MEDICO-LEGAL CASE.

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. Rennison.

Joseph Frederick Rennison, 18, labourer, was indicted for the murder of Ellen Whatmough.

The prisoner entered the house in which the deceased lived, and saying that he had come to look at the gas meter, borrowed a hammer and tapped the boards with it. He then attacked the deceased, and with the hammer inflicted wounds of which she died. There appeared to have been no quarrel between the prisoner and the deceased, and the latter appears not to have known the prisoner. There was no suggestion of robbery as a motive--indeed, no motive was suggested. The facts were not disputed.

Dr. Mould, Superintendent of the Cheadle Hospital, gave evidence that he had interviewed the prisoner, who said that he had suffered from attacks of blindness and unconsciousness for short periods, and had for this reason been discharged from the service of a Railway Company. Witness stated that the prisoner had had several slight epileptic siezures. Witness was of opinion that the prisoner was unconscious when the act was committed, and might as probably have smashed the furniture as committed the act he did.

Dr. Rooke Ley, Superintendent of the Prestwich Asylum, believed that at the time the act was committed the prisoner was "perfectly sane." There was no evidence of epilepsy whatever. He could find no history of epilepsy either before or after the crime.

The jury found the prisoner guilty, and he was sentenced to death.—Manchester Summer Assizes, July 15th (Mr. Commissioner Dugdale).—*Manchester Guardian*, July 15th.

Upon the evidence the jury could have found no other verdict. When insanity is set up as a defence, the presumption is against it, and it must be proved. When two medical men of equal experience give diametrically opposite evidence, their opinions cancel each other, and the matter remains as it would have been if neither of them had been called. Under such circumstances the plea of insanity cannot possibly be established, and, the facts being admitted, the prisoner must be found guilty. The cause of the difference of opinion is quite clear. Dr. Mould, impressed with the utterly motiveless nature of the crime, seeks for an explanation of it in post-epileptic automatism, and, finding some history of attacks that may have been epileptic, regards the explanation as proved, and has sufficient faith in his opinion to state it in Court. Dr. Ley, on the other hand, severely practical, puts it that if the prisoner was insane at the time of the crime he would exhibit some sign or some history of insanity, and, failing to elicit any such sign or history, he regards the prisoner as "perfectly sane." It is not for us to judge between two gentlemen of such experience, both of whom had the advantage of examining the prisoner. What we have to point out is that this is a typical example of those cases, which have been so severely commented upon, in which a verdict of guilty, arrived at in open Court, is subsequently set aside, and the prisoner respited during her Majesty's pleasure. It was, as has been shown, inevitable that a verdict of guilty should be returned. Upon the evidence no other verdict was possible. It was inevitable also that this verdict should be subsequently reviewed, and an examination of the prisoner, with regard to his mental state, made after the trial. At this examination inquiries could be made, and facts elicited, which could not, under the rules of evidence, however much they might have been relaxed by the judge, have been brought forward at the trial; and which, if they could have been then brought forward, the jury would not have been able to estimate at their proper value. As a result of this examination the prisoner has

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been respited, and thus both Dr. Ley and Dr. Mould are justified in their opinions, the first by the conviction of the prisoner, and the second by his respite; and what is, perhaps, as important, substantial justice is done both to the prisoner and to the community which he had so grievously wronged.

KLEPTOMANIA.

The wealthy American lady, Mrs. Castle, recently tried at Clerkenwell, and sentenced to three months' imprisonment in spite of Sir Edward Clarke's defence, has been set at liberty, but at what cost of mental anxiety to herself and to her unhappy friends. At the trial it was conclusively proved that she had no need for the articles stolen, and that her past history showed similar aberrations. Drs. Savage and Gabriel are reported to have stated in court, *after she pleaded guilty*, that "she was suffering from disorders which had so mentally affected her as to render her not responsible for her actions." Is there not something very much amiss in this procedure? Is it seemly that any person should be found "guilty," and immediately thereafter, evidence should be led to mitigate or nullify the sentence? The late Committee on Criminal Responsibility appointed by the Medico-Psychological Association excluded minor offences from their consideration; but the matter cannot rest while such cases as this recur from time to time. Is there any reason why the victims of mental disease should not be dealt with as insane offenders, why some such procedure as is prescribed by the Scottish Lunacy Act for 1862 (Sect. 15), should not be made generally applicable? By that enactment the Sheriff can, if satisfied, order the delivery of the sufferer to a friend or relative for the purpose of proper care and treatment; and thus in open court or *in camera* obviate the scandals following upon such incidents as we now mention.

INSURANCE AND SUICIDE.

An important case was tried in the Court of Session in June. The questions at issue were whether the late Captain Sangster met his death accidentally, whether he had failed to use due diligence for his personal safety and protection. From the evidence it appeared that he had gone to Crieff Hydropathic for a change, and that he had proceeded to Loch Earn, where he was seen rowing about in a boat on the evening of the 30th April, 1895. Next day his clothes were found neatly folded up in the drifting boat. The Insurance Company refused to pay the policy of £1,000, averring that Captain Sangster had committed suicide, or that he had failed to take proper care of himself.

From the medical point of view it was stated for the Insurance Company by Dr. Gillespie that he did not think the fact of the clothes having been found in the boat displaced the theory of suicide. Suicides were often secretive. He knew of a case of suicide from drowning in which the person had stripped himself of his clothes.

Dr. Urquhart was of the same opinion. The fact that no signs of melancholia had been observed did not exclude the possibility of suicide. If the person did not intend to commit suicide he ran a very grave danger by bathing under the circumstances mentioned.

Dr. Clouston concurred, and laid stress upon the circumstance that Captain Sangster should have suddenly resigned his position as Marine Superintendent without conferring with his employers.

Lord Stormonth-Darling, in giving judgment, said—(1) that Captain Sangster was drowned in Loch Earn on the evening of 30th April, 1895; (2) that he died by accident, and not by suicide; and (3) that there was not on his part such want of diligence for his personal safety, or such wilful, wanton, or negligent exposure

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