

Insanity and Crime in Malta (*)

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NO work has been done on the criminal aspects of insanity in Malta. The scope of this paper is to fill part of the gap in this field of study by placing on record statistical figures concerning the relationship of insanity and crime in Malta, classifying the facts observed and stating the conclusions drawn from these facts and figures.

The present study is based on an analysis of the case records of all offenders who were sent by the Criminal Courts to the Hospital for Mental Diseases for an assessment of their mental condition during the half century between 1898 and 1947, both years inclusive.

The hospital case records for the first half of the period under review are much less complete than would be wished for. In quite a number of cases the clinical record is a mere description of the patient's behaviour; the nature of the crime is not given at all while only in a few instances one finds a copy of the psychiatrists' report ("perizja"). The clinical case sheets become more informative from 1932 onwards and most of them contain a copy of the relative psychiatric report. The absence of copies of psychiatric reports in the other cases is due to the fact that when the Court appoints psychiatric referees who do not happen to be members of the hospital staff, they fail to present a copy of their report to the hospital archives (1).

When the necessary information could not be obtained from the hospital records, the original court documents, when available, were consulted.

INCIDENCE OF MENTAL DISORDER AMONG CASES SENT UNDER MENTAL OBSERVATION

A total of 301 court cases were admitted to hospital under mental observation during the period under review. The num-

(*) The prize essay of the British Medical Association (Malta Branch) competition for 1950.

(1) It is hoped that this omission will be made good in future. In fact it does not entail any extra work to provide the hospital with a copy of the report since this is typewritten and a duplicate copy can easily be made.

ber of male cases is larger than the female ones — 269 being males and 32 females. The great difference in the incidence of cases between the two sexes is due to the well known fact that women commit crime less frequently than men (2).

During the same period, the total number of receptions to hospital (i.e. ordinary and court admissions) was 8418 (4903 males and 3515 females) so that the court cases form 3% of all admissions (5.25% males and 0.75% females).

In contradistinction to cases (301), the number of offenders received into hospital by decrees of the criminal courts was 279 (247 men and 32 women). This discrepancy between the number of cases and the number of offenders is due to the fact that a number of male offenders were sent by the courts under mental observation on more than one occasion for several separate charges. This explains why the number of cases is larger than the number of offenders. Thus 13 male offenders were referred twice to hospital; another 3, three times; and 1 offender five times during the period 1898-1947 (3).

Of the 247 men, 96 were declared to be "not insane". 149 were found suffering from some form of mental disorder, while the remaining two are still under observation. The number of male offenders who were found insane (149) constitutes, therefore, 3.2% of the total male admissions (4903).

Of the 32 female offenders, 12 were pronounced "not insane", 19 cases were declared insane, while one died when still under observation. The number of insane female offenders thus forms 0.54% of the total female admissions (3515).

The number of insane offenders (149 males and 19 females) admitted to hospital form, therefore, 1.9% of the total admissions between 1898 and 1947 (8418).

(2) Some criminologists have predicted an increase in the commission of crime by women since the latter have been entering economic and social spheres which were previously the sole domain of men. This tendency, however, has not yet shown itself in Malta. In fact while the number of men admitted to prison in 1948-1949 was 436, the number of women was only 15. See "Report on the Malta Prisons for 1948-49", in the Malta Government Gazette of the 31st January 1950.

(3) "Cases" and "offenders" must be distinguished throughout this paper as otherwise there will be an apparent disagreement among some of the figures given in the text and appendices.

ADMISSION RATE OF CRIMINAL CASES

The average admission rate per year of cases sent under mental observation by order of the criminal court works out at 5.4 for males and 0.64 for females; but of these only a yearly average of 3.1 male offenders and 0.38 female offenders were declared to be insane.

The number of cases admitted each year, and of those among them that were found to be of unsound mind, is given in Appendix I.

In the accompanying table are shown the total admissions to hospital for each decade from 1898 to 1947 together with the number of cases sent to hospital by order of the courts under mental observation, and also the number of these court cases that were declared to be insane.

Decade	Total-cases admitted	MALES		FEMALES		
		Court cases	Insane among court cases	Total cases admitted	Court cases	Insane among court cases
1898-1907	875	65	40	555	13	8
1908-1917	815	49	37	576	5	5
1918-1927	974	41	23	670	4	1
1928-1937	1188	59	28	805	8	3
1938-1947	1047	55	29	905	2	2

These figures show that while, during the fifty years under study, there has been a steady increase in the total number of admissions to hospital, a decrease in the number of reception of court cases and of insane offenders has been recorded. Thus while during the decade 1898-1907 the proportion of insane offenders to total admissions was 4.6% for men and 1.4% for women, during the last decade 1938-1947 these proportions were reduced to 2.7% for men and 0.22% for women, that is by one half in the case of males and five-sixths in the case of females.

