good work, and that there is a great work in store for it in the future. I am sure that no words of mine will express to you the kindliness of feeling that I have had expressed to me by so many old friends and by so many members of the Association who have taken an active part with me in the work of the Association. I can only express my great gratitude to those who kindly offered me congratulations on the appointment which has fallen to my lot, and to say that in carrying out my work it will be my earnest endeavour to do so honestly and consistently, and with due consideration not only for those who are placed in the responsible position of looking after those unfortunate persons whose minds wandered from the normal standard, but also in the interests of those unfortunate persons themselves. If by any error of judgment I should seem to fail, it will simply be an error of judgment. I thank you once more for your kind words. (Applause.)

DR. LOCKHART ROBERTSON'S GIFT TO THE ASSOCIATION.

Before asking Dr. Rivers to address us, may I take the opportunity of saying that at the Council Meeting a letter was read from my predecessor in office, Dr. Lockhart Robertson, asking the Council to accept a number of books in reference to insanity and its treatment that he had collected during the course of a number of years. The books will be a valuable addition to our library, which will be of the greatest service to us all. Dr. Lockhart Robertson's example will be one for us all to follow when we have an opportunity of giving up our books for the use of those who are in more active work than perhaps we ourselves may be later on. I think I may ask the Association to corroborate the expression which is to be sent by the Council to Dr. Lockhart Robertson—an expression of our best thanks for his kind and generous gift. (Applause.)

Dr. BOURNVILLE FOX—May I ask whether the titles of the books will be published in the *Journal?*

The PRESIDENT—That will be a question for the Library Committee. That Committee is very much *en evidence* just now. They are going to have all the books catalogued, and members will then have an opportunity of giving what instructions may seem good to them.

PAPERS READ.

Dr. RIVERS then made a communication upon "Laboratory Observations on Mental Fatigue and Recovery." This, with the discussion, will appear in the next number of the *Journal.*

Dr. HYSLOP read a paper on "Pseudo-General Paralysis of the Insane." This is published at page 303 of this number of the *Journal,* but the discussion was adjourned till the next General Meeting, in the report of which the whole debate will appear.

Dr. FLETCHER BEACH read "Notes of a Case of Tumour of the Brain," which will be published in the next number of the *Journal,* together with the illustrations prepared by the author.

In closing the meeting, the PRESIDENT said that the members of the Association must feel grateful to the University authorities for having provided such excellent accommodation for the meeting, and for having welcomed them to Cambridge. He concluded by moving a vote of thanks to the Curator of the Museum for so kindly placing their rooms at the disposal of the Association. (Applause).

MEDICO-LEGAL CASES.

REPORTED BY DR. MERCIER.

[The Editors request that Members will oblige by sending full newspaper reports of all cases of interest as published by the local press at the time of the Assizes.]

Reg. v. Wright.—"*The Mansfield Murders.*"

Henry Wright, 35, labourer, was indicted for the murder of M. E. Reynolds, C. Reynolds, W. H. Reynolds, and Wm. Peck, at Mansfield, on August 11. The prisoner failed to plead to the indictment, and the Judge remarked that to his mind the prisoner at first sight presented symptoms of insanity, and his lordship further

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suggested that a jury should be sworn to try whether the prisoner was capable of pleading. This was done, and

Captain Smail, Governor of the Gaol in which prisoner had been detained for nearly four months, deposed that he asked the prisoner if he understood the value of the charge brought against him, and that prisoner did not seem to grasp it. A warder was asked, "Have you told prisoner to do anything, and did he seem to understand?" A.: "Not in particular." Prisoner understood when told to make his bed, and obeyed orders.

Dr. H. O. Taylor, Medical Officer of the Prison, thought that prisoner was capable of understanding such a question as to whether he is to plead guilty or not.—Has he seemed to understand when you have spoken to him of the crime?—Not completely.—The Judge: What do you mean? One would think that if he understood partially he would understand completely.—I think as to the time of committing the crime his mind is absolutely blank, and therefore when I have conversed with him upon that part of it he had no knowledge whatever. In answer to further questions the witness was of opinion that the prisoner knew that he was going to be tried, and understood when asked whether he was guilty or not guilty. The jury, after some hesitation, found that the prisoner was fit to plead, and the trial proceeded.

