Yet more facts about the insanity defence

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Criminal Procedure (Insanity and Unfitness to Plead) Act 1991 (c.25) s.1
Mental Health Act 1983 (c.20)
Criminal Procedure (Insanity) Act 1964 (c.84)
European Convention on Human Rights 1950 Art.5(1)(e)
Trial of Lunatics Act 1883 (c.38) s.2

Crim. L.R. 399 **Summary:** *This paper presents a summary of the continuing impact of the Criminal Procedure (Insanity and Unfitness to Plead) Act 1991 on the defence of insanity. In doing so it gives an analysis of the effects of the second five years of the 1991 Act from 1997-2001.*

On June 27, 1991 Parliament enacted the Criminal Procedure (Insanity and Unfitness to Plead) Act. This statute, which came into operation on January 1, 1992, resulted from major dissatisfaction with the way in which those found unfit to plead or not

guilty by reason of insanity were dealt with under the Criminal Procedure (Insanity) Act 1964. In particular, under the 1964 legislation there was only one form of disposal in respect of such cases which was the equivalent of indefinite and indeterminate hospitalisation. Although the 1991 Act did not change the legal test for insanity, which remains governed by the M'Naghten rules, [1] it did introduce much needed flexibility of disposal. This meant that in addition to the indefinite hospitalisation under the 1964 Act, the court was given the discretion (except where the charge is murder) to order admission to hospital without the equivalent of restrictions; or make a guardianship order under the Mental Health Act 1983, or a supervision and treatment order, or an order for ***Crim. L.R. 400*** an absolute discharge of the accused. [2] Research into the first five years of the operation of the 1991 Act (1992-96) concluded that the introduction of flexibility of disposal (except in murder cases) had removed a central disincentive to seeking a verdict of NGRI. As a result a striking finding during this research period was that community-based disposals were being fully utilised by the courts. [3] This in turn strongly indicated that the insanity defence should no longer be regarded with suspicion and fear, as was so clearly the case under the 1964 Act.

Research into the second five-year period (1997-2001) of the operation of the 1991 Act has now been completed. This paper contains a brief analysis of the results of that study as it relates to the defence of insanity. [4] The primary source of information used was again the relevant court and post-trial files. Unfortunately in seven of the cases no such access was possible for a variety of reasons. However, some basic statistical information was still able to be collected in these cases.

The research findings

As can be seen from Table 1 below a finding of not guilty by reason of insanity ("NGRI") remains a relatively infrequent occurrence in England. Table 1 gives the annual number of findings of NGRI for the last five years of the operation of the original 1964 Act, the first five years and the second five years of the 1991 Act, the latter being the subject of this study. What is immediately noticeable is the gradual but steady rise in the number of NGRI findings. In the second five years there was an average of 14.4 findings of NGRI compared to an average of 8.8 findings of NGRI in the first five years. This compares to an average of four from 1987-91 (and 3.6 in the previous five years from 1982-86, n = 18). Indeed, the number of cases in the second five years of the new legislation (n = 72) is close to the total for the 17-year period from 1975-91 prior to the 1991 Act (n = 69). The overall total for the first 10 years of the 1991 Act is 116 NGRI findings, giving an average of 11.6 findings.

Although it remains difficult to be confident about any particular reason for the continued increase, one may speculate that the new legislation has gradually become more widely known by lawyers and psychiatrists. This in turn may have led to an appreciation that the 1991 Act, by introducing flexibility of disposal, has removed the glaring disincentive contained in the 1964 Act of running a defence of NGRI.

Table 1 --The insanity findings by year

1a 1964 Act Final 5 years		1b 1991 Act 1st 5 years		1c 1991 Act 2nd 5 years	
Year	**Number**	**Year**	**Number**	**Year**	**Number**
1987	2	1992	6	1997	10
1988	4	1993	5	1998	16
1989	3	1994	8	1999	17
1990	4	1995	12	2000	14
1991	7	1996	13	2001	15
Total	**20**	**Total**	**44**	**Total**	**72**

Table 2 --Diagnostic groups

Primary Diagnosis	Numbers	Per cent
Schizophrenia (& associated [5])	36	50.0%
Acute/transient psychosis	5	6.9%
Depressive/anxiety disorders	8	11.1%
Epilepsy/post ictal state	7	9.7%
Hypomania	3	4.2%
Drug-induced psychosis	3	4.2%
Brain damage	1	1.4%
Delirium tremens	1	1.4%
No details available	8	11.1%

Total	72	100.0%

***Crim. L.R. 401** With regard to diagnostic groups, the picture is similar to the first five years of the operation of the 1991 Act[6] and to the operation of 1964 Act,[7] with schizophrenia dominating. The diagnoses at the time of the commission of the offences are presented in Table 2.

