*A study with followup of 450 persons committed to the Medical Center for Federal Prisoners, Springfield, Mo., revealed that nearly half of 200 defendants referred for examination were found competent, brought to trial, and sentenced. Although nearly 65 percent of a group of 231 persons committed as incompetent later improved under treatment so that they were found competent to stand trial, only 15.2 percent received sentences.*

# Mental Competency Proceedings in Federal Criminal Cases

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WHENEVER a person accused of crime is found to be mentally ill, two separate legal questions may be raised. The first relates to the accused's mental capacity to stand trial, receive sentence, and undergo punishment. The second question relates to whether or not the accused is to be considered responsible for his acts. This presentation is concerned solely with the first of these questions, namely, the determination of mental competency to stand trial in Federal criminal cases.

Under Anglo-American common law, mental disorder, amounting to insanity on the part of the accused, is a bar to further proceedings in a criminal case. The application of the common law rule on this issue in the Federal district courts is nicely spelled out in the Youtsey case (*1*), which states, "It is fundamental that an insane person cannot plead to an arraignment, be subjected to a trial, or, after trial receive judgment, or after judgment, undergo punishment." In the Youtsey case the court also appears to have recognized that the attention of a court should be directed to the mental capacity of an accused to understand the proceedings against him, and rationally advise with his counsel as to his defense.

The disposition of the mentally incompetent accused was considered in the Forthofer case (*2*) which quotes, with approval from Smoot's "Law of Insanity," as follows: "The general practice is that, where the defendant is found to be insane, the trial is stopped pending the prisoner's recovery, and, until he does recover, the prisoner may be remanded to an asylum or other proper form of restraint." In this case the court also pointed out that "At common law a person could not be tried while he was insane, because his helpless condition rendered him incapable of making a proper defense."

The present legislation providing for the care and custody of insane persons charged with, or convicted of, offenses against the United States, was enacted in 1949, Public Law 285 (18 U.S.C. 4244 through 4248) (*3*). Prior to the enact-

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*The study was proposed by Dr. Harold M. Janney, medical director, Bureau of Prisons. The Federal Bureau of Investigation supplied data for the followup study.*

ment of this statute, Federal courts dealt with mentally incompetent or insane offenders under the general provisions of the common law.

In 1948 the late George H. Dession prepared a memorandum concerning the proposal for the present legislation in which he attributed the long-standing lack of specific statutory provisions for dealing with the mentally ill Federal offender to several factors. Traditionally, the care and custody of the mentally ill has been regarded as a State and local, rather than a Federal, function. Acceptance of this principle has limited the Federal Government's activities in the care and treatment of the mentally ill to areas which cannot be construed as competing with the States.

Originally, it was felt that the complexity of most Federal offenses tended to preclude the possibility that they would be committed by insane persons. This may have been true when the Federal criminal statutes were limited to offenses which are manifestly direct assaults against the central Government, such as treason and espionage.

However, as the scope of the Federal law has broadened to include such offenses as the white slave traffic act and the interstate transportation of stolen autos, it has become increasingly apparent that there are many Federal statutes which can be violated by mentally ill persons. In fact, a preliminary study (*4*) of a group of mentally incompetent Federal offenders revealed that some mentally ill persons may be especially prone to become involved in Federal offenses because their illness leads them to carry out acts which are in violation of the Federal law. Mentally ill persons who violated postal laws by depositing scurrilous, threatening, or otherwise objectionable material in the mails were notable examples.

Perhaps the most significant motivation toward the enactment of legislation for dealing with mentally ill offenders is to be found in the changing social attitudes toward mental illness, which have occurred during the past century. There is an increasing trend toward the use of psychiatry in seeking to understand criminal behavior, rather than as a means of avoiding the more severe penalties. Contrary to popular opinion, the psychiatric study of the criminal offender is no longer limited to those cases in which a capital offense has been committed. Enlightened investigative officers, lawyers, judges, and probation officers are now learning to recognize mental illness when they see it, and no informed person today seriously denies the need for specific statutory provisions for dealing with mentally ill offenders in the Federal courts.