The prisoner lodged with Elizabeth Reynolds, and in the same house at the time were George Reynolds, her stepson, W. H. and C. Reynolds, her sons, and two grandchildren. The prisoner went home at a little after midnight on the night of the murder. At two o'clock in the morning he went to the police station in the following condition: He was quite naked, except his socks; his throat was cut; in his arms was a child—one of the grandchildren of Mrs. Reynolds—whose nightdress was on fire. He went into the police station, threw his arms about, threw himself on to the floor, tried to speak, but on account of the wound in his throat could not be understood. Subsequently (after a doctor had been sent for and had arrived) he made the following statement: "I have murdered four. I have killed the landlady, Charlie, Willie, and little Willie, and I have set fire to the house." After an interval he said, "It is through jealousy; if I could not have her no one else should. I killed the landlady and three children and set the house on fire." When the house was searched, it was found to be on fire in two places. The body of the woman was found horribly mutilated. The breasts had been cut off. The thighs were cut open down to the knees. The body was disembowelled, and the sides of the abdomen stretched apart by means of a stair rod placed across. The dead bodies of the children were found, and it was found that the door of the room in which the stepson slept had been fastened on the outside, so that the latter could not get out.

It was proved that in the previous April the prisoner had had a fit, and a second fit about six weeks after.

Dr. G. P. Godfrey, police surgeon, stated that he saw the prisoner at the police station at two o'clock on the morning of the murder. He examined the prisoner specially as to whether he was drunk or sober, and the prisoner was perfectly sober. Subsequently, when being committed by the magistrates, prisoner pretended to have an epileptic fit. When Dr. Godfrey slapped his face and touched his conjunctiva prisoner said, "Sooner than go through this treatment I will go back and hear the evidence." This witness was not asked as to the sanity of the prisoner.

Dr. P. L. Robinson, who had the prisoner under his charge in the workhouse infirmary, deposed that while in the infirmary the prisoner shammed epilepsy on more than one occasion. Witness stated that epilepsy was closely associated with insanity, and answered one or two questions about homicidal mania.

For the defence Dr. Owen Taylor, surgeon to the gaol, said that while in prison prisoner had several fits, whose genuineness Dr. Taylor had no reason to doubt. Witness was examined as to homicidal mania, and stated that a person suffering from this malady would commit murder without a cause being apparent, and often with circumstances of great atrocity. The attack might be very brief. In his opinion the prisoner was of sound mind at the present time (of trial).

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Dr. Nicolson, of Broadmoor, deposed that he had examined the prisoner, and had no reason to think at any time that he was insane. "The impression I have formed was that at the time of committing these acts his mind was in a condition induced by an excessive indulgence in alcohol."—Do you consider at the time of committing these acts he knew what he was doing?—I do not. He was drunk, and suffering from the after effects of drink.—After effects in what form?—That deprived him of the power of consistently knowing what he was doing.

Dr. Powell, Superintendent of the Borough Asylum, had examined the prisoner, and came to the conclusion that he was a weak-minded man, considerably confused in his mind, and very depressed. Witness was asked about homicidal mania, which he stated was a well-known form of insanity, in which it was very often the case that the patient took life without any apparent motive, and in which the crime might be accompanied by great atrocity.

The Judge told the jury that the facts being proved, the prisoner was *prima facie* guilty unless he satisfied them that he was insane at the time—that he was so deprived of the use of his reason by disease of mind as not to know the nature and quality of the act he was doing. The suggestion was made that the offence itself was so atrocious that the man must have been mad, but there was no such inference in law or in common sense. The next suggestion was that the prisoner had epilepsy, and that epilepsy was akin to insanity. Epilepsy in some remote sense might be deemed akin to insanity, but epilepsy and insanity, he thought he might say, were, in the medical sense, as far as the poles asunder. Epilepsy weakened the brain, no doubt, and people who had frequent, constant epileptic fits became enfeebled in intellect. The witnesses who knew Wright well had not been asked a single question as to whether he had suffered from epilepsy during the years they knew him.