With regard to sex and age, unsurprisingly males continue to constitute the vast majority of defendants with 70 (97.2 per cent) males compared to 2 (2.8 per cent) females. However, the reduction in the latter is marked in that the figure for the first five years of the operation of the 1991 Act was 18.2 per cent (n = 8) females.

Table 3--Sex/age distribution

		Sex of accused		Total
		Male	Female	
Age range of accused	up to 19	2	0	2
	20-29	24	1	25
	30-39	25	0	25
	40-49	12	1	13
	50-59	5	0	5
	60-69	2	0	2
Total		70	2	72

***Crim. L.R. 402** The mean age for defendants at the time of the alleged offence was 34.3[8] (range 17-62). Table 3 gives a breakdown of sex/age distribution.

Ethnicity

The ethnic breakdown is presented in Table 4.

Of the above groups, 17 (23.6 per cent) individuals were born outside the United Kingdom. With regard to criminal records 36.1 per cent (n = 26) of the sample had previous convictions (for 9.7 per cent, n = 7 of the sample no information was available on this issue). As for psychiatric history 72.2 per cent (n = 52) had some prior contact with psychiatric services (for 11.1 per cent, n = 8 of the sample no information was available on this issue), 44 of whom had received psychiatric treatment in hospital.

A breakdown of the offences for which a verdict of NGRI was returned is presented below in Table 5.

While the predominance of offences against the person is similar to that found under the first five years of the 1991 Act and 1964 Act, what remains apparent is the small number of murder charges. Under the 1964 Act murder accounted for almost one third of the cases.[9] After the first five years of the 1991 Act this had dropped to a mere four cases (9.1 per cent) compared to seven cases (9.7 per cent) during the current research period. It seems likely that the automatic restriction order which an NGRI verdict for murder attracts is likely to have continued to act as a major disincentive, with the result that some defendants may have preferred to seek a manslaughter verdict on the basis of diminished responsibility.

The insanity trial

The Crown Court files could not shed light on the intricacies of the trial process.

However, a limited amount of information regarding the narrative of the court proceedings was available in a minority of cases from the court logs or from counsels' post-trial summaries. This is given below in Table 6.

Table 4 --Born UK * ethnic group cross-tabulation

		Ethnic group					Total
		White	Black	Asian	Other	Not known	
Born	yes	43	4	1	0	0	48
UK	no	10	3	2	2	0	17
	not						
	known	0	0	0	0	7	7

Total		53	7	3	2	7	72

Table 5--Main offence charged		
Main offence charged	**Frequency**	**Per cent**
Murder	7	9.7
Attempted murder	16	22.2
GBH	12	16.7
ABH	8	11.1
Arson	8	11.1
Robbery	3	4.2
Burglary	4	5.6
Rape	1	1.4
Indecent assault	4	5.6
Threats to kill	4	5.6
Child abduction	2	2.8
Causing death by dangerous driving	2	2.8
Administer noxious thing	1	1.4
Total	72	100.0

Table 6--Role of the jury	
Role of jury	**Number**
No jury sworn	1
Jury directed/no dispute between parties	18
Normal jury deliberation	10
No information/uncertain	43
Total	72

Crim. L.R. 403 It can be seen that in a single case no jury was in fact empanelled and a formal finding of NGRI was entered. The wording of the 1991 Act specifically states in s.1(1):

Crim. L.R. 404 "A jury shall not return a special verdict under section 2 of the Trial of the Lunatics Act 1883 (acquittal on ground of insanity) except on the written or oral evidence of two or more registered medical practitioners at least one of whom is duly approved."