One of the foremost leaders in the development of legislation to deal with the insane Federal offender was James V. Bennett, director of the Federal Bureau of Prisons. In describing the need for a uniform procedure for handling these offenders, Bennett cited "the disturbing number of persons who give evidence of mental unbalance not too long after commitment under sentence" (*5*). In many of these cases there was considerable evidence to suggest that the offender was mentally incompetent at the time of his trial. The Federal Prison administrator also faced the problem of dealing with the offender who became insane during imprisonment and whose release might endanger the safety of Federal officers or other interests of the United States.

### Provisions of the Present Law

To correct these situations, the present law (*3*) (section 4244) provides that "whenever the United States Attorney has reasonable cause to believe that a person charged with an offense against the United States may be presently insane, or otherwise so mentally incompetent that he is unable to understand the proceedings against him, or to properly assist in his own defense," certain judicial steps shall be taken to determine the defendant's present sanity. If found to be mentally incompetent, the law (section 4246) provides that "the court may commit the accused to the custody of the Attorney General or his authorized representative, until the accused shall be mentally competent to stand trial or until the pending charges against him are disposed of according to law."

Under section 4245 of this law, there is a provision that defendants who have been sentenced, and later found to be mentally incompetent, may be referred back to the court if examination reveals probable cause to believe that such person was mentally incompetent at

the time of his trial, "provided the issue of mental competency was not raised and determined before or during said trial."

Section 4247 of the law provides for the disposition of insane prisoners whose release would probably endanger the safety of the officers, the property, or other interests of the United States. The law, which requires a judicial hearing in cases of this type, states that "if upon such hearing the court shall determine that the conditions specified above exist, the court may commit the prisoner to the custody of the Attorney General or his authorized representative."

In the Federal district courts, the application of the common law test for determining present sanity is set down in some detail in the Chisholm case (*6*). The issue is stated in this case as whether the accused has "sufficient mental power, and has such understanding of his situation, such coherency of ideas, control of his mental faculties, and the requisite power of memory, as will enable him to testify in his own behalf, if he so desires, and otherwise to properly and intelligently aid his counsel in making a rational defense." The concept is more succinctly stated in the wording of section 4244 which refers to a person "otherwise so mentally incompetent as to be unable to understand the proceedings against him or properly to assist in his own defense."

It should be recognized that the standards for determining "sanity" and mental competency under the criminal law differ from those which are generally applied in civil commitment proceedings. The legal test for determining competency to stand trial is narrower than would be applied in determining the existence of mental illness. Medical definitions of various types of mental disorders are not acceptable legal criteria for incompetency. Within this framework, it is possible for persons to be adjudged legally competent for trial while so mentally ill as to require treatment and even commitment to a mental hospital.

### Method and Material

Since the enactment of Public Law 285, the Bureau of Prisons has had a wealth of experience in dealing with persons handled under the several sections of the act. This paper presents some of the findings made in a statistical study of the clinical records of 200 men committed consecutively to the Medical Center for Federal Prisoners, Springfield, Mo., for psychiatric examination to determine competency to stand trial under provisions of section 4244 of the act and another 250 who were committed consecutively to this institution as incompetent to stand trial under the provisions of section 4246 of the act. The study covers commitments made from 1950 to 1957.

The data tabulated on these men included educational background, marital status, occupation and employment, offense, diagnosis, prior mental illness, prior criminal record, treatment, and disposition.

This data was supplemented with information obtained from followup inquiries made to the courts to which these persons had been returned for disposition and the hospitals to which some patients had been transferred. Finally, the Federal Bureau of Investigation records of a group of patients known to have been returned to the community were examined for evidence of new offenses.

### Examination Procedures

All persons committed to the medical center for opinions as to competency receive complete physical, neurological, and psychiatric examinations. Social workers thoroughly explore the patient's background, and his behavior in the hospital is observed by psychiatrists, nurses, and other trained personnel.

We are in agreement with the Menningers (*7*) that "clinical psychology is essential to the best practice of psychiatry." Nearly 85 percent of our patients received diagnostic psychological examinations which contributed substantially to the overall understanding of these men. It may be assumed that those who were not examined psychologically could be satisfactorily diagnosed without psychodiagnostic evaluation.

