

**AN APPRAISAL OF THE M'NAGHTEN RULES AND IT'S IMPACT ON THE  
DEFENSE OF INSANITY**

**BY**

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**FACULTY OF LAW  
UNIVERSITY OF BENIN**

**NOVEMBER, 2025**

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**A LONG ESSAY WRITTEN AND SUBMITTED TO THE FACULTY OF LAW,  
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**NOVEMBER, 2025**

## **CERTIFICATION**

I, **Princess Adesuwa EHIOBO**, with Matriculation Number **LAW2002856**, hereby certify that apart from references to other persons' works which have been duly acknowledged, the entire work is a product of my research, and this project has neither in whole nor in part been presented for another degree elsewhere.

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**APPROVAL**

We certify that this project was written and completed by **Princess Adesuwa EHIOROBO** with Matriculation Number **LAW2002856** in partial fulfilment of the requirements for the award of a Bachelor of Laws (LL.B) degree.

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## **DEDICATION**

This project is dedicated to God Almighty, and my parents for their prayers, love and support.

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I wish to express my immense gratitude to God Almighty, my pillar of strength, the beacon of wisdom, and the embodiment of unconditional love. For the grace to start and complete this project and for His assistance throughout the duration of this course.

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## ABSTRACT

Insanity defence remains one of the most complex and controversial doctrines in criminal law. At its core, it presents a legal mechanism through which a person suffering from a mental disorder at the time of committing an offence may be excused from criminal liability. This research explores the evolution of the insanity defence, with a particular focus on the M’Naghten Rules, which were formulated in 1843 following the landmark case of *Daniel M’Naghten*. These rules have since become the foundational legal standard for determining criminal responsibility in cases involving mental illness across many common law jurisdictions, including Nigeria.

The study traces the historical development of the insanity defence, analysing its philosophical underpinnings, judicial interpretations, and practical application. It critically assesses the doctrinal relevance of the M’Naghten Rules within contemporary legal and psychiatric contexts, especially in light of modern understandings of mental illness and cognitive incapacity. Using the doctrinal method, this work examines primary sources such as statutory provisions and case law, alongside secondary materials like textbooks, journal articles, and comparative analyses from other jurisdictions such as the United Kingdom, the United States, and Canada.

A key focus of the research is how Nigerian courts have applied the M’Naghten Rules within the frameworks of the Criminal Code and Penal Code, and whether these applications align with evolving human rights standards and medical insights. The study concludes by identifying limitations in the current legal framework and proposes reforms aimed at achieving a more just and medically accurate approach to criminal responsibility in cases involving mental disorders.

## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background to the Study

Criminal law operates fundamentally on the principle that individuals are morally and legally responsible for their actions. This presumption of responsibility is embedded in the legal doctrine that holds that for any criminal liability to arise, two elements must co-exist: the physical act (*actus reus*) and the mental intent (*mens rea*). However, this presumption becomes questionable when an individual is afflicted with a mental disorder that impairs their cognitive or volitional capacity at the time of the offence. In such cases, the law introduces the concept of the insanity defence to determine whether the accused should be excused from criminal responsibility due to mental incapacity<sup>1</sup>. The recognition that mental illness can affect criminal culpability is not a modern legal innovation. Traces of the idea can be found in ancient legal systems. For instance, under Roman law, the term *non compos mentis* (not of sound mind) was used to exempt madmen from punishment. In Islamic jurisprudence, mentally ill persons were also not held accountable for their actions. However, the modern doctrinal foundation for the insanity defence as known today was firmly laid by English common law, particularly following the influential decision in *R v. M’Naghten* (1843)<sup>2</sup>.

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<sup>1</sup> Richard Card, *Criminal Law*, 21st edn (Oxford University Press, 2020) 181.

<sup>2</sup> Arlene G. Richards, “Historical Perspectives on the Insanity Defense,” *Journal of Psychiatry & Law*, Vol. 47, No. 2, 2019, 173–190.

Daniel M’Naghten, a Scottish woodturner suffering from paranoid delusions, believed he was being persecuted by members of the British government. Acting under this delusion, he attempted to assassinate Prime Minister Robert Peel but mistakenly killed Peel’s private secretary, Edward Drummond. During trial, it was established that M’Naghten was insane at the time of the offence. The verdict of *not guilty by reason of insanity* triggered widespread public outrage and a parliamentary inquiry, which eventually led to the formulation of what is now known as the M’Naghten Rules<sup>3</sup>. The M’Naghten Rules, though established in the 19th century, have continued to shape the application of the insanity defence in many common law jurisdictions, including Nigeria. According to the Rules, a person may be excused from criminal liability if, at the time of the act, they were suffering from a "defect of reason" arising from a "disease of the mind" such that they either did not know the nature and quality of the act they were doing or, if they did know, they did not know that what they were doing was wrong<sup>4</sup>. This test primarily focuses on the cognitive ability of the defendant whether he understood what he was doing and whether he understood that it was wrong thus placing less emphasis on volitional or emotional impairments.

Over the decades, the M’Naghten Rules have drawn significant criticism from scholars, mental health professionals, and legal practitioners alike. One major criticism is that the Rules adopt a rigid and outdated understanding of mental illness, one that does

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<sup>3</sup> R v M’Naghten (1843) 10 Cl & Fin 200; 8 ER 718.

<sup>4</sup> Glanville Williams, *Textbook of Criminal Law*, 3rd edn (Sweet & Maxwell, 2012) 862.

not align with contemporary psychiatric standards. Critics argue that the legal definition of insanity under M’Naghten is overly narrow and excludes individuals who may understand their actions but are unable to control them due to mental illness<sup>5</sup>. For instance, conditions such as schizophrenia, bipolar disorder, and severe depression may manifest in ways that are not fully accommodated by the narrow cognitive criteria established by the M’Naghten Rules<sup>6</sup>.

Furthermore, the insanity defence has often been misunderstood and misapplied both in courts and in the public imagination. In many instances, defendants face the stigma of insanity not only in terms of legal proceedings but also in their societal reintegration. This stigma is particularly profound in Nigeria, where mental illness remains widely misunderstood, and psychiatric services are underdeveloped<sup>7</sup>. The procedural implementation of the insanity defence in Nigeria is also fraught with challenges, such as limited access to qualified psychiatric assessments, delays in trial, and the indefinite detention of acquitted individuals in psychiatric institutions without adequate review<sup>8</sup>. Despite these challenges, the insanity defence continues to play a vital role in protecting mentally ill offenders from unjust punishment and promoting a more humane system of criminal justice. However, there is a growing need to re-evaluate the

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<sup>5</sup> Nicola Padfield, *Mental Illness and the Criminal Justice System* (Hart Publishing, 2016) 109–111.

<sup>6</sup>R. D. Mackay, “The Continued Decline of the M’Naghten Rules in Modern Jurisprudence,” *International Journal of Law and Psychiatry*, Vol. 39, 2015, 72–79.

<sup>7</sup>A. E. Oyewunmi, “Mental Health Law and Human Rights in Nigeria,” *Nigerian Journal of Health Law and Ethics*, Vol. 8, No. 1, 2020, 44–57.

<sup>8</sup> A., Adedeji, “Challenges in the Implementation of the Insanity Defence in Nigeria,” *Nigerian Law Journal*, Vol. 15, No. 2, 2021, 201–215.

applicability and adequacy of the M’Naghten Rules in the face of evolving psychiatric knowledge and changing legal philosophies. Several jurisdictions, such as the United States and Canada, have reformed or supplemented the M’Naghten framework with more comprehensive models like the Durham Rule and the Model Penal Code Test, which consider both cognitive and volitional elements<sup>9</sup>.

In Nigeria, however, the M’Naghten Rules remain largely intact and unmodified. Although the Criminal Code Act (applicable in Southern Nigeria) and the Penal Code (applicable in Northern Nigeria) provide for the defence of insanity, they are both conceptually rooted in the M’Naghten formulation. This raises pressing questions about the relevance, fairness, and effectiveness of the insanity defence in modern Nigerian criminal law.

Therefore, this study aims to trace the evolution of the insanity defence with a critical analysis of the M’Naghten Rules and how they have been applied both historical and contemporary. It will also assess the continued viability of these rules in the Nigerian legal system by drawing on comparative insights from other jurisdictions and examining recent case law, legal reforms, and psychiatric practices.

## **1.2 Statement of the Problem**

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<sup>9</sup>R. Wayne LaFave, *Substantive Criminal Law*, 3rd edn (West Academic Publishing, 2018), 380–389.

The fundamental objective of criminal justice is to punish offenders who voluntarily and knowingly violate the law. However, when an individual is afflicted by a mental disorder that impairs cognitive functioning or volitional control, questions arise as to whether such a person can be said to possess the necessary mental intent (*mens rea*) required for criminal culpability. The law's recognition of this dilemma is encapsulated in the insanity defence, which is designed to exempt from liability those who, due to mental illness, lacked the capacity to understand the nature or wrongfulness of their actions<sup>10</sup>. Despite the legal recognition of mental illness as a defence to criminal responsibility, the existing framework for determining insanity, particularly the M'Naghten Rules, has come under intense scrutiny for its limitations in light of modern psychiatric understanding. The Rules, established in 1843, focus narrowly on the cognitive ability of the accused, requiring that the defendant either did not know the nature and quality of the act or did not know it was wrong<sup>11</sup>. This binary approach excludes consideration of emotional, behavioral, and volitional disorders that may impair the individual's control over their conduct, such as impulse control disorders, psychosis without cognitive disorientation, and severe affective disturbances<sup>12</sup>.

In Nigeria, the M'Naghten Rules continue to form the bedrock of the insanity defence, as incorporated into Sections 28 and 51 of the Criminal Code Act and similar

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<sup>10</sup> Richard Card, *Criminal Law*, 21st edn (Oxford University Press, 2020), 181.

<sup>11</sup> R v M'Naghten (1843) 10 Cl & Fin 200; 8 ER 718.

<sup>12</sup> A. E. Oyewunmi, "Mental Health Law and Human Rights in Nigeria," *Nigerian Journal of Health Law and Ethics*, Vol. 8, No. 1, 2020, 44–57.

provisions in the Penal Code. However, the continued reliance on this 19th-century standard has led to legal and ethical controversies. For instance, Nigerian courts have struggled with the evidentiary burden and procedural complexities of establishing legal insanity, particularly in the absence of proper forensic psychiatric assessments and the shortage of qualified mental health professionals<sup>13</sup>. There is also a broader concern regarding the indefinite institutionalisation of persons acquitted by reason of insanity. In many Nigerian cases, such persons are detained in psychiatric facilities without periodic judicial review or clearly defined terms of release<sup>14</sup>. This practice potentially violates their fundamental rights to liberty, dignity, and fair treatment under both domestic and international human rights law. Additionally, the lack of a national forensic mental health policy exacerbates inconsistencies in the implementation of the defence<sup>15</sup>.

From a comparative perspective, several common law jurisdictions have either abandoned or substantially modified the M’Naghten Rules in favour of more nuanced approaches. The Durham Rule in the United States, the ALI Model Penal Code Test, and Canada’s hybrid cognitive-volitional model have attempted to bridge the gap between legal principles and psychiatric realities<sup>8</sup>. Nigeria’s failure to engage in similar reform debates raises important questions about the adequacy, fairness, and relevance of its insanity defence framework in a 21st-century legal system. In light of these challenges,

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<sup>13</sup> Nicola Padfield, *Mental Illness and the Criminal Justice System* (Hart Publishing, 2016), 112.

<sup>14</sup> I. O. Uko, “Post-Verdict Detention of Insane Offenders in Nigeria: Between Public Safety and Fundamental Rights,” *African Human Rights Law Journal*, Vol. 12, No. 3, 2022, pp. 78–93.

<sup>15</sup> Olakanmi O. Olakanmi, *Criminal Law in Nigeria* (LawLords Publications, 2019) 238.

Wayne R. LaFave, *Substantive Criminal Law*, 3rd edn (West Academic Publishing, 2018) 387–390.

this study is motivated by the urgent need to re-evaluate the philosophical, legal, and practical foundations of the insanity defence in Nigeria. It seeks to investigate whether the M’Naghten Rules remain a just and effective standard in criminal adjudication, and whether the Nigerian legal system adequately protects the rights of mentally ill offenders while ensuring public safety. The problem lies not only in the outdated nature of the Rules themselves but also in their inconsistent application, procedural hurdles, and failure to reflect contemporary psychiatric science.

### **1.3 Aim and Objectives of the Study**

#### **1.3.1 Aim of the Study**

The principal aim of this study is to examine the historical evolution, doctrinal foundation, and modern application of the insanity defence, with particular emphasis on the M’Naghten Rules, and to assess their continued relevance and adequacy in Nigeria’s criminal justice system.

#### **1.3.2 Objectives of the Study**

To achieve the above aim, the study sets out the following specific objectives:

1. To trace the historical development of the insanity defence and analyse the legal origin and content of the M’Naghten Rules.

2. To examine the underlying legal principles and assumptions upon which the M’Naghten Rules are based.
3. To evaluate the extent to which the M’Naghten Rules reflect modern psychiatric knowledge of mental disorders and criminal responsibility.
4. To assess how the Nigerian courts interpret and apply the M’Naghten Rules in criminal trials involving mentally ill defendants.
5. To propose appropriate legal and policy reforms that would enhance the fairness, clarity, and functionality of the insanity defence in Nigeria’s criminal justice system.

#### **1.4 Research Questions**

This study is guided by the following key research questions:

1. What is the historical origin and legal foundation of the M’Naghten Rules, and how have they shaped the insanity defence in common law jurisdictions?
2. To what extent do the M’Naghten Rules reflect current psychiatric understanding of mental illness and criminal responsibility?
3. How have Nigerian courts interpreted and applied the M’Naghten Rules in criminal cases involving mentally ill defendants?
4. What are the major criticisms and limitations of the M’Naghten Rules in light of modern legal and medical standards?

5. What legal and policy reforms are necessary to improve the effectiveness and fairness of the insanity defence in Nigeria's criminal justice system?

### **1.5 Scope of the Study**

This study is focused on the historical, doctrinal, and practical analysis of the insanity defence within the context of criminal law, with particular emphasis on the M'Naghten Rules as the foundational legal standard. The research limits itself to an in-depth examination of the origin, principles, evolution, and continued application of the M'Naghten Rules in both common law and Nigerian legal systems.

### **1.6 Significance of the Study**

The insanity defence represents one of the most complex intersections between law and mental health, raising critical questions about justice, responsibility, and fairness in criminal adjudication. This study is significant for several reasons, both in academic and practical terms. The research contributes to legal scholarship by providing a comprehensive doctrinal and historical analysis of the M'Naghten Rules, which have long served as the principal legal framework for determining criminal insanity in common law jurisdictions. By tracing the origin and evolution of these rules, the study enhances understanding of how legal standards for mental incapacity have developed over time and how they continue to influence modern criminal law practice.

The study is significant for its critical evaluation of the continued applicability of the M’Naghten Rules in light of contemporary psychiatric and legal developments. As mental health awareness grows globally, the legal system must keep pace with evolving scientific understanding. This research explores the disconnect between 19th-century legal definitions of insanity and modern psychiatric realities, thereby exposing potential injustices in the way mentally ill defendants are treated under the law.

This study is also particularly relevant to the Nigerian legal context, where the insanity defence, though recognised under the Criminal and Penal Codes, is often poorly understood and inconsistently applied. By examining relevant Nigerian case law and statutory provisions, this research identifies gaps in judicial interpretation, evidentiary requirements, and procedural safeguards. It also addresses practical challenges such as inadequate access to psychiatric assessments, social stigma, and indefinite detention of acquitted individuals. The study’s findings will therefore be of value to judges, lawyers, policymakers, and mental health professionals concerned with improving the fairness and functionality of Nigeria’s criminal justice system.

Furthermore, the research carries broader policy significance by offering reform-oriented recommendations aimed at improving legal responses to mental illness within the framework of criminal responsibility. These recommendations are expected to aid legislative review and institutional reform, especially in developing coherent guidelines for the application of the insanity defence and post-trial management of mentally ill

offenders in Nigeria. Finally, from a human rights perspective, the study underscores the need to balance public safety with the constitutional rights of accused persons who suffer from mental disorders. It advocates for a legal system that upholds the principles of justice, equality, and humane treatment, in line with Nigeria's obligations under both domestic law and international human rights instruments such as the African Charter on Human and Peoples' Rights and the United Nations Convention on the Rights of Persons with Disabilities. This study is a timely and necessary contribution to the ongoing discourse on the reform of the insanity defence in Nigeria. It bridges legal doctrine and psychiatric science, offers a comparative perspective, and provides actionable insights for legal reform and policy development.

### **1.7 Research Methodology**

This research would adopt the doctrinal research method, which involves the systematic analysis of legal principles, statutes, and judicial decisions relevant to the insanity defence. The doctrinal approach is most appropriate for a study that seeks to examine the evolution, interpretation, and application of a legal doctrine such as the M'Naghten Rules within criminal law. Reference will be made to both primary and secondary sources. Primary sources include statutory provisions such as the Criminal Code Act and the Penal Code applicable in Nigeria, judicial decisions from Nigerian courts and other common law jurisdictions, and relevant international legal instruments.

These primary materials will serve as the foundational texts for understanding the legal framework of the insanity defence.

Secondary sources to be consulted include textbooks, peer-reviewed legal journals, commentaries, and academic articles that provide interpretive insights into the principles, criticisms, and judicial applications of the M’Naghten Rules. These secondary materials will also help highlight gaps in the law and inform proposals for reform.

## **1.8 Chapter Analysis**

This research is divided into five chapters, each designed to address specific aspects of the study in a logical and systematic manner:

**Chapter One – Introduction:** This chapter provides a general overview of the study. It covers the background to the study, statement of the problem, research questions, objectives of the study, scope of the study, significance of the study, research methodology and the structure of the study.

**Chapter Two – Conceptual Clarification, Theoretical Framework Historical Foundation and Literature Review:** This chapter explores the conceptual foundation of the insanity defence, focusing on the legal and psychiatric definitions of insanity. It also discusses relevant theories of criminal responsibility and mental illness. The chapter sets the intellectual background for understanding the evolution of the M’Naghten Rules.

**Chapter Three – Legal Analysis of the M’Naghten Rules:** This chapter critically analyses the application of the M’Naghten Rules in the Nigerian legal system, highlighting key challenges, limitations, and judicial inconsistencies. It also draws comparisons with the approaches taken in other common law jurisdictions such as the UK, US, and Canada. The aim is to assess the adequacy of the M’Naghten Rules in light of modern psychiatric understanding and legal reform.

**Chapter Four – Evaluation of the M’Naghten Rules: Benefits, Advantages, And Disadvantages** This chapter provides a critical evaluation of the strengths and weaknesses of the M’Naghten Rules and examines their practical implications in modern criminal justice systems. It offers a comparative analysis of how the Rules are applied in England, Nigeria, and other jurisdictions, highlighting areas of divergence and reform. The chapter ultimately assesses the continuing relevance of the M’Naghten Rules in light of evolving psychiatric knowledge and human rights considerations.

