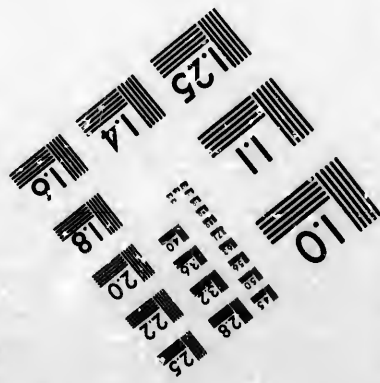
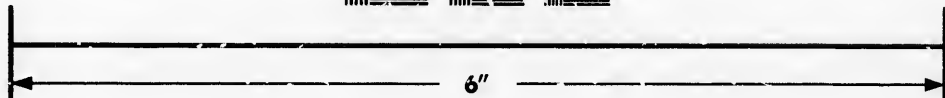
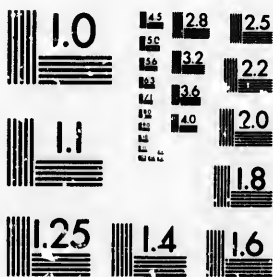


**IMAGE EVALUATION
TEST TARGET (MT-3)**



**Photographic
Sciences
Corporation**

23 WEST MAIN STREET
WEBSTER, N.Y. 14580
(716) 872-4503

**CIHM/ICMH
Microfiche
Series.**

**CIHM/ICMH
Collection de
microfiches.**



Canadian Institute for Historical Microreproductions / Institut canadien de microreproductions historiques

© 1981

Technical and Bibliographic Notes/Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for filming. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of filming, are checked below.

L'Institut a microfilmé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de filmage sont indiqués ci-dessous.

- Coloured covers/
Couverture de couleur
- Covers damaged/
Couverture endommagée
- Covers restored and/or laminated/
Couverture restaurée et/ou pelliculée
- Cover title missing/
Le titre de couverture manque
- Coloured maps/
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black)/
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations/
Planchis et/ou illustrations en couleur
- Bound with other material/
Relié avec d'autres documents
- Tight binding may cause shadows or distortion
along interior margin/
La reliure serrée peut causer de l'ombre ou de la
distortion le long de la marge intérieure
- Blank leaves added during restoration may
appear within the text. Whenever possible, these
have been omitted from filming/
Il se peut que certaines pages blanches ajoutées
lors d'une restauration apparaissent dans le texte,
mais, lorsque cela était possible, ces pages n'ont
pas été filmées.
- Additional comments:/
Commentaires supplémentaires:

- Coloured pages/
Pages de couleur
- Pages damaged/
Pages endommagées
- Pages restored and/or laminated/
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached/
Pages détachées
- Showthrough/
Transparence
- Quality of print varies/
Qualité inégale de l'impression
- Includes supplementary material/
Comprend du matériel supplémentaire
- Only edition available/
Seule édition disponible
- Pages wholly or partially obscured by errata
slips, tissues, etc., have been refilmed to
ensure the best possible image/
Les pages totalement ou partiellement
obscurcies par un feuillet d'errata, une pelure,
etc., ont été filmées à nouveau de façon à
obtenir la meilleure image possible.

This item is filmed at the reduction ratio checked below/
Ce document est filmé au taux de réduction indiqué ci-dessous.

10X	14X	18X	22X	26X	30X
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12X	16X	20X	24X	28X	32X

The copy filmed here has been reproduced thanks to the generosity of:

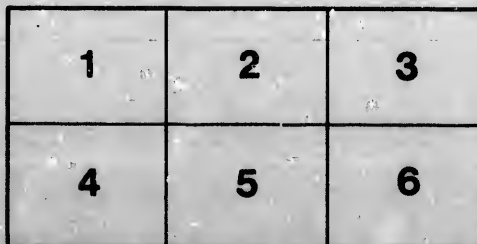
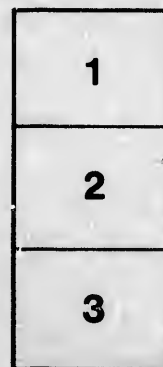
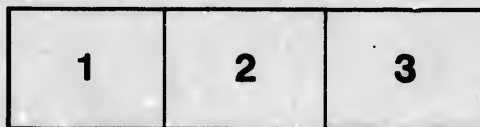
Library of the Public
Archives of Canada

The images appearing here are the best quality possible considering the condition and legibility of the original copy and in keeping with the filming contract specifications.

Original copies in printed paper covers are filmed beginning with the front cover and ending on the last page with a printed or illustrated impression, or the back cover when appropriate. All other original copies are filmed beginning on the first page with a printed or illustrated impression, and ending on the last page with a printed or illustrated impression.

The last recorded frame on each microfiche shall contain the symbol \rightarrow (meaning "CONTINUED"), or the symbol ∇ (meaning "END"), whichever applies.

Maps, plates, charts, etc., may be filmed at different reduction ratios. Those too large to be entirely included in one exposure are filmed beginning in the upper left hand corner, left to right and top to bottom, as many frames as required. The following diagrams illustrate the method:



L'exemplaire filmé fut reproduit grâce à la générosité de:

La bibliothèque des Archives
publiques du Canada

Les images suivantes ont été reproduites avec le plus grand soin, compte tenu de la condition et de la netteté de l'exemplaire filmé, et en conformité avec les conditions du contrat de filmage.

Les exemplaires originaux dont la couverture en papier est imprimée sont filmés en commençant par le premier plat et en terminant soit par la dernière page qui comporte une empreinte d'impression ou d'illustration, soit par le second plat, selon le cas. Tous les autres exemplaires originaux sont filmés en commençant par la première page qui comporte une empreinte d'impression ou d'illustration et en terminant par la dernière page qui comporte une telle empreinte.

Un des symboles suivants apparaîtra sur la dernière image de chaque microfiche, selon le cas: le symbole \rightarrow signifie "A SUIVRE", le symbole ∇ signifie "FIN".

Les cartes, planches, tableaux, etc., peuvent être filmés à des taux de réduction différents. Lorsque le document est trop grand pour être reproduit en un seul cliché, il est filmé à partir de l'angle supérieur gauche, de gauche à droite, et de haut en bas, en prenant le nombre d'images nécessaire. Les diagrammes suivants illustrent la méthode.

C

PRIN

ON

CRIME AND INSANITY.

BY

JOSEPH WORKMAN, M.D.,

TORONTO.

Montreal:

PRINTED BY LOVELL PRINTING AND PUBLISHING COMPANY.