The average duration of hospitalization for these examinations was 90 days. In general, the courts have accepted this period of time as necessary for the completion of these examinations. One court has ruled that "some time less

than 90 days is not an unreasonable length of time—to complete a psychiatric examination—and make a report to the committing court" (*8*).

Our study showed that clear-cut reasons for the referral existed in most cases. Among the reasons for referral for psychiatric study were a history of mental illness, some unusual circumstances surrounding the commission of the offense, or some unusual behavior of the defendant during detention or during his appearance in court. There were cases in which it appeared that psychiatric study was requested when members of the defendant's family or others were unable to understand or accept his criminal behavior. For these men it was desirable to rule out mental illness as a causative factor.

### Profile of a Referral Patient

An idea of the kind of individual referred for psychiatric examination to determine competency to stand trial (under section 4244, title 18) can be gained from a profile of the 200 men, constructed of medians and highest frequencies of the various factors considered. Such a hypothetical individual is single, white, and about 30 years of age. He completed a seventh to eighth grade education at the age of 15 years and departed the parental home between the ages of 16 and 17. He has no dependents and lists his occupation as either semiskilled, service, or laboring type of work. The longest period of time spent with any one employer was less than 3 years, and he had four or more jobs in the 10 years prior to his arrest. He resided in from one to three different States during this same 10-year period.

He was involved in some kind of a property crime such as automobile theft, postal theft, or forgery. He is very likely to have had a prior commitment to a mental hospital with a diagnosis of schizophrenia. He has a record of from one to three prior felony arrests, and he may have had one prior penal commitment. He was referred for psychiatric examination either on the basis of a history of mental illness or because of some unusual circumstances surrounding the commission of his offense. He has nearly 7 chances in 10 of being regarded as competent by the psychiatric examiners.

### Offenses Committed by Referral Patients

The largest single group of offenders in this series were those charged with violation of the National Motor Vehicle Theft Act. They made up 38 percent of the series. Other property offenses and nonviolent types of offenses, such as mail theft, forgery, fraud, income tax violation, Selective Service law violations, and impersonation, account for 34 percent of the series. Crimes involving assault, or threatened assault, on other persons comprise 28 percent of the series. Included in this group were such offenses as assault, homicide, kidnapping, rape, Mann Act violations, extortion, mailing obscene and threatening letters, and bank and post office robbery.

Well over half of these individuals were involved in interstate movements in the commission of their offenses. Considering the frequency with which bank robbery has been reported in the press in recent years, it is significant to note that 10 percent of the observation patients were charged with this offense, while a little less than 1 percent of all Federal prison commitments are for the offense of bank robbery.

### Diagnosis

The staff diagnosed 40.5 percent of the 200 as having some kind of psychotic condition, either functional or organic. Schizophrenia of various types was diagnosed in 28.5 percent of the group. Paranoid psychoses, including paranoid schizophrenia, occurred in 12.5 percent, and 34.5 percent were diagnosed with some type of personality disorder, with 10 percent sociopathic personalities. Neurotic disorder was found in 11 percent of the group, and 9.5 percent were found to be mentally defective.

The high incidence of psychopathology found in this group is an indication that the courts and investigative officers are employing valid criteria in the selection of cases for referral for psychiatric study. Further evidence of the effectiveness of the procedure is to be found in the fact that during the several years that the statute has been in effect, it has been necessary for the director of the Bureau of Prisons to return to the courts as probably incompetent at the time of their trials (under section 4245, title 18) only a few persons.

In a study of the operation of the Briggs law in Massachusetts, Overholser (*9*) reported that a little less than 16 percent of those examined were found to have some mental abnormality. This law provides for the examination of persons indicted for capital offenses, those indicted for an offense more than once, and those previously convicted of a felony. A comparison of the percentage of psychopathology found in examinations under the Briggs law with that obtained under the Federal procedures suggests that the latter may be a more economical method of separating out the mentally disordered. We believe an additional advantage of the Federal procedure is that its successful application requires a wider participation of law-enforcement people in the psychiatric casefinding process.

