

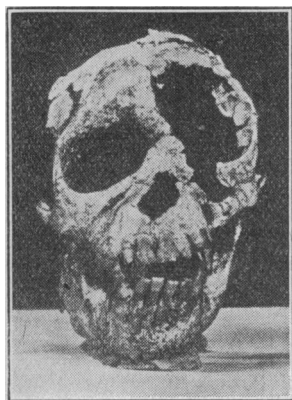
APE SKULL OF THE MIOCENE AGE

Rusinga Island Fossils

Professor W. E. Le Gros Clark, of the Department of Human Anatomy, Oxford, gave an address at a Colonial Office press conference on Nov. 17 on a skull of the Miocene Age which has been discovered by Dr. and Mrs. L. S. B. Leakey, of the British-Kenya Miocene Expedition to Rusinga Island, Lake Victoria. Professor Clark explained that some two hundred fossil specimens, mostly fragments of jaws and teeth, had already been brought to this country from East Africa, and geologists agreed that they dated from the Miocene Age. They belonged to apes of various sizes, from something like the small gibbon to something like the giant gorilla, but their

relationships had been determined on the pattern of the teeth and nothing was known of the rest of the animal.

The skull now discovered belonged to a more primitive form of ape than the present primates. All existing apes were rather specialized, with their atrophied thumbs, large eyebrow ridges, and strong canine teeth, but the ancient apes had not developed these divergent characteristics. Thus, with the help of this newly found skull it had become more easy to picture the evolution of man from a common



apelike ancestry. The presumption was that somewhere among these groups there was a remote ancestor of the human family, but man and the anthropoid ape had each developed their particular specialization. If they were traced back it might be said that with increasing remoteness the ape became in a negative sense more manlike in appearance and man more apelike. The Miocene period was placed by geologists at between 35 and 15 million years ago, and judging from the deposits from which this skull was taken it was probably at least 20 million years old. Man as now known did not develop until about one million years ago. Nevertheless, there were features in this skull which were curiously human, not in any special relationship to man as he now was, but because the ancient apes had certain primitive features since lost to the ape while retained, so to speak, in the human evolution. This was not a heavy skull with pronounced eyebrow ridges. It belonged to a small ape, in size somewhere between the gibbon and the chimpanzee. There was a rather specialized projection of the jaw, the canine teeth were of small size, and markings in the brain case suggested a rather poor development of the frontal lobe, in this respect rather resembling the monkey. Other features, such as the narrow nose-opening and muzzle, belonged to the monkey rather than to the anthropoid ape pattern. Here was evidence bearing out the probability of the anthropoid ape having developed from a monkey-like ancestry.

Professor Clark added that this was the first time that the skull of an ape of the Miocene period had been found. The lesson to be learned from it was that these creatures in their earlier form were not specialized animals such as the modern anthropoid ape. It was possible that the particular group to which this skull belonged was ancestral to the chimpanzee. It was an agile animal, though it was unlikely that it adopted the upright position. He thought it must have been more like the chimpanzee than any animal now known. Somewhere in this great diversity of apes in East Africa and other parts of the world, animals less differentiated than any of the primates as now known, was a group which gave rise eventually to man himself.

The skull will be the property of the British Museum.

PSYCHIATRY AND THE CRIMINAL LAW

A MAUDSLEY LECTURE

Mr. Claud Mullins, former Metropolitan police-court magistrate, delivered the twenty-third Maudsley Lecture before the Royal Medico-Psychological Association on Nov. 12. In a discourse on "Psychiatry and the Criminal Law" he introduced himself as one who must not be regarded as typical of either lawyers or magistrates, and whose opinions were not at all popular in his profession.

Fitzjames Stephens, Mr. Mullins continued, declared that it was highly desirable that criminals should be hated, and that the punishment inflicted on them should be so devised as to give expression to that hatred. That idea was still very largely the prevailing one. On the other hand, the probation system was the most helpful and constructive, and incidentally the cheapest, way of dealing with offenders. All criminal courts should have the power to place offenders on probation, except in cases of murder and a few other offences.