1877.

in
s
a
I
ju
fo
b
n
u

p
m
b
p

d
w
in
v
se
or
fo
th
H
re
of
ge

PAPERS IN MEDICAL SECTION. 11

ON CRIME AND INSANITY.

BY

JOSEPH WORKMAN, M.D.,

TORONTO.

At the last annual meeting of the Association, held in Toronto, in August, 1876, I was kindly permitted to read a paper on a subject which at that time engaging no small share of public attention, was discussed by various parties with much earnestness. It had been proclaimed by the press, and was re-echoed from the judicial bench, that a criminal epidemic of alarming extent had, for some time, overspread our province, and it was insisted upon by nearly all classes, that the suppression or mitigation of the moral malady was to be attained only by the most rigid and unexceptional infliction of capital punishment.

Though I have not at any time felt convinced that within the period alluded to criminal violence prevailed in such unusual magnitude or intensity as to be entitled to the designation bestowed upon it, I did not feel called upon to controvert the popularized theory.

It is known to the Ontario members of this Association that during last year four men were put on their trials for murder in whose defence the plea of insanity was advanced. Three of these, in whose cases I was concerned as an expert witness, were convicted, and were sentenced to death; but on one only was the sentence carried into effect. The fourth was merely arraigned, and on the evidence of Dr. Dickson was considered by the judge unfit for trial because of mental incompetency. In this man's case the course recommended in my last year's paper was adopted. He was placed in asylum confinement for close observance by reliable experts. He has been now nearly a year under the charge of Dr. Clark, in the Toronto Asylum, and I understand from this gentleman that his report on the man's mental condition, sent in

to Government two or three months ago, firmly sustains the opinion expressed by Dr. Dickson, and justifies the course taken by the judge.

I cannot but regard the procedure in this case as a very laudable deviation from the stereotyped system of former years, and I am convinced that, not only the Law Officers of the Crown, but the entire Bench of Justice, will feel thankful for the salutary and rational precedent thus placed on authoritative record. As I have before said, three of the four alluded to were condemned. The evidence in two of the cases abundantly satisfied me of the insanity of the persons, and as to that given in the third, it certainly merited more skilled consideration than the jury were capable of bestowing on it. The crimes of the first two were very atrocious, and that of the third appeared to have been so reckless and wanton as to call for deterrent chastisement. It is well understood by all who now hear me, that the above elements of offence are too shocking to the minds of ordinary men, who have never bestowed careful study on the subject of mental disease, or have not had opportunity for observing it in its manifold and very diversified forms and degrees, to permit of their taking a rational and calm view of any case in which they are presented. The two who were not executed had their sentences commuted to imprisonment for life in the Provincial Penitentiary. One, the more atrocious murderer of the two, was forthwith removed to the Rockwood Asylum, and placed under charge of Dr. Dickson. He died within six months. Dr. Dickson has informed me that in the asylum he gave decisive indications of insanity, and the *post-mortem* examination of the brain, made by Dr. Dickson and three other eminent physicians, clearly showed that this organ had been in a diseased condition for a considerable time past. The second convict also died about three months after entering the Penitentiary. I exceedingly regretted that no *post-mortem* was held, but the Penitentiary surgeon, Dr. Lavell, has stated to me that the man in his final illness showed unmistakable symptoms of brain disease. He lay in a comatose state for two days before death; and it was Dr. Lavell's belief that cerebral effusion had occurred.

I have seldom seen a person of so defective organization. His head was notably unsymmetrical, and I never saw the pigeon breast so prominently displayed as it was in him. The heart sounds indicated serious valvular trouble, and it was my belief

that the organ was considerably misplaced. Dr. Bucke and I testified pointedly to these facts, and we were sustained in our testimony by a medical witness who was sent by the Crown to watch the case, or, as I believed, to watch us. Strange to say, this gentleman's testimony went even further than mine in support of the plea of mental defect. He, however, escaped the lash of the erudite *Globe*; but Dr. Bucke was doomed to share with me the infliction of a full measure of that organ's classic slang.

In my last year's paper the following passage occurred near the conclusion, which, in connection with the preceding details, I may not inappropriately reproduce here: "Time is the grand revealer of all secrets, the infallible expounder of all mysteries, the potent settler of all doubts. If, instead of rushing on the trials of some atrocious offenders at lightning speed, and consigning to the gallows and the quick-limed grave the momentous question of their moral responsibility, we should, in cases in which medical opinion suggests the probability of mental unsoundness, place the accused under close and skilled observance for a sufficient period, justice would neither be cheated nor outraged, law would be divested of much of its indocility and barbarity, and public sentiment would become more rational and authoritative."

Time *has*, assuredly, revealed the momentous secret in the cases of Ward and young Alden; and time, I am convinced, would have amply revealed it in McConnell's case; nay, indeed, time *did*, though not *timously*, reveal it, for the evidence given by the jail surgeon as to this unhappy man's mental and physical condition, in the interval between his conviction and his execution, and as to the lesions observed on his brain, in the *post-mortem* examination, could not fail to satisfy any person familiar with the phenomena of insanity and with the appearance of the brains of its victims, that he must, for a considerable time, have laboured under very serious mental aberrations. I have been favoured with the section of that part of his skull on which a fracture had been inflicted some two or three years before he murdered Mr. Mills. I put it to any person who is well read in the literature of insanity, whether such an injury as is indicated by the appearance, both external and internal, of the piece of skull which I now present for your inspection, was not very likely to be followed, sooner or later, by formidable mental alienation. I could quote dozens of authorities confirmative of this belief, and

I may be held excusable in adding that my own twenty-two years' close and careful observance has been thoroughly confirmative of the correctness of the views expressed by the numerous eminent writers whose works have come within my perusal.

And now, gentlemen, I have a rather ludicrous, though not uninteresting incident, in connection with poor McConnell's skull to narrate to you. In November last I had, by the politeness of the Sheriff of Wentworth, the privilege of examining a plaster cast of the head of McConnell, said to have been taken immediately after the body was cut down,—would you believe it, this cast showed not a trace of the fracture, though the ridge was so distinctly visible during life that I was able, in the Court-house at a distance of 25 or 30 feet, to see it and to point it out to the jury! I leave it to those experienced in the taking of such casts to guess how the one exhibited to me became so nicely smoothed down over the region which, above all others, should have been faithfully represented. The inspection explained to me one fact which had previously failed to be comprehended by me. I had learned that a certain chatty medical gentleman professed to several persons that he had seen McConnell's skull, and that it showed no mark of fracture. As I deemed it polite not to impugn the veracity of this critic, my charitable conclusion was that he had seen only the smoothed-down plaster cast, though even this interpretation involved the rather unpleasant suggestion of too large an economy of truth.