Various probable explanations may be offered to account for this decrease in the number of receptions of insane offenders

(1) Criminal behaviour on the part of mental patient manifests itself, usually, after a patient has been ill for some time. In the past, cases of mental disorder were not brought to hospital until they had become overtly dangerous with the result that they run the risk of coming in conflict with the law

before they were sent to hospital for treatment; consequently, when they came to hospital they were received as criminal patients. As the public has been becoming more conscious of the need for the early treatment of mental disorder, more patients are being sent to the mental hospital in the early stages of their illness than previously, with the result that patients are received in hospital before they give way to any dangerous tendencies that they may possess.

(2) The writer has often had occasion to observe the inhibitory and self-disciplinary influence that good manners and education have on the behaviour of patients even when in an excited mood. It is not improbable, therefore, that with the raising of the general educational and cultural levels of the population during the last fifty years, the insane man and woman have acquired a certain measure of self-restraint over their behaviour which previously was lacking owing to the educational backwardness of the people.

(3) Insane persons are not brought to court so often as in the past for such minor offences as threatening harm, creating public disturbances and causing slight bodily harm to others such as striking relatives or passers-by. There has been a growing tendency in such cases to secure the admission to hospital of the offending patient through the ordinary procedure of certification without lodging a report with the police.

SOURCES OF CASES

Of the 269 male cases, 220 were sent to hospital under mental observation by the Criminal Court of Judicial Police, and 49 by His Majesty's Criminal Court.

The 32 female cases were all referred by the Criminal Court of Judicial Police (Appendix II).

MARITAL STATUS OF OFFENDERS ON ADMISSION TO HOSPITAL UNDER OBSERVATION

The majority of the men were unmarried (133) both among the insane (88) and the sane group (45). There were 94 married offenders (51 insane and 43 sane), and 18 widowers (10 insane and 8 sane).

Among the women, 16 were single (12 insane and 4 sane), 8 married (3 insane and 5 sane), and 7 widows (4 insane and 3 sane); so that among both men and women, unmarried offend-

ers form the most numerous group — the insane ones (88 males and 12 females) predominating in turn over the sane criminals (45 males and 4 females) as shown in Appendix III.

AGE GROUPS OF OFFENDERS

Most of the men (101 insane and 71 sane, total 172) committed offences between the ages of 21 to 50, the greatest concentration being in the age group 21 to 30 (42 insane and sane, total 67). Amongst the women the maximum is attained a decade later between the ages of 31 to 40 (8 insane and 5 sane total 13). Other data about the ages of offenders are given in Appendix IV.

Among the male insane, the youngest was 13 years of age when he committed the offence (charged with theft and diagnosed "psychopathic personality"), and the oldest was 81 years (charged with arson and diagnosed "mania"). In the "not insane" group, the youngest offender was 16 years old (charged with causing bodily harm to his mother) and the oldest was 84 years (committed immoral acts in public while drunk).

The youngest woman in the insane group was 16 years of age (charged with corruption of minors and diagnosed as "mentally defective"), and the oldest 64 years (inflicted bodily harm and was diagnosed "paranoia"). The youngest among the "not insane" was 31 years of age (she was charged with indecent exposure while drunk) and the oldest 70 years (inflicted bodily harm).

OCCUPATION OF OFFENDERS AT THE TIME OF THE COMMISSION OF OFFENCE

The largest single class among the men, both sane and insane, is formed of offenders with "no occupation" who number 76 (50 insane and 26 sane). This is followed by the "unskilled labourer" group numbering 49 (34 insane and 15 sane). Finally comes a miscellaneous group composed of semi-skilled, skilled and professional workers in which nearly all kinds of crafts and professions are represented. This group numbers 121 offenders (65 insane and 56 sane). The professional people included in this group are a physician and a dentist (both insane); and two editors, a legal procurator and a priest — all of whom were declared to be sane.

The majority of the women (25) are housewives (15 insane and 10 sane), the remainder being made up of a field-labourer, a servant and a nurse (all of whom were insane); a beggar (sane) and two prostitutes (only one of whom was insane) as shown in Appendix V.