In Mr. Mullins's view a primary weakness in our present system was that the sentence was passed immediately after the verdict, which meant that information about the offender's social, and in some cases medical, history must have been obtained before the trial took place; yet a person was deemed innocent until proved guilty. It was intolerable that police and probation officers should make investigations about a person, his working conditions and his record, before the court's decision on the case. An elementary knowledge of the principles of psychiatry should deter those on the bench from making an assessment of human personality. Yet courts of quarter sessions and even assizes often lasted no longer than one day or part of a day, and there was no time for inquiries after the finding of guilt if the court was to say what was to be done with the offender. The new Criminal Justice Act contained nothing to prevent the courts from continuing in the same way and sentencing the offender immediately after the finding of guilt. Time should be given after the verdict for judicial anger to abate, and perhaps for the guilty person to realize the harm that he had done to the community and to himself.

Punishment and Treatment

Punishment and treatment were not necessarily alternatives, and if the punishment won the criminal's approval, as it should, he was on the way to rehabilitation. Of course, many other considerations came in. Mr. Mullins recalled being reproached in court by the father of a boy who had been the victim of a criminal assault, the father saying that the magistrate, in dealing with the offender in a certain way, cared more for him than for his son. When courts passed severe penalties they undoubtedly satisfied the public, and perhaps the bench satisfied its own feelings as well. Mr. Mullins agreed that there were crimes which, in the interests of society, had to be severely punished, even if this was against the offender's own interests, otherwise how were the public to learn generally that crime did not pay? There were also crimes—for example, many sexual crimes—which in themselves indicated the need for psychiatric treatment. All first offenders, and most second and third offenders, should be offered psychiatric examination, and treatment also where necessary, whether on probation or in some institution. In a recent year, of persons found guilty of indecent assault on a female 51% had been sent to prison, and among those found guilty of unnatural offences the proportion sent to prison was still higher. But he recalled the case of an exhibitionist, a man aged 58, who had served five sentences of imprisonment for that offence, for whom at last it was possible to enlist psychiatric aid, and he had made excellent progress during two and a half years. It could not be claimed that he was cured, but he was definitely better than when first seen.

The new Criminal Justice Act brought about better conditions, but much depended upon the willingness of the courts to use their optional powers. Under the old Probation Act, 1907, there was an omnibus power which some magistrates employed to bring in psychiatric treatment, but now that this was more plainly set out in the new Act more extensive progress, if not rapid improvement, might be expected.

Cheeloo University College of Medicine, China, has moved from Tsinan to Foochow and has started the autumn term with 101 students enrolled. Clinical work will be done in the three mission hospitals—the Union Hospital, Christ's Hospital, and Tak Ting Hospital.

Reform in Criminal Procedure

Mr. Mullins considered that there was urgent need for detailed examination by a group of psychiatrists, preferably of different schools, of the whole question of criminal procedure, too long the monopoly of lawyers. The psychiatrist would find much that was admirable in the present system, but much also that would benefit by his constructive criticism. At present the acquittal of guilty persons undoubtedly took place. Without endangering the innocent, more could be done to bring the guilty to justice. Lawyers might be content with an acquittal against the evidence, regarding it as a triumph for the defence, but the psychiatrist would look upon it as a failure to provide treatment—a lost opportunity of treating a dangerous man who was a menace to the community. The psychiatrist also would quickly discover that in all courts offenders were sentenced by those who had had no training for this part of their duties. Who would be bold enough to recommend the education of judges and magistrates in this respect? The question of sentence might suitably be transferred to a board of experts.

He looked to a future in which fuller use would be made of psychiatry in dealing with those who had broken the criminal law. In proportion as constructive treatment was accepted and mere punishment diminished, those who had committed offences would be more likely to admit them. It was largely fear of punishment, arbitrary and with no reference to treatment, which deterred them from admission. In that utopian era there would be far greater protection for the public. He feared that the principles of psychiatry in the future as in the past would only slowly insinuate themselves into criminal law, but psychiatrists should not be deterred by the distance they had to travel nor the difficulties they were likely to encounter.

Reports of Societies

SHOULD A DOCTOR TELL?

HUNTERIAN SOCIETY DEBATE

"That the practice of instructing the layman in the nature and treatment of disease is being carried to excess." This was the motion for debate at a meeting of the Hunterian Society held at the Apothecaries Hall on Nov. 15. The proposers of the motion were Dr. W. J. O'Donovan and Miss Arnot Robertson, writer and film critic, and the opposers were Dr. Charles Hill and Miss Bronwen Lloyd-Williams.