The hanging of McConnell, we were told by the newspaper philosophers, was indispensable to the safety of society; and more than one of these public guardians taught that no distinction should be made between sane and insane offenders. In their opinion the best, if not the only reliable, preventive of murder, was the extermination of all murderers. Whether in compliance with their clamorous demands, or from other more rational considerations, the sentence was ordered to be carried out, and McConnell was scientifically hanged. Mark what followed his doom, in hot haste! Ward killed his wife, and burned her body in the conflagration of his own house, very severely scorching himself; Hopkins, at Lynden, murdered his wife in broad daylight, and instantly made known the fact of her death to the men working for him, at a little distance from his house; the two Youngs murdered McDonald. These three murders were perpetrated a few miles from Hamilton. Next, young Alden shot Jefferson in

Hamilton a few months later; and a short time ago Johnson made a murderous attack in daylight on Miss Kneller, in the same city, almost faithfully imitating the slaying of Mr. Mills by McConnell. Whatever other moral effect may have been produced by the execution of this man, it surely did not prove suppressive of the crime of murder in Hamilton or its vicinity.

Johnson is alleged to be insane. He was once committed as a criminal lunatic to the Rockwood Asylum, from which he effected his escape. I can not avoid the belief that his ferocious attack on Miss Kneller was intended by him as a dramatic reproduction of the Mills butchery.

Nothing can be less consistent with established facts, than the belief that capital punishment of either the sane or the insane deters the *latter* class from the perpetration of similar offences; and many thoughtful persons doubt its salutary influence over the *sane* class. But these are questions which concern not our profession. As expert witnesses we have nothing to do with the requirements or the course of the *law*. Responsibility for the character and the operation of our enactments rests not upon us but upon our legislators; our sole function is, when placed in the witness stand, to declare, to the best of our belief, the bare truth, whether that may benefit or injure the party on whose side we may have been summoned.

If the law could exactly define the *degree* of mental unsoundness which is compatible with full moral responsibility, a very great difficulty would be removed from the process of its administration. The degrees as well as the forms of insanity are of almost infinite variety, and I should hesitate to say that every degree or form of mental defect, however trivial or shadowy, should exempt its subject from all responsibility for his evil acts. I have had conversations with some asylum inmates who have told me that the law could not touch *them*, and therefore they might with safety commit any offence they pleased. My reply was, if you are capable of thus reasoning on your actions and of coolly deciding on their performance, you have the power of abstaining from crime, and, should you indulge in any wicked act, I shall be able to give evidence that will convict you, and so my advice is that you behave decently and peaceably. This admonition I generally found sufficient to secure my object.

But the class of insane offenders usually presented in courts of justice will be found to include very few who have calculated on

immunity from punishment because of their mental unsoundness. On the contrary, the really insane offender usually repudiates the allegation of his lunacy, asserts his own clearness of head, and not unfrequently tells his questioner that it is he who is a fool for regarding him as such.

In cases of palpable and unequivocal insanity, but little difficulty is encountered either by judges or juries; but insanity does not always, nor constantly, present itself in its full life form and altitude, and to those who have not lived in close neighbourhood with it, and witnessed its strange alternations and puzzling incongruities, the formation of a decided opinion must often be a matter of great difficulty. I doubt not that many of you have, at times, found it very difficult to formulate an ordinary certificate of lunacy for commitment to an asylum of persons of whose mental alienation you have not had a shadow of doubt. Now, to have to enter a witness-box, and give, in connection with such undemonstrative cases, that detail of facts ascertained in your personal examination of the patients which will meet the requirements of the law, or withstand the strategic assailments of a crafty cross-examining advocate, is certainly no enviable position. I have, in my time, admitted into asylum custody hundreds of lunatics, the medical certificates of whose insanity were defective in the above relation; and yet I can hardly charge my memory with more than one instance in which my subsequent observance failed to ratify the decision of the medical examiners; and that one was a case of the most clever simulation I have ever seen, or read of, so that I heartily exonerated the examining physicians from all blame.

If I have not already trespassed too far on your time and forbearance, I would here narrate the details of a couple of cases, which, for a long time, were to me perfect puzzles. You will, doubtless, not be unprepared to hear that the subjects were of the softer sex.

The first was a young woman under 15 years of age. The details furnished in the medical certificate, and supplemented by those of her friends, were by no means meagre, so far as the moral abnormalities of the patient were concerned. She was presented to me by her mother, who exhibited a bagful of various articles of dress which the girl had destroyed, by cutting out numerous pieces, mostly circular. A long detail of other very wanton misdeeds was added. I was led to the conclusion that we were about

to encounter a very mischievous and annoying inmate; but I resolved to treat her trustingly and kindly, and to await the result. I was not disappointed in my hopes. She not only never misbehaved, but was really a model of good conduct. We found her to be obliging, kind, obedient, and very intelligent; not by a single act or word did she exhibit a trace of insanity from her admission in December until her discharge in April following, when she was taken home by her mother. No sooner had she re-entered under the paternal roof than she repeated on even a larger scale her former misdeeds, and on the third day after her departure from the asylum, her mother once more presented her. I declined to re-admit her, stating that I had not found her to be insane, and could not feel justified in receiving her. The mother then fell into a pitiable state of commotion, which vanquished me, and I agreed, that if she would take her daughter back with her and submit her to proper medical examination by three physicians who should testify to her lunacy, I would defer to their finding and again admit her. Two days after she returned with the required document, in which the girl was designated "a monomaniac with the propensity to destruction of property."

I am very certain that besides this "propensity," no other evidence of insanity was obtainable. So far from there being any lesion or defect of intellect, we had found the very contrary to be the fact. I resolved to treat her in just the same manner as before. I retained her nearly thirteen months, and she behaved in every way to my entire satisfaction, and became a favourite with us all both sane and insane. Towards the end of her second residence, I took several opportunities of conversing with her kindly but admonitorily, telling her she was not insane, and that she ought to know that continuing as an asylum resident must blight all her womanly hopes of future well-being, and inflict on her parents and brothers, who had all been extremely kind to her, unspeakable distress. I concluded by intimating to her, that, in the event of another exhibition of her evil doing, she must make up her mind to confinement in a prison or reformatory, and not in an insane asylum, and that she would find a very painful difference between the lenity of discipline in the latter and the correctional rigidity of the former. She ultimately intimated to me that she would willingly leave the asylum, but not to go home to live with her mother, against whom she evidently indulged a very unfilial feeling.

