

Recent Medico-Legal Cases.

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.]

REX v. WILKINSON.

GEORGE Arthur Wilkinson, æt. 27, labourer, was indicted for the murder of Evelyn Annie Buddle, æt. 8, at Bury St. Edmunds on October 17th.

On the evening of October 14th prisoner took Blanche, the eldest sister of the deceased, to whom he was engaged, and by whom he had had a child, to various places of entertainment, and had a good deal of drink. He passed the night on a sofa in the house occupied by the family of the deceased. At seven the next morning prisoner went out for a drink. He returned in ten minutes, had tea and went out again; returned, had breakfast, and went out again. Returned at ten, when he was calm, and not under the influence of drink. He gave a second sister of deceased, May, æt. 15, a halfpenny, and told her to go and get chocolates. He then called Eva to come downstairs, which she did. He struck her four very violent blows on the head with a poker, of which she shortly after died. He then ran upstairs with the poker in his hand, and threatened Blanche with it, saying, "I have killed little Eva, and I will do ——" Blanche wrested the poker from him without difficulty and ran downstairs. He ran after her, caught her by the arm, and said, "This is the last; if ever you have another man, be true." Then to May, who had returned, he said; "Be quiet, I am going to give myself up." He went to the police station, smoking a cigarette, and said unconcernedly, "I wish to give myself up for murder. I have killed Eva Buddle, of 7, Maynewater Lane, so there you are." After being cautioned, he again said, "I have done it, so there you are." A few minutes after he said: "I always hated her, I have killed her, so there you are. I don't wish to say any more now." He was calm and sober. He appeared to the police like a man who had been drinking heavily overnight. Shortly afterwards he said: "Give

me something to lay my poor old head on, for I believe I am in the rats" (delirium tremens). He then dozed off.

It appeared from the evidence that prisoner was not addicted to drink. He had been known to be drunk only twice in two years. He had always been kind to and appeared fond of the deceased girl, and used to bring her sweets. Blanche Buddle had seen him many times in "peculiar attacks." He would stagger from side to side and seem not to know where he was going. The attack would last for half an hour or more, and would occur three or four times a month. In one of these attacks he had taken a razor to his throat, but she took the razor away from him. After this attack he went into a deep sleep. Prisoner's father spoke to seeing prisoner "strange" on several occasions. One day witness found the table overturned, ornaments broken, prisoner's watch broken and thrown into the fire. It appeared prisoner had done all this for no reason whatever. On another occasion prisoner suddenly came into the room and struck witness with his fist without the slightest reason. A fellow soldier of prisoner's spoke to having seen him "twizzle round," as though in a fit, and twitch at the mouth.

During the trial, prisoner, who had been seated, half raised himself and with a cry fell down in the dock in what appeared to be a fit. He quickly recovered. He had had a similar attack whilst at exercise in prison.

Dr. C. Scott-Kilner attended prisoner in his attack in the dock, and would say it was an epileptic seizure. Dr. Longworth, of Suffolk Asylum, who also attended prisoner in the dock, was not prepared to swear that it was or was not an epileptic seizure. Dr. Fryer, the prison surgeon, believed it was an epileptic seizure.

Evidence of the nature of epilepsy and of epileptic automatism was given by these witnesses and by Dr. Stork, M.O.H. for Bury St. Edmunds.

Mr. Justice Lawrence said the whole question was, was the act done when the prisoner was in a state of unconsciousness caused by epilepsy, or done whilst he knew what he was doing, as in his own words, "I have killed her, I always hated her," and "I have done it; I cannot say any more." Verdict: Guilty, but not responsible for his actions at the time.

Dr. Longworth, who is kind enough to supply a detailed

report of the trial, expresses considerable doubt as to the nature of the case, though he does not quarrel with the verdict. He doubts whether the act was done in epileptic automatism, or whether it was not an attack of alcoholic mania.

