



**Selection of Medical & Psychiatric documents
relating to Peter Thomas Anthony Manuel
located on Scottish Government file HH60/703/1**

(Part 4)

Second report of Medical Commissioners on Peter Manuel, undated. Account of examination on 30 Jun 1958.
(NAS reference HH60/703/1/111-113)

Report on the mental condition of Peter Manuel by Dr Angus MacNiven, 30 Jun 1958.
(NAS reference HH60/703/1/114-117)

Submission to the Secretary of State for Scotland, John Maclay, by William Stuart Murrie, Secretary, Scottish Home Department, 2 Jul 1958.
(NAS reference HH60/703/1/108-110)

G. Medical Commission 111
Second Report.

PETER THOMAS ANTHONY MANUEL

We paid a second visit to H.M. Prison, Barlinnie, on June 30, 1958, in order to examine Peter Thomas Anthony Manuel; on this occasion we were accompanied by Dr Angus MacNiven. We discussed the prisoner's previous history and record with Dr MacNiven - including details of his behaviour in Approved Schools, Borstal Institutions and prisons.

Before seeing the prisoner we had a further discussion about his condition and behaviour with the Governor, Mr Anderson; the Medical Officer, Dr Anderson; and the Roman Catholic Chaplain, Father Smith. After our interview we had a further talk with Principal Officer McDonald and a telephone conversation with a Prison Officer, Mr Sutherland, who was until yesterday in attendance upon Manuel, but has now returned to H.M. Prison, Aberdeen. We read the entries made in the Day and Night Report Book since the date of our last visit on 26. 6.58: and we also interviewed Prison Officer Cramond, one of the officers who had taken up supervisory duties over Manuel for the first time on the day of our second visit.

The Governor told us that while there had not been any marked change in Manuel's behaviour since our last visit he had spoken a few words to a prison officer who had been shaving him and dressing his hair. This officer had been joking with him and had said - "you know who I am, anyway". Manuel had smiled in response to this remark and called him by the (obscene) nickname by which he is apparently known to some of the prisoners. Mr Anderson told us that Manuel had eaten several fairly substantial meals - e.g. bacon and chips - during the last few days. His mother had visited him on 29. 6.58, but he had not spoken to her or taken any apparent notice of her presence.

Dr Anderson told us that the prisoner was now taking his food quite well. On one occasion, two nights ago, he had been incontinent and had wet the bed. Dr Anderson did not attach special significance to this incident.

Father Smith said that he had not observed any particular change in Manuel's condition during the last few days. He said that Mrs Manuel, during her visit, had slapped her son's face, pulled his hair (an action that usually aroused his anger) and said that he 'couldn't fool her' (or words to that effect). He made no response to these actions.

/ Interview

Interview
with
Manuel

We interviewed the prisoner with two prison officers in attendance: Dr Anderson was also present. Our interview lasted approximately 15 minutes and was then terminated by us as Manuel remained, as before, silent and unco-operative.

In opening the interview we told Manuel who we were and reminded him of our visit to see him four days ago. We said that we had now been joined by Dr MacNiven, who had seen him before. Dr MacNiven spoke to Manuel for some time, reminding him of the interviews he had had with him before the trial and urging him to speak, but without result. Manuel ^{twice} muttered unintelligibly, but throughout the interview he did not otherwise speak of his own accord and did not reply to questions by Dr MacNiven or by us.

Manuel looked better than when we saw him four days ago. He still exhibited the mannerisms and movements described in our previous report, but to-day these were less frequent and less marked. He smoked a cigarette in the same peculiar fashion. Although his eyes remained almost closed, he appeared to look at us occasionally. We had the impression that on one or two occasions he came near to speaking, but he did not do so.

After seeing the prisoner we saw: Prison Officer Cramond, one of the officers who had taken up supervisory duties for the first time on the morning of 30. 6.58 told us that when he and the other officer on duty at the time wakened Manuel he had been aggressive, kicking out at them and resisting their efforts to dress him. He had not eaten solid food on the morning of 30. 6.58, but had dozed for two or three hours. He had not displayed any interest in his surroundings. He had gone of his own accord to the lavatory when necessary.