I apprised her mother of this decision, and she made arrangements for her daughter's new residence with a new form of daily employment, and took her out of the asylum on a second trial. Three years afterwards I had the pleasure of learning that she had gone on well, and still later she paid us a visit. It is now fourteen years since she went from under my care, and I have had no unpleasant report of her.

Here, then, was a case, if there ever was one, of moral mania, pure and simple. There was, so far as I could discern, no defect or impairment of intellect, but yet dare we say that *all* the realm of mind was in a state of integrity? Was the unnatural aversion to a kind mother an indication of perfect sanity? Is it not an almost universal fact that insanity presents, as its earliest manifestations, unaccountable likings and dislikings, and that the objects of the latter are invariably those who were previously most loved? This consideration gave me pause, and constrained me to entertain a charitable view of the case. It also dictated to me the course of moral treatment to be pursued; and who will say that my decision was unwise or unjust? Suppose I had adopted a sterner course and treated her not as a victim of mental alienation but as a deliberate criminal, should we have found her the amiable, docile patient she proved to be? Is it not far more probable that we should have rushed into premature development a mental malignity over which subsequent kindness might have entirely lost its healing power?

Do not, I entreat you, regard these words as a mere lapsus of vague sentimentalism. I have before said in relation to other cases which to superficial and inexperienced observers presented an aspect very different from their latent reality, that "time is the grand revealer of all secrets, and the potent settler of all doubts."

Insanity is, surely, in its every form a deep mystery, and it behooves us to keep our eyes open to every flicker of light which may be shed on its gloomy domain. It consists with the experience of all physicians, that, in the incubative stages of some diseases when the determination of a clear diagnosis, after the most patient & exhaustive exploration of existing physical signs, is frequently unattainable, and its precipitate enunciation might be alike imprudent and erroneous, a cautious enquiry into the family, or stock, history of our consultant may throw in a side-light on the case, which either dispels our apprehensions, or darkly beglooms them.

In no human malady is this form of enquiry of more value in relation both to diagnosis and prognosis than in insanity. It was not till seven years after the so-called moral moromaniac, of whose case I have been giving a few details, had a second time left me, in a state of at least much doubtfulness as to her actual mental constitution, that a *side-light* was thrown upon it which convinced me that in treating her, not as a moral criminal, but as the innocent subject of a germinal mental disease, our charitable interpretation of her conduct had guided us into the path of true science.

At this time an older sister, whose history was a truly sad one, was committed to my care. Of the early phases of her insanity I gathered but little. She had, some years before, eloped from her good home and fallen into a life of abandonment. Ultimately she became an inmate of the insane department of a large almshouse in one of the chief American cities. Her parents accidentally discovered her whereabouts and brought her home,—alike in body and mind an utter wreck. Now it was that I first understood the words of the mother when she brought back my first patient, and I declined to re-admit her, under the belief that she was not a fit subject for asylum detention. "Oh, then," said she "what *will* become of her? She will go to the streets, and be lost." Had she then given me but a ray of that *side-light* which maternal delicacy constrained her to withhold, I might have responded very differently to her entreaties.

My second patient from the family has died since I relinquished my asylum position. My first, is, so far as I am now aware, in good health of mind and body; but just as no mortal's epitaph should be committed to marble before the curtain of life's drama has dropped, so must we wait and watch for the final issue of this and all similar perplexing cases.

I find, gentlemen, that I have taken up too much of that time which must be more appropriately devoted to other subjects, in closer affinity to the legitimate proceedings of this Association, to warrant my entering upon similar lengthy details of the second case alluded to by me in the outset. Suffice it to say, that both were to me deeply interesting; and one was, perhaps, more instructive than it may since have proved to others who have concentrated their observance on its individual manifestations, to the exclusion of those auxiliary irradiations which are occasionally contributed from the side-lights. The case has, throughout, pre-

sented those characteristics which in all our ablest writers on insanity, go to make up the motley garb of moral mania; and now three times over the lady has been duly certified to be the subject of this form of mental alienation, by medical examiners of established high reputation. I dare not venture to say that in this lady I ever detected any flaw of intellect, yet were I to furnish you with even a small moiety of the details of her home life, or of her asylum exhibitions, I feel assured you would hesitate to declare to her perfect sanity. I had her many years under my observance. I had certain conjectures as to the probability of a morbid heredity, but until very near the end of my official relation to her no clear side-light had broken in. Then I learned of a cousin being insane. This person is now an asylum co-irrmate with my quondam friend.

My object, in laying before this Association the preceding hurriedly-recalled observances has been to impress upon society, through your instructing and influential agency, the very great importance, in the determination of the actual mental condition of some moral delinquents, of a wide and penetrating circumspection over the entire range of those facts which a thorough acquaintance with morbid psychology will have taught you to estimate at their true value. Among these facts none can more potently command deference than morbid heredity; and yet, in utter defiance of this long-established truth, what do we find is the orthodox practical creed of our courts of law or equity? Do not the judges, in their charges, scrupulously abstain from the utterance of a word which might lead juries to allow this element, however clearly established, to enter into their consideration, or in the most remote degree to influence their findings? I have, again and again, been pained by observing this conservative indocility; and I have said to myself, why should we severely animadvert on a Chief Justice Hale, sentencing two old women to be burned as witches a long time ago and in his charge to the jury very learnedly descanting on the actuality and the abominations of witchdom, when, to-day, we find his bench worshippers ignoring a medical fact which has passed into an acknowledged tenet, not only of scientific doctrine, but of universal popular conviction? What should we say of the physician who might, in the examination of a person alleged by his friends to be insane, fail in a conversation of an hour, or in several conversations with him, to detect any striking indication of insanity, and who, resting his

decision on this evidence alone, in exclusion of the most ample proofs of insanity running through the stock for several generations, and, under the observance of credible and disinterested informers, having shown several out-croppings in the present subject, should yet unhesitatingly declare him free from mental flaw, and consequently a thoroughly responsible free-will moral agent? Should we not say of such a Doctor, that he has yet much to learn?

Yet just such is the position of the judge on the bench, who ignores all consideration of similar facts, and tells the jury they are not to enter into the history of the prisoner's antecedents or of his collateral blood relatives, but must form their judgment as to his general mental condition upon the evidence bearing upon this question at the time of the offence, however imperfect and undeserving of scientific deference this may have been.