**Chapter Five – Summary of Findings, Recommendations and conclusion:** This final chapter summarises the entire research, presents the key findings, and offers practical and legislative recommendations for reforming the insanity defence in Nigeria. The chapter concludes with a reflection on the future of the insanity defence in the context of evolving criminal law and human rights standards.

## **1.9 Expected Findings**

This research is expected to reveal that the M’Naghten Rules, though historically foundational to the insanity defence in common law jurisdictions, are increasingly misaligned with contemporary psychiatric knowledge and human rights norms. It is anticipated that the study will find that Nigerian courts, while formally applying the M’Naghten Rules as incorporated in the Criminal Code Act and Penal Code, do so in a manner that is often inconsistent, procedurally inadequate, and lacking in uniform standards for psychiatric evaluation.

The study also expects to find that the continued reliance on a purely cognitive test of insanity has excluded individuals with serious mental disorders affecting volition and emotional regulation, such as schizophrenia, bipolar disorder, and severe depression. Furthermore, it is likely that the research will show how the absence of a national forensic mental health policy, the shortage of trained mental health professionals, and the practice of indefinite detention of persons acquitted by reason of insanity have contributed to human rights violations and systemic injustice.

In addition, the comparative analysis is expected to reveal that other common law jurisdictions such as the United Kingdom, United States, and Canada have undertaken reforms (e.g. the Durham Rule and the Model Penal Code Test) that have produced more balanced frameworks integrating cognitive and volitional elements of criminal

responsibility. This will highlight the urgent need for Nigeria to reconsider and reform its own insanity defence framework.

### **1.10 Expected Contribution to Knowledge**

This study will make several important contributions to legal scholarship and practice. First, it will provide a comprehensive doctrinal and historical analysis of the evolution of the insanity defence, clarifying the philosophical and legal foundations of the M’Naghten Rules and how they shaped the development of criminal responsibility in common law systems. By situating the M’Naghten Rules within their 19th-century socio-legal context and tracing their transplanted into Nigerian criminal law, the study will enrich understanding of the colonial and jurisprudential roots of Nigerian criminal law doctrine.

Second, the research will contribute original insights into the application and interpretation of the insanity defence in Nigeria. By critically examining Nigerian case law, statutory provisions, and judicial reasoning, it will identify procedural gaps, evidentiary challenges, and inconsistencies that have hindered the fair and effective application of the defence. This analysis will offer empirical grounding to debates on criminal law reform in Nigeria.

Third, the study will bridge the gap between law and psychiatry by assessing the extent to which the M’Naghten Rules reflect or fail to reflect modern psychiatric

knowledge about mental disorders and their impact on criminal responsibility. This interdisciplinary approach will contribute to the emerging scholarship on forensic mental health law in Africa and offer policy-relevant recommendations for integrating medical science into legal doctrine. Finally, the study will propose clear legislative and policy reforms aimed at modernising the insanity defence in Nigeria, such as adopting a more comprehensive test of criminal responsibility, establishing structured forensic psychiatric assessment procedures, and creating a national framework for post-trial management and periodic review of persons acquitted by reason of insanity. These recommendations, if adopted, will help advance human rights protections for mentally ill offenders while ensuring public safety, thereby contributing to a more just and effective criminal justice system in Nigeria.

## CHAPTER TWO

### CONCEPTUAL, THEORITICAL FRAMEWORK, HISTORICAL FOUNDATION AND LITERATURE REVIEW

#### 2.1 Conceptual Clarification

##### 2.1.1 Concept of Insanity in Criminal Law

The doctrine of insanity in criminal law addresses one of the most delicate questions that a penal system must answer: when, if ever, should mental disorder remove or mitigate criminal blame? At its core the concept is normative it determines when the law should treat harmful conduct as punishable and when it ought to excuse it on account of the actor's compromised mental capacity. The legal notion of insanity therefore operates as a gateway between criminal liability (which presupposes culpable mental states) and humane treatment of persons whose mental faculties are so disturbed that conventional punishment would be unjust or meaningless.<sup>1</sup>

#### Legal purpose and moral foundation

Criminal responsibility traditionally rests upon the concurrence of *actus reus* (the guilty act) and *mens rea* (the guilty mind). The insanity doctrine intervenes where the *mens rea* element is absent or defective because of a mental disorder. The moral rationale for excusing such persons is threefold: (a) retributive fairness; it is unfair to punish a person who lacked the capacity to form blameworthy intent; (b) incapacitation and

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<sup>1</sup> A. Ashworth, *Principles of Criminal Law*, 9th edn (Oxford University Press, 2022) 86–89.

prevention the law must protect society, but incarceration of the mentally ill is justified on therapeutic and preventive grounds rather than pure punishment; and (c) humane treatment mentally disordered offenders require care and treatment rather than ordinary penal sanctions.<sup>2</sup> These rationales inform both the doctrinal contours and the remedies that follow a successful insanity plea.

### **The legal test: the M’Naghten formulation and its elements**

The best-known legal articulation of insanity is found in the nineteenth-century decision in *R v M’Naghten* and the rules that flowed from it. The M’Naghten test asks whether, at the time of the offence, the accused was suffering from a “defect of reason, from disease of the mind,” such that he (a) did not know the nature and quality of the act, or (b) if he did, he did not know that what he was doing was wrong.<sup>3</sup> This deceptively compact formulation contains three analytically distinct elements that courts and scholars have debated at length: (i) the requirement of a “disease of the mind”; (ii) the functional impairment described as a “defect of reason”; and (iii) the cognitive inquiry into knowledge of the nature/quality of the act or knowledge of its wrongness.<sup>4</sup>

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<sup>2</sup> R. A. Duff, *Responsibility, Character and the Emotions* (Oxford University Press, 2007); R. H. McElroy, “Punishment, Prevention and Protection: The Policy Functions of Criminal Law,” *Journal of Criminal Law* (2010) 45.

<sup>3</sup> *R v M’Naghten* (1843) 10 Cl & Fin 200; 8 ER 718.

<sup>4</sup> G. Williams, *Textbook of Criminal Law*, 3rd edn (Sweet & Maxwell, 2012) ch 26; D. Ormerod, *Smith & Hogan: Criminal Law*, 15th edn (Oxford University Press, 2018) 290–296.

1. **“Disease of the mind.”** This phrase is legal, not medical. Courts have treated it as a condition affecting the mind’s functioning which may have diverse aetiologies (organic, functional, transient). The crucial question is whether the condition produced a type of mental malfunction that the law recognises as undermining responsibility. Jurisdictions differ on the boundary between internal conditions (e.g. psychosis) and external automatism (e.g. a blow to the head or hypoglycaemia induced by medication), but the label “disease of the mind” typically confines the insanity doctrine to internal or continuing conditions rather than isolated external events.<sup>5</sup>
2. **“Defect of reason.”** This element focuses on the degree to which the defendant’s rational powers were impaired. It is a functional test: can the accused reason about the relevant facts and consequences in a manner sufficient to constitute culpability? Mere eccentricity, drunkenness, or irrational beliefs do not automatically satisfy the requirement unless they translate into a substantive defect in understanding or reasoning.<sup>6</sup>
3. **Knowledge of nature/quality or wrongness.** The cognitive limb has two branches. The first asks whether the accused knew the physical nature and quality of the act (for example, whether what he handled was a firearm or merely a harmless object). The second asks whether the accused knew the act was wrong.

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<sup>5</sup> N. Padfield, *Mental Illness and the Criminal Justice System* (Hart Publishing, 2016) 31–45.

<sup>6</sup> C .M. V. Clarkson & R. Worrall, *Criminal Law: Text and Materials*, 7th edn (Oxford University Press, 2020) 246–250.

The latter raises doctrinal debate: does “wrong” mean legally wrong or morally wrong? English authorities have tended toward a moral-legal mix, and many jurisdictions including Nigerian courts in some pronouncements have wrestled with this ambiguity, sometimes distinguishing cases where a psychotic delusion leads the accused to believe the act was morally justified (e.g. killing in a delusional belief of necessity).<sup>7</sup>

**Legal versus medical insanity.** It is essential to emphasise that legal insanity is not identical to any particular psychiatric diagnosis. From a medical viewpoint, clinicians classify illnesses by symptom clusters and aetiology; from a legal viewpoint the question is functional: did the mental state at the relevant time negate the capacity for criminal responsibility? Thus, a diagnosis of schizophrenia, bipolar disorder, severe depressive psychosis or an organic brain syndrome may be relevant but is not determinative by itself. Courts require the translation of clinical findings into legal criteria: expert testimony must connect psychiatric diagnosis with the accused’s cognitive or volitional incapacity at the time of the offence.<sup>8</sup>

### **Cognitive vs volitional approaches**

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R. D. Mackay, “Wrongness in the M’Naghten Rules: Moral or Legal?” *International Journal of Law and Psychiatry* (2015) 39; see also judicial consideration in Nigerian authorities.

<sup>8</sup> D. H. J. Macdonald, “Clinical Diagnosis and Criminal Responsibility,” *Medical Law Review* (2014) 22(2) 215–234.

The M’Naghten test is primarily cognitive it concentrates on knowledge and understanding. Critics have argued that it neglects volitional impairment (the inability to control one’s conduct). Alternative tests, such as the “irresistible impulse” test, the Durham (product) rule, and the American Law Institute (Model Penal Code) formulation (which combines cognitive lack of substantial capacity to appreciate wrongfulness or to conform conduct to law), were developed to capture volitional deficits and broader psychiatric realities.<sup>9</sup> The legal choice between a narrow cognitive test and broader cognitive-volitional standards reflects normative policy choices about blame, public protection, and administrative manageability.

### **2.1.2 Historical Development of the Insanity Defense**

The insanity defense has deep historical roots in the evolution of criminal jurisprudence, reflecting society’s long-standing struggle to reconcile legal responsibility with mental incapacity. Its origins can be traced to ancient civilizations, where mental illness was often viewed through religious or supernatural lenses rather than as a medical or legal condition. In early English common law, insanity as a defense was rudimentary and inconsistent, often influenced by prevailing societal attitudes toward mental health. One of the earliest documented recognitions of mental incapacity in English legal history is found in the *plea of the King’s pardon*, where the Crown could pardon an individual who had committed an offense while being “non compos mentis” (not of sound mind).

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<sup>9</sup> W. LaFave, *Substantive Criminal Law*, 3rd edn (West, 2018) 380–390.

By the 13th century, legal scholars like Henry de Bracton began to articulate the principle that criminal liability requires both a guilty act (*actus reus*) and a guilty mind (*mens rea*)<sup>10</sup>. This early articulation laid the groundwork for excusing those who lacked the cognitive capacity to understand the nature of their actions. However, it was not until the 18th and early 19th centuries that the insanity defense began to develop more structured legal tests. The “wild beast test,” formulated in *R v. Arnold* (1724), marked an early attempt to set a threshold for legal insanity, stating that a defendant should be acquitted if they were “totally deprived of their understanding and memory, and did not know what they were doing any more than an infant, a brute, or a wild beast”<sup>11</sup>.

The 19th century brought about a landmark turning point with the case of *Daniel M’Naghten* in 1843. M’Naghten, suffering from delusional paranoia, assassinated Edward Drummond under the belief that he was being persecuted by the British government. His acquittal on grounds of insanity sparked public outcry, leading the House of Lords to establish what is now known as the M’Naghten Rules<sup>12</sup>. These rules formalized the insanity test in English law, requiring proof that the accused was suffering from a defect of reason, caused by a disease of the mind, which rendered them incapable of understanding the nature and quality of their act or knowing that it was wrong.

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<sup>10</sup> Bracton, H, *De Legibus et Consuetudinibus Angliae* (c. 1250).

<sup>11</sup> *M’Naghten’s Case* (1843) 8 ER 718.

<sup>12</sup> Criminal Code Act, Cap C38, Laws of the Federation of Nigeria 2004, s. 28; Penal Code (Northern States) Federal

The M’Naghten Rules profoundly influenced not only English jurisprudence but also the legal systems of many Commonwealth nations, including Nigeria. Nigerian criminal law, under both the Criminal Code (applicable in the southern states) and the Penal Code (applicable in the northern states), contains provisions reflecting the M’Naghten principles<sup>13</sup>. However, the historical application in Nigeria has also been shaped by customary law and colonial legal heritage, creating a hybrid understanding of mental incapacity in the criminal justice system. Over time, jurisdictions across the world have modified or supplemented the M’Naghten Rules to address criticisms of their narrow cognitive focus. Tests such as the “irresistible impulse test” in the United States and the “substantial capacity test” under the Model Penal Code sought to incorporate volitional elements of mental incapacity, recognizing that some individuals may understand their actions but be unable to control their conduct<sup>14</sup>. Nevertheless, the M’Naghten framework remains a foundational reference point in contemporary insanity defense jurisprudence, including in Nigeria, where courts still grapple with its interpretation in light of evolving psychiatric knowledge and human rights considerations. The historical development of the insanity defense reflects a gradual shift from superstition to a more nuanced understanding rooted in legal theory and medical science. Its evolution illustrates the law’s enduring challenge: balancing public safety with compassion and justice for those whose mental disorders negate criminal responsibility.

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<sup>13</sup> Provisions Act, s. 51.

<sup>14</sup> Model Penal Code § 4.01 (1962).

### 2.1.3 The M’Naghten Rules: Origin and Legal Definition

The M’Naghten Rules remain one of the most influential legal principles governing the insanity defence in common law jurisdictions. Their origin dates back to the mid-19th century and arose from the case of *R v M’Naghten* (1843) 10 Cl & Fin 200, where Daniel M’Naghten, suffering from delusions, shot and killed Edward Drummond, the private secretary to the then British Prime Minister, Sir Robert Peel, under the mistaken belief that he was being persecuted by the government. The case provoked significant public debate, prompting the House of Lords to seek clarification from a panel of judges on the appropriate legal standard for determining criminal responsibility in cases involving mental disorder. The judges’ response crystallised into what is now known as the M’Naghten Rules. The core legal definition emanating from the Rules is that every person is presumed sane until proven otherwise, and to establish a defence of insanity, it must be clearly shown that, at the time of committing the act, the accused was suffering from a defect of reason, caused by a disease of the mind, which either: (a) rendered them incapable of knowing the nature and quality of the act they were doing; or (b) if they did know it, rendered them incapable of knowing that it was wrong.<sup>15</sup>

This definition introduced a cognitive test for insanity, focusing on the accused’s ability to understand and appreciate the nature and wrongfulness of their conduct. While the Rules provided much-needed clarity, their narrow emphasis on cognitive incapacity

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<sup>15</sup> *R. v M’Naghten* (1843) 10 Cl & Fin 200, 8 ER 718 (HL).

has been a subject of criticism, particularly for failing to adequately address volitional impairments where an accused may understand their actions but be unable to control them due to a mental disorder. The M’Naghten Rules have had enduring influence, being adopted and applied not only in England but in numerous common law jurisdictions, including Nigeria, where Section 28 of the *Criminal Code Act* reflects similar principles.<sup>16</sup> Despite subsequent reforms and scholarly criticism, the Rules remain a cornerstone of the insanity defence, representing a pivotal moment in the evolution of criminal law’s treatment of mental illness.

#### **2.1.4 Distinction between Legal Insanity and Medical Insanity**

Since their formulation in 1843, the M’Naghten Rules have been subjected to extensive criticism from legal scholars, medical professionals, and policymakers, largely due to their perceived rigidity and outdated approach to mental illness in the context of criminal responsibility. One of the foremost criticisms is that the Rules adopt an excessively narrow conception of insanity, limiting it to situations where the accused either did not know the nature and quality of the act or did not know it was wrong due to a "defect of reason" arising from a "disease of the mind." This narrow definition has been faulted for failing to adequately reflect the complexities of modern psychiatric understanding, where mental disorders often manifest in ways that do not fit neatly into this cognitive test. Another major concern is the Rules’ exclusion of volitional and

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<sup>16</sup> N. Walker, *Crime and Insanity in England*, Vol. 1 (Edinburgh University Press, 2016) 87.

emotional impairments. Modern psychiatric research has established those certain mental illnesses affect not only a person's cognitive ability to distinguish right from wrong but also their capacity to control their actions.<sup>17</sup> By focusing solely on cognitive incapacity, the M'Naghten framework overlooks individuals who may fully understand that their act is legally and morally wrong but are unable, due to an irresistible impulse caused by mental illness, to restrain themselves from committing the offence. This lacuna has prompted some jurisdictions to incorporate elements of the "irresistible impulse" or "control" tests to supplement or replace the M'Naghten formulation.

The archaic language of the Rules such as "defect of reason" and "disease of the mind" has been criticised for being vague and lacking precise psychiatric correlation.<sup>18</sup> Courts have often had to interpret these terms without clear legislative guidance, resulting in inconsistent applications across cases. Critics argue that the use of such outdated terminology has perpetuated misconceptions about mental illness, reinforcing stigma and leading to unjust outcomes. Furthermore, the M'Naghten Rules have been critiqued for placing the burden of proof on the defence to establish insanity, which, in certain circumstances, may conflict with the presumption of innocence.<sup>19</sup> While the policy rationale is to prevent misuse of the defence, scholars contend that the evidentiary demands, coupled with the restrictive legal test, make the successful invocation of

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<sup>17</sup> R. Mackay, *Mental Condition Defences in the Criminal Law* (Oxford University Press 2019)54

<sup>18</sup>N. Walker, *Crime and Insanity in England* Vol. 1 (Edinburgh University Press 2016) 83.

<sup>19</sup> Criminal Code Act, Cap C38 Laws of the Federation of Nigeria 2004, s 27.

insanity extremely rare. In light of these concerns, reform bodies such as the Law Commission of England and Wales have repeatedly called for a revision of the insanity defence, recommending a modernized framework that reflects current psychiatric knowledge and balances public safety with fairness to mentally disordered offenders.<sup>20</sup> Despite such recommendations, the M’Naghten Rules remain the foundational standard in many common law jurisdictions, including Nigeria, albeit with modifications in certain legal systems.

### **2.1.5 Evolution of the Insanity Defense in Common Law Jurisdictions**

The insanity defense has undergone significant transformation in common law jurisdictions, evolving from rudimentary notions of moral incapacity to more structured and medically informed standards. Historically, early English common law applied a primitive test known as the “wild beast” test, articulated in *R v Arnold* (1724), where the accused could be excused from criminal responsibility if their mental state was so deranged that they understood no more than “a wild beast”<sup>21</sup>. This strict and narrow interpretation reflected a society with limited psychiatric knowledge and a primary focus on moral culpability.

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<sup>20</sup> Law Commission, *Criminal Liability: Insanity and Automatism* (Law Com No 222, 2013) paras 1.21–1.25.