### Relationship Between Offense and Illness

A preliminary study (*4*) of mentally incompetent Federal offenders revealed an apparent relationship between illness and offense in the cases of paranoid individuals who had been charged with such crimes as assault, murder, and mailing threatening or otherwise objectionable letters. Statistical analysis of the group of 200 showed that nearly half of those individuals diagnosed with a paranoid disorder, including paranoid schizophrenia, were charged with offenses against persons. Forty-two percent of those diagnosed with some form of schizophrenia were charged with offenses against persons, while only 17.5 percent of those diagnosed with personality disorders were involved in offenses of this type. From these numbers, it may be deduced that nearly one out of every two Federal offenders ill with either a paranoid disorder or schizophrenia will be charged with an offense against a person, while four out of five offenders with personality disorders will be involved in property crimes.

### Competency Opinions

Roughly one-third of the observation patients were considered to be incompetent for trial in the opinion of the psychiatric examiners. A little over two-thirds (67 percent) of those diagnosed as having some form of psychosis were considered to be incompetent. Approximately one-fourth of the 19 mentally defective persons were considered to be incompetent. No sociopathic or antisocial personality types were found to be incompetent. It should be apparent from these findings that a diagnosis of major mental disorder is not always accompanied by an opinion of incompetency.

### Disposition

Those men who were regarded as competent by the psychiatric examiners, comprising roughly two-thirds of the group, were all returned to court for disposition of the charges pending against them (fig. 1). Of those who were brought to trial, 49.5 percent of the original 200 received prison sentences. Followup revealed that all but 5 of the 99 sentenced were making a satisfactory adjustment to imprisonment. Other persons who were considered to be competent were either placed on probation or released when the charges were dropped.

Patients found to be incompetent, comprising a third of the total group, were disposed of by hospitalization in State or veterans institutions or recommitted to the medical center under section 4246. Those returned to Springfield comprise 10.5 percent of the original 200.

### The Mentally Incompetent Offender

The mentally incompetent offender can be viewed broadly in the results of our study of 250 men committed consecutively to the medical center under provisions of section 4246, title 18. About 40 percent underwent their initial examinations for competency determination as hospital inpatients, some at Springfield. The balance were examined as outpatients in office, clinic, hospital, and jail settings. Less than a third of these 250 offenders received psychological examinations as part of their initial study. Clear-cut reasons for the initial referral for psychiatric study were apparent for all but a few.

Although all these offenders were committed to the medical center as incompetent, the opinion as to incompetency was sustained by the psychiatric examiners at the medical center for a little

less than 80 percent of the group. For the most part, the differing opinions with regard to competency were the result of differences in diagnosis. Experience has shown the benefit of hospital study in difficult cases. As in the observation group, nearly 85 percent received psychological studies at the medical center, which often helped to clarify the diagnosis.

### Profile of the Incompetent Offender

We have also assembled a profile of those defendants who were committed as incompetent. The resulting hypothetical incompetent Federal offender is a single, white male about 30 years of age. He left school at the age of 15 after completing approximately the eighth grade. He left the parental home between the ages of 16 and 17. He lists no dependents, and his occupation is either farming, laboring, or service-type work. The longest time spent with any employer was less than 1 year, and he has had four or more jobs in the 10 years preceding his arrest. (One-third of the individuals in this group had no significant employment record.) Our representative offender has resided in several States or in an institution during the 10 years preceding his arrest. The possibilities that he has been charged with an offense involving actual or threatened harm to another person or a property crime are almost equal.

He has a history of prior commitment to a mental hospital with a diagnosis of schizophrenia. He also has a history of three to five prior arrests on felony charges and may have one prior commitment to a penal institution. He has been referred for psychiatric study because of a history of prior mental illness or because of unusual circumstances surrounding his offense. He is likely to have been diagnosed as having some type of schizophrenia (two-thirds of the group) or he has predominantly a paranoid psychosis of one kind or another (one-third). His prognosis is either poor or guarded.