About fourteen years ago, when on a visit to this city, I chanced to be requested by an esteemed medical friend to examine a gentleman under legal interdiction, in order to qualify myself for going into court to testify to his persistent mental unsoundness. I complied with my friend's request, and had a long interview with the interested person in which I failed to elicit in conversation any words that, if detailed in court, would be interpreted as indicative of mental unsoundness; and yet I was as sure of his insanity as of my own existence, for I had long been aware of it, and was satisfied that his friends had no improper motive in seeking to restrain him from squandering his estate. I need not say that I declined appearing, and that the case was more rationally disposed of without my testimony than it would have been with it, for I know too well the adroitness with which a sharp cross-examining counsel can contrive to turn into ridicule the evidence of a defectively informed medical witness, and how heartily the gentlemen of the long robe rejoice in the torture of our profession.

Under your further kind indulgence I would now bring under consideration the details of a very interesting case of insane homicide, as I have found them furnished in the report of the trial, published in the columns of the *London Mail* of 9th February last. I shall not detain you with the reading of the whole evidence, but merely with such portions of it as have appeared to me to throw clear light on the important question of the prisoner's mental condition.

"THE PIMLICO MURDER."

Frederick Treadaway, 20, described as a shopman, was indicted for the wilful murder of one John Collins.

The prisoner, a good-looking young man, pleaded "Not Guilty."

Mr. Straight, with whom was Mr. Avory, conducted the prosecution, which had been instituted by the Treasury authorities; Mr. Besley, assisted by Mr. Tickell, defended the prisoner.

Mr. Straight, in opening the case for the prosecution, dwelt on the solemnity of the occasion, which demanded, he said, from the jury the strictest attention and the utmost care. The learned counsel then stated all the attendant circumstances as they were afterwards, to a considerable extent, related in evidence.

The first witness called for the prosecution was Elizabeth Collins, who, being examined by Mr. Avory, said,—I live in Stanley-street, Pimlico, and am the widow of the deceased. I have known the prisoner over 12 months. I first saw him in the Harrow-road, talking to my niece, Carry Stephens, and she introduced him to me. I saw him twice after that at Mrs. Stephens's. He came to our house in October last to fetch a hamper, and took it away with him in a "trap." That was the first time Mr. Collins saw him, and he stayed about half an hour. Mr. Collins and he talked together some time. The prisoner again came on the 14th of December shortly before 1 o'clock. I let him in. After wishing me good morning, he asked if Celina was there, meaning a niece of Mr. Collins and a sister of Carry Stephens. I knew he and Carry kept company. He said he had a letter from her to meet her at 1 o'clock. Mr. Collins was then at home, and asked him to dinner, which was served in the front kitchen. The prisoner marked some new linen for me on that occasion. He stayed to dinner with Mr. Collins and me. He then wrote a letter, and I told him I was going to Paddington. I left to do so about 4 o'clock, leaving the prisoner there with Mr. Collins. They were then talking very comfortably together. I returned about a quarter to 11 that same evening. The prisoner had then gone. Mr. Collins was waiting my return at the front gate. I saw the prisoner next morning. He came to our house about half-past 10, and I let him in by the area door. He asked if Mr. Collins was in. I said he was not. The prisoner said he was very tired, and I asked him to take a seat in Mr. Collins' easy-chair, which he did. I asked him if he had the letter in his pocket. He said "No, I have not been home all night; I have been walking about." I said he must be very tired, and gave him a cushion for his back. He asked how the Stephenses all were. I said they were very well, except Mrs. Stephens. Mr. Collins came in about 11 o'clock, and went into the front kitchen. I went about the dinner, and left the room. They were then talking together in an ordinary way. I did not hear what they were talking about. I went in and out repeatedly, as I was cooking the dinner in the room in which they were. Dinner was ready about half-past 1, and the prisoner stayed and had some. When I left the kitchen the prisoner was still sitting in the arm-chair. I went into the kitchen and made a pudding. I could not say whether the prisoner ate any dinner or not. When I returned he was still

sitting in the arm-chair, and Mr. Collins had then moved to a different position. They were still near together. I cleared away all the dinner things and went into the back kitchen, and backwards and forwards a good many times. The prisoner and Mr. Collins were still in the kitchen talking together. Once when I went in the prisoner was looking at a fiddle, and he hung it up again. The last time I saw them together there was only the table between them, and the prisoner was standing with his hat in his hand, as if he were going away. Mr. Collins was still sitting in the chair. Up to that time they had only talked together in an ordinary way. I went to the back kitchen for a pan and heard a loud report. I turned round to go and see what it was, and I met the prisoner in the doorway of the back kitchen, coming towards me. That was not his way out. I asked him what the report meant. He said he did not know. The words were scarcely uttered when he fired again. I saw the flash and then heard the report, which was that of a heavy blow. It struck me in the ear, and I felt the blood trickling down my neck. I reeled round, but did not fall. I saw the prisoner go along the passage to the area door. I could not say if he had his hat on. I went after him and caught him by the coat at the area door. I attempted to cry "Murder," upon which he put his fingers into my mouth so that I could not speak, and with the other hand took me by the neck and threw me down outside the area door. He beat my head on the pavement several times. I struggled hard for life as he leant upon me, and I loosed one of my hands, but he still held me. As he was leaning over me, I took him by his shirt. I then found I was regaining my feet, upon which he released me and went up the area steps rather quickly; at least, it seemed quick to me. I put my other hand on the floor and tried to get up, but found it in a pool of blood. I went up the area steps and begged the passers-by to send for a doctor, and a policeman to take the prisoner into custody, saying he had murdered my husband. On my going into the kitchen I said to my husband, "What has he done; has he shot you?" He made no reply. He was then lying on the oil-cloth of the kitchen floor, and I knelt over him and begged him to speak to me, but he was gone; I felt he was dead. The only sign of life I saw was a slight quivering of the lip; and my only hope in life was gone. No one was in the house at that time but an aged lady in bed. We had a gentleman lodger, but he did not come home until 6 in the evening. I had no children. Mrs. Stephens was Mr. Collins's sister, and Mr. Stephens was a ladder-maker. My husband was formerly a builder, and had some house property. He kept his money upstairs as a rule—except when there was any large amount, and that was in the room in which we slept. Mr. Stephens wore a belt for a weak back, and he made some use of it when he went into Cornwall for carrying his money, and then only.

Chief Inspector Thomas Foinet spoke to having been at the Isleworth Police Station shortly after 12 o'clock, when the prisoner was taken there. The prisoner had then only been charged with the murder of Mr. Collins, and witness told him he would be further charged with the attempted murder of Mrs. Collins. The prisoner then appeared quite stupefied. At length he said, "I don't know how I came to do it. It seems a blank to me."