RESIDENCE OF OFFENDERS AT THE TIME OF COMMISSION OF THE OFFENCE

The greatest number of offenders (166) hail from the countryside and from Gozo, 143 being men and 23 women. From Gozo alone there were 17 male offenders (13 insane and 4 sane) and 4 female ones (3 insane and 1 sane).

Of the 143 males, 90 were insane, 51 were sane and 2 are still under observation; of the 23 females, 15 were insane and 8 sane (Appendix VI).

Qormi contributed the highest number from any single rural area — 12 offenders of whom 7 were insane and 5 sane.

From the towns came 113 offenders of whom 104 were men (59 insane and 45 sane), and 9 women (4 insane, 4 sane and 1 died while still under observation). Valletta contributed the greatest number — 31 — of whom 28 were men (17 insane and 11 sane) and 3 were women (2 insane and 1 sane) (4).

FORM OF MENTAL DISORDER OF OFFENDERS

In determining the form of mental illness of those offenders who were pronounced insane by the psychiatric experts it was thought advisable not to rely solely on the official diagnosis but to read through each case record. This procedure was adopted because owing to the changes in the concepts of nosological entities that have occurred in psychiatric thought during the past fifty years, many of the experts' diagnostic labels have since been discarded while others have acquired a more definite and narrow meaning.

A perusal of the case records shows that many cases that were diagnosed officially as "delusional insanity" could be differentiated into the current concepts of schizophrenia, paraphrenia and paranoia. As such a differentiation is more illuminat-

(4) For the purpose of this paper the following were considered as towns: Valletta, Floriana, Senglea, Cospicua, Vittoriosa, Sliema and Hamrun.

ing than the general label of "delusional insanity", it was adopted in classifying the nature of the mental disorder shown in Appendix VII.

Under "mental defect" I have grouped those cases that were diagnosed as "weakminded", "imbecile", and "idiot" since it was impossible on the clinical material available to differentiate between the various degrees of mental deficiency.

It was not possible, also, to determine from the case record what was the exact clinical picture presented by the case diagnosed as "psychastenia". As no conclusion could be reached from the poor information contained in the record, the original diagnosis has been retained.

An examination of the senile cases which were variously diagnosed as "senile dementia", and "senile insanity" showed that with one exception they were senile paranoid states and they have, accordingly, been classified as such in Appendix VII.

An analysis of this Appendix reveals the fact that out of a total of 168 insane offenders (149 men and 19 women), 68 (or 40.5%) suffered from delusional states of a schizophrenic nature. Schizophrenia itself heads the list with 34 patients (32 men and 2 women) followed by paranoia with 19 patients (14 men and 5 women) and paraphrenia with 15 patients (10 men and 5 women).

The next most numerous group after the schizophrenic delusional states is that of mental defect with 32 patients (27 men and 5 women) or 19%; alcoholism and psychopathic personality come next with 16 patients (all men) and 12 patients (11 men and one woman) respectively.

There are 7 cases each of mania, depression and epilepsy; 6 cases each of arteriopathic psychoses and senile paranoid states; 2 cases of post-encephalitic parkinsonism and one case each of senile dementia, dementia paralytica, adolescent instability, Huntington's chorea and "psychastenia".

It is interesting to note that no instances of neuroses occur in the list if we exclude the case of "psychastenia". This bears out the well known fact that criminal behaviour is very rare among neurotics.

EXPERTS' CONCLUSIONS NOT UPHOLD BY JURY

According to article 652 of Chapter 12 of the revised edition of the Maltese Criminal Code, it is laid down that, in the case

of a trial by jury, the members of the jury are not bound to abide, against their own conviction, by the diagnosis of sanity or insanity made by the psychiatric experts. The jury may, therefore, disagree with the experts' conclusions and even turn them down.

In the series of cases under investigation, the jury rejected the experts' opinion as to the state of mind of the offender in seven instances. In three of them the experts had pronounced the offender to be insane but the jury found him sane; while in the other four cases the experts declared the accused to be not insane while the jury's verdict was that of insanity.

It is significant that in the three cases found sane by the jury the alleged offence was that of bodily harm, while in the four cases declared to be insane by the jury the charge was that of murder.

It appears, therefore, that where the mental condition of the accused is in doubt, a jury is more inclined to find for insanity in cases involving the death penalty than in non-capital crimes.