To my mind, the evidence of Blanche Buddle and of the prisoner's father are conclusive that the prisoner had suffered from epilepsy, and I see no reason to doubt the account he gave Dr. Longworth, who was not allowed, however, to repeat it in court, that he had no recollection of calling for the child, and returned to consciousness to find himself standing over her with the poker in his hand, and realised there and then what he had done, is substantially true. My reading of the case is that the prisoner suffered from *petit mal*, with post-epileptic automatic acts, which followed the rule of such acts in being uniformly tinged with the same character—that of violence; that these acts had, as such acts often have, a high degree of elaboration; that the return to consciousness was, as is usual, gradual, and therefore a considerable time after he realised his surroundings he was more or less dazed, and spoke and acted with imperfect appreciation of what he saw and did. He went upstairs after the murder and threatened with the poker the sister Blanche Buddle, but he was very easily put off his purpose, if he had a purpose. The curious form of his utterance at the police station scarcely received the attention it merited: "I have killed her, so there you are"; "I have done it, so there you are"; "I have always hated her, so there you are." The tag "so there you are" is inconsequent, irrational, and has just the mark and quality of an automatic "stock-utterance." The two attacks subsequent to arrest, one in prison and the other in court, were considered doubtfully epileptic by the medical men who witnessed them. To my judgment they were not epileptic at all. They did not resemble in the least the previous undoubted epileptic attacks, of which he had had many, all of the same character. None of the medical witnesses who saw the attack in the dock would say positively that it was epileptic. It is true that some epileptics have attacks of *haut mal* interspersed among attacks of *petit mal*, but the prisoner had never before had an attack of *haut mal*, and in these attacks his recovery was very rapid, far more so than is ever seen after an attack of *haut mal*. There was no perceptible spasm, there was no

stertor, no prolonged unconsciousness, no subsequent confusion, no sleep, though after the minor attacks there was prolonged confusion and sleep. My view is that the prisoner, knowing the crime was committed in epilepsy, knowing the defence would be to this effect, determined to give it verisimilitude by shamming, as well as he knew how, attacks of epilepsy while under observation. In common with most non-medical persons, he supposed an epileptic fit meant a cry and a fall, so he cried out and threw himself down.

Dr. Longworth suggests that the crime was committed in an attack of alcoholic mania. I do not think the evidence supports this view. The only evidence that gives it countenance is that of the police, who said that when the prisoner gave himself up he was like a man who had been drinking the night before. By this was meant that he appeared slightly dazed, a condition compatible with a previous attack of *petit mal*. The prisoner was not a drinking man. He had drunk pretty freely the night before, but he had slept well since, and was therefore not suffering from *delirium tremens*, and there was no evidence of drinking beyond the one evening. Moreover, the drinking cuts both ways, for a drinking bout is very liable to bring on a fit in an epileptic.

There is one other possible explanation. The crime may have been committed in an attack of *epilepsie larvée*. But the evidence does not bear this out. The crime was brutal and unprovoked; but it had not the character of atrocious and outrageous savagery that is usual in *epilepsie larvée*. And there is no need to invoke this explanation, since the tendency in all his post-epileptic attacks was to violence. On the whole the verdict seems right, and given on right grounds—that the crime was committed during post-epileptic automatism.

INQUEST.

In the Westminster Coroner's Court on Saturday Mr. John Troutbeck held an inquest on the bodies of John Tempest Dawson, æt. 70, of independent means, and Nannie Caskie Dawson, æt. 58, his wife, lately of Brunswick Place, Hove, and recently staying at Morley's Hotel, Trafalgar Square.

Mr. H. G. Muskett said that Mr. Dawson had consulted his firm since 1902. On four or five occasions before 1907 Mr. Dawson consulted him with reference to his persecution by an individual. The persecution, he said, had been going on since 1902, and he laid before

the witness a number of papers and documents in order that he might form his own opinion. The witness advised him that he saw no ground for the belief, and suggested that his case was one for a medical man. The witness made inquiries, and was unable to find any proof of what Mr. Dawson believed, but his obsession as to the persecution seemed to grow worse every time he saw him. At no time during any of their interviews did Mr. Dawson threaten his life, but on the morning of February 24th the witness received by the same post three letters. He did not desire to go into their contents, but in one of them, most of which was in typewriting, Mr. Dawson said: "I cannot go on living; the life is too terrible. Friend after friend has dropped me—several intimate ones during the last three months." The witness said that so far as he knew it was untrue that Mr. Dawson's friends were cutting him. He had even resigned the membership of his club because he thought the person whom he believed to be persecuting him had joined the club. He did not mention his wife in the letters.