Afterwards, on the way to London, witness asked him where he had got the revolver. He replied, he had bought it on Thursday morning, shortly after leaving home, at a shop in the Seven Sisters'-road, and he intended to use it on or for himself. Things, he said, were very miserable at home, and he did not know what he was doing. He added that after the affair he went to Hyde Park and thence to Kentish-town; that he had been out the previous night from 5 in the morning, and he felt tired. Next morning he said on leaving Kentish-town he did not know where he was going or what he was doing; he only had 2d., with a penny of which he bought a newspaper to read about "the affair." It was all wrong, he said, and he explained how wrong. He afterwards went through Finchley and Barnet towards St. Alban's, but afterwards retraced his steps towards London, thinking he should like to see Mrs. Wiggins once more; that on reaching Kentish-town he found a pair of spectacles, which he wore as he went through Kensington and Hammersmith. On reaching the police-station he was placed in a cell, and on the Sunday evening he asked witness for pen, ink, and paper to write a letter. He was told he could have them, but that witness would read what he wrote before sending the letter. He said he only wanted to explain to Mrs. Milton why he shaved off his whiskers at her house, as that had seemed to surprise her. Witness offered to send for her, but the prisoner afterwards changed his mind, and no letter was written. Later on he said to witness, in the presence of his father, "I don't know how I came to do it. I don't think I did do it. I must have been mad at the time." On the occasion in question, when the prisoner was at the station, he seemed to be partially stupefied. Witness was satisfied that there had been no theft or attempted theft.

At this stage of the trial the prisoner was taken ill in the dock, and Mr. Gibson, the prison surgeon, having been called to see him, intimated to the Court that he was not in a state to justify the further continuance of the trial that day. He added that he had had him under his charge since the 15th of January, and nothing of the kind had happened before.

Mr. Justice Lush thereupon adjourned the trial.

Sarah Vivian was called as a witness, and examined by Mr. Tickell. She said her maiden name was Treadaway, and she was the sister of George Treadaway, the prisoner's grandfather. She remembered her father and mother very well. They lived near Uxbridge. Her mother died at 55 years of age. Her brain was paralyzed for three years before her death, and she was quite childish. Witness's father died at the age of 82; 25 years ago. She knew all the family well. Her mother's maiden name was Weedon, and she (the mother) had two brothers, one of whom was named Charles and the other Samuel. Her sister was named Lucy; she married a Mr. Stillwell, by whom she had two daughters; one of them was Mary, who died in an asylum—that of Hanwell. She was between 50 and 60 years of age when she died, and had been in that asylum about 15 months. Samuel was imbecile two or three years before his death, and tried twice to drown himself. He was between 60 and 70. Her mother's brother, Charles Weedon, was in St. Luke's Lunatic Asylum three or four years, and afterwards had

a keeper until his death. He was near 70 when he died. She had a sister called Mary Treadaway, who married a Mr. Chapineau, and who was about 45 when she died. She was strange in her manner and quite childish. She was not in an asylum. She lived in the Marquis of Exeter's park. Witness's brother William died in 1853 or 5 at the age of about 55. He hanged himself. He had a good deal of property and was very well off, but was given to dependency. Witness had a sister, the prisoner's grandmother, who died about two years before the prisoner's birth. Her age was about 57 or 60. She was quite insane, and obliged to have a person always with her. Witness had a brother named Henry who died in a fit when he was eight years old. Susan, a daughter of her brother George, was always subject to fits, and she died in one at the age of 22. She had the first fit in Paddington churchyard; and once she fell on the fire in a fit. They were called epileptic fits.

By Mr. Straight, in cross-examination,—The age of Charles Weedon when at St. Luke's and when he died was near 70.

George Hibbert proved that he acted as keeper for a year and nine months to Charles Weedon, who, though insane, was not a violent person.

Mrs. Ann Henn, residing at Notting-hill, said she was for some years in the service of the prisoner's grandfather as cook—about 23 or 24 years ago. His first wife was then living, and his son George and his daughter Susan were living in the house unmarried. Susan was subject to fits, which occurred frequently and used to last an hour. She had them once or twice a week all the time witness was there. She struggled very much when in the fits and became quite black in the face. She was also very violent on those occasions, and it required witness and her father to keep her down. She used to bite pieces out of the glass from which she drank. She was very strange in her eyes and manner, and witness could tell by that when the fits were coming on. She complained of pains in the head—shooting pains. She was always very ill after a fit, which would sometimes last an hour, and for days afterwards she looked haggard and wild about the eyes. She was not at all conscious when in a fit, and she used to foam very much at the mouth. Her mother was a very great invalid; and she, too, was very "curious" about the head, and used to throw things at witness—one being a coal-scuttle. She was exceedingly passionate. She had a brother a very weakly boy.

George Frederick Treadaway was the next witness. He said,—I am an outfitter, and the accused is my son. He is 21 this month. In infancy he was brought up in the country, and afterwards lived with me in the Harrow-road, going to school till he was 15. He was brought up to my business, and was of a kind, gentle disposition. In July or August, 1875, I remember him coming home on a Saturday and walking with him in the Holloway-road on the Sunday morning. We were on the left side of the way and approaching the Liverpool-road when I felt him stagger against me. I asked him what was the matter. He said something which I did not understand, and I noticed his eyes appearing as if the sight was gone. He fainted and lost all muscular power. I dragged him into a doorway and rubbed his

back and opened and rubbed his hands. He seemed quite unconscious of what I was doing, but did not seem to speak. He remained in that state nearly twenty minutes, trembled very much, and shook violently, turned quite pale, and then afterwards gradually recovered. The first words he said to me were, "I'm burning in the throat; give me something to drink." I could not get him anything to drink, but he sucked two oranges which I had, and he seemed to recover. We rested under the railway bridge on the way home, he being then very weak. When we got home he complained of being very bad in the head. Once he came home, saying he had had a fit in a doctor's shop. He had then a graze on his face. That was in 1873, and he complained of his head all the day afterwards. In September, 1876, he left his situation, and he frequently complained of giddiness in the head. The last few weeks in December he complained of pains in the head. He was generally very much dispirited and distressed, and sometimes would not speak for an hour. I had had no quarrel with him. My mother's maiden name was Susannah Bourne; she died in 1854, at the age of 56 or 57. She was always ill, and at times used to throw things out of the window at people passing, imagining they were making fun of her. She was also guilty of acts of violence at times.

Mrs. Caroline Treadaway, the mother of the prisoner, said he was the oldest of nine children. Her eldest daughter had brain fever, and was ill for about six months. He had frequently said he was miserable, and on one occasion talked of committing suicide.

Angus Caroline Treadaway, daughter of the last witness, gave corroborative evidence, tending to show that her brother had been of late in a very desponding state of mind, and had said the best thing he could do was to shoot himself.