NATURE OF CRIME COMMITTED

In a number of the hospital case-sheets there is no mention of the crime with which the offender was charged. An attempt was made to fill this gap by obtaining the necessary information from His Majesty's Criminal Court and from the Criminal Court of Judicial Police. While the missing data concerning cases appearing before His Majesty's Criminal Court have been acquired, the Registrar of the Criminal Court of Judicial Police was unable to furnish the information requested as all records relating to periods prior to 1942 were destroyed by enemy action during the last war. This explains why 22 crimes listed in Appendix VIII are shown under the heading "unknown". Only six of these unknown crimes were committed by insane offenders (5 males and 1 female).

An examination of Appendix VIII shows that the largest number of crimes committed by insane offenders consisted in offences against the person (98 males and 8 females, total 106, or 67%), followed by sex offences (20 males and 2 females, total 22 or 14%), offences against property (18 males and 3 females, total 21 or 13%), and "other offences" (16 males and 5 females, total 21 or 13%).

"Bodily harm" is the commonest offence met with (3 males and 2 females); next come, in decreasing order of frequency, "threatening harm" (31 males and 3 females), "attempted murder" (14 males and 1 female), "public disturbance" (10 males and 5 females), "theft" (13 males and 1 female), "murder" (13 males), "indecent acts in public" (8 males and 1 female), "corruption of minors" (6 males and 1 female), "insults" (3 males and 1 female), "incest" (3 males), "immoral language" (3 males) and "damage to property" (2 males and 1 female).

There are two cases each of "arson", "fraud" and "sexual assault"; and one each of "vagrancy", "carrying arms without licence", "disregarding defence regulations", "endangering life through excessive speed of a horse-drawn cart", "lodging false reports against neighbours" and "rape".

It is noteworthy that no instances of murder occur among the insane female offenders. The crime of infanticide is also conspicuous by its absence (5). None of the psychoses of the female patients was connected with childbirth, puerperium or lactation.

Turning now to a consideration of the relationship between the nature of the crime and the type of mental disorder of the offender (Appendix IX), we find that the schizophrenics are the most dangerous group. In fact they are responsible for 6 murders (nearly 50% of the total number of murders committed by insane offenders), 4 attempted murders, 7 bodily injuries and 5 threats of harm. The next most dangerous group is the paraphrenic with 2 murders, 1 attempted murder, 2 bodily injuries and 6 threats of harm; followed by the paranoiacs who were charged with 1 murder, 2 attempted murders, 4 bodily injuries and 6 threats of harm.

Alcoholics and mental defectives are liable to commit crimes of violence which do not, however, amount to murder.

Mental defectives and psychopaths claim the greatest representations where sexual crimes and theft are concerned. The two groups committed 7 offences of indecent acts in public (4 by

(5) This is in marked contrast to the findings of Dr. J.S. Hopwood who examined the records of Broadmoor Criminal Mental Hospital and found that during a period of 25 years from January 1900 to December 1924, out of a total of 388 female receptions 166 (or 42.8%) were charged with infanticide (*Journal of Mental Science*, January 1927, page 95).

mental defectives and 3 by psychopaths), out of a total of 9 such offences in the whole series. The only three cases of incest (in each instance with their daughter) were all committed by psychopaths, while mental defectives were responsible for 4 out of 7 instances of corruption of minors.

These findings suggest that while a mental illness may be associated with any type of criminal behaviour, certain crimes tend to prevail in certain particular forms of mental disorder.

LENGTH OF STAY OF CASES AT THE MENTAL HOSPITAL

Appendix X shows the length of stay of male and female cases at the hospital. The shortest period spent **under observation** in the case of men was 9 days, while the longest period was 2 years 10 months and 28 days. In the case of women, 28 days was the shortest time spent **under observation**, and 1 year 6 months and 16 days the longest one.

One month 15 days is the shortest period of detention **under treatment** of male insane offenders, and 36 years 7 months 19 days the longest. The shortest duration **under treatment** in the case of insane female offenders was 7 months 19 days, and the longest 32 years 3 months 18 days.

DISPOSAL OF CASES

The 269 admissions of male and 32 admissions of female cases fall into the groupings shown in Appendix XI as regards their final disposal. Reference to this appendix shows that out of the 269 male cases, 103 (38.3%) went up for trial and were convicted. Of the 32 female cases, 12 (37.5%) were tried by the courts and convicted.