This matter was resolved by the Divisional Court in *R. v Maidstone Crown Court Ex p. Harrow LBC.* [10] In that case the accused was permitted to enter a plea of NGRI to an arson charge and was made subject to a supervision and treatment order without any jury being empanelled to determine the question of insanity. In setting aside the order and remitting the case to be tried by a jury Mitchell J. said:

"Regardless of whether the prosecution challenges the claim … a plea of "not guilty by reason of insanity' (providing the accused is fit to plead and be tried), must be followed by the trial of that issue by a jury … The court proceeded to "disposal' rather than to the empanelling of a jury to try the questions raised by the plea … The judge had no jurisdiction to do what he did. Unless a jury had returned a special verdict of "not guilty by reason of insanity' the judge had no jurisdiction to make any disposal order … a defendant who entered a plea of "not guilty by reason of insanity' to a charge of arson has still to be tried by a jury." [11]

In the first five-year study there were eight such cases where no jury was sworn. [12] This has now reduced to one case decided prior to *R. v Maidstone Crown Court Ex p. London Borough of Harrow* referred to above. A case such as this is clearly wrong and until the law is changed by Parliament all NGRI verdicts must continue to be returned by a jury.

In this connection, the issue of the actual role of the jury is again of interest in that (albeit in a minority of the whole sample) of those cases where such information was available there was evidence that on 18 other occasions the jury was either formally directed to return a verdict of NGRI or was presented (as fact-finders) with a situation where all parties, bolstered by expert evidence, agreed beforehand that the case was one of NGRI. This continues a trend which was found in the first five-year

study, [13] namely, that many juries continue to have little real deliberative role in NGRI cases. In this context it is of note that the role of the jury has recently been abolished and replaced by a judge-only hearing in respect of findings of unfitness to plead [14] partly because it also had no real deliberative role to play. [15] The crucial difference of course is that an unfitness to plead hearing is just that and has no bearing on the issue of criminal responsibility which is central to the insanity defence. Nevertheless, the question legitimately arises as to whether it might not be time to consider giving the prosecution and the court the power to accept a plea of NGRI (much as in cases of diminished responsibility) without the need for a jury trial.

Crim. L.R. 405 **The psychiatric reports and the M'Naghten rules**

The psychiatric reports in the Crown Court files which addressed the issue of the insanity defence were all analysed. The maximum number of such reports on any one file was five. Although there was a total of eight cases in the sample where there were no reports (including the seven cases where access to the files was unavailable) the grand total of reports was 161. [16]

Table 7 below is an attempt to show how the M'Naghten rules were used in the 161 reports.

In six of the cases there was clear evidence of contradictory opinion between the psychiatrists as to whether a finding of NGRI could be supported. This meant that there were six reports (four for the CPS, one for the court and one for the defence) from six cases which concluded that the defendant was not M'Naghten insane at the time of the offence. Having regard to the fact there were 161 reports in the research sample it seems likely that cases giving rise to this type of disagreement are rare.

In addition, a further 24 reports failed to address the issue at all, whilst another 73 (excluding four of the six reports referred to above in the contradictory opinion cases) reports indicated that the defendant was insane at the time of the offence, but did not make express mention of the M'Naghten rules or were ambiguous. The following is a typical example.

In a case of attempted murder: "It is my opinion that at the time of the offence, he was "insane', i.e. suffering from a severe mental illness characterized by auditory hallucinations. He was not responsible for his actions at the time of the offence because he felt compelled to obey the voice that was repeatedly telling him to attack the victim."

Despite this it was clear from many of these reports that the rules were being impliedly relied upon by virtue of the fact that reference was made in 65 reports to 1 or both limbs. Of these reports it was found that 24 considered that both limbs were either satisfied or not satisfied, 18 stated that the "nature and quality limb" was either satisfied or not satisfied while 23 stated that the "wrongness limb" was either satisfied or not satisfied.

With regard to the rest of the reports, all 60 including two of the contradictory opinion cases (and including the two 3rd limb reports) expressly mentioned the M'Naghten rules. Of these reports it was found that in 48 reports psychiatrists made reference to the fact that the defendant did or did not know the nature and quality of the act. Only six of these reports relied on this test exclusively, while 27 relied on both limbs. If one adds the cases which did not expressly mention M'Naghten but made some mention of the "nature and quality limb" then the total is 98 reports.

