

now lays so much stress, and yet while the other injuries are detailed with such scrupulous exactitude, they could not have escaped notice.

The only inferences therefore that can be drawn from these discrepancies are, that Dr. Hingston in his anxiety to support his own side of the question, has drawn largely from his imagination, and that his evidence as reported by himself in the Journal is totally unreliable.

Let me now proceed to examine Dr. Hingston's conclusions, and see whether they are more reliable than his premises. He ascribes death to "a series of lesser shocks to the nervous system," ignoring altogether the existence of any severe shock or shocks. It is needless for me to remind the professional reader that the term "shock to the nervous system" is used to indicate a condition which does not admit of demonstration, and that the term is generally made use of as a convenient scape-goat, when a medical witness is at his wit's end to assign a sufficient cause for death. That there was much room for doubt as to the real cause of death in Mrs. Connell's case, is evident, from the fact that Dr. Howard—to whom Dr. Hingston deservedly pays a high compliment, and who performed the post-mortem examination—declined in the witness-box eight months after the decease of the woman, to give a decided opinion, unless Dr. Hingston could throw more light on the case.

Dr. Hingston takes great pains to prove that death may result from a nervous shock without any visible mortal wound, quoting from Dr. Taylor in support of his position, but he loses sight of the important fact, that the cases to which Dr. Taylor refers are those in which all the injuries have been inflicted immediately, or a very short time, before death, such as flagellation, blows received during prize fights, &c.

It can easily be understood how a *rapid succession* of injuries should produce death by a *constantly increasing* nervous shock, but where the injuries are inflicted at intervals sufficiently long to allow of reaction, the case is widely different and not to be judged by the same rules. That this was the case with Mrs. Connell is quite evident, for some of the bruises, those on the left arm for example, "were of long standing," those "on the body and limbs," were present at Dr. Hingston's first visit, and in all probability those on the head were then present also; for there is absolutely no proof of violence inflicted upon her after that time, except taking her up by the night-dress and letting her fall back upon the soft bed; and even that, only upon the evidence of "an ignorant excited woman," whose testimony Dr. Hingston himself censures me for receiving: indeed all the evidence adduced to prove actual violence on the part of the prisoner is singularly weak and defective, the blows said to have been aimed at deceased with whips and axe-handles being all intercepted by women, who nevertheless were not injured by them. On the other hand there is abundant proof of injury from falls; for Catharine Donovan "saw her fall out of bed more than once;" she also says that "deceased fell several times when her husband was not present," and "upon one occasion after the deceased fell I saw blood come from her nose." William Tobin, also, the son of deceased, testified that on the Sunday, *two days before her death*, she fell down stairs.

Dr. Hingston's theory, therefore, of—a series of lesser shocks to the nervous