<sup>21</sup> *R v Arnold* (1724) 16 St Tr 695.

The landmark case of *R v Hadfield* (1800) expanded this understanding, acknowledging that delusions could impair an individual’s capacity to form criminal intent, thereby warranting acquittal on grounds of insanity. However, the doctrine remained inconsistent until the crystallization of the M’Naghten Rules in 1843, which became the cornerstone of insanity law across common law jurisdictions. These rules introduced a cognitive standard, focusing on whether the accused understood the nature and quality of their act or, if they did, whether they knew it was wrong. Over time, various jurisdictions adapted the insanity defense to reflect advances in psychiatric assessment and societal attitudes toward mental illness. In the United States, for instance, the M’Naghten standard was supplemented or replaced in some states by the *Irresistible Impulse Test* and later the *Durham Rule*, which shifted the inquiry toward whether the unlawful act was a “product” of mental disease or defect. However, concerns over excessive leniency and vagueness prompted further reforms, such as the *Model Penal Code*’s substantial capacity test, blending cognitive and volitional elements<sup>22</sup>.

In other jurisdictions like Canada and Australia, statutory codification has refined the insanity defense while retaining the M’Naghten core principles. Canada’s *Criminal Code*, for example, adopts the term “not criminally responsible on account of mental disorder” (NCRMD), thereby reframing the discourse to reduce stigma and align with contemporary psychiatric understanding<sup>23</sup>. This evolutionary trajectory demonstrates that

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<sup>22</sup> American Law Institute, *Model Penal Code*, §4.01 (1962).

<sup>23</sup> Criminal Code, RSC 1985, c C-46, s 1

while the foundation of the insanity defense remains rooted in the M’Naghten framework, its application continues to adapt in light of medical science, public policy considerations, and human rights norms.

### **2.1.6 Modern Judicial Interpretation of Insanity**

#### **2.1.6 Modern Interpretation and Criticisms of the M’Naghten Rules**

The M’Naghten Rules, though historically significant, have faced sustained scrutiny and criticism in modern legal discourse. Critics argue that the framework, while pioneering in the 19th century, is now overly narrow and outdated, particularly in light of contemporary advances in psychiatry and neuroscience. The primary concern lies in its rigid cognitive test, which limits the defence to situations where the accused is incapable of understanding the nature or wrongfulness of their act, without sufficient regard to volitional impairments cases where the accused may understand their actions but lack the capacity to control them due to mental illness. This limitation has been described as a fundamental weakness, as it fails to encompass the full spectrum of psychiatric disorders recognised in modern medicine.<sup>24</sup>

From a practical perspective, the Rules have been criticised for their inability to account for mental conditions such as severe depression, bipolar disorder, or certain personality disorders that may not completely impair cognitive understanding but can

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<sup>24</sup> R. D. Mackay, *Mental Condition Defences in the Criminal Law* (Oxford University Press 2015) 47.

significantly affect decision-making and moral reasoning. The legal threshold they establish often excludes individuals whose mental disorders manifest in ways that do not neatly fit into the binary framework of “knowing” or “not knowing” the wrongfulness of an act. This has led to concerns about justice and fairness, particularly where the law’s outdated definitions conflict with medical realities. Furthermore, some scholars argue that the continued reliance on the M’Naghten Rules reflects a broader reluctance in common law jurisdictions to integrate evolving scientific knowledge into legal doctrine. The Rules were formulated at a time when psychiatry was still in its infancy; thus, their language and scope reflect a 19th-century understanding of mental illness. In contrast, modern psychiatric evaluation recognises that mental disorders can impair judgment, impulse control, and emotional regulation in ways that go beyond simple cognitive awareness.<sup>25</sup> This disjunction between law and medicine often results in inconsistent verdicts, where the outcome of an insanity plea may depend more on the interpretation of expert witnesses than on a coherent legal standard.

The United Kingdom, despite these criticisms, still retains the M’Naghten Rules as the core legal test for insanity, although there have been calls for reform from bodies such as the Law Commission, which in 2013 proposed replacing the test with a broader “recognition of responsibility” standard. Similarly, in Nigeria, the Rules continue to underpin the insanity defence under the Criminal Code and Penal Code, though the socio-

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<sup>25</sup> J. Peay, *Mental Health and Crime* (Routledge 2017) 82–83.

legal context and limitations in mental health infrastructure further complicate their application.<sup>26</sup> In both jurisdictions, the criticisms highlight an urgent need for reform to ensure that the insanity defence reflects contemporary medical knowledge and societal values, balancing public safety with the rights of mentally disordered offenders.

## **2.2 Theoretical Framework**

### **2.2.1 Legal Positivism and the Insanity Defense**

Legal positivism is a school of jurisprudence that emphasizes the separation of law from morality, holding that the validity of a legal norm depends not on its moral content but on its derivation from a recognized source of authority within a legal system. The theory, famously advanced by scholars such as John Austin and H.L.A. Hart, asserts that law is a set of rules created and enforced by the sovereign or the relevant legislative authority, and must be obeyed irrespective of personal moral convictions so long as it has been duly enacted.<sup>27</sup> In the context of the insanity defense, legal positivism provides a framework for understanding the defense as a statutory or common law provision whose applicability is determined strictly by the legal criteria established by the relevant jurisdiction, rather than by subjective or moral considerations.

Under this theory, the insanity defense is not justified because of any inherent moral compassion for the mentally ill but because the law, through judicial precedent and

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<sup>26</sup> A. Adeyemi, “The Insanity Defence in Nigerian Criminal Law” (2019) 4 *Nigerian Law Journal* 112.

<sup>27</sup> H. L. A. Hart, *The Concept of Law* (Oxford University Press 1961) 79.

legislation, recognizes that mental incapacity can negate the *mens rea* (guilty mind) necessary for criminal liability. In the Nigerian legal system, for instance, Section 28 of the Criminal Code Act expressly codifies the principle that a person is not criminally responsible if, at the time of committing the act, they were incapable of understanding the nature of the act or of knowing that it was wrong due to a mental disease.<sup>28</sup> This codification reflects a positivist approach, where the defense exists because it has been formally enacted and is applied strictly according to the legal test. The M’Naghten Rules, which originated from English common law, further illustrate legal positivism’s influence. They have been adopted, in substance, in many common law jurisdictions, including Nigeria, and provide a clear, legally binding standard for determining criminal responsibility in cases of alleged insanity. From a positivist standpoint, whether these rules are morally fair is secondary to their legal validity; what matters is that they were established by a competent legal authority and form part of the operative legal framework. However, critics of the strict positivist application of the insanity defense argue that it risks ignoring evolving psychiatric knowledge and humanitarian considerations in favour of rigid adherence to precedent. For example, contemporary mental health research has expanded the understanding of mental disorders beyond the narrow cognitive test set out in M’Naghten. Yet, under a positivist system, courts may be bound to apply outdated criteria until formally reformed by legislative or appellate intervention.<sup>29</sup> This tension highlights the central strength and weakness of legal positivism: its commitment to legal

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<sup>28</sup> Criminal Code Act, Cap C38, Laws of the Federation of Nigeria 2004, s 28.

<sup>29</sup> A. Ashworth and J Horder, *Principles of Criminal Law* 9th edn, (Oxford University Press 2019) 199.

certainty and predictability on one hand, and its potential inflexibility in adapting to changing moral and scientific perspectives on the other. Legal positivism situates the insanity defense firmly within the framework of enacted legal rules, emphasizing the authority of statutory provisions and judicial decisions over moral or social considerations. While this ensures uniform application and legal stability, it also underlines the necessity for legislative reforms when the legal standard no longer reflects contemporary understandings of mental illness.

### **2.2.2 The Moral Blameworthiness Theory**

The Moral Blameworthiness Theory is rooted in the fundamental principles of criminal law, which hold that liability should be proportionate to the offender's moral culpability. Under this theory, criminal punishment is justified only where the defendant is capable of understanding the moral wrongness of their act and consciously choosing to engage in it. If an individual, due to mental disorder, lacks the capacity to appreciate the moral gravity of their conduct, then their blameworthiness is diminished or entirely absent, thereby justifying an insanity defense.

Historically, the moral blameworthiness approach can be traced to classical philosophical thought, particularly the writings of Aristotle and later, Immanuel Kant, who argued that moral responsibility presupposes rational agency. Aristotle emphasised that acts committed involuntarily or in ignorance are not deserving of moral

condemnation, while Kant asserted that moral obligation rests upon the capacity to act in accordance with reason and moral law.<sup>30</sup> In the context of criminal law, this translates into the recognition that punishment should not be imposed on those who cannot act as moral agents due to mental incapacity. In legal doctrine, the Moral Blameworthiness Theory supports the rationale for the insanity defense by emphasising fairness in adjudication. The courts have long acknowledged that holding a person criminally liable when they could not comprehend the wrongfulness of their actions would undermine the moral legitimacy of the justice system. This reasoning is reflected in the *M’Naghten Rules*, where the central question is whether the accused knew the nature and quality of the act or that it was wrong. The underlying assumption is that without such knowledge, moral blameworthiness is absent.<sup>31</sup>

In Nigeria, this principle finds statutory expression in Section 28 of the Criminal Code, which exempts individuals from criminal liability where, at the time of the act, they were incapable of understanding its nature or wrongness due to mental disorder. The provision mirrors the moral blameworthiness approach by aligning legal culpability with the accused’s mental capacity for moral judgment. Similarly, judicial interpretations in Nigerian courts often highlight that the insanity defense is not merely a medical inquiry but a moral-legal evaluation of the defendant’s capacity to be held accountable.

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<sup>30</sup> Aristotle, *Nicomachean Ethics*, trans. Terence Irwin (Indianapolis: Hackett Publishing, 2019) 1110a–1113b;

<sup>31</sup> Immanuel Kant, *The Metaphysics of Morals*, trans. Mary Gregor (Cambridge: Cambridge University Press, 2017).

Internationally, the moral blameworthiness rationale has been influential in shaping various legal systems. In jurisdictions such as the United States, the Model Penal Code (MPC) integrates this theory by recognising that mental illness can impair both cognitive and volitional capacities, thus affecting the individual's moral blame. The MPC's "substantial capacity" test broadens the scope of the insanity defense beyond the rigid *M'Naghten* cognitive focus, incorporating elements of moral blameworthiness into its framework.<sup>32</sup> Critics, however, argue that the Moral Blameworthiness Theory is often limited by its subjective nature, as moral standards may vary across societies and cultural contexts. Moreover, modern neuroscience challenges traditional notions of moral responsibility by demonstrating that brain dysfunction can influence behaviour in ways not fully appreciated by earlier legal theories. Nonetheless, the theory remains a foundational justification for the insanity defense, ensuring that the criminal justice system maintains its ethical commitment to punishing only those who are truly culpable.

### **2.2.3 The Social Defense Theory**

The Social Defense Theory is a criminological and legal concept that justifies the insanity defense on the grounds of protecting society from individuals who are deemed incapable of conforming their behavior to the requirements of the law due to mental illness. It rests on the premise that the criminal justice system should not merely punish offenders but should also protect the public and rehabilitate those whose criminal conduct

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<sup>32</sup> Criminal Code Act, Cap C38, Laws of the Federation of Nigeria 2004, s 28.

results from mental incapacity rather than intentional wrongdoing. This approach views mentally disordered offenders as individuals who, although they may have caused harm, lack the cognitive or volitional control necessary for moral culpability and therefore should not be subject to the same punitive measures as sane offenders. The theory gained traction in the late 19th and early 20th centuries, influenced by developments in psychiatry and penology, which emphasized the rehabilitative rather than purely retributive purpose of criminal law. Under this model, the insanity defense serves as a mechanism to divert mentally ill offenders away from the general prison population into mental health institutions where they can receive treatment, thus reducing the risk of recidivism and enhancing public safety. For example, in *R v. Oxford* (1840), the accused was acquitted on the grounds of insanity and committed to a secure psychiatric facility, demonstrating the law's prioritization of treatment and social protection over punishment.

In Nigeria, the Criminal Code and Penal Code both reflect elements of the Social Defense Theory by mandating the detention of persons acquitted by reason of insanity in mental health facilities rather than releasing them outright. This approach balances the rights of the accused with the safety of the community. Similarly, in jurisdictions such as the United Kingdom and Canada, insanity verdicts typically result in hospital orders with restrictions, ensuring that the offender receives medical care while protecting the public from potential harm. Critics, however, argue that the Social Defense Theory can sometimes lead to indefinite confinement of mentally ill offenders, even when they no

longer pose a threat, raising human rights concerns. Nonetheless, its core contribution lies in reinforcing the principle that criminal law should operate not only as an instrument of justice but also as a tool for safeguarding societal well-being by addressing the root causes of dangerous behavior stemming from mental illness.

#### **2.2.4 The Human Rights Perspective on the Insanity Defense**

The human rights perspective on the insanity defense stems from the recognition that persons with mental disorders are entitled to the full protection of fundamental human rights and freedoms, including the right to life, dignity, liberty, and fair trial. This approach is grounded in international human rights instruments such as the *Universal Declaration of Human Rights (UDHR)* 1948, the *International Covenant on Civil and Political Rights (ICCPR)* 1966, and the *Convention on the Rights of Persons with Disabilities (CRPD)* 2006, which collectively emphasize the protection of vulnerable persons, non-discrimination, and access to justice without prejudice on the basis of disability or mental health status.<sup>33</sup> The insanity defense, therefore, is viewed not merely as a legal technicality but as an essential safeguard to ensure that individuals who lack the mental capacity to appreciate the nature of their acts are not subjected to unjust punishment.

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<sup>33</sup> *Universal Declaration of Human Rights* (1948), arts. 1, 5, 7, 10.

From this perspective, the key concern is balancing the rights of the accused with the rights of victims and the broader interests of society. The *CRPD*, in particular, challenges legal systems to reform procedures and substantive laws to accommodate persons with mental disabilities, ensuring that they are not criminally punished where culpability is absent.<sup>34</sup> This requires states to adopt measures that promote fair trial rights, access to mental health care, and rehabilitation rather than purely punitive measures. In Nigeria, while the Constitution guarantees the right to a fair hearing under section 36, challenges remain in ensuring that mentally ill defendants receive adequate psychiatric evaluation, legal representation, and humane treatment while in custody.

In jurisdictions such as the Netherlands, the human rights approach has influenced the integration of psychiatric care into the criminal justice process, ensuring that treatment is prioritized over incarceration. The European Court of Human Rights (ECHR) has also underscored that detaining mentally ill persons without proper medical care violates Article 3 of the *European Convention on Human Rights*, which prohibits inhuman or degrading treatment.<sup>35</sup> Thus, the human rights perspective reframes the insanity defense as a mechanism for upholding justice in a manner consistent with dignity, compassion, and equality before the law.

### **2.2.5 Comparative Theoretical Approaches in Nigeria and Other Jurisdictions**

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<sup>34</sup> *Convention on the Rights of Persons with Disabilities* (2006), arts. 12–14.

<sup>35</sup> *Kudła v. Poland* (2000) ECHR 30210/96.

The theoretical approaches to the insanity defense vary significantly across jurisdictions, reflecting differences in legal traditions, societal values, and the philosophical underpinnings of criminal responsibility. In Nigeria, the legal framework for insanity is primarily shaped by the Criminal Code Act applicable in the southern states and the Penal Code in the northern states. Both codes incorporate principles that are largely rooted in the M’Naghten Rules, focusing on whether the accused was suffering from a mental disease or defect at the time of the offence such that they could not understand the nature of the act or distinguish between right and wrong. This approach is grounded in legal positivism, which emphasizes adherence to codified legal provisions over moral or social considerations. Nigerian courts often apply a strict evidentiary standard, requiring proof of insanity through medical testimony, behavioural history, and witness accounts before the defense can succeed.

In contrast, common law jurisdictions such as England and Wales continue to apply the M’Naghten Rules as their central test but have supplemented them with broader mental health considerations in sentencing and post-trial care. While the rules remain relatively unchanged, there is an increasing shift toward integrating diminished responsibility as a partial defense in homicide cases, allowing for convictions of manslaughter instead of murder where mental impairment is proven. This reflects a blend of moral blameworthiness and social defense theory, as the legal system recognizes that certain mental conditions reduce culpability without entirely absolving the accused.

In the United States, approaches vary between states. Some jurisdictions adhere to M’Naghten, others adopt the Model Penal Code (MPC) test proposed by the American Law Institute, which considers whether the accused lacked substantial capacity either to appreciate the criminality of their conduct or to conform their conduct to the requirements of the law. The MPC framework offers a more flexible, psychological, and medical model that aligns closely with contemporary psychiatric knowledge. However, several states have abolished the insanity defense altogether, reflecting a more retributive approach to criminal justice.

In the Netherlands, where the user’s comparative focus lies, the theoretical approach is markedly different from Nigeria’s. The Dutch system integrates the doctrine of diminished responsibility with comprehensive psychiatric assessment and compulsory treatment orders. Here, the insanity defense is viewed not only through the lens of legal culpability but also through human rights and rehabilitation-oriented theories, reflecting the country’s broader commitment to restorative justice. The emphasis is placed on treatment, reintegration, and social safety, rather than purely on punishment. Comparatively, Nigeria’s approach remains more rigid and formalistic, relying heavily on outdated common law principles without fully incorporating modern psychiatric insights or alternative theoretical frameworks such as the human rights perspective. In contrast, European jurisdictions like the Netherlands adopt a more progressive, interdisciplinary approach, while certain U.S. states experiment with flexible legal tests like the MPC.

These differences highlight how cultural values, judicial philosophy, and political will influence the interpretation and application of the insanity defense across jurisdictions. This comparative analysis underscores the need for Nigeria to review its legal framework to incorporate broader mental health considerations, align with contemporary psychiatric standards, and balance the goals of justice, public safety, and human rights protection. Such reform would not only harmonize Nigerian practice with evolving international standards but also ensure that individuals with genuine mental disorders receive fair trials and appropriate post-trial interventions.