With regard to the wrongness limb it was found that in a total of 100 reports (22 of which relied on this test exclusively, while 49 relied on both limbs) the psychiatrists specifically used the term that the defendant did or did not know that his act was "wrong". Of those 100 reports, 28 made some reference to knowledge

Table 7--Limbs of M'Naghten rules * M'Naghten mentioned cross-tabulation

		N'Naghten mentioned			Total
		Yes	By implication	No	
Limbs of M'Naghten rules	Nature & quality limb satisfied	6	15	0	21
	Nature & quality limb not satisfied	0	1	0	1
	Wrongness limb satisfied	8	14	0	22
	Wrongness limb not satisfied	1	1	0	2
	Both limbs satisfied	27	22	0	49
	Neither limb mentioned	1	12	24	37
	Neither limb satisfied	1	2	0	3
	Nature & quality satisfied and wrongness not satisfied	1	2	0	3

	Wrongness satisfied and nature & quality not satisfied	13	8	0	21
	Third limb satisfied	2	0	0	2
Total		60	77	24	161

Crim. L.R. 406 of legal wrongness, four to both forms of wrongness and 68 to moral or unspecified wrongness.

In previous research it was remarked that:

"the general impression gained from reading the documentation in these cases was that the wrongness issue was being treated in a liberal fashion by all concerned, rather than in the strict manner regularly depicted by legal commentators". [17]

The strict manner referred to is that the defendant did not know that his action was legally wrong. [18] Once again in many of the reports the "wrongness" limb was interpreted to cover whether the defendant thought his/her actions were legally/morally justified, and/or whether the actions were in perceived self defence ***Crim. L.R. 407*** of themselves or others, in the sense of protecting their physical or spiritual well-being. This once more supports the fact that the question many psychiatrists are addressing is "if the delusion that the defendant was experiencing at the time of the offence was in fact reality, then would the defendant's actions be justified?"--rather than the narrow cognitive test favoured by the law. In this connection it is interesting to note that in two cases the same psychiatrist, rather than use the "wrongness" limb, relied on what he referred to as "the third limb of the M'Naghten Rules" namely that if the accused "labours under … a partial delusion … he must be considered in the same situation as to responsibility as if the facts were real," [19] and so may be found NGRI. One of the two reports in question put it as follows:

"This paranoid delusion caused the accused to believe he was under imminent threat from a group of assailants … who were determined to take both his life and those of his wife and nephew. In my opinion this account of delusional thinking means that the defendant falls within the meaning of legal insanity."

However, specific mention of the "third limb" was exceptional and rather than rely on it many reports, as mentioned above utilised the wrongness limb. A typical example of this was as follows:

In a case of arson with intent to endanger life, the report stated: "At the time of the offence the defendant was actively psychotic, he was deluded into believing that he was under the instruction from the almighty. It is arguable that within his delusional beliefs he would have been unaware that what he was doing was wrong. He believed he was acting in the interests of humanity."

Although this report, as was true of many others, does not expressly mention "moral" wrongfulness it seems clear from the wording that it is being relied on. This finding again echoes the earlier research in that psychiatrists may in many respects be adopting a pragmatic approach by augmenting the strict scope of the M'Naghten rules and that the courts by accepting this interpretation are in reality continuing to accept a wider interpretation of the rules.

The disposals

A breakdown of the disposals is provided in Table 8 below.

These results bear a striking similarity to those found in the first five years' study.

So once again, apart from guardianship, [20] it is clear that community-based orders, which form slightly over 50 per cent (52.8 per cent, n = 38 cases) of the disposals, continue to be well utilised. This figure compares with 52.2 per cent (n = 23) in the first five years' study. In addition, if the seven mandatory disposals in relation to murder are ignored although the percentage of community disposals rises to 58.5 per cent, this is a mere one per cent higher than in the first five years' cases (57.5 per cent). Further, as before it is again important to note that these disposals continue not to be used solely for minor offences. Table 9 shows that supervision and treatment orders were used for charges of attempted murder, GBH, arson and robbery while absolute discharges were considered appropriate for charges of GBH, making threats to kill and causing death by dangerous driving.

Table 8--Disposals			
Disposal	**Frequency**	**Percent**	**Cumulative per cent**
Admission order with restrictions without limit of time	27	37.5	37.5
Admission order	7	9.7	47.2
Guardianship order	1	1.4	48.6
Supervision and treatment order--2 years	26	36.1	84.7
Supervision and treatment order--under 2 years	4	5.6	90.3
Absolute discharge	7	9.7	100.0
Total	72	100.0	

***Crim. L.R. 408** Where hospital admission was ordered it can be seen from Tables 8 and 9 that the majority of these cases, 27 out of 34, had a restriction order imposed. If we again omit the seven cases where the disposal was mandatory following a charge of murder, it can be observed that when an admission order was made and the judge had flexibility as to disposal, in almost 3/4, 74.1 per cent (n = 20), of these cases a restriction order was imposed.

