

**An account of the late murder and suicide in Leicester : with the reasons why one of the medical men at the coroner's inquest gave his opinion that she was insane ... / by a surgeon.**

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ANDERSON, James

AN ACCOUNT  
OF  
THE LATE MURDER AND SUICIDE  
IN LEICESTER:  
WITH  
THE REASONS WHY ONE OF THE MEDICAL MEN AT THE CORONER'S INQUEST  
GAVE HIS OPINION THAT SHE WAS  
INSANE.

"WHO SHALL DECIDE WHEN DOCTORS DISAGREE?"

BY A SURGEON.

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PRICE ONE PENNY.

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LEICESTER:

Printed & Sold by John Smith Fowler, Book-seller, Church-gate.

(1849)



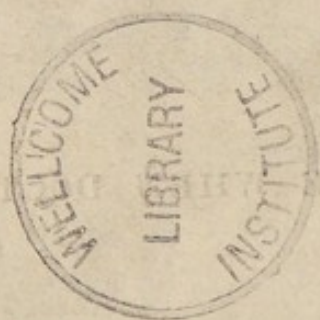
AN ACCOUNT

OF THE LATE MURDER AND SUICIDE

IN LIVERPOOL:

WITH

THE REASONS WHY ONE OF THE MEDICAL  
GENTLEMEN AT THE INQUEST  
GAVE HIS OPINION THAT SHE WAS  
LIVE.



"WHO SHALL DECIDE WHEN DOCTORS DISAGREE?"

BY A SURGEON.

PRICE ONE PENNY.

LIVERPOOL:

Printed & Sold by John Smith & Co. Book-seller, Church-gate.



*"The dark deformities of man appear!"*

On the 5th inst. about one o'clock, P. M. I was requested to visit Mary Groce, wife of John Groce, aged 24, and her son George, three months old, at No. 1, Simpson street, in this town. On entering the bed room, I found the woman lying on the floor, was living and breathing through a wound in her neck. I ordered her immediately to be put upon the bed, and on examining the wound, found the trachea or wind-pipe cut completely through, at the thyroid and cricoid cartilages; the internal jugular veins cut. I stitched up the wound, and with adhesive plaster stopped the external effusion of blood; the blood, however descended into the lungs, which no doubt produced suffocation, which, with exhaustion from loss of blood, was the cause of death; she expired in little more than an hour after. The child was lying on the floor at the foot of the bed, dead; no doubt in consequence of a deep wound inflicted on the left side of the neck; the carotid artery was divided;—a razor covered with blood was lying between them.

Mr. Buck, surgeon, arrived in about half-an-hour after me. We both attended the coroner's inquest on the 6th. Our medical evidence agreed, although that gentleman was enabled to give a more detailed account, having examined the wounds after death.

After the examination of the witnesses was finished, the coroner stated, that, the judges say that medical opinion might be taken, in the case of suicide, in reference to insanity, although not previously acquainted with the party that committed the act. [1] The jury having expressed a wish to hear our opinion as to the sanity of the deceased:

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[1] This surely means—after a *post-mortem* examination of the brain.—J. A.



Mr. Buck said, he had heard carefully the whole of the evidence offered, and was of opinion that the deceased had, at no time of her life, shown herself to be at all incapable of managing her own affairs. He spoke that, upon the experience of examining upwards of twenty cases per year,—she seemed to have been of a morose disposition; but he could not say, that at any time of her existence, he should have thought her to be at all *insane*.

On being called, I told the coroner I should, if he wished, give my opinion, medical, or non-medical, but that I should prefer the latter, he answered, he did not wish to press me to do either.

My opinion was that it was shown, that there had been insanity in the family, that insanity was hereditary, that all diseases must have a commencement, that I think the deceased woman must have been of unsound mind at the time of committing the act, as I believe that no person in their senses would commit suicide. The coroner, during the whole of my examination in this, as well as on former inquests, has always been kind and courteous, for which I tender him my unqualified thanks.

The jury returned a verdict of “*Insanity*.”

I now come to give my reasons why I came to the conclusion of *insanity*: that Harriet Langton, the mother of the deceased, stated that her husband, the father of the said Mary Groce, had been *insane*, and confined in a mad-house; also some of his near relations had been in a lunatic asylum; his mother was *insane* when she died; the grandfather of the deceased's father was also afflicted with it. *Insanity was quite a family complaint*.