One hundred sixty six (166) male and 20 female cases were committed to the hospital on being found legally irresponsible by the courts, either at the time of the commission of the offence or at the time of the trial, or both. Their ultimate fate was as follows:—

(a) 60 men (22.3% of the total male court cases) and 6 women (18.8% of the total female court cases) were eventually discharged from hospital as recovered, not requiring detention, etc. These discharges represent 21.2% of the number of all insane criminal cases received into hospital. This figure should dispel the erroneous idea current among the public that an insane offender who has been committed to the mental hospital

by order of the court must necessarily spend the remainder of his life under detention.

(b) 74 men (27.5%) and 11 women (34.4%) died in hospital, the most frequent causes of death being heart disease and "enteritis".

(c) 30 men (11.2%) and 3 women (9.3%) remain under treatment up to the time of writing (6); while

(d) 2 men (0.7%) are still under mental observation awaiting trial.

PREVIOUS ADMISSIONS OF OFFENDERS IN THE SERIES UNDER INVESTIGATION

A total of 84 offenders, 79 men and 5 women, had been in hospital as ordinary patients previous to their being sent there again under mental observation by the courts. Of them, 50 men and 3 women had been in hospital once before; 15 men and 1 woman twice; 6 men three times; 4 men and 1 woman four times; and 4 men five, six, eight and nine times respectively. These figures are equivalent to 151 admissions and discharges (142 male and 9 female admissions and discharges).

The mode of discharge of these patients when they were in hospital as ordinary patients was examined with a view of ascertaining whether their mental state on discharge from hospital could give any indication of their future liability to commit an offence if they became mentally ill again. It was found that of the 151 discharges, 6 were labelled as "not improved and at request"; 7 as "relieved and at request"; and the remaining 138 as "not insane", "not requiring detention" and "recovered". Thus (assuming that the mental state of the patients was correctly assessed on discharge) in 138 instances (91.3%) there appeared to be no risk in discharging a patient from hospital while in 13 instances (8.7%) some risk was present.

On their re-admission as court cases, 29 out of the 84 offenders (representing 47 previous discharges) were diagnosed "not insane" by the psychiatric experts. We are therefore left with 55 offenders (representing 104 previous discharges) who were found suffering from some form of mental disorder on the re-admission as court cases. The fact that so many patients (65.5%), who on their previous discharges had been considered

fit to be let out of hospital, were subsequently readmitted as criminal patients, shows that the mode of previous discharges of patients is not a reliable index as to their anti-social propensities if they have another attack of mental disorder in the future.

SUMMARY AND CONCLUSION

The case records of 279 offenders sent to the mental hospital under mental observation during the period 1898-1947 have been studied. 247 were males and 32 were females. Of them 149 men and 19 women were found insane. The number of insane offenders, male and female, admitted to hospital during the period under review form 1.9% of the total admissions.

2. While there has been an increase in the total number of admissions to the mental hospital during the above period, a decrease in the number of receptions of insane offenders has been recorded. Explanations are offered to account for this decrease.

3. The great majority of cases were referred by the Criminal Court of Judicial Police.

4. Among both men and women there were more unmarried than married or widowed offenders, the insane unmarried offenders predominating in turn over the sane unmarried criminals.

5. Most of the men committed offences between the ages of 21 to 50, the greatest concentration being in the age group 21 to 30; amongst the women the maximum concentration is attained between the ages of 31 to 40.

6. Nearly all kinds of crafts and professions are represented among the offenders, but the largest single class among men, both sane and insane, is formed of offenders with "no occupation".

7. The greatest number of offenders came from the countryside. Qormi provided the highest number from any single rural district. Valletta contributed the greatest number from urban areas.

8. Forty-and-a-half per cent of insane offenders suffered from delusional states of a schizophrenic nature. The next most numerous groups are those of mental defect, alcoholism and psychopathic states.

9. The commonest offence met with among insane offend-

ers is "bodily harm". There were only 13 cases of murders insane persons — all committed by men.

10. The schizophrenics are the most dangerous group because they tend to commit crimes of violence. Mental defectives and psychopaths are responsible for the majority of sexual crimes and cases of thefts.

11. Of the insane criminals that were committed to hospital 21.2% were eventually discharged from hospital.

12. It has been found that the mode of discharge of ordinary patients is not a reliable guide as to the appearance of criminal tendencies in future attacks of mental disorder.

I wish to thank Prof. V. Vassallo, Medical Superintendent of the Hospital for Mental Diseases, for allowing me to make use of the hospital case records.

