

Can Killers Be Predicted?

A four-step procedure suggested by a psychiatrist could be used as a guide in spotting potential murderers—By Patricia McBroom

➤ A BOSTON psychiatrist has suggested a four-step procedure that members of his profession could use as a guide in determining the seriousness of a patient's threat to kill either himself or someone else.

Dr. Philip Solomon, chief psychiatrist at the Boston City Hospital and a professor at Harvard University Medical School, spelled out the guide in response to many inquiries he received concerning a psychiatrist's responsibility in cases like that of Charles Whitman, the young man who went on a murderous rampage in Austin, Texas, and killed 15 people.

Whitman had told a psychiatrist, Dr. Maurice D. Heatly, last March that he had thought of taking a deer rifle up to the tower at the University of Texas and shooting people.

Dr. Solomon said the doctor's first question to a patient who could be homicidal or suicidal is "have you ever thought of doing such a thing?" If

the answer is yes, the psychiatrist should keep tabs on the patient, but the situation is not yet serious. Most people, healthy and disturbed, have such thoughts, he said.

The second step is to find out whether the patient has thought about how he would do it. If he has, the problem is more serious and the psychiatrist needs to actively follow up, for instance by finding out where the patient is if he does not keep an appointment.

The third step concerns action—has the patient not only thought about means, but taken steps in preparation for his deed? This is now serious and responsibility shifts squarely onto the doctor's shoulders. Here the psychiatrist should consider hospitalizing the patient, said Dr. Solomon.

In the fourth step—an actual attempt at suicide or homicide—hospitalization is almost obligatory.

Dr. Solomon believes most psychiatrists go through somewhat the same

criteria in judging a patient's state of mind. He also emphasized that he does not mean his comments in any way to be a criticism of Dr. Heatly. In fact, Dr. Heatly is reported to have discussed the Whitman case with a university administrator after his interview with the young man. Both decided there was no danger at the time. This would be active follow-up, said Dr. Solomon.

The Boston psychiatrist does not believe the public need fear a spread of violence as a result of the Austin killings. He said these things are "caused by serious mental disease within the individual" and are "rarely" triggered by events outside a man's immediate world.

PSYCHIATRY

UCLA Treats Large Number of LSD Cases

➤ PSYCHIATRISTS at the University of California at Los Angeles voiced concern over the rising number of people who have had to seek medical care for the lingering effects of an LSD trip.

In a seven-month period, 70 LSD cases were treated at UCLA's Neuropsychiatric Institute, 12% of the Institute's total patient load during that period. Until a year ago, an LSD case there was a rarity, reported Dr. J. Thomas Ungerleider, Dr. Duke D. Fisher and Marielle Fuller.

All of the 70 had at least one severe reaction—anxiety, depression, hallucinations or suspiciousness—long after the drug's effects should have worn off, even though some of them had attempted to create the "right environment" before taking the drug. Half had required emergency help before they were admitted for treatment at the Institute.

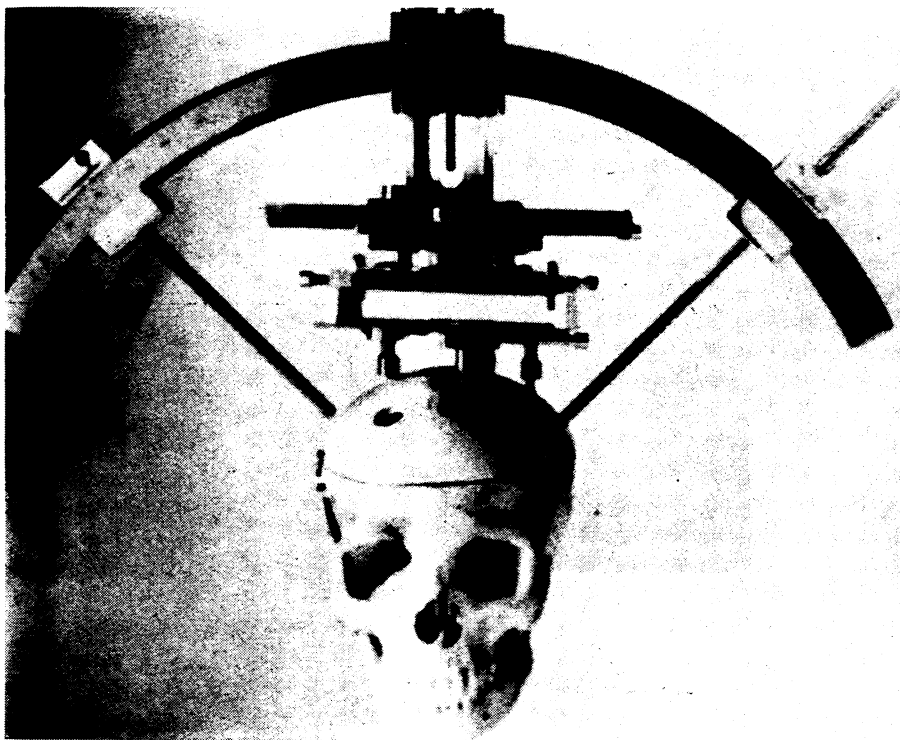
In contrast to an earlier report about the type of person who takes LSD, none of the UCLA patients could be described as "professional-class" people, said the doctors.

For the most part they were unemployed or students, predominately single, white, male and young. However, it was not determined whether the patients became unemployed before or after taking LSD. Also in the group were 10 businessmen and three housewives.

A large number, 37%, revealed that they had had previous psychiatric treatment, and 36% had histories of chronic marijuana use. Few had police records.

The UCLA report in the *Journal of the American Medical Association*, 197:389, 1966, noted that patient admissions did not decrease when new Federal drug controls went into effect last February.

In fact, March was the clinic's busiest month for LSD cases.



NIH

PINPOINTING TARGET—Chances of successful neurosurgery are improved with the use of this stereotaxic device which, when fastened to a patient's skull, allows doctors to pinpoint the exact area of the brain where surgery is required. Biomedical engineers and neurosurgeons at the National Institutes of Health, Bethesda, Md., developed the instrument.