Principal Officer McDonald confirmed the incident concerning Manuel's reply to the prison officer who was shaving him and dressing his hair. He said that while being shaved the muscular twitchings and movements ceased, except when his upper lip was being shaved. Mr McDonald said that Manuel was in his view acutely aware of all that was going on - "he can hear the slightest sound" - and said that, if he heard any movement near the cell door, his eyes 'immediately darted' to the observation window. He thought that the prisoner was being deliberately obstructive on the morning of 30. 6.58 during dressing

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owing to the presence of two new officers on duty.

The Report Book contained an entry to the effect that on the morning of 27/28 June at 12.50 a.m. the prisoner had been observed to be reading. Mr Sutherland, the officer who had signed this entry, told us (by telephone) that Manuel had lifted a pile of books on to the bed, selected one and spent about an hour browsing through it - reading various pages. While reading, his muscular movements and twitchings seemed to cease.

Discussion
and
Opinion

We remain of the opinion that the symptoms that Manuel is at present displaying are assumed and consciously motivated. In our view he was fully aware of our presence during the interview and heard and could understand what we said to him. We believe that his symptoms were less marked than during our first interview and, although he did not in fact speak to us, we had the impression that he came near to doing so on one or two occasions. His physical health seems to be good.

Dr MacNiven will be submitting a separate report. We understand that in regard to the prisoner's state of mind at the present time he is in substantial agreement with the views that we expressed in our original report; but that he may be discussing further the question of Manuel's state of mind at the time the crimes were committed - particularly in regard to the significance of psychopathic traits in his personality. We should perhaps add that in regard to the prisoner's responsibility for his actions when the crimes were committed, and his state of mind at that time, we remain of the opinion expressed in our previous report.

HB Craigie.

Laura M.D. Mill.

Addendum: In our previous report, under the heading Family History, the following sentence should have been included "two maternal cousins (of Manuel) are said to have suffered from epilepsy".

30th June, 1958

At the request of the Secretary of State, I examined Peter Thomas Anthony Manuel in company with Dr. H. B. Craigie and Dr. Laura Mill, Medical Commissioners of the Board of Control for Scotland, at H.M. Prison, Barlinnie on 30th June 1958.

I examined the accused several times before his trial and on each occasion when I saw him he showed no obvious symptoms of mental illness. From his history, however, I came to the conclusion that although the accused was sane and fit to plead, he was a very abnormal character, who, I thought, came within the category of a psychopathic personality although he seemed to me at that time to lack certain of the characteristics of this condition.

I understand that for some days the prisoner has been behaving in a peculiar way.

He has been almost mute, he has made no normal response to either the prison officers or to members of his family who have visited him and, in general, his behaviour has been entirely different from what it was when I examined him on previous occasions.

His behaviour has been described in detail in the report which I have read by Dr. Craigie and by Dr. Mill with whose opinions I agreed.

The prisoner's behaviour this afternoon during our examination of him conformed exactly to the description given by Dr. Craigie and Dr. Mill in their report.

He sat in a huddled position in his chair, he made no response to any questions which we asked him, he moved restlessly, he grimaced, made pouting movements with his lips, shrugged his shoulders, clutched at his abdomen with his hands and moved his head from side to side. Most of the time he kept his eyes downcast. He smoked a cigarette in his cupped hand and when the cigarette was almost completely burned so that the prisoner was in danger of burning his fingers, and one of the prison officers attempted to remove the cigarette, the prisoner made some slight show of resistance.

When I attempted to feel his pulse he allowed me to do so but he did not in any way co-operate in the examination. When I asked him to put out his tongue he did not do so and when I asked him to open his eyes so that I could examine them, he kept them tightly closed and he resisted my attempts to open them.

My opinion from my examination of the accused and the reports made to us by the prison officers who have had the prisoner under close observation, is that the probability is that his abnormal behaviour is deliberately assumed and that it is not a manifestation of insanity.

His behaviour does not, in my opinion, conform to any type of psychotic illness known to me.

Although there is no accurate and reliable test that will enable one to say with certainty that the accused is consciously and deliberately behaving in an abnormal way, the probability appears to me to be that his abnormal behaviour is assumed and, in my opinion, the accused is not at the present time insane.

In the report which I made on the basis of my examination of the prisoner before his trial, I expressed the opinion that he came within the category of a psychopathic personality. I made the reservation that he lacked certain of the characteristics of this condition.

On the basis of information which is now known to me, but which was unknown to me at the time when I examined the accused before his trial, I am now firmly of the opinion that the accused is a psychopathic personality.