CORRIGENDA

Owing to a printer's error in our last issue in the article "The Psychiatric Approach to the Study and Treatment of the Adult Offender", on page 351 of the October, 1950 issue, line 18 should read: "*On the contrary they do not only fail to be deterred by punishment.*"

APPENDIX I

NUMBER OF CASES ADMITTED EACH YEAR

Year	MALES		FEMALES	
	Total	Insane	Total	Insane
1898	8	4	5	3
1899	10	7	—	—
1900	13	7	3	2
1901	5	4	2	1
1902	5	2	—	—
1903	9	6	1	1
1904	9	6	2	1
1905	2	1	—	—
1906	2	2	—	—
1907	2	1	—	—
1908	7	5	—	—
1909	2	1	—	—
1910	6	6	1	1
1911	3	3	1	1
1912	5	2	—	—
1913	5	4	—	—
1914	4	2	1	1
1915	3	3	1	1
1916	9	8	1	1
1917	5	3	—	—
1918	4	3	—	—
1919	1	—	—	—
1920	4	1	—	—
1921	2	2	—	—
1922	4	4	—	—
1923	5	4	—	—
1924	7	4	1	—
1925	5	2	—	—
1926	4	1	—	—
1927	5	2	3	1
1928	1	1	1	1
1929	5	1	1	1
1930	6	2	—	—
1931	5	2	—	—
1932	7	3	1	—
1933	7	3	2	—
1934	8	4	1	—
1935	6	3	1	1
1936	7	6	—	—
1937	7	3	1	—
1938	8	2	—	—
1939	3	2	—	—
1940	4	3	—	—

1941	4	2	—	—
1942	4	4	1	1
1943	5	4	1	1
1944	6	3	—	—
1945	10	4	—	—
1946	3	2	—	—
1947	8	3	—	—
Total	<u>269</u>	<u>157</u>	<u>32</u>	<u>19</u>

APPENDIX II

COURTS REFERRING CASES

	MALES	FEMALES
Criminal Court of Judicial Police	220	32
His Majesty's Criminal Court	49	—
Total	<u>269</u>	<u>32</u>

APPENDIX III

MARITAL STATUS OF PATIENTS ON ADMISSION
TO HOSPITAL

	Insane	MALES		FEMALES		
		Not insane	Under observation	Insane	Not insane	Under observation
Single	88	45	1	12	4	—
Married	51	43	1	3	5	1
Widowed	10	8	—	4	3	—
Total	<u>149</u>	<u>96</u>	<u>2</u>	<u>19</u>	<u>12</u>	<u>1</u>

APPENDIX IV

AGE GROUPS OF PATIENTS

	Insane	MALES		FEMALES		
		Not insane	Under observation	Insane	Not insane	Under observation
10—20	10	9	—	2	—	—
21—30	42	25	—	2	1	1
31—40	26	26	—	8	5	—
41—50	33	20	—	4	4	—
51—60	18	14	1	2	—	—
61—70	15	—	1	1	2	—
71—80	4	—	—	—	—	—
81—90	1	2	—	—	—	—
Total	149	96	2	19	12	1

APPENDIX V

OCCUPATION OF OFFENDERS AT THE TIME
OF COMMISSION OF THE CRIME

	MALES		
	Insane	Not insane	Under observation
No occupation	50	26	—
Unskilled labourer	34	15	1
Driver	6	5	—
Shopkeeper	5	3	—
Field worker	5	1	—
Hawker	4	5	1
Servant	4	1	—
Soldier	4	3	—
Boatman	3	2	—
Carpenter	3	2	—
Whitewasher	2	3	—
Porter	2	—	—
Messenger	2	—	—
Tinsmith	2	—	—
Clerk	2	2	—
Stonecutter	2	1	—
Gardener	1	—	—

Commission agent	1	1	—
Baker	1	—	—
Calker	1	—	—
Boiler maker	1	—	—
Lottery-man	1	—	—
Blacksmith	1	—	—
Broker	1	—	—
Tailor	1	—	—
Sculptor	1	—	—
Physician	1	—	—
Dentist	1	—	—
Butcher	1	1	—
Barber	1	—	—
Shoemaker	1	1	—
Cook	1	1	—
Greaser	1	—	—
Fisherman	1	—	—
Ex-policeman	1	1	—
Policeman	—	4	—
Editor	—	2	—
Public weigher	—	1	—
Saddler	—	1	—
Flute-player	—	1	—
Tanner	—	1	—
Cooper	—	1	—
Overseer	—	3	—
Coppersmith	—	1	—
Hosemaker	—	1	—
Legal procurator	—	1	—
Priest	—	1	—
Confectioner	—	1	—
Waiter	—	1	—
Seaman	—	2	—
Total	149	96	2