The jury, after a deliberation of twenty minutes, found the prisoner guilty.—Nottingham Assizes, December 4, 1895 (Mr. Justice Day).—"Nottingham Daily Express," December 5, 1895.

The Judge was so struck with the demeanour of the prisoner in the dock that he ordered the issue to be tried whether the prisoner was of sufficiently sound mind to plead to the indictment, and it was only after some hesitation, and after assistance from the Judge, that the jury found him fit to plead. Yet at his trial the plea of insanity failed. The case is, therefore, one in which it appears *prima facie* as if an insane person had been wrongfully convicted. It is necessary, therefore, to examine the evidence with care.

The prisoner, after murdering the woman and three children, and cutting his own throat, took a fourth child in his arms and carried it to the police station. The child's night dress was on fire, but the prisoner seems to have made no attempt to put it out, and he himself was naked with the exception of his socks. Such conduct, taken together with the apparent absence of sufficient motive for such a very barbarous crime, raises a suspicion of insanity in the agent, a suspicion that is so strengthened by the demeanour of the prisoner in the dock that the Judge directs the issue to be tried whether the prisoner is fit to plead. We have to inquire—(1) Why the plea of insanity failed; (2) Whether the plea ought to have been established; (3) How far the failure of the plea was due to the law as stated by the Judge. It is evident that the third question is included in the first, but it is advisable to lay special stress upon it.

The evidence in favour of the insanity may be summarised thus:—

1. The atrocity and circumstances of the crime.
2. The inadequacy of motive.
3. The history of epilepsy.
4. The medical evidence.

The crime was, as has been described, one of revolting barbarity. Four persons were murdered, and one was in addition horribly mutilated. Is extreme atrocity in a crime sufficient of itself to establish the insanity of the criminal? To this question there can be but one answer, that of the Judge, who told the jury that no such inference in law arose, and there was no such inference in common sense. It is matter of common knowledge that when the rein is given to passion,

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whether bloodthirstiness or lust; and in this case there were probably both—the appetite grows with its indulgence, and, in his gathering frenzy, the agent plunges into excesses which he had at first never contemplated, and at which he afterwards stands appalled. Mad he may be in one sense—in the sense in which the maxim *ira furor brevis est* is to be understood—but if such an access of frenzy is to be held an excuse for crime, we may as well abolish our criminal jurisprudence altogether, or reserve it for minor offences only.

There was more than mere atrocity in the circumstances of this crime, however. After it was over the murderer went to the police station with one of the children, the one that he did not murder, in his arms. His own throat was severely cut; the child's nightdress was on fire. He himself was absolutely naked except his socks. These circumstances he ignored in his determination to carry out his intention of giving himself up to the police. Such action is, undoubtedly, upon the face of it, highly suspicious of insanity. Ought it to have so weighed with the jury as to establish in their minds the conclusion that the prisoner was at the time of the crime so insane as to be irresponsible for his acts? If they had so regarded it, is it not obvious that they would have been proclaiming to future criminals a method of obtaining impunity, by doing some eccentric act immediately after the crime?

2. As to the inadequacy of the motive for the crime, we must take the prisoner's own account of his motive. He had desired the woman for years, and after the deed he said "It's through jealousy. If I could not have her no one else should." It will be admitted that if he had simply cut the woman's throat, the motive that he alleged would, according to common experience, have been an adequate motive for the commission of such a crime by a man of low and somewhat brutal nature; and that the question of insanity would not have arisen. Does the fact that in addition to cutting her throat he disembowelled and otherwise mutilated her, remove the act outside of the possibility of the reaction to the motive of jealousy of the sane mind of a man of his class, antecedents and surroundings? This question cannot be answered in the affirmative. (The onus of proving insanity is, it must be remembered, upon the prisoner. The presumption is that he is sane. If there is a doubt as to the fact that he committed the murder, he is entitled to the benefit of the doubt. But if there is a doubt about his insanity he must be convicted. To be found "guilty but insane" the insanity of the prisoner must be not probable, but proved beyond doubt.) To the ordinary or average man the motive of jealousy is not enough to prompt to the comparatively trivial act of murdering the woman of whom he is jealous. Yet in some men this motive does prompt to this action, and by universal consent the action is considered as sane and as sufficiently accounted for by the motive.