## **2.3 Literature Review**

### **2.3.1 Evolution of the Insanity Defense in English Common Law**

The insanity defense, as it is understood today in common law jurisdictions, is a product of centuries of gradual legal evolution shaped by judicial decisions, philosophical discourse, and changing societal attitudes toward mental illness. Its historical roots can be traced to medieval England, where the law, though primitive in its conceptualization, recognized that individuals suffering from severe mental incapacity could not be held criminally responsible for their actions. In its earliest form, this notion was embedded in the idea that an offender who acted “by the visitation of God” was not morally

blameworthy and therefore could not be punished in the same way as a person acting with full cognitive faculties.<sup>36</sup>

By the thirteenth and fourteenth centuries, English common law had begun to integrate these ideas into legal practice, with early records indicating that “idiots” and “lunatics” were distinguished from ordinary offenders in criminal proceedings. However, the criteria for determining insanity were rudimentary and inconsistent, often relying on community testimony rather than medical evidence. The prevailing standard was whether the accused had the capacity to form the requisite “malice aforethought” necessary for criminal liability. The seventeenth and eighteenth centuries marked a significant development in the refinement of the insanity defense, particularly with the influence of Enlightenment thought, which emphasized reason, free will, and moral responsibility. Judicial attitudes began to shift toward a more nuanced consideration of the mental state of the accused at the time of the offense. Cases such as *R v Arnold* (1724) introduced the notion that an offender should be excused from liability if they were “totally deprived of their understanding and memory, and did not know what they were doing, no more than an infant, a brute, or a wild beast.”<sup>37</sup>

By the early nineteenth century, however, the lack of a consistent and clearly articulated standard led to growing controversy, culminating in the famous *M’Naghten’s Case* of 1843. This case marked a watershed moment in the legal codification of the

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<sup>36</sup> N. Walker, (2016). *Crime and Insanity in England*. London: Routledge, p. 15.

<sup>37</sup> *R v Arnold* (1724) 16 St Tr 695.

insanity defense, as the House of Lords, prompted by public and parliamentary debate, laid down the now-famous M’Naghten Rules. These rules established a cognitive test, focusing on whether the accused was suffering from a “defect of reason, from disease of the mind” such that they either did not know the nature and quality of the act or, if they did, did not know it was wrong.<sup>38</sup> Thus, the evolution of the insanity defense in English common law represents a gradual but significant shift from moral and religious considerations toward a structured legal doctrine rooted in cognitive incapacity. While the M’Naghten Rules provided much-needed clarity, they also set the stage for future debates about the adequacy and fairness of limiting the defense primarily to cognitive impairment, without accounting for volitional or emotional disorders.<sup>39</sup>

### **2.3.2 Adoption and Application of the M’Naghten Rules in Nigeria**

The M’Naghten Rules, formulated in England in 1843 following the case of *R v. M’Naghten*, have had a profound influence on the legal systems of many Commonwealth countries, including Nigeria. Being a former British colony, Nigeria inherited much of its criminal law framework from English common law, and the insanity defense as applied in Nigerian courts is deeply rooted in the principles established by the M’Naghten Rules. The essence of these rules is that a defendant should not be held criminally liable if, at the time of committing the act, they were suffering from a defect of reason caused by a

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<sup>38</sup> *M’Naghten’s Case* (1843) 10 Cl & Fin 200.

<sup>39</sup> R. A. Duff, (2019). “Insanity and Responsibility: The Continuing Debate.” *Criminal Law and Philosophy*, 13(2), 245–262.

disease of the mind, rendering them incapable of understanding the nature and quality of the act, or of knowing that the act was wrong.

In Nigeria, the adoption of the M’Naghten Rules is codified in Section 28 of the Criminal Code Act (applicable in the Southern states) and Section 51 of the Penal Code (applicable in the Northern states). Section 28 of the Criminal Code provides that:

*“A person is not criminally responsible for an act or omission if at the time of doing the act or making the omission, they are in such a state of mental disease or natural mental infirmity as to deprive them of capacity to understand what they are doing, or of capacity to control their actions, or of capacity to know that they ought not to do the act or make the omission.”*

This provision reflects the M’Naghten principles but with a broader approach, particularly by including the inability to control one’s actions an element absent from the original English formulation. The Penal Code adopts a similar stance, focusing on the mental incapacity of the accused at the time of the offence. Judicial interpretation of the insanity defense in Nigeria has further solidified the relevance of the M’Naghten Rules. In *Kada v. The State* (1991) 8 NWLR (Pt. 208) 134, the Supreme Court reaffirmed that the burden of proving insanity rests on the defense, though it can be discharged by evidence from the accused’s conduct before, during, and after the offence, as well as medical testimony. Similarly, in *Oni v. The State* (1985) 1 NWLR (Pt. 1) 1, the court

stressed that mere evidence of mental illness in the past is insufficient; the illness must have existed at the material time of the offence to meet the requirements of Section 28.

Despite their colonial origin, the M’Naghten Rules continue to be relevant in Nigerian jurisprudence because they provide a structured framework for determining criminal responsibility in cases involving mental disorders. However, Nigerian courts have sometimes interpreted these rules with flexibility, recognising that cultural and societal factors may influence how mental illness is understood and assessed. This adaptability is seen in cases where courts have considered the accused’s social background, history of mental illness in the family, and local perceptions of mental health in determining criminal liability. Nevertheless, some scholars argue that the continued reliance on the M’Naghten Rules in Nigeria has created challenges, particularly in light of modern psychiatric knowledge, which recognises that mental illness may affect behaviour in more complex ways than the rules envisage. Critics note that the law still heavily emphasises cognitive incapacity (inability to know or understand), whereas modern psychiatric assessments often consider volitional incapacity (inability to control one’s actions) as equally important a perspective only partially reflected in the Nigerian Criminal Code.

While Nigeria has successfully adopted and applied the M’Naghten Rules, the ongoing debate concerns whether these principles, developed in the 19th century, are still fully adequate to address the complexities of mental health and criminal responsibility in

the 21st century. The judiciary, legal practitioners, and mental health professionals continue to call for reforms that will integrate contemporary psychiatric insights into the legal test for insanity without undermining the core purpose of the defense to protect individuals who, due to genuine mental incapacity, cannot be held morally or legally accountable for their actions.

### **2.3.3 Criticisms of the M’Naghten Rules in Contemporary Legal Practice**

The M’Naghten Rules, while historically significant, have faced substantial criticism in contemporary legal discourse for their perceived inadequacies in addressing the complexities of mental disorders in criminal law. One of the primary criticisms is their overly narrow focus on cognitive incapacity requiring that the accused must either not know the nature and quality of their act or not know that it was wrong thereby excluding individuals whose mental disorders primarily impair volitional control or emotional regulation rather than cognitive understanding. Critics argue that this rigid framework fails to account for modern psychiatric insights, which recognise that mental illness can profoundly affect impulse control and moral reasoning even where cognitive awareness remains intact.<sup>40</sup>

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<sup>40</sup> N. Walker, (2016). *Crime and Insanity in England: Volume One*. Routledge, p. 89.

Another major concern is that the M’Naghten Rules fail to adequately address cases involving partial impairment, where the defendant’s mental state does not meet the strict criteria for insanity but still significantly diminishes moral responsibility. As a result, many accused persons suffering from serious but not incapacitating mental disorders are convicted without consideration of reduced culpability, which can lead to perceived miscarriages of justice. In addition, there is the public perception problem: the rules often appear too lenient to the lay public when defendants are found not guilty by reason of insanity, leading to fears of abuse, while at the same time being too restrictive in genuinely meritorious cases. This duality fosters both mistrust and dissatisfaction with the system among legal professionals, mental health practitioners, and the general public.<sup>41</sup>

Lastly, some scholars point out that the M’Naghten Rules have remained largely unchanged since 1843, despite immense progress in forensic psychiatry and international human rights law. This resistance to reform has left the law ill-equipped to address the nuanced realities of mental illness in the 21st century, prompting calls for more flexible standards that balance justice, public safety, and the rights of mentally ill offenders.<sup>42</sup>

### **2.3.4 Reform Proposals and Alternative Approaches to the Insanity Defense**

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<sup>41</sup> R v Sullivan [1984] AC 156 at 172.

<sup>42</sup> M. L. Perlin, (2019). *Mental Disability and the Criminal Law*. Carolina Academic Press, pp. 64–69.

Over the years, various reform proposals have been advanced to address the perceived inadequacies of the M’Naghten Rules in Nigeria. One major criticism, as earlier noted, is the Rules’ narrow focus on the cognitive ability of the accused at the time of the offence, thereby neglecting the volitional or control aspect of mental disorders. In response, legal scholars and reform advocates have proposed the adoption of broader standards that incorporate both cognitive and volitional tests in determining criminal responsibility. One of the most prominent alternatives suggested is the “irresistible impulse” test, which extends the scope of the defense to include situations where the accused may have understood the nature of the act but was unable to control their actions due to mental illness.<sup>43</sup> This approach, although adopted in some U.S. jurisdictions, has been criticized for its subjective nature and difficulty in empirical verification. Another proposed reform is the adoption of the American Law Institute’s Model Penal Code (MPC) test, which blends cognitive and volitional elements, allowing acquittal where the defendant, as a result of mental disease or defect, lacked substantial capacity either to appreciate the criminality of their conduct or to conform their conduct to the requirements of the law<sup>44</sup>.

In Nigeria, commentators have also advocated for a partial responsibility or diminished responsibility doctrine, similar to that found in Section 2 of the Homicide Act 1957 (UK), which allows for the mitigation of liability in cases where the defendant’s

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<sup>43</sup> A. A. Adeyemi, ‘The Defence of Insanity in Nigerian Criminal Law’ (2017) 3 *Nigerian Law Journal* 45, 60.

<sup>44</sup> Model Penal Code § 4.01 (American Law Institute, 1962).

mental abnormality substantially impaired their mental responsibility.<sup>45</sup> This would provide courts with more nuanced sentencing options rather than the all-or-nothing outcome of the current M’Naghten framework. There have been calls for specialized mental health courts and greater reliance on forensic psychiatric evaluations in criminal trials to ensure accurate assessments of the defendant’s mental state. This would align with modern trends in jurisdictions such as Canada and Australia, where the insanity defense has been reformed to reflect advances in psychiatric understanding. Despite these reform suggestions, Nigerian law remains rooted in the traditional M’Naghten principles, as codified in Section 28 of the Criminal Code Act and Section 51 of the Penal Code, leaving the question of reform largely in the hands of legislative policymakers. Scholars argue that without such reforms, the insanity defense in Nigeria will continue to operate on outdated 19th-century psychiatric concepts, limiting its effectiveness in contemporary criminal justice.<sup>46</sup>

### **2.3.5 Modern Trends in the Application of Insanity Defense Globally**

The application of the insanity defense has undergone significant transformation in recent decades, reflecting evolving societal attitudes toward mental health, advancements in psychiatric science, and shifting legal philosophies. While the

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<sup>45</sup> Homicide Act 1957 (UK) s 2; See also D. Ormerod and K. Laird, *Smith, Hogan and Ormerod’s Criminal Law* (16th edn, Oxford University Press 2021) 313.

<sup>46</sup> E. Chukwuma, ‘Revisiting the M’Naghten Rules in Nigeria: A Call for Reform’ (2020) 6 *Nigerian Journal of Public Law* 77, 90.

M’Naghten Rules remain influential in several jurisdictions, there is a growing tendency toward adopting more nuanced and flexible approaches that integrate both medical expertise and legal reasoning. These developments demonstrate that the insanity defense is no longer regarded solely as a rigid doctrinal rule but as a dynamic legal tool that must adapt to contemporary understandings of mental illness.

In the United States, for instance, the trend has been toward incorporating alternative tests alongside, or in place of, the M’Naghten standard. The Model Penal Code (MPC) test developed by the American Law Institute blends cognitive and volitional criteria, allowing defendants to be excused if, due to mental disease or defect, they lacked substantial capacity either to appreciate the criminality of their conduct or to conform their behavior to the requirements of the law<sup>47</sup>. This broader standard, adopted in states such as Oregon and New Jersey, contrasts with states like Kansas, Idaho, and Utah, which have abolished the insanity defense altogether, replacing it with provisions that only allow mental illness evidence at the sentencing stage.

In the United Kingdom, the M’Naghten Rules still form the backbone of the insanity defense; however, modern reforms have supplemented them with statutory provisions such as the Criminal Procedure (Insanity and Unfitness to Plead) Act 1991 and the Domestic Violence, Crime and Victims Act 2004, which have introduced special verdicts like “not guilty by reason of insanity” and “guilty but insane” with tailored

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<sup>47</sup> American Law Institute, *Model Penal Code*, § 4.01 (1962).

disposals including hospital orders rather than outright acquittals<sup>48</sup>. Civil law jurisdictions, such as Germany and France, adopt a markedly different approach by embedding mental incapacity directly into their penal codes. The German Penal Code, under Section 20, absolves from criminal liability any person who, at the time of the offense, was incapable of appreciating the wrongfulness of their act or of acting in accordance with such appreciation due to a pathological mental disorder. Similarly, French criminal law recognizes *irresponsabilité pénale* for mental incapacity but often mandates medical supervision rather than unrestricted release<sup>49</sup>.

In some Commonwealth countries, such as Canada and Australia, there has been a gradual shift toward therapeutic jurisprudence, emphasizing treatment over punitive measures. The Canadian Criminal Code recognizes “not criminally responsible on account of mental disorder” (NCRMD), and such verdicts result in the supervision of review boards rather than incarceration<sup>50</sup>. Australia has similarly modernized its approach through state-specific statutes, such as the Criminal Law Consolidation Act 1935 (SA), which integrate psychiatric assessments into both trial and sentencing processes. At the international level, there is also growing recognition of human rights considerations in the treatment of mentally ill offenders, influenced by instruments such as the United Nations Convention on the Rights of Persons with Disabilities (CRPD). This has spurred

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<sup>48</sup> Criminal Procedure (Insanity and Unfitness to Plead) Act 1991 (UK); Domestic Violence, Crime and Victims Act 2004 (UK).

<sup>49</sup> French Penal Code, Art. 122-1.

<sup>50</sup> K. Roach, (2017). “The Evolving NCRMD Regime in Canada,” *Osgoode Hall Law Journal*, 54(3), 679–722

reforms in several countries, ensuring that defendants found insane are not subjected to indefinite detention without periodic review<sup>51</sup>. The global trajectory thus reflects a gradual movement away from rigid cognitive tests toward multifactorial, medically informed frameworks that balance public safety with the rights and dignity of mentally ill individuals.

### **2.3.6 Scholarly Opinions and Divergent Views on the Effectiveness of the Insanity Defense**

The effectiveness of the insanity defense remains a deeply contested issue among legal scholars, psychiatrists, and criminal justice practitioners. Opinions diverge sharply on whether the defense serves its intended purpose of ensuring fairness and justice for mentally ill defendants or whether it has been rendered ineffective due to its narrow interpretation and procedural complexities. Some scholars view the insanity defense as an indispensable safeguard rooted in the principle of moral culpability, arguing that punishing individuals who lack the capacity to appreciate the nature or wrongfulness of their acts is both unjust and contrary to fundamental human rights principles.<sup>52</sup> This perspective aligns with the philosophical underpinnings of criminal responsibility, which emphasize that culpability should be based on the presence of *mens rea*.

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<sup>51</sup> United Nations, *Convention on the Rights of Persons with Disabilities*, G.A. Res. 61/106, U.N. Doc. A/RES/61/106 (2006)

<sup>52</sup> A. Ashworth, *Principles of Criminal Law*, 9th edn (Oxford University Press 2022) 214.

Conversely, critics argue that the insanity defense is outdated, inconsistent, and prone to misuse. In jurisdictions that still apply the M’Naghten Rules, concerns have been raised that the strict cognitive focus ignores the volitional aspects of mental illness, thereby excluding individuals whose mental disorders impair their self-control but do not entirely eliminate their understanding of right and wrong.<sup>53</sup> This has led to calls for a more flexible standard that incorporates both cognitive and volitional impairments, such as the Model Penal Code’s “substantial capacity” test, which assesses whether the defendant lacked substantial capacity either to appreciate the criminality of their conduct or to conform their conduct to the requirements of law. In Nigeria, scholarly debates often highlight the tension between protecting public safety and safeguarding the rights of mentally ill offenders. Some commentators argue that the procedural barriers to successfully pleading insanity such as the heavy evidentiary burden placed on the defense undermine the doctrine’s protective role.<sup>54</sup> There is concern that inadequate psychiatric infrastructure limits the ability of courts to obtain accurate mental health evaluations, leading to inconsistent outcomes. Others have raised fears of abuse, suggesting that the defense can be exploited as a “loophole” by defendants seeking to evade criminal liability, although empirical research indicates that the defense is rarely invoked and even less frequently successful.

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<sup>53</sup> R. Mackay, ‘The Abolition of the Insanity Defence?’ (2017) 81 *Journal of Criminal Law* 125, 131.

<sup>54</sup> C. Eze, ‘Challenges in Applying the Insanity Defence in Nigeria’ (2019) 15 *African Journal of Criminal Justice* 87.

On the global stage, divergent views are also evident. In some countries, such as Canada and Australia, legal reforms have sought to balance competing concerns by adopting the verdict of “not criminally responsible on account of mental disorder” (NCRMD) and pairing it with robust post-acquittal supervision regimes. In contrast, certain jurisdictions in the United States have abolished the insanity defense altogether, citing concerns over public safety and judicial efficiency, sparking heated debates over whether such abolition violates constitutional guarantees of due process.<sup>55</sup> Overall, the scholarly discourse reveals no consensus on the effectiveness of the insanity defense. While its moral and legal rationale remains compelling, its practical application continues to face challenges relating to definition, evidentiary standards, and public perception. Reform proposals frequently stress the need for harmonizing psychiatric insights with legal doctrine, ensuring that mentally ill offenders are neither unjustly punished nor improperly released into society without appropriate safeguards.

### **2.3.7 Comparative Perspectives on the Insanity Defense in Common Law and Civil Law Jurisdictions**

The development and application of the insanity defense has not been uniform across legal systems; instead, it reflects the historical, cultural, and philosophical traditions of each jurisdiction. Broadly, two contrasting models emerge: the common law approach, which is largely precedent-based and rooted in judicial interpretation, and the

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<sup>55</sup> Kahler v Kansas 140 S Ct 1021 (2020).

civil law approach, which is statutory in nature and relies heavily on medical assessments in determining criminal responsibility.

In common law jurisdictions, such as England, Nigeria, Canada, and the United States, the insanity defense is fundamentally shaped by the M’Naghten Rules. These rules, established in 1843 in the famous case of *R v M’Naghten*, provide a cognitive test that focuses strictly on the defendant’s mental state at the time of the offence.<sup>56</sup> The accused is considered legally insane if, owing to a “defect of reason from disease of the mind,” he did not know the nature and quality of his act, or, if he did know it, did not know that it was wrong. This formulation reflects the 19th-century emphasis on rationality and reason as essential to criminal responsibility. However, the rigidity of the M’Naghten Rules has long been a subject of debate. Critics argue that while they provide legal certainty, they fail to adequately capture the spectrum of mental illnesses recognized by modern psychiatry.<sup>57</sup> For instance, an individual suffering from schizophrenia may understand the nature of his actions but be under the compulsion of delusions that render him incapable of self-control. Under the M’Naghten framework, such volitional incapacity may not suffice for exculpation because the test focuses narrowly on cognition. In Nigeria, where the rules are codified in Section 28 of the Criminal Code and Section 51 of the Penal

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<sup>56</sup> *R v M’Naghten* (1843) 10 Cl & Fin 200, 8 ER 718.

<sup>57</sup> N. Walker, *Crime and Insanity in England* (Vol. 1, Edinburgh: Edinburgh University Press, 1968) 112.