Caroline Stephens said the last occasion she saw the prisoner was on the Saturday before he went to Pimlico. She had met him by appointment at the house of a relation on the Saturday evening. He parted from her in the usual way, and there had been no quarrel between them at all.

Dr. Hughes Bennet deposed that in the course of his practice he had seen persons afflicted with epilepsy, and he explained the difference between that and epileptic vertigo. The milder form of epileptic vertigo, he said, could exist without the patients' knowledge. In that form it did not necessarily recur. Very frequently epileptic fits followed epileptic vertigo. A person having epileptic vertigo might not know it. Epileptic vertigo was transmissible. He had seen instances of persons acting automatically under epileptic vertigo, and one of which he gave in detail from his own experience. On one occasion he extracted a pint of opium from a man who was afterwards unaware what he had done. Epileptic vertigo was not a recognized form of mental derangement. Witness had seen the prisoner on five occasions, and during those visits he did not discover any unhealthy condition. He questioned him as to his past health, and he said he had been in good health until about two years ago, when about that time he had a fainting fit in a chemist's shop, and that since then he had had six or eight seizures of a similar kind; and, in addition to those, he had been subject to

very frequent and violent headaches, and had been liable to various pains; that especially since August last he had been in a very depressed and melancholy condition, and, while brooding over his troubles, he conceived the idea of committing suicide, eventually coming to the conclusion that he would have recourse to a pistol. He spoke on the morning in question of giddiness in the head, and of a black cloud coming over him. These statements came out in the course of conversations of witness with the prisoner, and he did not in any way suggest the answers to his questions. The result of all those symptoms suggested to witness the existence of epileptic vertigo, the 3rd of February being the last time he saw him. He saw him after the attack yesterday, which, witness thought, was of an epileptic character, though somewhat more prolonged than usual. He attested the symptoms in the presence of Mr. Gibson, the prison surgeon. Angina pectoris was very frequently a sign of epilepsy.

Mr. Justice Lush said, incidentally, that the state of mind in which the prisoner was when he committed the offence was the question for the jury.

The witness, replying to the Court, said he had never seen epileptic vertigo last more than three or four minutes, but the effects might last from a few seconds to a few hours.

By Mr. Straight.—There was nothing in the circumstances inconsistent with an ordinary fainting fit.

Dr. Reece Williams, Resident Physician at Bethlehem Royal Hospital, and lecturer on mental diseases at St. Thomas's Hospital, said he had seen many cases of epilepsy in his experience. The medical profession certainly recognized epileptic vertigo as a form of mental disease, and he gave instances which had come under his personal observation; one in particular, in which a patient on recovery could give no account of his symptoms. He related the circumstances attending one remarkable case of this kind, and said he had seen other persons attacked with epileptic vertigo and unconsciousness of what they were doing. All that such persons did was automatically; they were mere machines for the time, and after the attack there was an impression on their minds as to something they had done, but they could not tell what. The length of the attack varied. The longest attack he had seen lasted about an hour; but, as a rule, they were very much shorter. During the time the patients were unconscious. The circumstances in this case corresponded with cases in his practice, and it was undoubtedly one of epileptic vertigo. Epilepsy would tend to shorten life, he thought, but not insanity. Epilepsy was certainly a disease of the brain. There might very probably be an hereditary transmission of epilepsy. Witness saw the prisoner yesterday, but not during the attack. When he saw him the prisoner was totally unconscious. On that occasion he had had a fit of an epileptic character, combined with symptoms which belonged to hysteria.

Mr. Richards, medical superintendent at the Hanwell Lunatic Asylum gave corroborative evidence from his professional practice. He agreed with the last witness that a person afflicted with epileptic vertigo alternating with epilepsy was unconscious of what he did, and of that the witness gave

exemplifications from his own experience. He saw the prisoner yesterday when he was unconscious, and from the symptoms he concluded it was an epileptic fit with some modified circumstances. After an attack in such cases memory was a blank. Epileptic vertigo usually alternated with fits.

Mr. John Robinson, an outfitter at Forest-hill, said the prisoner was in his service from September, 1875, until February, and that when spoken to he seemed absent.

Dr. William Smiles, surgeon at the House of Detention, Clerkenwell, said the prisoner was received there on the 18th of December and remained until the 15th of January, when he was removed to Newgate. He was in good health, talked rationally, and witness did not see in him any signs of an epileptic form, nor did he hear of anything of the kind. He saw nothing about him indicating insanity, though there was a good deal of hysteria.

By the Judge.—While he was under witness's observation witness had no suspicion of epilepsy.

Dr. Gibson, prison surgeon at Newgate, said on the 15th of January he received the prisoner into his care. He had continued to see him daily since then. He certainly agreed with the previous witness that the chief symptoms of yesterday's attack were those referring to a hysterical condition, the graver of those symptoms having an epileptic character. In his opinion there might be a distinct convulsive attack in such cases without any premonitory symptoms.

Mr. Justice Lush, in summing up the case to the jury, dwelt on its great importance and its distressing nature, whether they looked at the old man, cut off at a moment's notice in his own house, or as regarded the age and position of the young man at the bar. The law said that every man who took away by an act of felony the life of another, not under provocation, was, *primâ facie*, guilty of murder, and it devolved on a person so charged to show that at the time he committed the act he either did not know what he was doing, or, if he did, that he acted in spite of that knowledge. Every man was presumed to be sane and to possess sufficient reason to distinguish right from wrong. It must be clearly proved that at the time of committing the act the prisoner was not sensible of the quality of the offence with the commission of which he was charged. The test was its being, *primâ facie*, an act of murder, and the question was whether, *at the time it was perpetrated* by the prisoner, he was labouring under such a deficient reason as not to know what he was doing. In other words, did he labour under such an affliction of Providence that he was *for the moment* deprived of consciousness to such an extent that he was a mere automaton *from an attack of epileptic vertigo*? If he did not know what he was doing, the jury ought to acquit him and find him guilty on the ground of insanity. If they were satisfied, in other words, that he was doing an act the nature of which he did not know, they would find him not guilty on the ground of insanity. There was nothing in the case which reduced it to the crime of manslaughter.

The jury retired at 25 minutes to 8 o'clock, and about a quarter of an hour or 20 minutes afterwards returned into Court with a verdict of *guilty* of murder.