A certain excess of action, beyond what the motive prompts in ordinary minds, is therefore universally regarded as consistent with sanity. Is a greater excess to be regarded as inconsistent with sanity? and, if so, how much greater must the excess be before we can presume insanity in the actor? Is there any point at which the excess of reaction to motive becomes of itself proof of insanity? We cannot say that there is. No doubt a great excess of reaction raises a *suspicion* of insanity—it did so in the case under consideration. But suspicion is not proof—it is not even presumption. It can only afford a guide as to the direction which the defence is to take.

But supposing that our conclusion is wrong, and that there is a point at which the excess of reaction to motive does raise a presumption, or even is in itself proof of insanity, how and by whom is this point to be determined? Are medical experts prepared with a formula to fix the point? Scarcely. And if they are, has their formula any chance of acceptance? Again, scarcely. Who then is to decide the point? Clearly the jury. It is eminently a question for the jury to determine. In this case, the jury, having before them the evidence of fact and the expert evidence of opinion, answered the question in the negative. The argument in favour of insanity, based on the character and circumstances of the crime, was fully brought before them, and they rejected it. We cannot say that they were wrong. But supposing that they were wrong, was their error due to the

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terms in which the law was stated to them by the Judge? The Judge told them that as to the atrocity of the crime being itself a *proof* of madness, no such inference in law arose. Beyond question the Judge was right, not only legally but scientifically right. He did not say that great atrocity in the crime was not *evidence* of madness. There is no doubt that there are cases in which it may be so regarded, but that it should, standing alone, be of itself accepted as proof of insanity cannot for a moment be admitted. The jury were at liberty, if they so chose, to regard the exceptional atrocity of the crime as *evidence* of insanity, and, if it were sufficiently corroborated by other evidence, to find the prisoner insane. They did not find the other evidence sufficient Ought they to have done so?

3. The other evidence was twofold. (1) The history of epilepsy. (2) The medical evidence. The history of epilepsy was very weak. One witness, the stepson of the murdered woman, stated that he had seen the prisoner twice in paroxysms of epilepsy in the early part of the year, months before the crime; but the Judge drew attention to the fact that other witnesses, who had known the prisoner well for years, had not been asked a single question as to whether he had suffered from fits. Two medical men swore positively that they had seen the prisoner sham fits. He had been discharged from the militia ostensibly on account of epilepsy, but the militia surgeon also had accused him of shamming. The surgeon to the gaol had, however, seen him in several fits, which appeared to be genuine. This was the whole of the evidence of epilepsy, and while, if we believe that he did suffer occasionally from fits, it may add some degree of probability to the evidence in favour of insanity furnished by the character of the crime, on the other hand the evidence of shamming, coming as it did from three independent sources, must have told, and rightly told, very powerfully in the opposite direction with the jury. They would naturally and properly argue that a man who would thus very shortly after the crime endeavour to manufacture evidence in favour of insanity, might well have been prompted by the same motive in appearing, as he did, naked and bleeding at the police station immediately after the crime. We cannot see that the jury had, upon the evidence, any alternative to rejecting the evidence of epilepsy, and regarding it as, if anything, strengthening the case against the prisoner; but they were perhaps confirmed in this view by the statement of the Judge that "epilepsy and insanity were, in the medical sense, as far as the poles asunder.' This, it will be observed, was not a statement of the law which the jury were bound to observe. It was a medical opinion, and is interesting as showing that the medical opinions of judges are no more trustworthy than the legal knowledge of doctors. It may have had weight with the jury, but they had already ample reason to discount the evidence of epilepsy, and against the Judge's medical opinion they had the opinions of medical experts, which they were doubtless quite capable of weighing against that of the Judge. So far, we do not find that the conclusion of the jury was wrong, nor that, if wrong, it was due to any statement of the law by the Judge.

4. We now come to the medical evidence. Altogether, five doctors gave evidence: Dr. G. P. Godfrey, Surgeon to the Police; Dr. P. L. Robinson, Medical Officer of the Workhouse; Dr. Owen Taylor, Surgeon to the Gaol; Dr. Nicolson, of Broadmoor; and Dr. Powell, Superintendent of the Nottingham Borough Asylum.

