

their mental condition they cannot, under the modern outlook of psychiatry, be held responsible for their acts which are the result of their congenital defect.

There is another class of cases possibly more pitiable still, as exhibited by the following example. J. T., aged 28, returned soldier, contracted syphilis in England in 1917. In the summer of 1919 this man was arrested for stealing a bag of sugar. The gaol surgeon recognized the presence of syphilis and the prisoner received three treatments of diarsenal. In August 1919 this man was convicted and sentenced to the penitentiary. On the 17th August he began his prison life. On November 15th the prison surgeon diagnosed him as a case of General Paresis. On November 22nd he attempted suicide. On the 26th the surgeon earnestly reported that he be sent to a hospital for mental diseases and on the 1st of December the man died of a Paretic convulsion. The crime for which he was committed was unquestionably the outcome of his mental condition. No attempt was made to have a specialist in mental diseases report on his case. He did not receive any specific treatment while in the Penitentiary. Of course this man should never even have gone to trial, he should have been sent to a hospital.

In the summer of 1915 I was requested by the Attorney General of Ontario, to examine a number of patients, some 50 in all, who were confined in the Department for the Insane at the Kingston Penitentiary. My examination extended over quite a period of time. A great number of these cases were congenital defectives. There were 10 cases of Dementia Praecox, and several cases of well marked Paranoia. It cannot be denied that the defectives were such at the time they committed the offence for which they were serving sentence. Without doubt several of the cases of Dementia Praecox antedated their trial and conviction, while in at least four cases of Paranoia the disease antedated the trial and commitment. No records were available as to how many, if any, of these patients were examined by specialists previous to trial. I have personal knowledge that one well marked case of Paranoid Dementia Praecox escaped the extreme penalty by the evidence of a specialist in psychiatry.

Let me now draw your attention to a rather important phase of the question of medical legal evidence. In 1910 I was asked to give special evidence in the case of G—, on trial for the killing of a neighbor without provocation. The man had been a very respected member of the community in which he lived. A favorite son had caused him considerable anxiety and expense. In the end he was induced to sell his farm to the son and move to another place. The man then became depressed and was, at the time of the tragedy, a well marked case of Manic-Depressive Insanity. In giving the evidence I endeavored to place before the Court,