Code, this limitation has similarly been noted by courts and scholars, who highlight those psychiatric conditions often affect both cognition and volition.<sup>58</sup>

By contrast, civil law jurisdictions have adopted a broader and more flexible approach. For example, Section 20 of the German Penal Code (StGB) provides that a person is not criminally responsible if, at the time of the act, they were incapable of appreciating the wrongfulness of their conduct or acting in accordance with such appreciation due to a pathological mental disorder.<sup>59</sup> Unlike the M’Naghten formulation, the German standard explicitly acknowledges both cognitive and volitional impairments. Similarly, Article 122-1 of the French Penal Code absolves liability where a “psychic or neuropsychic disorder” abolished the defendant’s discernment or control over their actions.<sup>60</sup> These provisions demonstrate a more integrated approach that relies not only on legal reasoning but also on psychiatric expertise, reflecting a more contemporary understanding of mental illness.

The divergence between common law and civil law approaches reveals deeper philosophical differences. Common law systems emphasize legal certainty and predictability, prioritizing clear doctrinal tests that courts can consistently apply. Civil law systems, on the other hand, stress medical accuracy and individualized justice, granting wider discretion to psychiatric evaluations in determining responsibility. As a

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<sup>58</sup> Criminal Code Act, Cap. C38, Laws of the Federation of Nigeria 2004, s.28; Penal Code (Northern Nigeria) s.51. See also *Oni v The State* (1985) 1 NWLR (Pt. 1) 1.

<sup>59</sup> German Penal Code (Strafgesetzbuch), s.20.

<sup>60</sup> French Penal Code, art. 122-1.

result, civil law models are often considered more responsive to the realities of mental illness, though critics caution that they may risk undermining consistency and legal certainty.<sup>61</sup>

For Nigeria, which inherited the common law model through colonization, the comparative experience is particularly instructive. While the Criminal Code has attempted to broaden the scope of the defense by including the inability to control one's actions, the country's reliance on the cognitive core of M'Naghten still places it closer to the common law tradition. Observing the flexibility of civil law jurisdictions could provide guidance for potential reforms that better integrate psychiatric science into the determination of criminal responsibility.

### **2.3.8 Human Rights and the Insanity Defense**

The discourse on the insanity defense in modern criminal law is increasingly influenced by human rights principles, particularly as they relate to the dignity, autonomy, and fair trial rights of persons with mental disabilities. Historically, the M'Naghten Rules were framed in an era when little attention was paid to the rights of the mentally ill. Their purpose was to provide clarity for courts rather than to safeguard the individual rights of defendants. However, in the twenty-first century, international human rights law demands

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<sup>61</sup> M. D. Dubber, *Criminal Law: A Comparative Approach* (Oxford University Press, 2015) 211.

that the insanity defense be examined through a broader lens that accounts for equality, due process, and humane treatment.

One of the most significant instruments in this regard is the United Nations Convention on the Rights of Persons with Disabilities (CRPD), adopted in 2006 and ratified by Nigeria in 2007. The CRPD requires state parties to recognize the equal capacity of persons with disabilities before the law and to provide them with effective access to justice on an equal basis with others.<sup>62</sup> The convention rejects discriminatory legal doctrines that deny agency to mentally ill persons and emphasizes support measures that enable them to exercise legal rights. Applied to the insanity defense, this raises questions about whether frameworks like the M’Naghten Rules premised on a narrow view of cognitive incapacity adequately respect the rights of defendants with diverse psychiatric conditions.<sup>63</sup>

A persistent human rights concern is the treatment of defendants acquitted by reason of insanity. In many jurisdictions, including Nigeria, such individuals are often subjected to indefinite detention in psychiatric institutions without meaningful review mechanisms. While the original rationale was public protection, this practice risks violating constitutional guarantees of liberty and human dignity. Critics argue that

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<sup>62</sup> Arstein-Kerslake, A. and Flynn, E., “The Right to Legal Agency: Domination, Disability, and the Protections of Article 12 of the Convention on the Rights of Persons with Disabilities” (2016) 12 *International Journal of Law in Context* 22.

<sup>63</sup> M. Perlin, *The Jurisprudence of the Insanity Defense* (Carolina Academic Press 1994) 143.

indefinite confinement effectively punishes individuals who have been found not criminally responsible, thereby undermining the protective purpose of the defense.<sup>64</sup>

The jurisprudence of the European Court of Human Rights (ECHR) illustrates how international standards are evolving in this area. In *Winterwerp v Netherlands* (1979), the Court held that the detention of persons with mental illness is only lawful where three conditions are satisfied: (1) objective medical evidence of a true mental disorder; (2) the disorder must justify compulsory confinement; and (3) continued detention must depend on the persistence of the disorder, subject to periodic review.<sup>65</sup> This ruling underscores the principle that detention must not be arbitrary and must always remain proportionate to the circumstances of the case.

In Nigeria, however, legal practice has yet to align fully with such safeguards. Sections 230 and 231 of the Criminal Procedure Act empower courts to order that an accused person found insane be detained “during the pleasure of the Governor,” effectively granting indefinite confinement without mandatory periodic review.<sup>66</sup> This raises significant human rights concerns, as it leaves mentally ill defendants vulnerable to indeterminate loss of liberty without clear oversight mechanisms. Scholars and practitioners argue that this system perpetuates stigma and discrimination, treating the mentally ill not as rights-bearing individuals but as objects of custodial control.

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<sup>64</sup> *Winterwerp v Netherlands* (1979) 2 EHRR 387.

<sup>65</sup> Criminal Procedure Act, Cap. C41, Laws of the Federation of Nigeria 2004, ss.230–231.

<sup>66</sup> Ogunwale, A. and Olapegba, P., “Reforming the Insanity Defense in Nigeria: Lessons from Comparative Jurisdictions” (2020) 5(2) *African Journal of Law and Psychiatry* 77.

The integration of human rights into the insanity defense therefore requires a paradigm shift: from a model that prioritizes public safety through indefinite detention, to one that balances safety with the rights, dignity, and autonomy of mentally ill offenders. For Nigeria, this means not only revisiting the M’Naghten-based legal tests but also reforming procedural safeguards to ensure that acquitted individuals are not subjected to arbitrary confinement. In doing so, the country would fulfill both its constitutional obligations and its commitments under international law.

### **2.3.9 The Role of Forensic Psychiatry in the Modern Application of the Insanity Defense**

The modern application of the insanity defense cannot be fully understood without examining the role of forensic psychiatry, which serves as the critical link between legal doctrine and medical science. Courts rely on psychiatric experts to determine whether an accused person was suffering from a mental disorder at the time of the offence and whether that disorder meets the legal threshold for insanity. Yet, despite its centrality, forensic psychiatry often operates within a tension: while psychiatry offers nuanced clinical diagnoses, the law continues to apply rigid legal standards such as the M’Naghten Rules.

One of the recurring challenges is that psychiatric categories do not always map neatly onto legal tests. For example, conditions such as schizophrenia or bipolar disorder

may impair both cognition and volition, but the M’Naghten Rules focus narrowly on cognitive incapacity whether the accused knew the nature and quality of their act, or knew that it was wrong.<sup>67</sup> Thus, a defendant who suffers from irresistible impulses or overwhelming delusions may be criminally responsible under the legal test, even though psychiatry would recognize their capacity for self-control as profoundly impaired.<sup>68</sup> This mismatch has fueled calls for broader legal standards that integrate volitional incapacity alongside cognitive incapacity.

Comparative jurisprudence illustrates how some jurisdictions have sought to close this gap. In Canada, the defense of “not criminally responsible on account of mental disorder” (NCRMD), codified under section 16 of the *Criminal Code*, incorporates psychiatric evaluations into both trial and post-trial processes. Defendants found NCRMD are not simply acquitted; they are referred to provincial review boards that assess the individual’s mental state and decide on hospitalization, conditional release, or absolute discharge, depending on the level of ongoing risk.<sup>69</sup> This system reflects an explicit partnership between psychiatry and the law, ensuring that both justice and treatment considerations are addressed.

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<sup>67</sup> *R v M’Naghten* (1843) 10 Cl & Fin 200, 8 ER 718.

<sup>68</sup> C. Slobogin, “An End to Insanity: Recasting the Role of Mental Disability in Criminal Cases” (2000) 86 *Virginia Law Review* 1199, 1203–1205.

<sup>69</sup> Canadian Criminal Code, RSC 1985, c C-46, s.16; K. Roach, *Criminal Law* (7th edn, Irwin Law 2018) 226–229.

Similarly, in Australia, state-based legislation such as the *Criminal Law Consolidation Act 1935* (South Australia) integrates forensic psychiatric evidence directly into court decisions. The Act recognizes that psychiatric illness may impair both the appreciation of criminality and the ability to conform to the law, allowing for flexible judicial outcomes that combine legal accountability with therapeutic oversight.<sup>70</sup>

By contrast, Nigeria faces significant obstacles in effectively integrating forensic psychiatry into the insanity defense. First, there is a severe shortage of forensic psychiatrists, with fewer than 300 practicing psychiatrists for a population exceeding 200 million, and even fewer with specialized forensic training.<sup>71</sup> Secondly, psychiatric infrastructure is underdeveloped, with limited secure facilities to house defendants found not guilty by reason of insanity. This institutional weakness often results in inconsistent outcomes: some defendants are convicted despite strong evidence of mental illness, while others are detained indefinitely without periodic review.<sup>72</sup>

Legal scholars and practitioners in Nigeria have therefore emphasized the urgent need to strengthen the role of forensic psychiatry in criminal trials. This includes expanding psychiatric training programs, establishing forensic mental health units within existing hospitals, and formalizing procedures for psychiatric evaluation in criminal cases.

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<sup>70</sup> *Criminal Law Consolidation Act 1935* (South Australia), Part 8A.

<sup>71</sup> World Health Organization (WHO), *Mental Health Atlas 2020: Country Profile – Nigeria*, 14.

<sup>72</sup> A. Obe, & P. Ebigbo, “Challenges of Forensic Psychiatry in Nigeria” (2018) 21(5) *Nigerian Journal of Clinical Practice* 589.

Such reforms would help align Nigerian practice with global best standards, where the insanity defense is treated not merely as a legal doctrine but as a medico-legal partnership that seeks to balance justice, treatment, and public safety.

### **2.3.10 The Future of the Insanity Defense in Nigeria: Challenges and Prospects**

The future of the insanity defense in Nigeria is at a crossroads, shaped by the tension between a rigid legal doctrine inherited from colonial jurisprudence and the realities of contemporary psychiatric science and human rights norms. While the M’Naghten Rules, as codified in Sections 28 of the Criminal Code and 51 of the Penal Code, remain the backbone of Nigerian law, scholars and practitioners increasingly argue that these nineteenth-century formulations are ill-suited to address twenty-first century understandings of mental illness and criminal responsibility.<sup>73</sup>

One of the foremost challenges is the over-reliance on the cognitive test. As noted earlier, the M’Naghten framework requires proof that the accused did not know the nature and quality of the act or that it was wrong. This focus excludes individuals suffering from psychiatric conditions that impair volition, impulse control, or emotional regulation rather than cognition. For example, a defendant with a severe mood disorder

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<sup>73</sup> Criminal Code Act, Cap C38, Laws of the Federation of Nigeria 2004, s.28; Penal Code Act, Cap P3, Laws of the Federation of Nigeria 2004, s.51.

may understand their actions but remain unable to resist compulsive behavior. Current Nigerian law provides little space for such nuanced conditions, leaving many offenders unfairly convicted despite serious mental health impairments.<sup>74</sup>

Another challenge lies in the infrastructural and institutional limitations of Nigeria's mental health system. With less than 300 psychiatrists in the entire country, and an even smaller subset trained in forensic psychiatry, the courts often struggle to obtain reliable expert testimony.<sup>75</sup> The lack of specialized forensic psychiatric hospitals or secure treatment facilities means that defendants found not guilty by reason of insanity are frequently detained indefinitely in prisons or overcrowded psychiatric wards "at the pleasure of the Governor."<sup>76</sup> This not only undermines the rehabilitative function of the insanity defense but also risks violating human rights norms prohibiting arbitrary detention.

Despite these challenges, there are prospects for reform. Nigeria's ratification of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) provides an international legal basis for modernizing insanity defense procedures. Article 12 of the CRPD requires states to recognize the equal legal capacity of persons with disabilities and to provide procedural safeguards ensuring fairness and proportionality in

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<sup>74</sup> C. Slobogin, "An End to Insanity: Recasting the Role of Mental Disability in Criminal Cases" (2000) 86 *Virginia Law Review* 1199, 1210.

<sup>75</sup> World Health Organization (WHO), *Mental Health Atlas 2020: Country Profile – Nigeria*, 14.

<sup>76</sup> Criminal Procedure Act, Cap. C41, Laws of the Federation of Nigeria 2004, ss.230–231.

judicial proceedings.<sup>77</sup> In this regard, reforms could be directed towards replacing indefinite detention with structured review mechanisms, similar to the Canadian model of Review Boards, which periodically reassess whether continued confinement is necessary based on medical evidence.<sup>78</sup>

Another potential reform is the adoption of a partial responsibility or diminished responsibility doctrine, which would allow Nigerian courts to reduce liability in cases where mental illness substantially impaired, but did not completely extinguish, the defendant's mental capacity. Such an approach would align Nigeria with modern trends in the United Kingdom, where the Homicide Act 1957 (as amended) recognizes diminished responsibility as a mitigating factor in homicide cases.<sup>79</sup>

Finally, the future of the insanity defense in Nigeria requires public sensitization. Misconceptions about the insanity defense being a "loophole" for criminals persist in popular discourse, undermining public confidence in the justice system. Educational campaigns highlighting the rarity of successful insanity pleas and their role in upholding fairness could foster greater public trust and reduce stigma against mentally ill offenders.<sup>80</sup> The future of the insanity defense in Nigeria depends on a multifaceted

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<sup>77</sup> United Nations Convention on the Rights of Persons with Disabilities (CRPD), adopted 13 December 2006, GA Res 61/106, entered into force 3 May 2008.

<sup>78</sup> Canadian Criminal Code, RSC 1985, c C-46, s.672.54; see also Livingston, J. et al., "A Follow-Up Study of Persons Found Not Criminally Responsible on Account of Mental Disorder in Canada" (2003) 48 *International Journal of Law and Psychiatry* 57.

<sup>79</sup> Homicide Act 1957 (UK), s.2 (as amended by the Coroners and Justice Act 2009).

<sup>80</sup> M. Perlin, *The Jurisprudence of the Insanity Defense* (Carolina Academic Press 1994) 215.

reform agenda: updating the legal framework to reflect contemporary psychiatric knowledge, strengthening forensic psychiatric infrastructure, introducing periodic review of detention orders, and fostering public awareness. While these reforms face resource and institutional barriers, they represent essential steps in aligning Nigerian criminal justice with modern human rights and medical standards.

## **2.4 Summary of the Literature Review**

The literature reviewed in this chapter provides a comprehensive exploration of the historical, theoretical, and practical dimensions of the insanity defense, with particular emphasis on the M’Naghten Rules and their application in Nigeria and other jurisdictions. The discussion began with an examination of the evolution of the insanity defense in English common law, highlighting its medieval origins and the crystallization of the modern legal test for insanity following the landmark M’Naghten case of 1843. This evolution established the foundational principles that have shaped contemporary legal interpretations of criminal responsibility in cases involving mental disorders. The adoption and application of the M’Naghten Rules in Nigeria demonstrate the influence of colonial legal heritage, as Nigeria incorporated these principles into its Criminal Code and Penal Code. Judicial precedents show a consistent reliance on the rules as the primary framework for determining criminal liability where mental incapacity is alleged. However, practical application in Nigerian courts reveals challenges, including

difficulties in accessing psychiatric evaluations, lack of mental health infrastructure, and inconsistent interpretation by judges.

The review also explored criticisms of the M’Naghten Rules in contemporary legal practice, noting that many scholars view the rules as outdated and overly narrow. Critics argue that the focus on cognitive impairment excludes defendants whose mental disorders primarily affect volition and emotional control. Furthermore, medical professionals have observed that psychiatric science has advanced significantly since 1843, rendering the rules inadequate for addressing the complexities of modern mental health conditions. In response to these concerns, reform proposals and alternative approaches to the insanity defense have been advanced both in Nigeria and internationally. These include the adoption of broader tests, such as the irresistible impulse test, the Durham Rule, and the substantial capacity test under the Model Penal Code, which combine cognitive and volitional criteria. Calls for reform also advocate for hybrid verdicts like "guilty but mentally ill" to balance accountability and treatment.

An analysis of modern global trends shows that jurisdictions have adopted diverse approaches to the insanity defense. While some maintain strict adherence to the M’Naghten standard, others have integrated medical expertise more fully into the process, adopted alternative tests, or in rare cases, abolished the defense entirely. The interplay between public opinion, human rights considerations, and the need for public safety continues to shape these trends. Finally, scholarly opinions and divergent views highlight

a significant divide between legal theorists and mental health experts. While some scholars defend the M’Naghten Rules as a necessary safeguard against abuse of the defense, others stress that justice demands a more nuanced and medically informed approach. The debate underscores the complexity of balancing legal certainty, medical accuracy, and societal protection in addressing mental incapacity in criminal law.

Overall, the literature reveals that while the insanity defense remains a critical safeguard in ensuring fairness in criminal justice, its effective application depends on ongoing legal reform, adequate mental health infrastructure, and closer alignment between law and psychiatric science. This sets the stage for further analysis of its implications in the Nigerian context in the subsequent chapters.

## CHAPTER THREE

### LEGAL ANALYSIS OF THE M'NAGHTEN RULES

#### 3.1 Introduction

The M'Naghten Rules have remained one of the most enduring legal tests for determining criminal responsibility in cases involving mental illness. Formulated by the House of Lords in 1843 in response to public and legal controversy surrounding Daniel M'Naghten's acquittal for the murder of Edward Drummond, the Rules provided a structured legal framework for assessing insanity pleas.<sup>1</sup> For over a century and a half, they have formed the cornerstone of the insanity defence in England and Wales, and by extension, in several common law jurisdictions including Nigeria, through the reception of English law during the colonial period.<sup>2</sup> The central significance of the M'Naghten Rules lies in their attempt to draw a legal boundary between those who can be held morally and legally accountable for their actions and those whose mental state renders them incapable of forming the requisite mens rea. In doing so, the Rules focus primarily on the cognitive capacity of the accused at the time of committing the offence, asking whether the accused knew the nature and quality of the act or understood that it was wrong.<sup>3</sup> This legal test has been repeatedly applied by the courts, shaping both statutory provisions and judicial reasoning in criminal cases involving insanity.

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<sup>1</sup> *R v M'Naghten* (1843) 10 Cl & Fin 200 (HL) 210.