Dr. O'DONOVAN began by suggesting that with the frequent changing of medical theories and practice the medical profession themselves saw things only "through a glass darkly," and therefore could not well impart what they had only imperfectly grasped. An Irishman, "who had done more harm to the medical profession than any Welsh miner," had held up to derision the quasi-omniscience of the profession in *The Doctor's Dilemma*. The claim of the profession to instruct the public, therefore, must not be taken as well founded. True, if all instructors were like the Radio Doctor, imparting wholesome knowledge with the unction of an archbishop, all might be well, but there were others, some of them his disciples and followers, and others who had been in the field before him, who bewildered the public with their advice on every subject from skin rashes to mental healing.

Is the Public Teachable?

But what about those who were to be taught? Dr. O'Donovan said that before he himself learned medicine he had to undergo the discipline of the classics, and also to submit to instruction in chemistry and biology, in anatomy and physiology; but in this teaching of the public the mysteries were to be made plain without any such groundwork, and the results would be sometimes disastrous. He recalled the manner in which medical knowledge was imparted wholesale to the troops in the war, when a disease of the stomach which he himself had never heard of was described to medical boards by thousands of well-taught young soldiers, who convinced the boards, physicians, radiologists, and all that they had "gastric stomachs" and were unfit to serve His Majesty in places of danger.

The experience of all doctors was that many people suffered from mental tension and were on the look-out for material with which to feed their anxious egos, and if such people were "instructed" their last state would be worse than their first. Such instruction went out in books and pamphlets, in universities and evening classes, and so potent was its effect that the young and simple now came before great doctors and assured them that they suffered from inferiority complexes and maternal fixations.

Solomon said that with increase of knowledge went increase of sorrow. It was certainly so with tuberculosis. With the knowledge of consumption had grown the fear of it, so that now the consumptive was an object of dread and abhorrence to his friends and neighbours. The patient with lupus vulgaris was almost an outcast. Should this spread of knowledge, then, be stopped? The answer was purely pragmatic. It depended upon what use was made of the knowledge. If the use was dubious, harmful, or mischievous, then it should not be imparted. The sons of Hippocrates above all others should do no harm.

Dr. O'Donovan repeated that the whole truth of medicine could never be appreciated by those who had not been subject to its discipline. "You may look at my learned friend (Dr. Hill) and say that he is a master of diction, that his logic is unassailable, his facts beyond cavil. That may well be. But how many of you in this hall would step to the microphone and make a practice of teaching the public medicine in such a way that even the most timid would not be made more afraid?" That the public had not digested what they had already been told was evident from the way in which they had shown themselves indifferent to the claims of medicine when the body of the profession was on the floor of Parliament. That showed him again how unteachable they were.

If people with the highest motives sought the fount of knowledge to learn medicine in the pursuit of truth, he would gladly pass on such grains of knowledge as had adhered to his understanding. But what medicine was it, what pathology, for which they were most avid? Murder most foul—"Arsenic and Old Lace." For that there was a greedy multitude.

Medicine Not a Close Preserve

Dr. CHARLES HILL recalled the meeting to the proposition stated in the motion. The mover, he said, had given reasons why medical knowledge should be a preserve of the medical profession. Underlying his speech was a contempt for the intelligence of the people who had not undergone a medical discipline. Dr. Hill agreed that the instruction to be given should proceed only to the extent to which it was useful. But the work of health education, advice to the public on the prevention of disease, demanded some measure of explanation of the facts imparted. Few would deny that it was useful to describe the bacteriology of diphtheria in justifying immunization. The people of this country more and more welcomed an appeal to their intelligence. That was the way not to create fear but to dissipate it.

"As a profession we ought to regard this body of knowledge which is ours as something capable of conveyance to ordinary people. We ourselves expect to gain a working knowledge of other fields of experience, but we assume that we alone are capable of understanding the mysteries of the human body." Was it useful and right for people to know how the body worked in disease and in health? Clearly there were immense dangers. People were intensely interested in disease. The majority of them "enjoyed bad health." Symptoms of disease presented a conversational opportunity never to be missed. But the medical profession could do much by explanation in simple and unemotional terms to allay morbid fears and morbid interest. To withhold such knowledge was only to leave even more widely open to the vendors of patent medicines a public interested in its complaints. As for the suggestion that the teaching of disease processes encouraged the neurotic, he thought that the neurosis was there anyway. The teaching of the disease processes of cancer, for example, if wisely handled, could do much to alleviate the fear of cancer which lurked in the minds of most adult people and at the same time would lead many cancer subjects to seek the early treatment which was their only hope of cure.