The Coroner said there was a lengthy and incoherent document left by Mr. Dawson, in which were these words: "I am taking my wife with me to save her from it all. If I have not the courage, God help her and my two poor children."

Mr. Muskett, continuing, said that he believed Mr. Dawson did consult a doctor. On all other subjects he was perfectly rational, and a cultured and educated gentleman.

Sub-Divisional Inspector Landon deposed to searching Mr. Dawson's clothing and finding £34 odd in bank notes and money, a sealed letter addressed to the Coroner, and a second letter in an envelope with no address. The revolver, which was defective, was loaded in three chambers and contained two empty cartridges.

Medical evidence showed that Mrs. Dawson must have had her back turned to her husband when he shot her.

The Coroner, in summing up, said it was evident that Mr. Dawson believed he was being persecuted by an individual who was trying to destroy his reputation, and that all his friends were cutting him. There was, however, no foundation for the belief. The letter in which he said, "I may take my wife with me," certainly suggested that he thought his condition was being made intolerable and that he proposed to kill his wife. Such a form of mania often ended in suicide, and although it was not sufficient for the purpose of the Lunacy Acts under which they could shut a man up, his delusions were certainly of the kind of which they frequently heard in that Court.

The foreman of the jury asked whether they could have the name of the person who was supposed to be persecuting Mr. Dawson, but the Coroner declined, pointing out that their duty was not to inquire into the statements made by other people, but to find the cause of death and the state of the man's mind.

The jury found that John Tempest Dawson wilfully murdered his wife, and afterwards committed suicide while insane.

This case, at first blush, appears to be a case of paranoia. It is common enough for paranoia to lead directly to homicide,

and, though unusual, it is not very rare for it to lead to suicide; but for paranoia to prompt to what may be termed protective or benevolent homicide—the homicide that seeks, by the murder of the victim, to save him or her from worse evils—is extremely rare, and I know of no instance on record. Such protective homicide is frequent enough, of course, and few months pass without instances being recorded of husbands killing their wives, or parents their children, from this motive. But the agent in such homicides is always a melancholiac. In the present case the evidence seems to point to paranoia. The unfortunate suicide had declared that since 1902 he had been the victim of persecution by a certain person, whom he named, who was trying to destroy his reputation. His friends were dropping away, and his acquaintances were cutting him. Delusions of persecution of a certain kind are common enough, of course, in cases of melancholia, but the clear difference between paranoia and melancholia is that in the first the persecution is felt to be unjust and unmerited, is resented, and arouses feelings of anger and resentment, while in the second the persecution is usually believed to be merited by the wickedness or crime of the persecuted sufferer. It is not very uncommon, indeed, for the melancholiac to profess his innocence, and to wonder why he is so persecuted, why he is to be so cruelly punished; but it is extremely rare in melancholia, while not infrequent in paranoia, for the persecution to be ascribed to a specified person.

If I followed the example of those to whom novelty, of foreign origin, is a special attraction, I should call the case one of *melancholia paranoides*; I should discover that some new motor symptom or feature was characteristic of the disease—that there was something peculiar in the attitude and tremor of the hand when the patient placed his thumb to his nose and spread his fingers out, or that he was in the habit of jerking his right thumb over his left shoulder, at the same time ejaculating a sound resembling “Walker!”—and many of my *confrères* would tumble over one another in eagerness to laureate me as the discoverer of a new form of insanity. But I am content to merely place on record a case of melancholia in which there is a close approach to the systematisation of delusion of persecution.