The husband of the deceased said that they were in indigent circumstances; that he only earned 4s. and his wife 6s. 6d. per week, out of which they paid a person to take care of the child; that the child was very troublesome to nurse; that from his birth he was almost constantly crying; that she had been off work with a gathered finger; that he had cut her meat, and



she often refused to eat; that he intended to emigrate to Australia; about three weeks ago they had a dispute on the subject, she being unwilling to go; (the difference ran so high that their neighbours heard them) that she loved her children; that on the evening preceeding the dreadful tragedy, in coming home from his work about 9 o'clock, in passing along Craven Street, near a lamp post he saw his wife with the child coming in the direction from the pasture; on being questioned where she had been, answered "in the Pasture," "Dane Hills," "the Abbey," and "near to Belgrave," and "taking a walk," he never knew her to do so before; he then thought that all was not right with her; he called next day at her mothers on going for dinner, for his wife, as she promised to be there, she had not been there, and her mother immediately said "it was a bad job by what the poor wench looked last night." Her nearest neighbours stated that she was a very quiet woman, reserved, and did not speak to them, although drawing water at the same pump; they thought it was pride; that she was frequently seen to stare in the child's face; that about 10 o'clock on thursday morning, Sarah Wright said that she looked at the witness very hard, and different to what she had done before. R. Monk and Ann Higgs gave evidence that they heard a disturbance about emigration (as above mentioned.)

Insanity may be defined to be chronic, acute, periodical, or habitual; of which there are different species. It is difficult to trace the first commencement of this disease, or to say at what time the mind began to be insane; for in many cases you find eccentricity and oddities about persons, which have existed for a long time, and those persons are never considered *mad* though they are bordering on madness on certain points.

There are many instances of madness called melancholy, in which the individual may be able to reason extremely well on all subjects, so that there is scarcely anything to account for the delusion he is labouring under; but at last he becomes depressed to such a de-



gree that his judgment is perverted; he becomes a trouble to himself, and at last commits suicide. It is remarkable in some cases of partial insanity, the individuals will be aware of their morbid propensity to murder and commit suicide, and will tell their attendants not to trust them, as the feelings come on sometimes so that *they cannot overpower it*. This has several times happened with regard to the commission of murder, and shows the partial character of the feelings, and that it arises from *impulse*, and not from the error of judgment.

In the case of Martha Brixey, a nurse-maid, who murdered her master's child, tried at the Old Bailey on the 16 of May, 1845, makes public another instance of that singular species of mania, under those sudden influence worthy persons have been *irresistably impelled* to monstrous acts of absurd cruelty. Lord Denman gave no opinion. The Jury found that the prisoner was "*not responsible*." That while medical men have slowly been coming round to the conviction, that an act of atrocity may be the very *first* symptom of a deranged mental organ.—The Lawyers maintain that no circumstances in the monstrous tragedy itself, shall be held sufficient in law to establish lunacy in the perpetrator. The diversity of opinion is not difficult to comprehend. Medical men regard the question solely on physiological grounds; juriconsults pay no attention to the effects likely to arise from a conviction or acquittal; the one class looks solely to the patient, the other to society, and while we, in a doubt about responsibility, would save—they in the same situation would sacrifice a prisoner. (Medical Times, vol. 12, page 166.)

*Predisposing causes.*—Hereditary conformation must be considered the chief, when mania proceeds from hereditary predisposition or constitutional bias. Of all the maladies to which the human frame is liable, and which can be entailed on posterity, mental derangement is surely the most deplorable, in some kinds of the disease; the most ferocious hatred is displayed towards the most natural objects of love, and always wish the destruction of those they love most. It is apt to show it-



self at the same time of life in different members of the same families. M. Baillarger states, "that the development of hereditary insanity may be feared in children, if the father or mother was insane at the period of conception, previously or since." Among the physical causes of insanity enumerated is bodily injuries or wounds. She had a sore finger. The fingers are very sensitive, and when injured immediately informs the mind; a wound or prick in the fingers frequently proves fatal.

Every excess of passion, love, joy, grief, fear, over-weening pride, anxiety, &c. &c. may become a moral cause of insanity.

The disposition to diseases of progenitors becomes perfectly apparent in those periods of life, which from the change of the structure, favour the operation of occasional causes, Mania does not take place before the strong state of manhood. (2.)—Insanity seldom occurs before 20, its attacks are numerous between 20 and 40. (3.)—Neither savages nor inferior animals wilfully kill themselves, which is a proof that the exalted state of nervous sensibility of the human species, rendered morbid by the habits of civilized life, induces the insane states of mind, which determine them to destroy themselves in violation of the feelings of nature. (4.)—Melancholy patients often flee from men, and haunt solitary places and are given to nocturnal rambles. Not 200 yards where the inquest was held in 1841, I had a patient that informed me that he had walked in the evening, (singular coincidence) over the same ground as *Groce*, to find a convenient place to commit suicide, I inquired what was the motive for contemplating such a horrible deed? Answered, Idolatry. Idolatry, that he loved and gave more homage to the creature than to the Creator, I informed the late vicar, the Rev. A. Irvine of the circumstance; he accompanied me to the man's house, and endeavoured to show him the delusion.

