hospital located in the center of the State of Maryland, in Jessup, Howard County. Thus the records of this institution present an opportunity to study the impact of the change in the test for responsibility on the insanity defense in Maryland.

Method

To explore the impact of the change in the insanity test, the present authors decided to compare results of mental examinations performed at this hospital during Fiscal Year 1966 (July 1, 1965, to June 30, 1966) and Fiscal Year 1973 (July 1, 1972, to June 30, 1973). The former was chosen as the last representative year before the impact of the impending change in the law was reflected in clinical opinions.

In FY 1966, there were 278 admissions to Clifton T. Perkins Hospital for pretrial mental examinations. In FY 1973 the number increased to 380. Despite the increased workload, however, the processes of the evaluations were identical. Each of these patients received a psychiatric admission note and a psychiatric case workup by a staff psychiatrist, a social service investigation by a staff social worker, a battery of psychological tests and routine physical and laboratory examinations. In addition many received electroencephalograms, and all were observed by our nursing staff, who prepared a special report concerning their behavior in the hospital. This information along with a police report of the alleged offense plus reports gathered from other institutions was presented at a Medical Staff Conference attended by an average of five psychiatrists. After the patient was interviewed, each psychiatrist recorded his opinion as to diagnosis, competency to stand trial and responsibility at the time of the alleged offense. Any disagreement among the psychiatric staff was reported to the court. Such disagreement was not infrequent, but

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almost invariably a majority opinion by the staff that the person was not responsible for his actions was accepted by the court.

Results

The table shown below gives a candid review of the results of this study. As will be noted, there was a marked increase in the number of patients found not responsible for their actions as a result of the substitution of the ALI test for the M'Naghten rule. This rise from 7.91% to 19.21% constitutes a 143% increase. Preliminary figures for 1974 indicate that this trend has continued, with 18.18% of 407 persons admitted for pretrial mental examinations found not responsible for their actions.

To further explore the reasons for this difference, a large number of charts from Fiscal Year 1966 were reviewed. It was found that there was no change in the frequency with which patients were labeled schizophrenic or severely retarded, but that only the legal opinions had changed. To illustrate this change, the present authors have chosen a few random examples of patients whom they believe would have undergone a different legal disposition following the change of the insanity test.

Case Number 1

T. G., a 23-year-old porter, was admitted to the hospital for pretrial evaluation after inducing an eight-year-old neighbor girl to have intercourse with him for a dollar. He had no past criminal history and was preoccupied with rather bizarre religious ideas. He claimed he had been in touch with God on several occasions and that this communication had been proven by the fact that God had saved his life on other occasions. Psychological testing indicated psychosexual confusion and enough disorganization of ego functions to suggest a psychosis. The staff diagnosed him as schizophrenic, chronic, undifferentiated type, but it was the opinion of the staff that he was able to distinguish between right and wrong and to know the nature and consequences of his acts. He was subsequently found guilty and sentenced to five years in the Maryland Penitentiary.

Case Number 2

B. G., a 43-year-old laborer separated from his wife, was admitted to the hospital for evaluation after wounding a woman and fatally shooting her boyfriend. The patient had begun a pen-pal relationship with this woman six months earlier after he had voluntarily entered a mental hospital because of severely disturbing ideas of reference. He had been transferred to a Veterans Administration Hospital and was considered in remission from a schizophrenic psychosis when he left the hospital without permission after the woman wrote him that she was terminating the relationship. After a meeting with the woman failed to produce a reconciliation, he went to her neighborhood and waited for her to return with the intention of killing her. The patient had a long history of criminal behavior and psychiatric treatment. On admission to the hospital he was found to be somewhat flat and grandiose and described ideas of reference. No hallucinations could be elicited or paranoid delusions. Psychological tests were consistent with a chronic psychosis in remission. At a staff conference the diagnosis was schizophrenia, paranoid

TABLE I

	Pretrial Examinations	Not Responsible	Percentage
Fiscal Year 1966	278	22	7.91%
Fiscal Year 1973	380	73	19.21%*

* Significant at the .01 level.

type, and it was the unanimous opinion of the seven psychiatrists present that he was competent to stand trial and responsible under the M'Naghten test. He was returned to jail to wait trial but six months later was re-admitted in a psychotic state while still awaiting trial. He made a poor response to treatment and was eventually found Not Guilty By Reason of Insanity four years later under the ALI test of criminal responsibility.

Case Number 3

P. B. was a nineteen-year-old single student who had been expelled from college for a series of mild rule infractions which began when he was placed on probation for wrestling. He became obsessed with the idea of revenging himself upon the student who had first reported him. He drove over a hundred miles to the college and assaulted this student with a blank pistol and then with the victim's own knife. Psychiatric examination revealed no overt psychosis. Psychological tests, however, indicated presence of a schizophrenic psychosis with paranoid trends. The five psychiatrists present at the staff conference were unable to agree as to diagnosis or criminal responsibility, although it was the opinion of the majority of the staff that the appropriate diagnosis was schizophrenia, chronic, undifferentiated type with paranoid features. He was subsequently found guilty of assault and sentenced to six years in a correctional institution.

Comments

Statistics clearly indicate that a change in the legal test for criminal responsibility in Maryland from the M'Naghten Rule to ALI has produced a marked increase in the number of persons found not responsible for their actions by reason of mental disorder. This increase occurred despite the fact that the staff at Perkins Hospital and the courts of Maryland had never adhered to a literal application of the M'Naghten Rule. Other possible explanations for the large increase were explored and found not valid. The staff at the hospital has been quite stable, and two psychiatrists still on the staff plus the senior author participated in the examinations conducted in Fiscal Year 1966.

A more detailed account of the evaluation and treatment programs at Clifton T. Perkins Hospital Center has been published elsewhere.⁴ No attempt has been made by the authors of this study to evaluate the merits of liberalizing the test for insanity versus the opposite extreme of abolishing the insanity defense completely.

Summary

The effect of a change in the legal test of criminal responsibility in Maryland from the M'Naghten to ALI was explored by reviewing the records of patients admitted to a hospital for pretrial mental examination. The years 1966 and 1973 were compared. It was found there was a 143% increase in the number of persons found to lack responsibility for their conduct. Several patient charts from 1966 were then reviewed to substantiate the implication that this change happened as a direct result of the new legal guidelines for responsibility at the time of the offense.

References

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