

On homicidal and suicidal wounds of the throat / by Alfred S. Taylor.

Contributors

Taylor, Alfred Swaine, 1806-1880.
Royal College of Physicians of London

Publication/Creation

Place of publication not identified : Publisher not identified, 1868.

Persistent URL

<https://wellcomecollection.org/works/qf7e5w59>

Provider

Royal College of Physicians

License and attribution

This material has been provided by This material has been provided by Royal College of Physicians, London. The original may be consulted at Royal College of Physicians, London. where the originals may be consulted. This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

ON
HOMICIDAL AND SUICIDAL WOUNDS
OF THE THROAT.

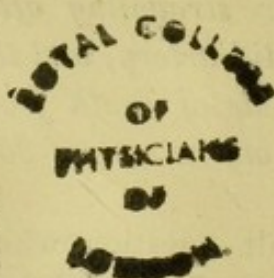
BY ALFRED S. TAYLOR, M.D., F.R.S.

The power of locomotion or struggling after wounds of the trachea, the common carotid artery, and the internal jugular vein—Inference of the time of death from the condition of the dead body—Remarks on the case of John Wiggins.

THERE is no more difficult question which can be placed before a medical jurist than that in which he is required to say whether a fatal wound in the throat, involving the trachea and great blood-vessels, has been self-inflicted or inflicted by the hand of another. Murder may be charged against a person known to have been present at or about the time of death, and the defence may be that the act was one of suicide. A medical witness can rarely be in a position to return an absolute answer to such a question, or affirm that it was impossible that the wound could have been self-inflicted. At most he can say it was highly improbable, but he would find himself generally compelled to admit that the medical circumstances were reconcilable with the hypothesis either of suicide or homicide. Every case of this kind must be determined not merely by the medical facts connected with the wound, which are scarcely similar in any two cases, but by the whole of the moral and

HOMIOPATHIC AND SURGICAL WOUNDS
OF THE THROAT

BY ALFRED C. DILLON, M.D.



circumstantial evidence. The circumstances under which a dead body is found,—the account given by the supposed assailant, its consistency or inconsistency with the other facts proved in the case—the manufacture of evidence to rebut a presumption of his guilt, and the motive for the act, either of suicide or murder, are matters with which it is the special province of a jury to deal. They are often such as to fill up the blank left by the scientific evidence, and to lead the jury to that conclusion which a conscientious medical witness would decline to draw, namely, that beyond all reasonable doubt the wound was inflicted by the hand of a murderer.

JOHN WIGGINS was indicted for the murder of Agnes Oaks, at the Central Criminal Court, on the 25th September, 1867, and after two days' trial was convicted of the crime and subsequently executed. The medical evidence proved that an unusually severe wound had been inflicted on the throat of the deceased woman, and that there was a slight and superficial wound on the throat of the prisoner. For the prosecution, it was contended that the prisoner had cut the throat of the deceased, and had afterwards made the wound in his own throat for the purpose of averting suspicion from himself. The defence was that deceased had first attempted the life of the prisoner by inflicting the wound in his throat, and failing in this she had afterwards committed suicide by producing on herself the very severe wound which was found on an inspection of her body.

A few weeks before the trial Dr. Wilks and myself were separately consulted, on the part of the Crown, respecting the leading medical points on which the case for the prosecution rested. The clothes worn by the prisoner and the knife with which the wounds were alleged to have been inflicted were forwarded to me for examination.

My report on the medical facts of the case, as observed by Mr. Horton and Mr. Dove, two medical gentlemen who examined the deceased and prisoner, was made subsequently to that of Dr. Wilks, and without any communication with him. The opinion therein expressed agreed with his on all the substantial facts of the case. I subjoin the conclusions from the report to the solicitor for the Treasury.—1. On the deposition of Mr.

Horton regarding the deceased woman; 2. The deposition of Mr. Dove regarding the wound on the prisoner's neck; and, 3. The results of the examination of the clothing of the prisoner.

It should be here stated, that the greater number of the facts of the case, as they came out on the trial, were unknown to Dr. Wilks and myself at the time of making our reports.

In reference to the questions concerning the *deceased woman*, my report to the Crown embraced the following conclusions :

1. That the deceased woman had died from a wound in the throat, dividing completely the carotid artery and internal jugular vein on the left side, as well as the windpipe in front.

2. That with such a severe wound as this, death would be almost instantaneous. The deceased would be at once rendered powerless to move or perform any act, not merely from the sudden loss of a large quantity of blood but from the retraction of the divided windpipe and the flow of blood into it.

3. That from the situation and direction of the wound, as described by Mr. Horton, it may be admitted as *possible* that the deceased could have produced it on herself, but in my opinion it is wholly improbable.

4. As to the *time of infliction* of the wound, Mr. Horton saw the body of deceased at 5.30 a.m., on the 24th July. He found the body "stiffened:"—"the body cold and stiff:"—"the arms were cold:" "the arms were becoming rigid as well as the legs," the body was becoming rigid, but not completely so. From these medical facts I infer that the deceased must have been dead at least two hours, and more probably from four to five hours at the time when Mr. Horton first saw the body.¹

The facts consistent with a suicidal infliction of the wound in the throat were, that the deceased woman was right-handed, —that the wound was situated on the left side of the neck, and

¹ See on this point a report of 100 cases in a paper "On the Cooling of the Human Body after Death" by Dr. Wilks and myself, published in the 'Guy's Hospital Reports' for October, 1863, page 181. The earliest case of rigidity with coldness comparable to the above, was about four hours. As to the alleged influence of death from sudden loss of blood on the rate of cooling and rigidity of the body, Case 27 furnishes an instance in point. A man died suddenly from the giving way of a ligature on the axillary artery. I saw the body four hours after death (in February, 1863), and there was a general warmth about it. The arms and legs were becoming cool, but there was no rigidity or stiffness in either. The arms and legs remained pliant until eight hours after death.

its direction was from above downwards and from left to right. Suicidal wounds in the throat by right-handed persons have commonly this situation and direction.