It must be emphasised that the disposals in this study have now been altered by the Domestic Violence, Crime and Victims Act 2004 referred to above. [21] A major reason which prompted this change was the need for alignment of hospital-based disposals with the Mental Health Act 1983, for those found NGRI and unfit to plead. This was due to the fact that the original "admission orders" under the 1991 Act permitted--and indeed mandated in relation to those charged with murder but found NGRI or unfit to plead--the hospitalisation of those who were not mentally disordered, thus breaching Art.5(1)(e) of the European Convention on Human Rights. [22] In order to remedy this the 2004 Act makes it clear that there must be medical evidence which justifies detention in hospital on grounds of the defendant's mental state, namely a mental disorder within the Mental Health Act 1983 which in turn requires specialist treatment. This applies equally to murder charges. So if the conditions for making a hospital order are not met then neither a restriction order nor a hospital order can now be made. The Home Office Circular dealing with these provisions confirms this stating:

"… the court is only obliged to make a hospital order with a restriction order on a charge of murder if the conditions for making a hospital order are met. If the conditions are not met, for example if the reason for the finding of unfitness to plead relate to a physical disorder, the court's options are limited to a supervision order or absolute discharge." [23]

Table 9--Main offence charged * disposal cross-tabulation								
		Disposals						**Total**
		Admission order with restrictions without limit of time	**Admission order**	**Guardianship order**	**Supervision & treatment order--2 years**	**Supervision & treatment order--under 2 years**	**Absolute discharge**	
Main offence charged	Murder	7	0	0	0	0	0	7
	Attempted murder	11	2	0	3	0	0	16
	GBH	5	0	0	4	1	2	12
	ABH	1	1	0	2	1	3	8
	Arson	1	1	0	6	0	0	8
	Robbery	0	0	0	3	0	0	3
	Burglary	1	2	0	1	0	0	4
	Rape	1	0	0	0	0	0	1
	Indecent assault	0	1	0	2	1	0	4
	Threats to kill	0	0	0	3	0	1	4
	Child abduction	0	0	0	1	1	0	2
	Death by dangerous driving	0	0	1	0	0	1	2
	Administer noxious thing	0	0	0	1	0	0	1
Total		27	7	1	26	4	7	72

Crim. L.R. 410 Although the example given relates only to unfitness to plead a similar result must also apply to NGRI where the "insanity" does not result from a psychiatrically-recognised form of mental disorder which justifies hospitalisation under the Mental Health Act 1983. [24]

Another related change implemented by the 2004 Act is that the Secretary of State no longer has a role in deciding whether or not such defendants who are found unfit to plead or NGRI are admitted to hospital; this is now a matter for the court based on the relevant medical evidence. We are continuing to monitor the operation of the insanity defence and will report in due course on the impact of this new disposal regime.

Conclusions

The results of this study of NGRI under the second five years of the 1991 Act seem to support the following conclusions.

1. The operation of the 1991 Act from 1997-2001 has resulted in a continued but gradual increase in the use of the insanity defence. Offences against the person once again are most prevalent and there continues to be only a small number of cases of murder.

2. The most common diagnosis used to support a defence of insanity continues to be schizophrenia.

3. The "wrongness limb" under the M'Naghten rules continues to be more regularly used in psychiatric reports than the "nature and quality" limb, although many reports (30.5 per cent, n = 49) rely on both limbs. In addition, many reports fail to make express mention of M'Naghten but in turn impliedly refer to the rules by relying expressly or impliedly on one or both limbs (47.8 per cent, n = 77).

4. The majority of those found NGRI continue not to be sent to hospital but receive community disposals (52.8 per cent, n = 38), particularly supervision and treatment orders (41.7 per cent, n = 30).

Discussion

Although findings of NGRI continue to remain a relatively rare occurrence in the context of the totality of cases prosecuted in Crown Courts, the changes ushered in by the 1991 Act appear to have slowly halted any decline in the number of special verdicts. It would seem, therefore, that as these legislative changes have become more widely known the number of findings has continued to rise.