Mr. Justice Lush, assuming the black cap, proceeded to pass sentence. He said, addressing the prisoner, the jury had given the most anxious and careful attention to the evidence, as well that against him as that in his behalf; and they had come to a conclusion in which he (Mr. Justice Lush) entirely concurred. What his motive was in taking away the life of that poor old man was only a matter of conjecture or suspicion. Whether he failed in his endeavours to rob him or intended to ransack the house was a matter of conjecture or suspicion. Whatever the motive was utterly immaterial, it being clear to the jury and to his (Mr. Justice Lush's) mind that the act was a wilful one; and he could now only exhort him to prepare for the fate which awaited him. He would have, in the meantime, the services of a faithful and experienced minister of the Gospel, who, in a loving spirit, would point to sources of consolation in anticipation of the doom that awaited him. He could only pray that the Lord might have mercy on his soul.

The convict, who is a very young man in the prime of life and of prepossessing appearance and manners, was then removed from the bar."

Now, gentlemen, I may, with all befitting seriousness, ask you whether you have ever met with a family history more woefully darkened by the records of transmitted brain disease, than that of Frederick Treadaway? But of how little avail in the defence was its establishment in court! How little, indeed, could it avail with a jury instructed by a judge, who told them that it must be clearly proved to their satisfaction that the prisoner, when he committed the murder was "*for the moment deprived of consciousness to such an extent that he was a mere automaton, from an attack of epileptic vertigo!*"

Which of you, gentlemen, that has ever witnessed the deprivation of consciousness occurring in an epileptic fit, would ever dream of the patient *at that time* committing murder? Is it not deplorable that men sitting in judgment on their diseased fellowmen should be so ignorant of the actual nature of those spinal facts, which they presume to elucidate to men hardly less ignorant than themselves? And yet one can hardly imagine that any of Treadaway's jurors, who had ever witnessed an epileptic seizure, could fail to perceive the absurdity of the judge's instructions. They saw the prisoner under seizure of a fit in the dock, and in consequence of the interruption the trial had to be adjourned till the morrow: did they, or did their venerable instructor believe that at that moment the prisoner was able to commit murder? No physician who has seen epilepsy on a large scale will say that the unfortunate subjects of the malady are most dangerous *in their fits*. It is during the approach, and the

recession of a fit, that the epileptic is to be feared; *then*, indeed, some are supremely dangerous.

Mr. Justice Lush, as in duty bound, complimented the jury on their polite acquiescence in his own very erudite view of the whole case, including the hypothesis of the prisoner's failure of "endeavour to ransack the house"—a supposition unsupported by any tittle of evidence.

All judges have served a sufficiently long apprenticeship at the bar to render this sort of jury blarneying a chronic infirmity, and we need not wonder, when they become suddenly inspired by the prospect of donning the fatal black cap, that they should court the sympathy of their dozen of scapegoats.

How much might it have mitigated the painfulness of his Lordship's position, had he but known in time, that within the precincts of London one profoundly wise admirer was about to indorse his decision. Who, other than the correspondent of the *Toronto Globe*, should, or could that indorser be?

That no obscurity may rest on this after-piece of the Treadaway drama, I now offer to your admiration the following extract from the *Globe's* "London Correspondent's" letter, which appeared in *Toronto* on the 20th of March last.

HOMICIDAL MANIA.

The never-ending discussion as to homicidal mania has been revived once more by the unexpected pardon of the so-called Pimlico murderer. A few weeks ago a young man named Treadaway shot a retired tradesman in Pimlico under circumstances of peculiar brutality. Treadaway was engaged to be married to the niece of the man whom he murdered. He made a further attempt to kill the wife of the murdered man, and finally made good his escape with great apparent self-possession and presence of mind. He was captured shortly after, and the evidence against him was so overwhelming that he practically made no endeavour to dispute his guilt. The crime was a singularly brutal and unprovoked one. It was shown by very strong evidence *to have been deliberately planned beforehand*, and the only possible line of defence was that adopted, namely, that the prisoner was not in his right mind when he perpetrated the murder. No doubt the fact of a man's committing a very brutal crime under circumstances almost certain to secure his detection, and without any very apparent adequate motive, is strong *prima facie* evidence of insanity. Under our system, however, of criminal jurisprudence it is impossible to elicit the whole history of a prisoner's antecedents, unless they can be clearly connected with the offence of which he stands accused. It is, to say the least, possible that if the history of the relations between Treadaway and the family of the girl he was engaged to could have been investigated, some explanation might have been forthcoming as to the *possible motives for the crime*. As it was, the evidence to show that Treadaway was a lunatic *broke down* completely at the trial,

and he was proved to have been regarded as a sane man by all the persons he had associated with throughout his life, and the *on fact* adduced in his favour was that as a child in arms he had had an epileptic fit. In fact, previous to his crime, there was not apparently one tittle of evidence on which his incarceration as a lunatic could have been justified, and the question whether the crime was in itself so monstrous as to be proof positive of insanity on the part of the perpetrator was decided in the negative by the jury after a very careful trial, their verdict being distinctly approved by the presiding judge. The execution of the sentence was regarded as a matter of certainty, especially as the crime was not one to elicit any outburst of popular sympathy. But almost at the last hour the Home Secretary had the prisoner examined by two medical men, who reported that in their judgment he was not responsible for his actions, and thereupon the sentence was respited. Mr. Cross is not given to err on the side of leniency, and I believe the truth is that evidence was submitted to him which created *grave cause for doubt as to the man's sanity*. It is clear, however, that this evidence ought to have been submitted in public to a court of law, and not to a secret and irresponsible tribunal. Indeed, the Treadaway case furnishes yet another argument for the necessity of a Court of Criminal Appeal.

This very truthful caterer to the columns of the very truthful *Globe* tells us that the crime "was shown by very strong evidence to have been deliberately planned before hand," and he says that "the one fact adduced in the prisoner's favour was, that as a child in arms, he had had an epileptic fit."

I have read to you, gentlemen, all the evidence bearing upon Treadaway's epilepsy, and the epilepsy and insanity of his blood relations, and I now ask you, whether, supposing the *Globe's* correspondent had heard, or read, that evidence, he is not a jewel of a truth hunter.

"Only as a child in arms he had had an epileptic fit!"

What, then, was that seizure which fell upon the unhappy man in the dock, and forced Mr. Gibson, the prison surgeon, to testify that he "was not in a state to justify the further continuation of the trial that day," and which led Dr. Hughes Bennett, on the next day, to say, that having seen the prisoner after the yesterday attack, he thought it "was of an epileptic character, though somewhat more prolonged than usual." Yet this skilled testimony, corroborated by the subsequent investigation of two eminent alienists, deputed by the Home Secretary to examine the convict, and report on the case, did not screen that Right Honorable adviser of Her Majesty from the censure of the London correspondent of the Toronto thunder-maker! How fortunate for the Imperial Cabinet, that Downing street was so distant from the *Globe* office!