I feel that I ought to comment on the final paragraph of my report of the 28th March 1958 in which I said - "I do not consider that the terms - aberration or weakness of mind, some form of unsoundness, a state of mind bordering on although not amounting to insanity, are applicable as descriptive of the accused's mental state either now or at the time when it is alleged he committed the offence with which he is charged."

I understand that the terms, aberration or weakness of mind, some form of unsoundness, a state of mind bordering on, although not amounting to insanity, has come to be used as a test of the state of mind which would qualify a person accused of murder to be considered partially responsible.

In expressing the opinion that I did not think that Manuel's state of mind conformed to the terms of this formula I was very conscious that I was expressing an opinion on a matter which was incapable of exact mensuration.

Many forms of mental illness even of such a severity that the patient's condition amounts to insanity, cannot be diagnosed by an infallible test.

In this respect mental illness differs from most forms of physical illness. In physical illness the disease or lesion either exists or it does not and the matter is one which can be proved beyond dispute.

As an example, if we consider the instance of a man who is suspected of having a broken leg, it is conceivable that two doctors examining this man might come to different conclusions, the one holding the opinion that the leg was broken and the other that it was not, but the existence of the fracture can be proved or disproved with certainty either by an X-ray examination, which will reveal the breach of continuity in the bone, or as a last resort, by operation or at post mortem examination.

Thus, in such a case one doctor will be proved wrong and the other will be proved right.

On the final test the matter will admit of no dispute.

It is entirely different with many forms of mental illness in which it is not only sometimes difficult to arrive at a diagnosis, but in which it is often impossible to furnish absolute proof of the accuracy or otherwise of the diagnosis made.

It will be clear that if there is no absolute test of the sanity or insanity of a man, still less is there an accurate test for a state of mind short of insanity which would yet qualify a person accused of murder to be regarded as partially responsible.

The formula which I have quoted, and which I understand has come to be regarded as the test to be applied in such cases, although no doubt the best formulation that can be made, is still capable of widely differing interpretations.

I think that I ought to explain the reasoning process by which I came to the conclusion that Manuel's mental state did not qualify him to be regarded as partially responsible, notwithstanding the fact that as a psychopathic

personality his condition, in my opinion, might well be described as an aberration of mind, some form of unsoundness, a state of mind bordering on, although not amounting to insanity.

There is no doubt that the prisoner is a very abnormal character but I asked myself the question - Is the type of abnormality shown by the prisoner the type of abnormality which the Legal authority who enunciated the formula I have quoted had in mind when he formulated his definition of what he regarded as a state of mind which should imply partial responsibility?

Notwithstanding the fact that the terms of the definition, aberration of mind, some form of unsoundness could be applied to a psychopathic personality, I came to the conclusion that it was not the type of abnormality shown by the prisoner that the author of the definition had in mind as qualifying for partial responsibility.

It may be that since the definition was formulated that the Medical and Legal concepts of the relationship of psychopathy to responsibility have changed but, rightly or wrongly, I came to the conclusion that I would not be justified in assuming that this change of attitude had occurred and therefore, I based my opinion, which is purely conjectural and may be wrong, on what I thought was the concept of partial responsibility held by the Legal authority who formulated the test.

My opinion is that the prisoner is sane but that he is a psychopath and that his abnormal behaviour at the present time is not a symptom of insanity but is a manifestation of his psychopathic character.

This report is given on Soul and Conscience.

(signed) Angus MacNiven

CONFIDENTIAL

H. SHD's submission to S.G. 108
of 2nd July.

For further discussion,

Friday 4th July a.m.

Secretary of State

(Copy to Lord Advocate)

I have decided that the

9 a.m.

3/7/58

Peter Manuel

to take to court 9.5 a.m.

1. Since my submission to you of 27th June we have received the reports of the three psychiatrists who carried out a further examination of Manuel on 30th June, the comments of the Home Office and the views of the Lord Advocate.

2. Psychiatrists' reports. Copies of these are attached. The two Medical Commissioners, whose report was attached to my submission of 27th June, found Manuel's symptoms less marked than at their earlier examination, and remain of the opinion that they are assumed and consciously motivated; in this they are supported by Dr. MacNiven, whom we asked to join them in the second examination and whose report is also attached. There is thus no good reason to think that Manuel is insane at the present time and the Medical Commissioners do not think that there is any need to carry out any further examination of Manuel's state of mind, unless there should be any change in his condition which gave grounds for this.