[2] Dr. T. Jameson on the changes of the human body, at different ages and diseases at each period. ... Page 152.

[3] ... .. „ 240.

[4] ... .. „ 241.



He got better at that time; however he had another attack and been the inmate of a lunatic asylum; is again become sane, and at full liberty. I attended a woman in this town sane, that previous to being married, supposed that she had puppies in her stomach, this absurd belief became such that it was found necessary to send her to the lunatic asylum here.

*Cases are on record.*—A butcher, who firmly believed that he saw a leg of mutton hanging from his nose, therefore he was certainly mad; a baker who fancied himself butter, and refused to go into the sunshine lest he should melt; a painter thought that he was soft—he was so in mind—he thought he was so much putty, and that he could not walk without becoming compressed like putty; others have fancied themselves glass, and would not sit down, lest they should crack.

\*Dr. FERRIDAY, of Manchester, had a patient; he fancied he had swallowed the devil, and would not discharge the contents of his alimentary canal, through a benevolent feeling, lest he should let him loose into the world.

In the aforesaid cases the insane gave expression to their delusive minds, but when the volition of the mind, (should an injury be inflicted) where the motives to action are delusions, the scrutiny into the exact procession of thought which produced the motive, or excited the determination is beyond the reach of the medical practitioner.

If it be supposed that the terror of example will prevent the sallies of the maniac (it is during these sallies that murder and suicide are committed,) it is a lamentable mistake; his *belief* in the *good* of his principle, his faith in the right of his actions, are superior to arguments; his motive cannot be controlled by reason nor baffled by the fear of punishment; impressed with a *belief* in the truth of his delusion, he hurries forward to its accomplishment, and in the pursuit of the phantom cannot be diverted by the most awful consequences.



(5.)—This incapability of being convinced of the *good* and *evil*, *right*, and *wrong*, *truth* and *falsehood* of his *belief* is that, which as an intellectual being renders him different from other men, and constitutes his distemper. (6.)—In those cases where insane persons have deliberately destroyed others there has been some existing and prominent delusion which has been fully believed to be *true*, and *good* and *right* which has constituted the motive, and urged on the miserable victim of his delusion to the accomplishment of his purpose. (7.)—LORD ERSKINE says, “in cases of atrocity the relation between the disease and the act, should be apparent; and again I think as a doctrine of law, the delusion and the act should be connected.”

Although these grave authorities, the lawyers, have laid down no definition of madness, nor given any directions how to discover it. The ordinary class of persons, who are usually summoned to act as Jurymen, and who are sufficiently virtuous and intelligent have in common with the mass of mankind formed their opinions of that state of mind which is denominated madness, and it should be observed that such opinions are not very easily *removed or altered*. (8.)

#### SUMMARY OF THE CASE.

1. *Insanity* in her father's family.—2. Took place at that period of life which might be expected.—3. Fear, fear of want, being in poor circumstances.—4. Love, she loved her child; they always wish the destruction of those they love most.—5. Anger, disagreement about emigration.—6. Grief, a crying child.—7. Anxiety, fear of losing her place at the factory in consequence of her sore finger.—8. Refused to eat, they often obstinately refuse any nutriment, and dies.—9. Flee from society, she was quiet and reserved, kept no company with her nearest neighbours, nor spoke to them.—10. Bodily injuries, or wounds, a diseased

[5]	Dr. Haslam's Medical Jurisprudence.	...	...	Page 20.
[6]	...	...	...	24.
[7]	...	...	...	51 & 52.
[8]	...	...	...	Page 8.



finger near the extremity.—11. Haunted solitary places, and nocturnal rambles; she did so on the evening preceeding the awful catastrophe. Her husband on that occasion thought all was not right with her.

What was the particular motive or delusion that acted on the mind, which influenced her to commit murder and suicide, will ever remain a mystery; it not being divulged; and science cannot detect it.

I further state, without mental reservation, that I hold no ill-will or bad feeling towards either professional or non-professional gentlemen, that may hold an opposite opinion.

James Anderson, General Practitioner, in practice prior to the act, 1815. Upwards of forty years in practice, thirty-six years since first in England; seven years a Parish Surgeon, &c., &c.; author of numerous papers on Medical and Surgical subjects.

*Leicester, April 20th, 1849.*