### Prior Hospitalization of Offenders

A history of prior hospitalization for mental illness was found in 62.5 percent of the 250, and nearly half of the group had a history of at least one prior penal commitment. Almost 38 percent had been known at some time to a Government-sponsored mental facility, either a military or veterans hospital. Nearly 19 percent of the group had been beneficiaries of the Veterans Administration because of mental disorder.

### Offenses and Diagnosis

As in the observation group, the single offense which occurred with the highest frequency was auto theft, comprising 21.9 percent of the series. A total of 56.2 percent were involved in auto theft, other property crimes, and miscellaneous nonviolent offenses. The balance of these individuals (43.8 percent) were charged with offenses which involved either actual or threatened harm to some other person.

For 62.3 percent of these men a diagnosis of some type of schizophrenia was made. Mental deficiency was diagnosed in 5.2 percent and the balance carried various diagnoses including psychotic depressions and organic psychoses. A total of 37.8 percent of the group had psychotic conditions in which paranoid symptoms predominated, including paranoid schizophrenia.

### Relationship Between Offense and Illness

In considering possible relationships between diagnosis and offense we found that nearly half (45.4 percent) of the offenses against persons were committed by individuals with some type of paranoid illness. Since nearly 38 percent of the men in this series were diagnosed as having significant paranoid illness, it becomes increasingly apparent that the paranoid individual, in terms of numbers, chronicity of illness, and seriousness of his offense, constitutes a substantial portion of the total problem of the mentally incompetent Federal offender.

### Treatment

At the medical center these patients received milieu and the ancillary therapies, individual psychotherapy, insulin coma therapy, electroconvulsive treatment, and tranquilizing drugs, either singly or in combination. In the pre-tranquilizer era nearly 30 percent of the pa-

**Figure 1. Disposition by percentage of 200 observation patients referred to the Medical Center for Federal Prisoners under section 4244, Public Law 285**

Found incompetent (32)
Transferred to State or V.A. hospital (22)
Returned to Springfield (10)
Found competent (68)
Sentenced to prison (50)
Received probation (10)
Released after hearing (4)
Released without hearing (4)

tients received either electroconvulsive or insulin coma treatment. With the introduction of the tranquilizing drugs at the medical center in 1954, use of the physical treatments declined. They are administered to only a few patients, while the drugs are given to about 30 percent of the patients. In substance, it appears that the same types of patients who were treated earlier with the physical therapies have been more recently treated with the drugs.

The rates of recovery and the duration of hospitalization for recovered patients during the period when the physical therapies were in use have not differed markedly from those during the period when tranquilizing drugs were employed. For instance, half of the schizophrenics committed in 1951 recovered sufficiently to be returned for trial during an average period of hospitalization of 217 days. On the other hand, a little over one-third of the schizophrenics admitted during 1956 recovered sufficiently to be returned for trial within an average period of hospitalization of 321 days. Differences between the results obtained during these 2 years can be readily explained on the basis of differences in the chronicity of the illness of persons admitted during these years, there being more chronically ill patients admitted during 1956.

Leaving aside differences in recovery rates which are known to occur in different classes of illness, the results of our study offer incontrovertible evidence that severely mentally ill persons awaiting trial can be successfully treated. To those who theorize that poor motivation will impede the recovery of such patients, our results may seem to be something of a paradox.

### Disposition

Studies of the first 231 persons, all of whom had been followed for 1 year or more, showed that 64.5 percent were returned to court as competent (fig. 2). However, only about half of the 231 were brought to trial. The end result was that 15.2 percent of the group received sentences, 9.1 percent were placed on probation,


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**Figure 2. Disposition by percentage of 231 mentally incompetent offenders followed for 1 year or more who were referred to the Medical Center for Federal Prisoners under section 4246, Public Law 285**

| | |
|---|---|
| Returned to court as competent (65) | Sentenced to prison (15) |
| | Acquitted, insane at time of offense (26) |
| | Received probation (9) |
| | Released without trial (11) |
| | Hospitalized - State or V.A. facility (4) |
| Remained incompetent (35) | Transferred to State or V.A. hospital (33) |
| | Remained at Springfield (2) |

and 10.9 percent were released without a trial. Nearly 40 percent of those returned to court as competent were acquitted by reason of insanity at the time of the offense.