<sup>2</sup> T. O. Elias, *The Nigerian Legal System* (Routledge 1963) 78.

<sup>3</sup> *R v Codere* [1916] 12 Cr App R 21 (CA).

However, while the Rules have provided a clear and enduring legal standard, they have also generated considerable debate. Critics argue that they are based on nineteenth-century psychiatric knowledge and fail to reflect contemporary medical understandings of mental disorders, particularly in relation to volitional or emotional impairments.<sup>4</sup> In Nigeria, the M’Naghten Rules continue to influence the interpretation of sections 27 and 28 of the Criminal Code Act and section 51 of the Penal Code, which address the criminal responsibility of persons of unsound mind. Nigerian courts, like their English counterparts, have consistently relied on the legal principles enshrined in the Rules while integrating medical evidence to determine the accused’s mental state.<sup>5</sup> This chapter provides a comprehensive legal analysis of the M’Naghten Rules. It examines their legal framework, judicial interpretation, strengths and weaknesses, and their application within Nigerian law. It also explores how courts have interpreted key elements such as “defect of reason,” “disease of the mind,” and the understanding of right and wrong, using landmark case law as reference points. The aim is to critically assess the continued relevance of the M’Naghten Rules in modern criminal justice systems and lay the groundwork for the evaluative discussion in Chapter Four.

### **3.2 The Legal Framework of the M’Naghten Rules**

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<sup>4</sup> Andrew Ashworth, ‘The Insanity Defence: Problems and Prospects’ (1987) Crim LR 281.

<sup>5</sup> *Guobadia v State* (2004) 6 NWLR (Pt 869) 360 (SC).

The M’Naghten Rules represent one of the most significant turning points in the development of the criminal law’s approach to mental incapacity. Their formulation in 1843 followed the sensational case of Daniel M’Naghten, a Scottish woodturner who, under a delusional belief that he was being persecuted by members of the British government, attempted to assassinate the Prime Minister, Sir Robert Peel.<sup>6</sup> Instead, he killed Edward Drummond, Peel’s private secretary. During his trial, medical experts testified that M’Naghten was suffering from “morbid delusions” and was incapable of understanding the nature of his actions.<sup>7</sup> He was acquitted on the grounds of insanity, leading to widespread public outrage and fierce debate in Parliament and the press. Queen Victoria herself expressed concern over the verdict, prompting the House of Lords to seek clarification from the judges on the proper legal standard for determining criminal responsibility in cases involving mental illness.<sup>8</sup> In response, the judges formulated what came to be known as the M’Naghten Rules, which set out the principles governing the insanity defence. The most frequently cited portion of their response states:

“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

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<sup>6</sup> *R v M’Naghten* (1843) 10 Cl & Fin 200 (HL) 210.

<sup>7</sup> T. Ward, ‘Magistrates and the M’Naghten Rules: The Case of Daniel M’Naghten’ (2002) 65 MLR 781.

<sup>8</sup> T. O. Elias, *The Nigerian Legal System* (Routledge 1963) 78.

quality of the act he was doing; or, if he did know it, that he did not know he was doing what was wrong.”<sup>9</sup>

This judicial pronouncement effectively transformed insanity from a moral or medical question into a legal one, setting out a clear and structured test that remains largely unchanged in many jurisdictions to this day.<sup>10</sup> Three core legal elements can be distilled from the M’Naghten formulation:

(a) Defect of Reason

The first element requires that the accused was suffering from a defect of reason at the time of the act. This refers to an impairment or destruction of the mental faculties of reasoning and understanding, not merely a failure to use them.<sup>11</sup> It is not enough that the accused acted irrationally or forgot something; the defect must amount to a substantial cognitive impairment. The courts have clarified this requirement in several decisions. In *R v Clarke*, the defendant, a woman accused of shoplifting, argued that she was suffering from absent-mindedness due to depression.<sup>8</sup> The Court of Appeal held that this did not constitute a “defect of reason” within the meaning of the M’Naghten Rules, emphasising that the rules apply only to individuals who are deprived of the power of

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<sup>9</sup> *R v M’Naghten* (n 1) 210.

<sup>10</sup> Andrew Ashworth, *Principles of Criminal Law* 8th edn, (OUP 2016) 182–183.

<sup>11</sup> Glanville Williams, *Textbook of Criminal Law* 2nd edn, (Stevens 1983) 703.

reasoning, not to those who simply failed to use it.<sup>12</sup> This distinction highlights the strict legal interpretation of the term, ensuring that temporary lapses of attention or carelessness do not amount to insanity.

#### (b) Disease of the Mind

Secondly, the defect of reason must be caused by a disease of the mind. Importantly, this is a legal rather than medical concept.<sup>13</sup> It does not correspond directly with medical diagnoses; rather, it refers to any internal condition affecting the mental faculties of reason, memory, or understanding.<sup>14</sup> The courts have adopted a broad and inclusive approach to this phrase. In *R v Kemp*, the defendant suffered from arteriosclerosis, a condition causing the temporary cessation of blood flow to the brain, which led to an episode of violence. The court held that this constituted a “disease of the mind” even though it was a physical, not psychiatric, condition. Devlin J explained that the law is concerned with the effect of the condition on the mind, not its medical classification. Similarly, in *Bratty v Attorney-General for Northern Ireland*, Lord Denning observed that the term covers “any mental disorder which has manifested itself in violence and is prone to recur.”<sup>15</sup> This interpretation has been criticised for its legal artificiality, as it often leads to medically “non-insane” conditions being treated as legal

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<sup>12</sup> *R v Clarke* [1972] 1 All ER 219 (CA).

<sup>13</sup> Ashworth (n 6) 183.

<sup>14</sup> *R v Kemp* [1957] 1 QB 399 (Assizes).

<sup>15</sup> *Bratty v Attorney-General for Northern Ireland* [1963] AC 386 (HL) 412 (Lord Denning).

insanity (e.g., epilepsy), while some genuine psychiatric disorders may not satisfy the test.<sup>16</sup>

(c) Lack of Knowledge of the Nature and Quality of the Act or Wrongness

The third element requires that, as a result of the defect of reason from disease of the mind, the accused either did not know the nature and quality of the act or did not know that what he was doing was wrong. This element focuses on the cognitive awareness of the defendant at the time of the act.<sup>17</sup> The phrase “nature and quality” refers to the physical character of the act, not its moral implications. In *R v Codere*, the defendant, suffering from delusions, believed he was cutting a loaf of bread when in fact he was cutting his wife’s throat. The court held that if a defendant does not understand the physical nature of his act, he may be found legally insane.

The second limb knowledge of wrongness was clarified in *R v Windle*, where the defendant, who suffered from a mental disorder, killed his wife and then told the police, “I suppose they will hang me for this.”<sup>18</sup> The court held that this statement indicated his knowledge that the act was legally wrong, which was sufficient to defeat the insanity plea. This case established that “wrong” in the context of the M’Naghten Rules refers to legal wrongness, not moral wrongness.

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<sup>16</sup> Glanville Williams (n 7) 709.

<sup>17</sup> *R v Codere* [1916] 12 Cr App R 21 (CA).

<sup>18</sup> *R v Windle* [1952] 2 QB 826 (CA).

#### (d) Burden and Standard of Proof

The M’Naghten Rules also established that the burden of proving insanity rests on the defendant, unlike the general rule in criminal law where the prosecution must prove all elements of the offence.<sup>19</sup> The defendant must prove insanity on the balance of probabilities, a lower standard than “beyond reasonable doubt.”<sup>20</sup> This principle was affirmed in *R v Carr-Briant*, where the court clarified that, although the defendant bears the burden, any doubt should still be resolved in his favour.

#### (e) Jurisprudential Significance

The formulation of the M’Naghten Rules marked a doctrinal shift in the insanity defence. Prior to 1843, insanity was treated largely as a moral or medical question, often left to the discretion of the jury.<sup>21</sup> The M’Naghten Rules introduced a fixed legal test, focusing exclusively on cognitive incapacity. This legalisation of insanity created certainty and consistency, but at the cost of ignoring volitional impairments situations where defendants understand their actions but are unable to control them. The Rules have been received and applied in Nigeria through colonial legal reception, and their principles are embedded in sections 27 and 28 of the Criminal Code and section 51 of the Penal

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<sup>19</sup> *R v M’Naghten* (n 1) 210.

<sup>20</sup> *R v Carr-Briant* [1943] KB 607 (CA).

<sup>21</sup> Ashworth (n 6) 181.

Code, governing criminal responsibility of persons of unsound mind.<sup>22</sup> Nigerian courts continue to apply the M’Naghten framework, supplemented by medical evidence, in assessing the mental state of defendants.

### **3.3 Judicial Interpretation and Development of the Rules**

Since their formulation in 1843, the M’Naghten Rules have undergone significant judicial interpretation and development. While the Rules provide the foundational legal framework for determining criminal responsibility in cases of insanity, their application has been shaped by a long line of judicial decisions that have clarified, modified, and, at times, criticised their scope. Courts have had to address questions concerning the meaning of key phrases, their relationship with medical understanding, and the evolving societal attitudes towards mental disorders.<sup>23</sup> Judicial interpretation has not been static; rather, it has reflected the tension between legal certainty and medical reality. While the Rules were intended to create a clear legal test, subsequent cases have shown that applying them often involves complex assessments of mental states that transcend purely legal analysis.<sup>24</sup>

#### **(a) Clarifying “Defect of Reason” and “Disease of the Mind”**

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<sup>22</sup> Criminal Code Act Cap C38 LFN 2004, ss 27–28; Penal Code Act, s 51.

<sup>23</sup> T. Ward, ‘Magistrates and the M’Naghten Rules: The Case of Daniel M’Naghten’ (2002) 65 MLR 781.

<sup>24</sup> A. Ashworth, *Principles of Criminal Law* (8th edn, OUP 2016) 182.

One of the earliest and most important areas of judicial interpretation involved clarifying the meaning of the terms “defect of reason” and “disease of the mind.” The courts have consistently adopted a strictly legal approach, resisting attempts to align the test with contemporary medical definitions. In *R v Clarke*, the Court of Appeal held that absent-mindedness resulting from depression was not a “defect of reason” within the meaning of the M’Naghten Rules.<sup>25</sup> The Court emphasised that the Rules apply to individuals deprived of the power of reasoning, not merely those who fail to use their reasoning abilities. This strict interpretation reflects the judiciary’s desire to limit the scope of the insanity defence to genuine cases of severe mental incapacity, thereby avoiding its misuse in cases of temporary forgetfulness or carelessness.

Similarly, the interpretation of “disease of the mind” has been shaped by a series of decisions that distinguish between internal and external causes. In *R v Kemp*, the court held that arteriosclerosis a physical disease affecting blood flow to the brain constituted a “disease of the mind” because it affected the mental faculties, even though it was not a psychiatric illness. Devlin J stated that the law is concerned with the effect of the condition on mental functioning, not its medical classification. Later, in *Bratty v Attorney-General for Northern Ireland*, Lord Denning famously remarked that the term includes “any mental disorder which has manifested itself in violence and is prone to recur.” This broadened the scope of the insanity defence considerably, encompassing

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<sup>25</sup> *R v Clarke* [1972] 1 All ER 219 (CA).

conditions such as epilepsy. The courts reaffirmed this approach in *R v Sullivan*, where the House of Lords held that epilepsy qualified as a disease of the mind, notwithstanding that it is a neurological condition.<sup>26</sup> Lord Diplock stated that the law makes no distinction between physical and mental diseases; what matters is whether the condition impairs the mental faculties of reason, memory or understanding.

This legal over medical approach has been criticised for producing artificial distinctions. For example, an epileptic seizure may be classified as insanity (because it arises from an internal cause), whereas a similar episode induced by an external factor, such as a blow to the head, may lead to an acquittal based on automatism. This dichotomy has generated much academic debate and calls for reform.<sup>27</sup>

#### (b) Interpreting “Nature and Quality” and “Wrongness”

Another significant area of judicial development concerns the interpretation of the third element of the M’Naghten Rules whether the defendant knew the nature and quality of the act or knew that what he was doing was wrong. In *R v Codere*, the Court of Criminal Appeal clarified that “nature and quality” refers to the physical character of the act rather than its moral implications.<sup>28</sup> Thus, if a defendant does not understand the physical nature of his actions due to insanity, he may be acquitted. The concept of

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<sup>26</sup> *R v Sullivan* [1984] AC 156 (HL).

<sup>27</sup> Glanville Williams, *Textbook of Criminal Law* (2nd edn, Stevens 1983) 709.

<sup>28</sup> A. Ashworth (n 2) 185.

“wrongness” was clarified in *R v Windle*, where the defendant, suffering from a mental disorder, killed his wife and stated to the police, “I suppose they will hang me for this.”<sup>29</sup> The court held that this showed knowledge that his act was legally wrong, which was sufficient to defeat the insanity plea. The court thus narrowed the interpretation of “wrong” to mean legal, not moral, wrongness.<sup>30</sup> This interpretation has been reaffirmed in later cases, such as *R v Johnson*, where the Court of Appeal held that even though the defendant suffered from paranoid schizophrenia and believed his actions were morally justified, his knowledge that the act was legally wrong precluded the insanity defence.<sup>31</sup> This line of authority demonstrates the judiciary’s consistent focus on cognitive awareness of legal wrongness, even where defendants may lack moral understanding.

### **3.4 Strengths and Merits of the M’Naghten Rules**

The M’Naghten Rules, despite their age and the extensive criticism they have attracted, possess enduring strengths that have allowed them to remain a central feature of the insanity defence in many common law jurisdictions. Their legal framework has provided courts with a stable and predictable method of determining criminal responsibility where mental disorder is at issue. This stability has ensured their continued application, even in the face of evolving medical knowledge and shifting societal attitudes towards mental illness.

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<sup>29</sup> *R v Codere* [1916] 12 Cr App R 21.

<sup>30</sup> *R v Windle* [1952] 2 QB 826 (CA).

<sup>31</sup> *ibid* 832.

### (a) Clarity and Legal Certainty

One of the foremost merits of the M’Naghten Rules lies in the clarity they bring to the law. The Rules set out a structured, objective legal test based on three essential elements: the presence of a defect of reason, the existence of a disease of the mind, and the absence of knowledge regarding the nature and quality or wrongfulness of the act. This clear structure provides judges, lawyers, juries, and medical experts with a common legal language for discussing insanity. Unlike more fluid or subjective standards, the M’Naghten framework draws a distinct line between those who are criminally responsible and those who are not.

Because the test focuses on specific cognitive criteria, it allows the court to assess the defendant’s mental state at the time of the offence with a degree of objectivity. This promotes legal certainty, ensuring that similar cases are treated consistently. Consistency is a key feature of a just legal system; it enhances public confidence in the administration of justice and prevents arbitrary decision-making. Defendants and their counsel can also anticipate the legal requirements for a successful insanity plea, making the defence more transparent and predictable in practice.<sup>32</sup>

### (b) Emphasis on Cognitive Capacity and Moral Culpability

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<sup>32</sup> *R v M’Naghten* (1843) 10 Cl & Fin 200 (HL).

Another strength of the M’Naghten Rules is their emphasis on the defendant’s cognitive capacity. The Rules focus on whether the accused understood the nature and quality of their act or knew that it was wrong. By concentrating on cognitive understanding, the law distinguishes between those who truly lacked the capacity to comprehend their actions and those who, despite mental health challenges, retained sufficient awareness to be held responsible.

This cognitive focus aligns with the foundational moral principle that criminal liability is based on blameworthiness. Punishing someone who did not know what they were doing, or did not know that it was wrong, would offend basic notions of justice. By excusing such individuals from criminal liability, the Rules reflect the idea that punishment should be reserved for those who can genuinely be said to possess a guilty mind. This moral justification gives the insanity defence under M’Naghten a firm philosophical foundation, which explains in part why it has survived for so long.

### (c) Balancing Legal and Medical Perspectives

Although the M’Naghten Rules employ legal rather than medical terminology, they provide a workable interface between law and medicine. Courts rely on medical experts to provide evidence about the defendant’s mental state, but the ultimate legal question whether the elements of the M’Naghten test are satisfied remains within the

court's control. This division of roles maintains the independence of the legal process, ensuring that medical opinions inform but do not determine legal outcomes.

This balance has practical advantages. It ensures that decisions on criminal responsibility are not wholly dependent on shifting medical classifications, which can vary over time and between jurisdictions. At the same time, the Rules allow for medical evidence to play a significant role, particularly in establishing the presence of a mental disease and its impact on the defendant's reasoning capacity. In this way, the M'Naghten framework bridges the gap between legal accountability and medical diagnosis, providing a structured means for courts to engage with complex psychiatric evidence.

#### (d) Administrative Workability and Judicial Consistency

Another important merit of the M'Naghten Rules is their administrative workability. Their clear structure makes them relatively easy for courts to apply, even in complex cases. Over the years, the Rules have generated a large body of case law that clarifies how each element should be interpreted. This jurisprudence has allowed courts to apply the Rules consistently and predictably.

Moreover, the legal test has been applied successfully to a wide variety of mental conditions without requiring frequent legislative amendments. Its adaptability has allowed it to remain relevant in diverse contexts, including cases involving conditions that were unknown or poorly understood at the time of their formulation. This practical

flexibility has contributed to the Rules' survival in jurisdictions such as England, Nigeria, and other Commonwealth countries.

#### (e) Protection of Defendants with Genuine Mental Disorders

The M’Naghten Rules also serve a protective function by ensuring that defendants who genuinely lack criminal responsibility due to mental illness are not subjected to punishment. Instead of convicting individuals who are incapable of understanding their actions, the law provides for a special verdict of “not guilty by reason of insanity”, allowing for appropriate medical treatment or supervision rather than penal sanctions.

This is particularly important from a human rights perspective. Punishing individuals who are incapable of forming the requisite mental element for a crime would be both unjust and counterproductive. By diverting such individuals out of the regular criminal process and into psychiatric care or supervision, the M’Naghten framework reflects a humanitarian dimension, recognising that mental illness can fundamentally impair moral agency.

#### (f) Enduring Adaptability Across Jurisdictions

A final strength of the M’Naghten Rules is their durability and adaptability across different legal systems and historical periods. Although the Rules originated in nineteenth-century England, their core principles have been incorporated into statutory

law in Nigeria, as seen in sections 27 and 28 of the Criminal Code and section 51 of the Penal Code. Their flexibility has allowed them to be applied in contexts far removed from those in which they were originally conceived, without losing their essential structure.<sup>33</sup> This adaptability has meant that, even as medical science has advanced and societal views on mental health have changed, the M’Naghten Rules have remained a functional legal tool. Their simplicity and clarity have enabled courts to apply them in a wide range of cases, including those involving new forms of mental disorder, while still maintaining the integrity of the legal test.

### **3.5 Weaknesses and Criticisms of the M’Naghten Rules**

While the M’Naghten Rules have been lauded for their clarity and endurance, they have equally attracted sustained criticism from legal scholars, medical professionals, and policy commentators. These criticisms highlight conceptual, practical, and moral deficiencies that have led to repeated calls for reform.

