with other relevant evidence, will go to the jury upon the ultimate questions of fact which it alone can finally determine. Whatever the state of psychiatry, the psychiatrist will be permitted to carry out his principal court function which, as we noted in Holloway v. U. S., "is to inform the jury of the character of [the accused's] mental disease [or defect]."[52] The jury's range of inquiry will not be limited to, but may include, for example, whether an accused, who suffered from a mental disease or defect did not know the difference between right and wrong, acted under the compulsion of an irresistible impulse, or had "been deprived of or lost the power of his will * * *."[53]

Finally, in leaving the determination of the ultimate question of fact to the jury, we permit it to perform its traditional function which, as we said in Holloway, is to apply "our inherited ideas of moral responsibility to individuals prosecuted for crime * * *."[54] Juries will continue to make moral judgments, still operating under the fundamental precept that "Our collective conscience does not allow punishment where it cannot impose blame."[55] But in making such judgments, they will be guided by wider horizons of knowledge concerning mental life. The question will be simply whether the accused acted because of a mental disorder, and not whether he displayed particular symptoms which medical science has long recognized do not necessarily, or even typically, accompany even the most serious mental disorder.[56]

[14] The legal and moral traditions of the western world require that those who, of their own free will and with evil intent (sometimes called *mens rea*), commit acts which violate the law, shall be criminally responsible for those acts. Our traditions also require that where such acts stem from and are the product of a mental disease or defect as those terms are used herein, moral blame shall not attach, and hence there will not be criminal responsibility.[57] The rule we state in this opinion is designed to meet these requirements.

Reversed and remanded for a new trial.

52. 1945, 80 U.S.App.D.C. 3, 5, 148 F.2d 665, 667.

53. State v. White, see n. 32, supra.

54. 80 U.S.App.D.C. at page 5, 148 F.2d at page 667.

55. 80 U.S.App.D.C. at pages 4–5, 148 F.2d at pages 666–667.

56. See text, supra, 214 F.2d 870–872.

57. An accused person who is acquitted by reason of insanity is presumed to be insane, Orencia v. Overholser, 1947, 82 U.S.App.D.C. 285, 163 F.2d 763; Barry v. White, 1933, 62 App.D.C. 69, 64 F.2d 707, and may be committed for an indefinite period to a "hospital for the insane." D.C.Code § 24–301 (1951). We think that even where there has been a specific finding that the accused was competent to stand trial and to assist in his own defense, the court would be well advised to invoke this Code provision so that the accused may be confined as long as "the Public Safety and * * * [his]welfare" require. Barry v. White, 62 App. D.C. at 71, 64 F. 2d at 709.