One-third of the 231 patients were eventually transferred from Springfield to various mental hospitals in their States of residence when they failed to improve sufficiently under treatment to be regarded as competent. At the time this was written only a handful of the original group of 231 remained at Springfield.

Our records show that 86 of the 231 were transferred to State hospitals, 77 from Springfield and another 9 under arrangements made by the courts. At the time this report was prepared, 44 of these 86 men remained in State hospitals, 31 had been released from these hospitals, and 11 were reported as eloped or escaped. For many of these men the period of hospitalization was relatively brief.

All but 18 of the 86 who were transferred to State hospitals had some form of schizophrenia. Thirty-nine had paranoid schizophrenia, and one was diagnosed as having a paranoid psychosis other than schizophrenia. Of the 40 with paranoid psychoses, 23 remained in the hospital at the time this report was written.

### Subsequent Arrests and Hospitalization

An examination of the current Federal Bureau of Investigation records of 183 persons known to have been released revealed that 23 percent had been rearrested within 1 year. These records showed that another 13 percent had been rearrested within a period of 2 to 4 years of their release. In addition, the FBI records showed 15 percent were readmitted to a mental hospital over a 5-year period. It is probable that there were other hospital readmissions which were not recorded in these records. From these numbers it is apparent that a very substantial number of these men will continue to be known to police and hospital authorities.

Several interesting things were noted in our study of the subsequent records of the 67 indi-

viduals who had been rearrested following their release from Federal custody. In nearly every instance, the new offense was similar to the offense for which the man had been previously arrested. Eight, or 12 percent, were charged with offenses which involved direct assaults against other persons. All but one of these eight had previously been diagnosed as having some type of schizophrenia, three having been diagnosed as paranoid schizophrenics.

Two of the rearrests were on charges of murder. One of those charged with murder had been previously diagnosed as having simple schizophrenia and the other was diagnosed as a psychopathic personality with psychotic reaction.

In checking on the paranoid schizophrenics who had been charged with offenses against persons, it was found that most of them continued to be hospitalized. While these results show a relatively high rate of recidivism among the mentally ill offenders, it appears that the community is being reasonably well safeguarded from further depredations by those mentally ill offenders who are known to be of the most dangerous type.

### Comment

Weihofen (*10*) has stated that "any reform in the method of trying persons alleged to be insane probably will come through perfecting means for preventing the trial of mentally diseased and deficient persons." Overholser (*11*) has stated that "we should look to the development of practices on the part of the legal-medical professions which will, so far as possible, avoid not only bias and venality, but the suspicion of them." The Federal statutes are designed to achieve these desirable goals. They provide for impartial psychiatric examinations which prevent incompetent defendants from being subjected to trial and punishment.

About 20 years ago Dession (*12*) stated "All too frequently the comprehensive and searching picture of an offender revealed by psychiatric case history and diagnosis will serve chiefly to bring out in bold relief the essentially primitive character of all alternatives open for his disposition within existing institutional frames." Today, the proper disposition of the mentally ill offender remains a complex problem. Offenders with residual mental illness may be adjudged legally sane and then released into the community following a finding of not guilty by reason of insanity at the time of the offense. Some mentally ill offenders are returned to the community prematurely, after having been disposed of as too ill to appear for trial.

Treatment programs for the so-called criminally insane have been neglected. Duval (*13*) has stated that "the development of new programs in the treatment of criminally insane depends largely on community understanding for its ultimate success."

We believe that the disposition of these difficult cases will be facilitated as psychiatrists and lawyers gain a better understanding of their joint responsibilities in this field. Familiarity with the law and its philosophy will enable psychiatrists to make recommendations which are realistic and feasible within the legal framework governing the disposition of a given case.

In addition, lawyers need to know more about the nature of mental illness. They must know enough about psychiatry to be able to recognize that the concept of "legal sanity" is not always synonymous with that of good mental health. Recognition of shortcomings in the legal provisions by both lawyers and psychiatrists can lead the way toward constructive reforms.