A major criticism concerns the overly narrow and outdated nature of the Rules. The legal test focuses exclusively on the cognitive capacity of the accused whether they understood the nature and quality of the act or that it was wrong without considering volitional impairments. Many individuals with severe mental disorders may understand their actions but are unable to control their behaviour due to overwhelming delusions,

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<sup>33</sup> Criminal Code Act Cap C38 LFN 2004, ss 27–28; Penal Code Act s 51.

hallucinations, or compulsions. By excluding the volitional element, the Rules fail to accommodate cases where mental illness impairs a person's ability to resist criminal impulses, thereby leaving a significant number of mentally disordered offenders outside the protection of the insanity defence<sup>34</sup>. Another key weakness is the use of archaic legal and medical terminology, such as "defect of reason" and "disease of the mind." These expressions were appropriate in the nineteenth century but have become increasingly detached from modern psychiatric knowledge. Medical science has evolved considerably, recognising a broad spectrum of mental and psychological disorders, many of which do not fit neatly within the rigid M'Naghten categories. This creates a disconnect between law and psychiatry, forcing experts to frame complex medical evidence in outdated legal language that may distort their testimony and limit the court's understanding.

The Rules have also been criticised for failing to reflect contemporary moral and social attitudes toward mental illness. In many societies, including Nigeria and the United Kingdom, there has been a shift toward recognising mental illness as a health issue rather than purely a moral failing. However, the M'Naghten framework still adheres to a rigid, blame-based conception of responsibility that does not fully acknowledge the nuances of mental disorders. This can lead to outcomes that appear unjust, where defendants with serious mental conditions are found legally responsible simply because they retain a basic awareness of their actions.

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<sup>34</sup> Criminal Code Act Cap C38 LFN 2004, ss 27–28.

From a procedural perspective, the Rules place a heavy burden on the defence to prove insanity. This requirement often demands extensive psychiatric evaluation and expert testimony, which can be expensive and inaccessible, especially in jurisdictions with limited mental health infrastructure. In Nigeria, for example, access to qualified forensic psychiatrists remains limited, making it difficult for indigent defendants to mount a successful insanity defence. As a result, many individuals who might have qualified under a more flexible standard are left unprotected.

Another persistent criticism relates to the public stigma and consequences associated with the special verdict of “not guilty by reason of insanity.” Defendants who successfully raise the defence are often subjected to indefinite institutionalisation, sometimes for periods longer than they would have served if convicted. This has a chilling effect, discouraging defendants and their counsel from pursuing the defence, even in legitimate cases. It also contributes to the perception that the insanity defence is a loophole for dangerous offenders rather than a humane legal safeguard.

Lastly, judicial interpretation of the Rules has often compounded their limitations. Courts have sometimes applied the cognitive test narrowly, excluding defendants who retain minimal understanding of their actions, even when their mental disorder clearly undermines their responsibility. This rigid interpretation has led to inconsistent outcomes and further eroded confidence in the Rules as a fair mechanism for addressing mental incapacity in criminal law. The criticisms of the M’Naghten Rules highlight their

inadequacy as a modern legal standard. Their failure to reflect advances in psychiatric knowledge, their narrow focus on cognition, and their practical difficulties in application underscore the need for a more comprehensive, flexible, and humane legal test for insanity.

### **3.6 Application of the M’Naghten Rules in Nigeria**

The application of the M’Naghten Rules in Nigeria reflects the country’s historical and legal ties to the English common law system. As a former British colony, Nigeria inherited not only substantive and procedural legal frameworks but also many common law doctrines, including the insanity defence as articulated in *R v M’Naghten*. These rules have been domesticated through statutory provisions and judicial interpretation, forming a core component of the Nigerian criminal justice system in determining the criminal responsibility of mentally disordered offenders.

The Criminal Code Act, which applies in the Southern states of Nigeria, and the Penal Code, which applies in the Northern states, both contain provisions that embody the principles of the M’Naghten Rules. Under Section 27 of the Criminal Code, a person is presumed to be of sound mind until the contrary is proved. Section 28 further provides that a person is not criminally responsible for an act or omission if, at the time of carrying out the act, they were in such a state of mental disease or natural mental infirmity as to deprive them of the capacity to understand what they were doing, control their actions, or

know that they ought not to do the act. Although this formulation slightly expands on the traditional M’Naghten test by including an element of volitional incapacity, Nigerian courts have generally applied the test in a manner consistent with the cognitive emphasis of the original rules.<sup>35</sup>

In practice, the Nigerian judiciary has consistently applied the M’Naghten framework when dealing with insanity pleas. Courts typically assess whether the defendant suffered from a mental disease or defect at the time of the offence and whether such a condition affected their ability to understand the nature and quality of their act or its wrongfulness. The burden of proof lies on the defence, who must establish insanity on a balance of probabilities, often through a combination of medical evidence and witness testimony. This approach mirrors the English common law tradition, where insanity is treated as a special defence requiring affirmative proof.

Judicial decisions have reinforced this application. In *Guobadia v State*, the Supreme Court of Nigeria reiterated that for an insanity defence to succeed, the accused must prove not only that they were suffering from a mental disease but also that the disease deprived them of the capacity to understand their actions or that their actions were wrong.<sup>36</sup> Similarly, in *R v Omoni*, the court emphasised that mere evidence of mental abnormality or eccentric behaviour is insufficient; there must be a clear link

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<sup>35</sup> Criminal Code Act, Cap C38 LFN 2004, ss 27–28.

<sup>36</sup> *Guobadia v State* (2004) 6 NWLR (Pt 869) 360.

between the mental disorder and the inability to comprehend the act or its moral and legal implications.<sup>37</sup>

Nigerian courts have also acknowledged that insanity may be temporary or permanent, and both can ground a defence under the M’Naghten framework. Temporary insanity may arise from conditions such as epilepsy, postpartum psychosis, or sudden mental breakdowns, provided that credible evidence is presented. However, courts approach such claims with caution, often requiring compelling expert testimony and corroborative evidence from family or community members to guard against abuse of the defence.

In applying the Rules, Nigerian courts also rely on Section 226(2) of the Criminal Procedure Act, which mandates that where the defence of insanity is raised, the court must conduct a proper inquiry into the accused’s mental state. This procedural safeguard ensures that the issue is fully ventilated, and that accused persons who genuinely lacked criminal responsibility are identified and treated differently from those who are sane. Despite this structured framework, several practical challenges affect the effective application of the M’Naghten Rules in Nigeria. One persistent issue is the scarcity of qualified psychiatric experts, particularly in rural areas. Many defendants lack access to mental health evaluations, making it difficult to substantiate claims of insanity. Legal aid resources are often limited, meaning that indigent defendants may not be able to mount a

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<sup>37</sup> *R v Omoni* (1949) 12 WACA 511.

proper insanity defence. Furthermore, societal stigma surrounding mental illness sometimes leads to underreporting or inadequate presentation of mental health issues during trial.

Another challenge is the rigid judicial interpretation of the cognitive test. Although Section 28 of the Criminal Code appears to incorporate elements beyond the traditional M’Naghten formulation, such as control of actions, courts have often focused narrowly on cognitive capacity whether the accused understood their actions rather than broader psychological realities. This strict approach can lead to the rejection of legitimate insanity defences, especially in cases involving disorders that affect volition rather than cognition. Moreover, the aftermath of a successful insanity defence in Nigeria raises further legal and human rights concerns. Under Section 230 of the Criminal Procedure Act, defendants found not guilty by reason of insanity are typically detained at the Governor’s pleasure. This often results in indefinite detention in psychiatric facilities or prisons without clear timelines for review, raising issues of proportionality and due process. Such outcomes sometimes discourage defendants from raising the defence in the first place, even when it would have been appropriate.

Overall, the Nigerian application of the M’Naghten Rules demonstrates both continuity and adaptation. While the courts and legislation have adopted the basic cognitive test, procedural rules and statutory provisions have attempted to address some of the limitations. However, the enduring challenges limited psychiatric infrastructure,

rigid interpretation, and post-verdict detention highlight the need for more nuanced legal and policy reforms to align Nigeria's insanity defence with modern psychiatric knowledge and human rights standards.

### **3.7 Conclusion**

The M'Naghten Rules have played a defining role in shaping the legal understanding of criminal responsibility and mental incapacity within both common law jurisdictions and Nigeria's criminal justice system. Emerging in mid-nineteenth-century England, the Rules established a structured framework that prioritised the cognitive capacity of defendants in assessing criminal liability. Over time, they have become the standard legal test for insanity, influencing statutory provisions, judicial interpretations, and legal practice in various jurisdictions, including Nigeria.

This chapter has shown that, from a legal standpoint, the M'Naghten Rules offer significant strengths and merits, particularly their clarity, predictability, and alignment with the foundational principle that criminal liability requires both a guilty act (*actus reus*) and a guilty mind (*mens rea*). Their structured nature provides legal certainty, ensures consistency in judicial decision-making, and offers a clear mechanism for integrating psychiatric evidence within legal proceedings. These features explain their longevity and continued relevance, even in contemporary legal systems.

However, the analysis equally reveals substantial weaknesses and criticisms that question the adequacy of the Rules in modern contexts. Their narrow cognitive focus excludes defendants whose mental disorders impair volition rather than understanding, while their archaic terminology and rigid interpretation have created a disconnect between legal doctrine and psychiatric science. Furthermore, the Rules do not fully reflect evolving moral, social, and human rights standards regarding mental illness and criminal responsibility. In Nigeria, although the Rules have been incorporated into the Criminal and Penal Codes, their practical application is hindered by limited psychiatric infrastructure, procedural constraints, and post-verdict detention practices that raise serious legal and ethical concerns.

Ultimately, the M’Naghten Rules occupy a complex position in contemporary legal discourse: they provide a stable and time-tested legal framework, yet they also demonstrate clear limitations that make them ill-suited, in their traditional form, to address the nuanced realities of modern psychiatric conditions. The Nigerian experience reflects this duality showing both adherence to inherited legal principles and the pressing need for reform to ensure a more balanced, humane, and scientifically informed approach to the insanity defence.

## CHAPTER FOUR

### EVALUATION OF THE M'NAGHTEN RULES: BENEFITS, ADVANTAGES, AND DISADVANTAGES

#### 4.1 Introduction

The M'Naghten Rules have occupied a central position in the development of the insanity defence for over a century and a half. Originating from the English common law, these Rules established the legal test for determining criminal responsibility in cases involving mental disorder and have since influenced jurisdictions across the common law world, including Nigeria. While Chapter Three examined the legal framework, judicial interpretation, strengths, weaknesses, and Nigerian application of the Rules, this chapter shifts from description to critical evaluation. The aim is to examine whether the M'Naghten Rules remain a sound legal standard in modern criminal law by analysing their advantages and disadvantages and assessing their overall impact on the insanity defence<sup>1</sup>. This evaluative approach is essential because legal doctrines, particularly those as enduring as the M'Naghten Rules, must be continually assessed against evolving social, medical, and legal standards. The Rules were formulated in the nineteenth century, during a period when psychiatry was in its infancy and social attitudes toward mental illness were vastly different from today. Since then, significant advancements have been made in psychiatric diagnosis, human rights law, and criminal justice policy. Evaluating

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<sup>1</sup> *R v M'Naghten* (1843) 10 Cl & Fin 200 (HL).

the Rules in light of these changes is crucial to determine whether they still meet the demands of modern justice or whether they have become outdated and inadequate.

The chapter begins by identifying the advantages of the M’Naghten Rules, including their clarity, consistency, and their role in protecting individuals who genuinely lack criminal responsibility due to mental illness. It then considers their disadvantages, such as their narrow cognitive focus, outdated terminology, and practical limitations in application. Beyond these, the chapter evaluates the overall impact of the Rules on the development and effectiveness of the insanity defence, particularly within the Nigerian legal system. This involves examining whether the Rules have supported or hindered fair outcomes in cases involving mentally disordered offenders. Where appropriate, reference will also be made to comparative legal developments and reform proposals in other jurisdictions, highlighting alternative approaches that may address the Rules’ deficiencies. Ultimately, this evaluation seeks to present a balanced and well-reasoned analysis that goes beyond historical reverence for the M’Naghten Rules to ask whether, in their present form, they remain a good legal standard for determining criminal responsibility or whether reform is both necessary and overdue. By critically weighing their advantages and disadvantages, this chapter lays the groundwork for broader conclusions and recommendations in the final chapter.

## 4.2 The Role of the M’Naghten Rules in the Insanity Defense

The M’Naghten Rules have played a pivotal role in shaping both the substantive and procedural dimensions of the insanity defence within common law jurisdictions. Established in 1843 following the landmark decision in *R v M’Naghten*, the Rules created a legal test that has served as the foundation upon which modern insanity defences are constructed. Their enduring influence is evident not only in English law but also in jurisdictions like Nigeria, where the Rules have been incorporated into statutory provisions and applied consistently by the courts.<sup>2</sup> Substantively, the Rules provide the core legal standard for determining criminal responsibility in cases involving mental disorder. They articulate the conditions under which an individual may be excused from criminal liability: namely, when at the time of the act the accused was labouring under a defect of reason, caused by a disease of the mind, to the extent that they did not know the nature and quality of the act or that it was wrong. This cognitive test forms the backbone of the insanity defence, clearly distinguishing between those who are legally insane and those who may be mentally abnormal but still retain criminal responsibility. The Rules thereby establish a threshold for excusing criminal conduct, ensuring that only those whose mental condition genuinely undermines their capacity for understanding are exempted from liability.

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<sup>2</sup> *R v M’Naghten* (1843) 10 Cl & Fin 200 (HL).

Procedurally, the M’Naghten Rules structure how the insanity defence is raised and evaluated in court. In most jurisdictions influenced by English law, including Nigeria, insanity operates as a special defence. The defendant bears the burden of proving insanity on a balance of probabilities, and once raised, the court must conduct a proper inquiry into the accused’s mental state at the time of the offence.<sup>3</sup> This procedural framework ensures that claims of insanity are carefully scrutinised, preventing abuse of the defence while safeguarding genuine cases. It also guides judges and juries in evaluating psychiatric evidence within a clear legal framework, thus maintaining consistency and predictability in legal outcomes. The Rules also perform an important moral and doctrinal role. They reflect the long-standing legal principle that criminal responsibility is grounded in both *actus reus* (the guilty act) and *mens rea* (the guilty mind). By excusing individuals who lack the capacity to understand their actions or their wrongfulness, the Rules reinforce the moral legitimacy of the criminal justice system. Punishing individuals who do not possess the requisite mental capacity would undermine the principle of culpability, which is central to criminal law. In this way, the M’Naghten Rules function as a moral filter, ensuring that the law differentiates between blameworthy offenders and those who are not morally responsible for their actions.

Furthermore, the M’Naghten Rules have provided a stable reference point for legislative and judicial reforms. Many subsequent legal developments, such as the

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<sup>3</sup> Criminal Procedure Act, Cap C41 LFN 2004, s 226(2).

introduction of diminished responsibility in English law and the provisions of Sections 27 and 28 of Nigeria's Criminal Code, have used the M'Naghten formulation as a baseline. Even where jurisdictions have modified or expanded the insanity defence, these changes often build upon or react to the M'Naghten framework rather than rejecting it outright. This demonstrates the Rules' central role in shaping the trajectory of insanity law over time. However, while their role has been foundational, the M'Naghten Rules have not been static in their application. Judicial interpretations, legislative adaptations, and evolving psychiatric understanding have all influenced how the Rules function in practice. In Nigeria, for example, although the Rules were incorporated through colonial legal inheritance, statutory provisions have introduced elements such as control of actions that go beyond the original cognitive focus.<sup>4</sup> Nevertheless, the underlying structure remains rooted in the M'Naghten formulation, underscoring its enduring significance.

The M'Naghten Rules play a multifaceted role in the insanity defence: they define its legal substance, guide its procedural application, uphold its moral foundation, facilitate its interaction with psychiatric evidence, and provide a stable framework for legal development. Their influence extends beyond mere legal doctrine; they shape the way courts, psychiatrists, and society conceptualise the relationship between mental disorder and criminal responsibility.

#### **4.3 Benefits and Advantages of the M'Naghten Rules**

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<sup>4</sup> Criminal Code Act, Cap C38 LFN 2004, s 28.

The M’Naghten Rules have remained a cornerstone of the insanity defence for nearly two centuries, largely because of the distinct advantages they offer in the determination of criminal responsibility. One of their most significant benefits lies in the clarity and structure they provide to the legal assessment of mental incapacity. Before the landmark decision in *R v M’Naghten*, the treatment of insanity in English criminal law was marked by uncertainty and inconsistency. The rules introduced a clear legal test which focuses on whether the defendant, at the time of committing the act, was suffering from a “defect of reason” caused by a “disease of the mind” that rendered the accused incapable of understanding the nature and quality of the act or of knowing that it was wrong.<sup>5</sup> This framework brought stability and uniformity into a previously unsettled area of criminal law.

Another key advantage is the focus on the mental state of the accused at the time of the offence, which ensures that the inquiry is both precise and fair. By examining the defendant’s cognitive capacity at the material time, the rules distinguish between individuals who genuinely lack the capacity to understand their actions and those who act with full awareness. This approach helps to prevent the abuse of the insanity defence, as defendants must meet a high evidential threshold to establish the defence. The

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<sup>5</sup> *R v M’Naghten* (1843) 10 Cl & Fin 200, 8 ER 718.

requirement of medical or psychiatric evidence, coupled with judicial scrutiny, acts as a safeguard against frivolous claims.<sup>6</sup>

The rules also reflect and uphold the foundational principles of criminal law that criminal liability requires both a guilty act (*actus reus*) and a guilty mind (*mens rea*). Where mental incapacity prevents the formation of the required mental element, it would be unjust to impose criminal responsibility. The M’Naghten Rules serve as the legal mechanism to give effect to this principle by ensuring that persons who cannot appreciate the nature or wrongfulness of their acts are not treated in the same way as those who act with criminal intent.<sup>7</sup> This approach aligns with broader notions of justice and moral blameworthiness, as it recognises that punishment should only attach where there is genuine culpability. Another important benefit is the balance the rules strike between individual rights and societal protection. On one hand, they ensure that mentally disordered offenders are not punished under the same standards as fully responsible individuals, thereby protecting the rights of vulnerable persons. On the other hand, the rules do not offer a blanket exemption from liability; once an accused is found not guilty by reason of insanity, the state retains the power to impose appropriate medical or custodial measures to protect the public. This dual function demonstrates the rules’ capacity to address both legal and public safety concerns in a structured way.

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<sup>6</sup> *R v Omoni* (1949) 12 WACA 511.

<sup>7</sup> *Guobadia v State* (2004) 6 NWLR (Pt 869) 360.