It does not appear that any unreasonable restriction was placed upon the evidence of the medical witnesses. On the contrary, Dr. Nicolson was allowed to say that, in his opinion, the prisoner at the time of committing the crime did not know what he was doing. In allowing this opinion to be given, the Judge re axed the rule of evidence in favour of the prisoner. The only occasion on which the Judge interfered in the medical evidence was when a witness was asked if the prisoner had the power to resist evil. "How can he say that?" said the Judge; and it must be admitted that the interference was not unreasonable. Unrestricted as they were, the strongest evidence in favour of insanity that could be obtained from the medical witnesses was the statement of Dr. Powell that the prisoner was a weak-minded man, considerably confused in his mind, and very depressed. Ought the jury, on this evidence, to have found the prisoner insane? A man

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awaiting his trial on a charge of quadruple murder is scarcely likely to be in high spirits. He may even be very depressed without exceeding the bounds of the normal. Is he to be considered irresponsible because he is weak and confused in mind? To this the only possible answer is, that it is a question of degree, and that the degree of weakness and confusion of mind that carries irresponsibility can be determined by the jury alone.

Dr. Nicolson's evidence was that he had no reason to think that at any time the prisoner was insane.

Thus, upon a careful examination of the evidence, we find that the reason why the plea of insanity failed was that the evidence was not sufficient to substantiate it. The failure was not due to any undue narrowness in the law, nor to any rigidity of interpretation of the law by the Judge, but simply and solely to insufficiency of evidence, and the conclusion at which we arrive is that the prisoner was rightly convicted.

Reg. v. Tinkler.

Jane Tinkler (24) was indicted for the murder of her child. She had tied an apron string tightly round its neck and thrown it into the river. Counsel for the prosecution, in opening the case, said that the Treasury had instructed Dr. Smith, of Sedgefield Asylum, to carefully watch and examine the state of mind of the prisoner, and he was of opinion that she was not able to plead or to understand the plea. Another doctor had also examined her, and said she had sufficient intelligence to understand the trial. He proposed to put both doctors into the box. His lordship said that if one doctor said one thing and one another he could have no hesitation in saying that the prisoner could and would have to plead. The plea having been taken, counsel for the Crown (Mr. Hans Hamilton) detailed the facts, and told the jury that he thought that their verdict would be that when she caused the death of her child she was of unsound mind.

The facts being proved, Dr. Renton deposed that in his opinion the prisoner was insane. She was undoubtedly of unsound mind.

Dr. Smith was decidedly of opinion that prisoner was of unsound mind when she committed the deed.

Dr. Gilbert (gaol surgeon) had no doubt that prisoner was insane when she committed the deed.

The jury found the prisoner guilty, but not responsible for her actions.—Durham Assizes, Nov. 20 (Mr. Justice Grantham).—"Newcastle Daily Leader," Nov. 25.

The medical evidence in this case was very remarkable. The medical witnesses were allowed to say not only that the prisoner was insane at the time of trial, but that she was insane *when she committed the deed.*

Reg. v. Forde.

This was the case in which a man ran "amok" in a common lodging-house at night, wounding four persons. The evidence showed that the prisoner with six other men slept in one room. About midnight a man who slept in the same bed with prisoner roused the rest by crying "murder." A light was struck, and the prisoner was seen to rush at one Thrustle, who was still in bed. Thrustle fled, but prisoner pursued him out of the room and down the stairs, stabbing him, in all, six times. Prisoner ran off in his shirt, and at half-past five next morning presented himself at the police station, stating that he had stabbed five or six men who had been following him all night with lights. He had then a knife in one hand and a pricker in the other.

Dr. Arbuckle proved that about the time of the occurrence the prisoner suffered from delusions, and that, on the morning on which he was locked up, he declared that he had been running about all night pursued by thirteen or fourteen poachers. The Judge is reported to have told the jury that the main question for them was whether the prisoner was responsible for what he did. The jury found the prisoner guilty, but insane.—West Riding Assizes, Dec. 4 (Mr. Commissioner Forbes, Q.C.)—"Yorkshire Daily Post," Dec. 5.

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