

Report of a Working Party of the Social and Community section of the Royal College of Psychiatrists. London: Gaskell.

Post-traumatic stress disorder

SIR: Kennedy (*Journal*, July 1989, 155, 129) rightly points out the great differences between groups of people who have been studied in recent surveys of post-traumatic stress disorder (PTSD). Clearly, one might expect a group of people who have been trained to face what is expected to be a highly stressful situation, either military or civilian, to have a higher threshold for any psychological consequences. Nevertheless, even in these groups their experiences may be overwhelming, placing them at risk of PTSD.

A trend recently emerging, however, suggests that it is not so much the nature of the experience which determines PTSD, but the presence of pre-existing personality factors and psychological morbidity (Breslau & Davis, 1987; MacFarlane, 1989).

When an airliner recently crashed onto the M1, there were fortunately a high number of survivors. They had all experienced the same traumatic event with, presumably, the same degree of 'unpreparedness'. This department is currently investigating

these survivors, in the hope that we may clarify some of these issues. Preliminary data has shown that as many as 30% of the survivors may have sustained significant head injury, which introduces another dimension into the psychological picture. It also poses an interesting question, as to whether survivors who have amnesia for the event can develop PTSD or a variant of it, or a totally different set of symptoms.

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References

- BRESLAU, N. & DAVIS, G. C. (1987) Post-traumatic stress disorder. The stressor criterion. *Journal of Nervous and Mental Disease*, 175, 255-263.
- McFARLANE, A. C. (1989) The aetiology of post-traumatic morbidity: predisposing, precipitating and perpetuating factors. *British Journal of Psychiatry*, 154, 221-228.

A HUNDRED YEARS AGO

A question in medical jurisprudence

A recent case of fatal poisoning is of interest as belonging to the obscure area of medical jurisprudence occupied by questions of criminal responsibility. A few days ago a poor woman, the mother of an illegitimate infant, and deserted by her husband and family because of her misconduct, attempted in her despair to take away both her own life and that of her obnoxious offspring. With this object she swallowed the bulk of a large dose of laudanum, purchased in pennyworths, and administered the remainder to the child. The latter died with the usual symptoms. The verdict of the jury in this case, that of "Wilful murder", appears to have been justified by the circumstances. There was clearly occasion, however, for the charitable excuse in her favour which accompanied the verdict. The plea of temporary mental derangement is one which here naturally suggests itself in extenuation of the crime. It is one, however, which must be carefully handled. If it is to aid effectually in securing just mercy for the offender, the proof of it must not rest on mere sentiment or

imagination. This woman probably understood fairly well the rational consequences of her act. She was not mad in the ordinary sense. Her condition was rather that of hopeless despondency, which we might describe as the borderland between reason and unreason. The close connexion between this state and actual lunacy should not be lost sight of in determining the question of criminal responsibility. While we are unwilling therefore to sanction any sentimental abuse of the term insanity, we can conscientiously support the jury in their evident opinion that the circumstances of this distressing case are sufficient to justify exemption from the extreme penalty required by law. Another lesson implied in the history of this occurrence might be profitably studied by our legislators - namely, the expediency of amending the still excessive laxity of the Poisons Act, which allows facilities altogether needless for the purchase of dangerous drugs.

Reference

- The Lancet*, 1 February 1890, p. 257.

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