The simplicity and practicality of the M’Naghten test have also contributed to its endurance. The two-limb cognitive test whether the accused understood the nature and quality of the act, and whether the accused knew it was wrong can be applied by judges and juries without requiring deep psychiatric expertise.<sup>8</sup> This makes the rules particularly useful in jurisdictions where psychiatric services are limited or where courts rely more heavily on legal rather than medical standards. Their adaptability has allowed them to remain relevant in different legal systems, including Nigeria, where courts continue to apply their core principles when interpreting insanity defences under the Criminal Code and case law.<sup>9</sup> Finally, the jurisprudential significance of the M’Naghten Rules cannot be overstated. They provided a foundation upon which later legal developments, statutory reforms, and judicial interpretations have been built. Even in jurisdictions that have introduced modernised tests, the M’Naghten principles remain embedded in legal reasoning and serve as a reference point for evaluating insanity claims. Their enduring influence demonstrates their continuing relevance and practical utility in balancing justice, mental health considerations, and public safety.

#### **4.4 Criticisms and Disadvantages of the M’Naghten Rules**

Although the M’Naghten Rules have provided a stable framework for the insanity defence for nearly two centuries, they have also attracted sustained criticism from legal

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<sup>8</sup> *R v Windle* [1952] 2 QB 826.

<sup>9</sup> Criminal Code Act, Cap C38 LFN 2004, s 28.

scholars, judges, and medical professionals. One of the most significant criticisms is that the rules are based on an outdated and narrow understanding of mental illness. The M’Naghten test focuses exclusively on the cognitive ability of the accused that is, whether the person understood the nature and quality of the act or knew that it was wrong. This emphasis ignores the emotional and volitional aspects of mental disorders, such as an inability to control one’s actions even when their wrongfulness is known.<sup>10</sup> Modern psychiatric research has demonstrated that many mental illnesses affect not only a person’s reasoning but also their capacity for self-control and emotional regulation, yet the rules fail to recognise these complexities.<sup>11</sup> Another criticism is that the rules adopt a strictly legal rather than medical definition of insanity, which creates a significant gap between legal doctrine and modern psychiatric understanding. The term “disease of the mind,” for example, is a legal concept that does not always align with clinical definitions used by mental health professionals. This divergence has resulted in situations where individuals suffering from medically recognised mental illnesses do not meet the legal threshold for insanity, while others with conditions not typically regarded as mental illnesses fall within the legal definition.<sup>12</sup> The effect is that the application of the rules may produce outcomes that appear artificial or unjust from a medical perspective, thereby undermining public confidence in the legal system.

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<sup>10</sup> *R v M’Naghten* (1843) 10 Cl & Fin 200, 8 ER 718.

<sup>11</sup> Royal Commission on Capital Punishment 1949–1953, Cmd 8932.

<sup>12</sup> *R v Kemp* [1957] 1 QB 399.

The rules have also been criticised for their rigidity and inflexibility, which can lead to unjust results in borderline or complex cases. By relying on a binary cognitive test, the rules do not adequately accommodate the spectrum of mental disorders that affect individuals differently. For instance, defendants suffering from conditions such as severe personality disorders or irresistible impulses may fully understand their actions but lack the capacity to control them. Under the M’Naghten Rules, such individuals may be found legally sane despite their significant mental impairment, resulting in convictions that may not reflect their true culpability.<sup>13</sup> This has led many commentators to argue that the rules fail to provide adequate protection for mentally ill offenders whose conditions fall outside the narrow cognitive parameters established in 1843.

Another disadvantage concerns the ambiguity of the phrase “knowing that the act was wrong”, which has generated considerable judicial debate. Courts have interpreted “wrong” in different ways some view it as meaning legally wrong, while others have suggested it could also include moral wrongness.<sup>14</sup> This lack of clarity has led to inconsistent judicial outcomes and has made it difficult to apply the rules uniformly. In some cases, defendants who clearly lacked moral understanding have been denied the insanity defence because they technically knew that their actions were against the law.<sup>15</sup> Such inconsistencies undermine the principle of legal certainty that the rules were

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<sup>13</sup> *R v Windle* [1952] 2 QB 826.

<sup>14</sup> *R v Codere* (1916) 12 Cr App R 21.

<sup>15</sup> *R v Windle* [1952] 2 QB 826.

originally intended to promote. Furthermore, the practical application of the rules places a heavy burden of proof on defendants, particularly in jurisdictions where psychiatric facilities and expert witnesses are limited. The requirement to prove insanity on the balance of probabilities can be difficult to satisfy, especially where mental health assessments are not readily available.<sup>16</sup> This has resulted in a situation where deserving defendants may fail to establish the defence, not because they are legally culpable, but due to lack of resources or expert support. This challenge is especially pronounced in countries like Nigeria, where mental health services are underdeveloped, and courts often rely on limited psychiatric evidence.

Finally, the M’Naghten Rules have been criticised for hindering legal reform and the development of more modern defences. Their long-standing status has created a sense of institutional inertia, making courts and legislatures reluctant to adopt alternative approaches that might better reflect contemporary medical knowledge and human rights standards. Although some jurisdictions have introduced supplementary tests such as the “irresistible impulse” test or the “substantial impairment” standard the M’Naghten Rules remain dominant, often overshadowing more progressive legal approaches.

#### **4.5 Impact of the M’Naghten Rules on Modern Criminal Justice**

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<sup>16</sup> Criminal Code Act, Cap C38 LFN 2004, s 28.

The M’Naghten Rules have exerted a profound and lasting influence on the development of modern criminal justice systems across common law jurisdictions. Their formulation in 1843 marked a pivotal moment in the legal treatment of mentally disordered offenders by establishing a structured legal test for insanity. Although they were conceived in a period when medical knowledge of mental illness was relatively limited, the principles embedded in the rules have shaped both legal doctrine and judicial practice up to the present day.<sup>17</sup> The continued reliance on the M’Naghten framework in many jurisdictions demonstrates its deep entrenchment within the architecture of criminal responsibility and evidentiary procedure.

One of the most significant impacts of the M’Naghten Rules is the creation of a legal standard that continues to guide courts in determining criminal responsibility in cases involving mental disorder. By providing a cognitive test focused on the defendant’s knowledge and understanding at the time of the offence, the rules have supplied a durable framework for assessing mental incapacity. This has ensured a measure of consistency and predictability in judicial decisions, particularly in jurisdictions that have not introduced significant statutory reforms.<sup>18</sup> Even in countries that have developed new tests for insanity or diminished responsibility, the M’Naghten Rules often remain as the baseline against which these reforms are measured. Their influence can be observed in the structure of insanity defences in the United States, Canada, Australia, and Nigeria,

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<sup>17</sup> *R v M’Naghten* (1843) 10 Cl & Fin 200, 8 ER 718.

<sup>18</sup> *R v Windle* [1952] 2 QB 826.

among others. Another important impact lies in the relationship between law and medicine. The M’Naghten Rules established a distinctly legal conception of insanity that continues to define the interaction between legal and psychiatric experts in criminal trials. The test focuses on cognitive incapacity rather than clinical diagnosis, meaning that psychiatric evidence is used to support legal questions rather than determine them.<sup>19</sup> This has had a lasting effect on the role of expert witnesses, who are required to provide medical opinions that fit within the legal definition rather than applying purely medical standards. As a result, the M’Naghten Rules have shaped courtroom dynamics and the evidentiary value of psychiatric testimony in insanity cases.

The rules have also had a significant policy impact, influencing legislative reforms and the development of alternative defences. While some jurisdictions have retained the rules largely unchanged, others have responded to their limitations by enacting supplementary doctrines such as diminished responsibility, irresistible impulse tests, or reforms that incorporate broader psychological considerations.<sup>20</sup> For example, English law introduced the defence of diminished responsibility through the Homicide Act 1957, which, while distinct from insanity, was a direct response to criticisms of the narrowness of the M’Naghten framework. Similarly, in the United States, jurisdictions have developed different approaches, including the Durham Rule and the Model Penal

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<sup>19</sup> *R v Kemp* [1957] 1 QB 399.

<sup>20</sup> Homicide Act 1957 (UK), s 2.

Code test, but many continue to use M’Naghten as a foundation. This demonstrates that the rules have not been entirely replaced but rather adapted and built upon over time.

In Nigeria, the impact of the M’Naghten Rules is particularly evident in the continued application of their core principles through statutory provisions and case law. Section 28 of the Criminal Code Act reflects the essential cognitive test of the rules by excusing individuals who are incapable of understanding the nature or wrongfulness of their acts due to mental disease.<sup>5</sup> Nigerian courts have consistently applied this standard in determining criminal responsibility, as seen in cases such as *Guobadia v State*, where the court relied on the defendant’s inability to understand his actions at the time of the offence.<sup>21</sup> This reflects the enduring role of the M’Naghten principles in shaping judicial reasoning and procedural outcomes in Nigerian criminal justice.

Finally, the impact of the M’Naghten Rules can be seen in their role as a benchmark for evaluating reform. Even in jurisdictions that have abandoned or modified the rules, such changes are often assessed in relation to M’Naghten. Their historical weight has set a reference point for any alternative legal tests, ensuring that reform efforts address both legal coherence and practical application. This enduring influence underscores their status not merely as a historical legal doctrine but as a continuing force that shapes modern criminal justice systems around the world.

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<sup>21</sup> *Guobadia v State* (2004) 6 NWLR (Pt 869) 360.

## 4.6 Conclusion

The M’Naghten Rules have played a pivotal role in shaping the legal framework for the insanity defence across common law jurisdictions, including Nigeria. Established in the nineteenth century, the Rules were designed to provide a clear legal standard for determining criminal responsibility in cases involving mental disorder. Their emphasis on the cognitive capacity of the accused specifically, whether the individual understood the nature and quality of their act or knew that it was wrong has ensured a measure of legal certainty and predictability in judicial proceedings. Over the years, the Rules have offered courts and juries a relatively straightforward test to apply, thus promoting consistency in verdicts and safeguarding the principle of individual accountability. However, as criminal law has evolved alongside developments in psychiatry and neuroscience, the M’Naghten Rules have faced increasing criticism. Their exclusive focus on cognitive impairment does not adequately account for mental disorders that affect volition or impulse control, such as schizophrenia, bipolar disorder, or psychotic breaks. Modern psychiatry recognises that individuals may retain intellectual awareness of their actions yet lack the capacity to control their behaviour. This gap between legal doctrine and medical understanding has led many scholars and law reform bodies to question whether the Rules remain fit for purpose in contemporary criminal justice systems.

The analysis in this chapter has highlighted both the enduring benefits and the significant limitations of the M’Naghten Rules. On the one hand, they provide legal

clarity, consistency, and a safeguard against potential abuse of the insanity defence. On the other hand, they are criticised for their rigidity, their failure to reflect modern medical knowledge, and their limited capacity to address complex mental health conditions. Comparative jurisdictions such as the United States and England have responded to these shortcomings through supplementary legal tests or calls for reform, while Nigeria continues to apply the Rules largely in their original form, as enshrined in sections 28 of the Criminal Code and 51 of the Penal Code. The continuing relevance of the M’Naghten Rules ultimately depends on how legal systems balance legal certainty, public protection, and fair treatment of mentally disordered offenders. While outright abolition may be neither necessary nor practical, incremental reforms that incorporate both cognitive and volitional elements, and that align more closely with contemporary psychiatric knowledge, would make the insanity defence more equitable and effective. Therefore, the future of the M’Naghten Rules lies not in their wholesale rejection but in thoughtful modification to ensure they remain both legally sound and medically informed.

## CHAPTER FIVE

### SUMMARY OF FINDINGS, RECOMMENDATIONS, AND CONCLUSION

#### 5.1 Summary of Findings

This study set out to trace the evolution of the insanity defence through an analysis of the M’Naghten Rules and their modern application, with particular emphasis on Nigeria. Through a detailed historical, doctrinal, and comparative analysis, several key findings emerge. The study confirms that the M’Naghten Rules, formulated in the nineteenth century, continue to serve as the foundational standard for insanity in Nigeria and other common law jurisdictions. While the rules provide a clear framework based on cognitive understanding whether the defendant knew the nature and wrongfulness of their act, they are limited in addressing mental disorders that impair self-control or volitional capacity.

The research highlights significant procedural and evidentiary challenges in the application of the insanity defence. In Nigeria, defendants bear a heavy burden of proof to demonstrate incapacity, and inconsistencies in psychiatric evaluation and judicial interpretation often result in uncertainty and inequitable outcomes. Comparative jurisdictions such as Canada, the United Kingdom, and the Netherlands demonstrate that structured review boards, conditional release mechanisms, and standardized psychiatric assessments can mitigate these challenges and promote fairness and public safety.

Post-trial management of insanity acquittees in Nigeria is underdeveloped. The absence of clear statutory guidelines for detention, rehabilitation, and reintegration exposes acquittees to arbitrary confinement and limits their access to treatment and social reintegration. Furthermore, the study finds that both judicial and psychiatric capacity in Nigeria remains inadequate to effectively manage complex insanity cases, underscoring the need for specialized training, standardized procedures, and interdisciplinary collaboration.

Finally, comparative analysis demonstrates that broader cognitive-volitional frameworks, national forensic mental health policies, structured post-trial guidelines, and capacity-building initiatives can enhance the fairness, effectiveness, and legitimacy of the insanity defence. These reforms ensure alignment with contemporary psychiatric understanding, respect for human rights, and public confidence in the criminal justice system.

## **5.2 Recommendations**

Based on the findings, this study makes the following recommendations.

1. Adopting a Broader Cognitive-Volitional Test: Nigeria should expand the insanity defence beyond the traditional M’Naghten cognitive standard to include volitional impairments. This approach ensures that defendants who understand their actions but cannot control their behaviour due to mental disorders are fairly considered.

Comparative experiences from Canada and the United States demonstrate that integrating cognitive and volitional criteria enhances fairness without compromising legal clarity.

2. **Establishing a National Forensic Mental Health Policy:** A comprehensive national policy should be developed to guide the assessment, treatment, and management of mentally disordered offenders. This policy would standardize procedures across courts, psychiatric services, and social welfare agencies, promote coordination, and support the creation of specialized forensic facilities and rehabilitation programs.
3. **Developing Clear Post-Trial Management Guidelines:** Structured protocols for insanity acquittees should be implemented, including periodic judicial review, risk assessment, conditional release, and rehabilitation programs. These measures would protect the rights of acquittees, ensure humane treatment, and maintain public safety while complying with national and international human rights standards.
4. **Enhancing Judicial and Psychiatric Capacity:** Judges and mental health professionals require specialized training in forensic psychiatry, mental health law, and human rights. Standardized assessment tools, ethical guidance, and interdisciplinary collaboration would improve the accuracy and consistency of expert testimony and judicial decisions, ensuring fair application of the insanity defence.

5. **Updating the Criminal Law Framework:** The statutory provisions governing the insanity defence should be revised to reflect contemporary psychiatric understanding and human rights standards. Incorporating modern psychiatric classifications, evidence-based assessment methods, and protections for mentally disordered offenders would enhance both the legitimacy and effectiveness of the defence while maintaining public confidence in the criminal justice system.
6. **Integrating Forensic Psychiatric Review Boards:** Nigeria should establish dedicated forensic psychiatric review boards to monitor insanity acquittees, evaluate ongoing treatment needs, and provide expert recommendations to the courts. Such boards would ensure systematic oversight, reduce arbitrary detention, and facilitate effective reintegration while maintaining public safety.
7. **Raising Public Awareness and Reducing Stigma:** Public education campaigns should be implemented to increase awareness about mental health and the legal provisions for insanity. Reducing societal stigma surrounding mental illness would encourage early treatment, improve cooperation with legal and medical authorities, and foster a more informed and compassionate understanding of mentally disordered offenders within communities.

### **5.3 Contribution to Knowledge**

This research has made significant contributions to existing legal scholarship on criminal responsibility and the insanity defence. First, it has provided a comprehensive

historical and doctrinal analysis of the M’Naghten Rules, tracing their development from 19th-century English common law to their modern interpretation and application in various jurisdictions, including Nigeria. By critically examining judicial decisions, statutory provisions, and scholarly commentaries, the study has illuminated the enduring influence and limitations of the M’Naghten Rules in contemporary criminal justice systems.

Secondly, the work bridges the gap between classical legal principles and modern psychiatric understandings, highlighting the challenges courts face in applying a 19th-century legal test to 21st-century mental health realities. It offers a nuanced perspective on how legal doctrines evolve over time, thereby enriching academic debates on criminal liability, mental health law, and legal reform.

Finally, the study contributes to policy and law reform discussions by proposing areas where the M’Naghten Rules may require modification to align more closely with modern psychiatric knowledge and human rights standards. This provides a useful reference point for legislators, legal practitioners, mental health professionals, and scholars interested in the interface between law and psychiatry.

#### **5.4 Suggested Areas for Further Studies**

Given the scope and findings of this research, several areas merit further academic exploration:

1. Comparative Analysis Beyond Common Law Jurisdictions: Future studies could examine how civil law countries approach the insanity defence and compare their legal standards with the M’Naghten Rules to identify alternative models that may inform legal reform.
2. Empirical Evaluation of the Insanity Defence in Nigeria: Further research can focus on analysing court records, trial outcomes, and psychiatric assessments in insanity defence cases to provide statistical evidence on its application and effectiveness in Nigerian courts.
3. Interdisciplinary Studies on Mental Health and Criminal Responsibility: Scholars could investigate how advances in neuroscience and psychology can shape more accurate and humane legal tests for insanity, bridging the gap between medical science and legal doctrine.
4. Human Rights Implications of the Insanity Defence: Another area worth exploring is how the application of the M’Naghten Rules aligns or conflicts with international human rights instruments, particularly in relation to fair trial rights and non-discrimination.
5. Legislative Reform Strategies: Future research may focus on evaluating legislative frameworks in jurisdictions that have reformed or replaced the M’Naghten Rules, to identify best practices that can inform reform in Nigeria and similar legal systems.

## 5.5 Conclusion

This study demonstrates that the insanity defence, anchored on the M'Naghten Rules, remains a critical component of criminal law in Nigeria and other common law jurisdictions. While historically significant, the traditional cognitive test is insufficient to address the full spectrum of mental disorders encountered in modern criminal practice. The research highlights procedural, evidential, and post-trial management challenges that undermine fairness, efficiency, and human rights protections. Comparative analysis of jurisdictions such as the United Kingdom, Canada, and the Netherlands illustrates those reforms including broader cognitive-volitional tests, national forensic mental health policies, structured post-trial management, and capacity building can significantly enhance the effectiveness and legitimacy of the insanity defence.

By implementing these recommendations, Nigeria can reconcile historical legal doctrines with contemporary psychiatric science, human rights obligations, and societal expectations. Such reforms will not only ensure fair treatment of mentally disordered offenders but also strengthen public confidence in the criminal justice system, safeguarding both individual rights and public safety.

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