FEMALES

	Insane	Not insane	Under observation
Housewife	15	10	1
Fieldworker	1	—	—
Servant	1	—	—
Prostitute	1	1	—
Nurse	1	—	—
Beggar	—	1	—
Total	19	12	1

APPENDIX VI

RESIDENCE OF OFFENDERS AT THE TIME
OF COMMISSION OF THE OFFENCE

	MALES			FEMALES		
	Insane	Not insane	Under observation	Insane	Not insane	Under observation
Valletta	17	11	—	2	1	—
Gozo	13	4	—	3	1	—
Hamrun	11	11	—	1	—	1
Sliema	11	8	—	1	1	—
Cospicua	10	9	—	—	2	—
Qormi	7	5	—	—	—	—
Zejtun	7	3	—	2	—	—
B'kara	6	3	—	1	1	—
Rabat	5	1	—	—	—	—
Vittoriosa	5	3	—	—	—	—
Msida	4	2	—	—	—	—
Tarxien	4	2	1	1	1	—
Naxxar	3	2	—	—	—	—
Zabbar	4	3	1	1	2	—
Mosta	4	—	—	—	—	—
Siggiewi	3	2	—	—	—	—
L'ia	3	1	—	—	—	—
Floriana	3	—	—	—	—	—
Luqa	3	2	—	—	—	—
Zebbug	2	—	—	1	—	—
Senglea	2	3	—	—	—	—
Pawla	2	6	—	1	1	—
Dingli	2	—	—	—	—	—
Qrendi	2	—	—	—	—	—
Mellieha	1	—	—	1	—	—
Marsa	1	2	—	1	1	—
Kirkop	1	1	—	—	—	—
Ggargur	1	1	—	—	—	—
Pietà	1	1	—	1	—	—
St. George's Bay	1	—	—	—	—	—
St. Julian's Bay	1	1	—	—	—	—
B'bugia	1	2	—	—	—	—
Mgarr	1	—	—	—	—	—
Gzira	1	—	—	—	—	—
St. Paul's Bay	1	—	—	—	—	—
Mqabba	2	—	—	—	—	—
Balzan	—	1	—	—	—	—
Zurrieq	—	2	—	2	—	—
British Servicemen	2	4	—	—	—	—

Kalkara	—	—	—	—	1	—
Homeless	1	—	—	—	—	—
Total	<u>149</u>	<u>96</u>	<u>2</u>	<u>19</u>	<u>12</u>	<u>1</u>

APPENDIX VII

DIAGNOSIS OF INSANE OFFENDERS

Diagnosis	Males	Females	Total
Schizophrenia	32	2	34
Mental defect	27	5	32
Paranoia	14	5	19
Alcoholism	16	—	16
Paraphrenia	10	5	15
Psychopathic personality	11	1	12
Mania	7	—	7
Epileptic psychoses	7	—	7
Depression	6	1	7
Arteriopathic psychoses	6	—	6
Senile paranoid state	6	—	6
Post-encephalitic psychoses	2	—	2
Senile dementia	1	—	1
Dementia paralytica	1	—	1
Adolescent instability	1	—	1
Huntington's Chorea	1	—	1
"Psychastenia"	1	—	1
Total	<u>149</u>	<u>19</u>	<u>168</u>

Damage to property	2	—	—	1	—	—
Totals	18	10	—	3	—	—
Other offences.						
Public disturbance	10	6	—	5	3	—
Immoral language	3	4	—	—	—	—
Vagrancy	1	—	—	—	—	—
Publishing libellous article	—	2	—	—	—	—
Carrying arms without licence	1	—	—	—	—	—
Perjury	—	1	—	—	—	—
Offences against defence regulations	1	1	—	—	—	—
Sending seditious literature through post	—	1	—	—	—	—
Totals	16	14	—	5	3	—
Offence unknown	5	14	—	1	2	—
Grand totals	157	110	2	19	12	1

APPENDIX VIII

NATURE OF CRIME COMMITTED (CASES)

