If it is interpreted broadly, as I believe it should be, recognizing that all facets of personality (not just volition or will) affect one's "capacity to conform," it is little different than "the product or result of" as set forth in *Durham* and clarified in subsequent decisions. I would urge the latter formulation if we must, in my view unnecessarily, commingle medical and moral issues while endeavoring to establish a question of fact. It is, in my opinion, the only legal test of mental disease or defect excluding responsibility of those now in use or about which I have read or thought, that clearly allows a physician to put before a jury all the pertinent medical information about a defendant. An intelligent juror might wish to be informed about this totality of information before being called on to exercise his awesome responsibility by casting his vote for or against guilt and blameworthiness. I believe that jurors, in such cases, should have all pertinent information before them, medical and otherwise, not just that part that is permitted to filter through the sieve of a limited legal definition of "insanity."

The CHAIRMAN. Doctor, if I may interrupt, my understanding of your analysis of the suggested definition in 201(a)(1) would be that you would leave it where it is as a result of the *Durham* and *McDonald* decisions rather than attempt to tamper with it by imposing a statutory definition?

Dr. CAMERON. That is correct. If you impose the definition proposed in this bill then it would immediately follow that there would be a series of test cases to find out whether it should be strictly interpreted as dealing only with volition or broadly interpreted as I just described and if broadly interpreted, then it is essentially in effect, as Mr. Acheson pointed out, the present situation under *Durham* and *McDonald*. And in my view there is no need, since we have reached the broad definition already fairly clearly, there is no need, since we have that broad definition under case law, to start all over again redefining it just to achieve the same purpose. Of course, I disagree with some of the processes of comingling—I believe it is unnecessary to do so, of the moral and medical issues.

The CHAIRMAN. Thank you.

Dr. CAMERON. Subsection (a), paragraph (2) states that—

The terms "mental disease or defect" do not include an abnormality manifested only by repeated criminal or otherwise antisocial conduct.

With this provision I strongly agree, and it should be retained as worded. However, in the introductory portion or caption of subsection (a) the following is stated:

*** * * sociopathic and psychopathic personality is not disease or defect * * ***

If this is intended to refer to paragraph (2), it will lead to needless inaccuracy and confusion. That paragraph, the content of which I believe is sound and desirable, is not a description of sociopathic or psychopathic personality. These essentially synonymous terms are a medical diagnosis. To make this diagnosis, a psychiatrist would ordinarily expect to find a characteristic pattern involving numerous positive signs and symptoms. Repeated antisocial behavior is not one of them, as far as I am concerned. True it is that sociopaths often are involved in criminal and other antisocial behavior, but not all sociopaths are so involved, nor is all crime perpetrated by sociopaths.