Facilities for the effective treatment of the mentally ill offender must be expanded. It is likely that rates of recidivism in this group could be reduced by providing followup services to insure necessary treatment either as an outpatient or an inpatient, as the person may require.

### Summary

The broadening scope of Federal criminal statutes and growing enlightened interest in the mentally ill has led to the enactment of legislation providing for the care and custody of insane persons charged with or convicted of offenses against the United States. These provisions are designed to prevent the trial and sentencing of mentally incompetent offenders.

This paper presents some of the results of a comprehensive study of 200 men committed to the Medical Center for Federal Prisoners, Springfield, Mo., for psychiatric examination to determine competency to stand trial; and another 250 who were committed to this institution as incompetent to stand trial.

Our studies show that Federal courts order psychiatric examinations to determine competency in the cases of individuals charged with a wide variety of offenses, ranging from homicide to forgery to auto theft. Some socioeconomic characteristics of mentally ill offenders are presented.

Significant psychopathology was found in a large percentage of those referred for psychiatric study, with 40.5 percent diagnosed as actively psychotic. Nearly half (49.5 percent) of the defendants who were referred for examination to determine competency were later brought to trial and received sentences.

It was found that many defendants who are committed as incompetent, pending trial for their offenses, can be improved under treatment so that they are competent to stand trial. In this series, nearly 65 percent of those who had been declared incompetent were eventually returned to court for trial, with 15 percent receiving sentences.

Defendants suffering with paranoid illnesses constitute a substantial portion of the total problem of the mentally incompetent Federal offender, in terms of numbers, chronicity of their illness, and seriousness of their offenses. These individuals are prone to commit offenses against persons. The procedures which are being followed in the disposition of these men operate to protect the community against the further depredations of these more dangerous types of mentally ill offenders.

Followup studies suggest the need for increased facilities for the hospital treatment and aftercare of mentally ill offenders. There are indications that some mentally ill offenders are returned to the community prematurely after having been disposed of as too ill to appear for trial.

Lawyers and psychiatrists must continue to work together for mutual understanding in fulfilling their joint responsibilities in arranging for the effective disposition of the mentally ill offender. In accomplishing this goal, it is important to recognize that the concept of "legal sanity" is not always synonymous with a state of good mental health.

**REFERENCES**


(*1*) *Youtsey* v. *United States*, 97 F. 937 (C.C.A. 6th, 1899).

(*2*) *Forthofer* v. *Swope*, 103 F. 2d 707, 709 (C.C.A. 9th, 1939).

(*3*) An act to provide for the care and custody of insane persons charged with or convicted of offenses against the United States and for other purposes. Public Law 285, 81st Cong. 18 U.S.C. 4244–4248, 1949.

(*4*) Smith, C. E.: Summation of two years experience with the new Federal law concerning mental competency. Proceedings of the 82d Annual Congress of Corrections, New York, American Correctional Association, 1952.

(*5*) Bennett, J. V.: Statement with respect to Senate Bill 850, which provides for the care and custody of insane persons charged with or convicted of offenses against the United States. H.R. Rep. No. 1319, 81st Cong., 2d Sess., p. 2.

(*6*) *United States* v. *Chisholm*, 149 F. 284, 285 (S.D. Ala. 1906).

(*7*) Menninger, W. C.: The relationship of clinical psychology and psychiatry. Am. Psychol. 5: 3 (1950).

(*8*) *Billy Jack Phillips* v. *Dr. R. O. Settle*, Memorandum and Order (W. D. Mo. 1958).

(*9*) Overholser, W.: The Briggs law of Massachusetts: A review and an appraisal. J. Crim. Law 35: 859 (1935).

(*10*) Weihofen, H.: Mental disorder as a criminal defense. New York, Dennis & Co., Inc., 1954.

(*11*) Overholser, W.: Psychiatric expert testimony in criminal cases. J. Crim. Law 42: 283 (1951).

(*12*) Dession, G. H.: Psychiatry and the conditioning of criminal justice. Yale Law J. 47: 530 (1938).

(*13*) Duval, A. M.: The criminally insane: Our neglected responsibility. Ment. Hosp. 8: 10–12 April 1957.