Crime	Insane	MALES		FEMALES		
		Not insane	Under observation	Insane	Not insane	Under observation
Offences against the person.						
Murder	13	18	—	—	1	—
Attempted murder	14	2	—	1	—	—
Bodily harm	36	18	2	2	2	—
Threatening harm	31	28	—	3	3	—
Insults	3	—	—	1	—	—
Neglecting children	—	—	—	—	—	1
Lodging false reports against neighbours	—	—	—	1	—	—
Endangering life through excessive speed of cart	1	—	—	—	—	—
Totals	98	66	2	8	6	1
Sexual offences.						
Incest with daughter	3	—	—	—	—	—
Assault	2	2	—	—	—	—
Indecent acts in public	8	1	—	1	1	—
Rape	1	2	—	—	—	—
Corruption of minors	6	—	—	1	—	—
Totals	20	5	—	2	1	—
Offences against property.						
Theft	13	4	—	1	—	—
Fraud	1	6	—	1	—	—
Arson	2	—	—	—	—	—

APPENDIX IX

LENGTH OF STAY OF CASES IN HOSPITAL

	Males	Females
Less than 1 month	9	1
1 — 2 months	20	1
2 — 3 „	29	5
3 — 4 „	21	4
4 — 5 „	10	1
5 — 6 „	6	—
6 — 7 „	6	—
7 — 8 „	6	1
8 — 9 „	6	—
9 — 10 „	2	—
10 — 11 „	4	—
11 months to 1 year	5	—
1 — 2 years	19	1
2 — 3 „	8	3
3 — 4 „	17	—
4 — 5 „	11	—
5 — 6 „	8	—
6 — 7 „	8	2
7 — 8 „	3	—
8 — 9 „	5	3
9 — 10 „	4	—
10 — 15 „	20	3
15 — 20 „	12	3
20 — 25 „	6	2
25 — 30 „	15	1
30 — 35 „	5	1
Over 35 years	4	—
Total	<u>269</u>	<u>32</u>

**APPENDIX
DISPOSAL**

MALES		
A. TRIED BY THE COURTS	103	38.3%
B. DISCHARGED FROM HOSPITAL:		
Recovered	24	
N.R.D.	10	
On guarantee	8	
Trans. to other hospitals	8	
Released by Court order	6	
Not insane	4	22.3%
C. DIED IN HOSPITAL:		
Heart disease	31	
Enteritis	12	
Apoplexy	6	
Epilepsy	4	
Cancer	4	
Senility	3	
T.B. lungs	3	
Nephritis	2	
Undulant fever	2	
Cirrhosis of liver	1	
Pneumonia	1	
Intestinal obstruction	1	
Exhaustion from melancholia	1	
Exhaustion from mania	1	
Typhoid fever	1	
Suicide	1	27.5%
D. STILL UNDER TREATMENT	30	11.2%
E. STILL UNDER OBSERVATION	2	.7%
TOTAL	269	100%

**IX X
F CASES**

Females	
	12 37.5%
—	
4	
—	
2	
—	
—	6
—	
4	
1	
2	
—	
—	
—	
2	
—	
—	
—	
1	
—	
—	
—	
1	
—	
	11 34.4%
	3 9.3%
	82 100%

APPE
NATURE OF CRIME IN THE VARIOUS

Mental Disorder	Murder	Attempted murder	Bodily harm	Threatening harm	Insults	Neglecting children	Lodging false reports	Endangering life through excessive speed	Incest	Sex assault	Indecent acts in public	Rape
Schizophrenia	6	4	7	5	1					1	1	
Mental defect			5	4	1						4	1
Alcoholism		2	6	6								
Paranoia	1	2	4	6	1		1	1		1		
Paraphrenia	2	1	2	6								
Psychopathic personality	1	2		1					3		3	
Mania		1	2	1							1	
Epileptic psychoses	1		3	1	1							
Depression	2	1	2	1								
Arteriopathic psychoses		1	2	1								
Senile paranoid state			3									
Senile dementia			1									
Post-encephalitic psychoses				1								
Dementia paralytica				1								
Adolescent instability		1										
Huntington's Chorea			1									
'Psychastenia'												
	13	15	38	34	4		1	1	3	2	9	1

**APPENDIX XI
FORMS OF MENTAL DISORDER (CASES)**

Corruption of minors	Theft	Fraud	Arson	Damage to property	Public disturbance	Immoral language	Vagrancy	Publishing libellous articles	Carrying arms without licence	Perjury	Offences against defence regulations	Sending seditious literature through post
1	1				2	1			1		1	
4	7			2	3	1						
					3							
					1		1					
				1	4							
	3	2										
	1		1									
	1											
1	1											
					2	1						
1												
			1									
7	14	2	2	3	15	3	1		1		1	