In relation to insanity, flexibility of disposal was a major change contained in the 1991 Act. This removed a central disincentive of seeking a verdict of NGRI with the result that community-based disposals continue to be well utilised by the courts, with over 50 per cent of defendants continuing to be the subject of such disposals.

NGRI verdicts continue to be returned mainly for offences of violence, and are committed either as a result of automatism or, in the majority of the cases, as a result of florid psychosis. Schizophrenia is clearly the most prevalent diagnosis.

Crim. L.R. 411 The courts and psychiatrists seem to continue to interpret the M'Naghten rules not in a narrow legalistic way but instead apply the rules more widely. The central question addressed by the psychiatrists was not in the majority of cases essentially psychiatric. Rather, it was often a question of whether, if a delusion had in fact been reality, would the defendant's actions have been legally and/or morally justified? The 1991 Act makes it clear that expert testimony is required in all insanity cases. [25] However, it seems likely that juries in some insanity cases appear to continue to have no role or a purely formalistic one in their deliberations. This in turn may give rise to the criticism that a trial of this nature has become one of psychiatric experts, who are in fact, addressing a question which is essentially legal and moral.

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Footnotes

1 (1843) 10 Cl. & F. 200 at 210. The Rules state "that to establish a defence on the ground of insanity, it must be clearly proved that, at the time of the committing of the act, the party accused was labouring under such a defect of reason, from disease of the mind, as not to know the nature and quality of the act he was doing, or, if he did know it, that he did not know it was wrong".

2 As of March 31, 2005 these disposals have been reduced to three by virtue of s.23 of the Domestic Violence, Crime and Victims Act 2004. This provision abolishes guardianship as an option and now permits the court to make:• a hospital order (with or without a restriction order);

3 See R. D. Mackay and G. Kearns, "More Fact(s) about the Insanity Defence" [1999] Crim.L.R. 714.

4 An article dealing with unfitness to plead will follow.

5 Associated refers to a small number of cases when at least one psychiatric report made reference to a diagnosis of schizoaffective disorder. This implies a disturbance of mood associated with schizophrenic type symptoms.

6 See Mackay and Kearns, "More Fact(s) about the Insanity Defence" [1999] Crim.L.R. 714 at p.717 where 52.3 per cent of the sample of 44 NGRIs were diagnosed as suffering from schizophrenia.

7 See R. D. Mackay, "Fact and Fiction about the Insanity Defence" [1990] Crim LR 247 at p.249 where 51 per cent of the sample of 49 NGRI's were schizophrenic.

8 All mean ages have been rounded to one decimal place.

9 See Mackay, "Fact and Fiction about the Insanity Defence" [1990] Crim.L.R. 247 at p.248.

10 [1999] 3 All E.R. 542.

11 [1999] 3 All E.R. at 547-548.

12 Mackay and Kearns, fn.5 above, at p.719.

13 Mackay and Kearns, fn.5 above, at p.719, where there were 23 such cases.

14 See Domestic Violence, Crime and Victims Act 1994, s.22. However, the role of the jury is retained in the "trial of the facts".

15 See *Review of the Criminal Courts of England and Wales* (2001), at para.213 and Mackay and Kearns, "An upturn in unfitness to plead? Disability in relation to the trial under the 1991 Act" [2000] Crim. L.R. 532 at 536.

16 Many of the reports contained an addendum or addenda. In such cases these were not counted as separate but as single reports.

17 R. D. Mackay, "Fact and Fiction about the Insanity Defence" [1990] Crim.L.R. 247 at p.251.

18 See *Windle* [1962] 2 Q.B. 826.

19 (1843) 10 Cl. & Fin. 200 at 211.

20 Now abolished; see above at fn.2.

21 See above at fn.2.

22 See R. D. Mackay and C. Gearty, "On Being Insane in Jersey: the case of *A-G v Jason Prior*" [2001] Crim.L.R. 560.

23 Home Office Circular 24/2005, at para.12.

24 Such a case would be that of diabetic automatism resulting from hyperglycaemia as in *Hennessey* [1989] 2 All E.R. 9.

25 See Criminal Procedure (Insanity and Unfitness to Plead) Act 1991, s.1(1).