3. In their first report (which was sent to you with my submission of 27th June) the two Medical Commissioners dealt also with the question of Manuel's state of mind at the time of the murders. They found no evidence that he was then insane or suffering from an aberration of mind. They stated that they believed him to be an abnormal man, showing many of the traits usually acknowledged to be characteristic of psychopathic personality, but that they did not believe that these constituted in his case a psychopathic state of such degree as to diminish responsibility for his actions.

Dr. MacNiven, who suggested after his pre-trial examination that Manuel came within the category of a psychopathic personality, although lacking certain of the characteristics of this condition, now states in his report of 30th June that he is firmly of the opinion that Manuel is a psychopathic personality, but in effect he comes to the same conclusions as the Medical Commissioners with regard to Manuel's responsibility for his actions.

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4. We have particularly considered the views of the Medical Commissioners and of Dr. MacNiven in relation to what the Royal Commission on Capital Punishment said in paragraph 401 of their report -

"... the available evidence justifies the conclusion that in many cases the responsibility of psychopaths can properly be regarded as diminished, and we think it would be right for the Secretary of State, both in England, and so long as the courts do not accept psychopathic personality as a ground for a defence of diminished responsibility, in Scotland, to give rather greater weight to psychopathic personality as a ground for reprieve than has sometimes been the practice in the past."

and in recommendation (25) -

"Psychopathic personality, though not of itself justifying a defence of insanity, ought to be given due weight in deciding whether the death penalty should be carried out."

No specific statement accepting this recommendation on behalf of the Government has been made but both the Home Office and we have felt that cases may occur where a degree of psychopathic personality which would not be regarded as sufficient to justify a verdict of culpable homicide or manslaughter might yet be sufficient to justify a reprieve. Having examined the psychiatrists' reports and considered all the other circumstances, I have reached the conclusion that in this case there is no ground for thinking that the degree of psychopathic personality is sufficient to justify a reprieve.

5. Home Office Comments. In accordance with practice, we consulted the Home Office, directing their attention particularly to the questions whether Manuel's state of mind at the times of the crimes or now would justify any interference with the course of the law. Having considered the information we gave them, they say that had it been an English case they would have had no hesitation in advising the Home Secretary to let the law take its course.

6. Views of the Lord Advocate. I attach a copy of a minute of 28th June from the Lord Advocate. We have since discussed the case with him in the light of the reports ^{by} of the Medical Commissioners and Dr. MacNiven of their examination of Manuel on 30th June and he does not see any reason to depart from the provisional view indicated in his minute of 28th June that there are no grounds for interference.

The Lord Advocate specially asked that your attention should be drawn to the possibility - admittedly a remote one - that you might have to face

/criticism

criticism for refusing the request from Manuel's mother that he should be examined by the Manuels' family doctor. We explained to the Lord Advocate that we had no record of the making of any such request and that the Home Office had told us that in the only modern case in which such a request had been made it had been refused. We also stated that in considering the question of a reprieve the Secretary of State, while bound to satisfy himself by every means at his disposal as to the prisoner's state of mind, was not called on to give the prisoner's relatives an opportunity to have him examined independently; and we pointed out the undesirable consequences that might flow from allowing this. The Lord Advocate did not press that we should reconsider the decision to refuse the request, although he would wish to be consulted if the request is repeated and he also pointed out that Dr. MacNiven, although not called at the trial, was on the list of Crown witnesses and might on that ground be regarded as not altogether independent.

7. Conclusions. We have therefore come to the conclusion:-

1. that nothing emerges from the trial, the appeal or Lord Cameron's report to cast any doubt on the correctness of Manuel's convictions for the murders for which he has been sentenced to death, or to suggest any extenuating circumstances;
2. that as regards Manuel's mental condition at the time of the murders, he was neither mentally defective nor insane; and that, though he is probably a psychopathic personality, this is not of a degree sufficient to justify a reprieve, even taking into account the views of the Royal Commission on Capital Punishment;
3. that his mental condition at the present time is not such as to justify a reprieve.

I would accordingly recommend that the law should be allowed to take its course. (The date of execution was fixed by the Court of Appeal as Friday, 11th June and we must inform those concerned of the decision not later than Tuesday, 8th July. When they have been informed a Press notice will be issued in accordance with the normal practice.)

Scottish Home Department
2nd July, 1958.

L.S.M.