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Retention in psychiatry

Seeking improved means of recruiting psychiatrists appears to be only part of the

solution to the present shortfall of consultant psychiatrists. Another aspect of the problem, as mentioned in Storer's editorial (2002), is the inability of psychiatry to retain trainees.

One potential factor contributing to the haemorrhage of trainees is lack of success at the membership examinations. Is it possible that this situation could be reappraised? It seems unfortunate that trainees who have already committed themselves to a career in psychiatry should have their prospects brought to an abrupt halt. Perhaps I am not alone in having had the experience of working with competent and enthusiastic people who found themselves in this predicament.

One can anticipate that many will express concerns about 'a lowering of standards'. But surely, affording people extra time to reach the desired standard is not the equivalent of requesting a reduced pass mark. Furthermore, if trainees avail themselves of additional opportunities and are ultimately successful, would it not be the case that the very qualities displayed – patience, forbearance and persistence – would serve them well in a career in psychiatry?

Storer, D. (2002) Recruiting and retaining psychiatrists. *British Journal of Psychiatry*, **180**, 296–297.

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One hundred years ago

Crime in general paralysis

In the *Journal of Mental Science* for January Dr. W. C. Sullivan, deputy medical officer of H.M. Prison, Pentonville, has published an article on the medico-legally important subject of crime in general paralysis. While crime has been extensively investigated in recent years in association with conditions of arrested or distorted cerebral and physical development (criminal anthropology), less attention has been given to a class of criminals in whom the morbid aptitude for criminal acts is connected with acquired cerebral degeneration or defect, such as might be caused by alcoholic intemperance or general paralysis. The examination of conduct in chronic alcoholism shows a remarkable frequency of suicidal and homicidal impulse as well as a tendency to sexual crimes, a subject to which attention has already been called in these columns.¹ In general paralysis, on the other hand, says Dr. Sullivan, the character of conduct was entirely different. A rough illustration of this might be given in statistical form. During nine years (1888 to 1896) among convicted prisoners certified as insane in the local prisons of England

and Wales there were 274 cases (261 males and 13 females) in which the form of mental disease was considered to be general paralysis. Amongst these 261 male general paralytics homicide or homicidal attempts constituted the crime in nine cases, suicidal attempts were met with in eight cases, sexual offences in 13 cases, assaults in 21 cases, crimes of acquisitiveness in 144 cases, threats in eight cases, and other offences in 58 cases. Crimes of acquisitiveness were notoriously common in general paralysis, their most typical form being petty larceny, fraud, forgery, and embezzlement. Generally the circumstances and execution of the offence showed a characteristic silliness, though occasionally the general paralytic did commit robbery or fraud with an appearance of adequate motive and premeditation. The most important point to be noted was that this tendency existed in the exalted and optimistic variety of general paralysis and not in the depressed or melancholic form. Very often the impulses to theft or undue acquisitiveness preceded the grandiose delusions by a long period of time or were met with in the purely demented type of general paralysis without delusions. Besides this impulsive origin,

paralytics who had lost money or blundered in their accounts might in a more lucid phase embezzle to make good the deficit – a point of practical importance in relation to the question of legal responsibility. Paralytics are also very amenable through their *naïveté* to criminal suggestion by others. Magnan quotes the case of a patient who was sent by his wife to steal in the Bon Marché, and Foville mentions two instances where paralytics were used as tools to utter forgeries. Acts of violence may be committed by paralytics when their grandiose tendencies are opposed, but the majority of grave acts of violence depend on a primary homicidal impulse generated by the more or less persistent state of emotional depression. Sexual offences in early paralysis – in the form of rape, defilement of children, and offences against public decency – are not uncommonly met with.

REFERENCE

Lancet, 25 January 1902, p. 246.

Researched by Henry Rollin, Emeritus Consultant Psychiatrist, Horton Hospital, Epsom, Surrey

¹THE LANCET, April 14th, 1900: On Alcoholism and Suicide.