The facts considered to be inconsistent with a suicidal infliction of the wound and consistent with an act of homicide were as follows :—

1. The wound at its commencement on the far left of the neck, penetrating as by a stab perpendicularly towards the spine, the bones of which had been wounded or indented by the violence of the blow.

2. The position of the body of deceased, as described by Mr. Horton, furnishes the strongest evidence, either that this must have been an act of homicide or that the body must have been interfered with and actually laid out by some one before Mr. Horton saw it at 5.30 a.m. The hand of the deceased was under a chair, resting partly against the rail of the chair. Her death must have taken place so suddenly (from the nature of the wound) that she could not have placed the chair over her body after its infliction. She could not have inflicted such a wound as this while lying down with the chair placed over her head, nor is it conceivable that she could have fallen dead with the chair held in such a position. The circumstances are explicable only on the supposition that there had been interference with the body (by another) at the time the wound on the neck was inflicted, or subsequently.

3. When the great blood-vessels of the neck (carotid artery and internal jugular vein) are divided, death is not always or necessarily instantaneous, but the sudden and copious loss of blood (both arterial and venous) from such a wound prevents any muscular exertion or the performance of any voluntary act. When, however, in addition to the great blood-vessels above mentioned the windpipe is also completely divided, the cut end of this tube is either retracted into the soft parts or filled with blood, and in either case immediate suffocation results. No cry of alarm could have been uttered after such a division of the windpipe. Deceased could have performed no act after such a wound: she could neither have placed the chair over her body, rested her head against the rail beneath, nor have thrown the knife or placed it at a distance.¹

¹ The knife was not found near the body, but was taken from a table at some distance from it.

2. In reference to the condition of the *prisoner*, as described in the deposition of Mr. Dove, the following report was made.

The wound on the neck of Wiggins has all the characters of a self-inflicted wound, commencing on the left side, going in a direction from left to right, and from above downwards. It is superficial like all wounds self-inflicted and imputed to the acts of other persons. It involved only the skin and the external jugular vein, which is quite superficial. At the same time, it cannot be denied that such a wound as this might have been produced by the hand of another person favorably placed for the purpose. If the prisoner was, as he states, lying on his right side at the time he felt the cutting, it is hard to conceive how this wound, commencing on the left, could have been carried across the throat one inch or a little more beyond the middle line. He must have been roused by having his head turned round, or raised in order that the wound should have been thus carried round to the right, and there is no irregularity or indication of struggling or resistance to the cutting in this direction. The wound appears to have terminated here evenly, regularly, and so superficially, that in the middle of the throat it did not go through the skin. How the deceased could have produced such a wound on the prisoner's neck from left to right while, as he states, she was sitting behind him, does not appear easy of explanation. The description of the wound, as given by Mr. Dove, I think, clearly shows in accordance with his opinion, that it began on the left and terminated on the right side of the neck, the skin being there the farthest part divided or cut, and it was such a wound as the prisoner might easily have produced on himself.

As to the *time* at which *deceased* died the statement made by the prisoner is I believe wholly inconsistent with medical facts and experience. The body of the deceased was found at 5.30 a.m., in the state described by Mr. Horton, cold and rigid in the arms and legs. Prisoner states that he was called about 4 o'clock: he lay down again, and the deceased sat by him. After a time he felt a cutting about his throat: he struggled and got free. He went out of the house and on returning he found the deceased not dead but dying. If this were true the wound in deceased's throat must have been inflicted just as he entered the house again after giving an alarm. The body could not

have become cold and rigid, as found by Mr. Horton, in half an hour or three quarters of an hour. Therefore the prisoner's statement is not consistent with the facts.

3. In reference to the articles of dress taken from the prisoner.

1. Blood was found in a dry and coagulated state on a flannel shirt, cotton shirt, guernsey, jacket, and trousers.

2. That, under the circumstances, it would be impossible to say whether the blood was venous or arterial, or a mixture of the two.¹

3. That the blood on the three shirts, as well as on the inside of the red cotton neck-handkerchief, if worn, may be accounted for by the wound on the left side of the prisoner's neck. That the bloodstains found on the front of the trousers may also have been produced by blood escaping from the wound when the prisoner was in the erect posture.

4. That there was dried and coagulated blood, with dirt on the soles of both stockings, as if the person wearing them had trodden in wet blood which had afterwards dried.

5. That there was a small quantity of blood and dirt on the soles of the boots outside; none on the front of the boots, nor so far as could be seen on the inside. A portion of leather scraped from the inside of both boots at the part corresponding to the tread of the heel, gave only a mere trace of blood. There was no mark or indication of staining on the inside. There was one round spot of coagulated blood low down on the instep of one of the stockings, showing that this part had not been covered with a boot or shoe when the stain of blood was produced upon it.

Two articles were specially examined, which were considered to furnish evidence in support of the charge against the prisoner, namely, (1) a red cotton neck-handkerchief, and (2) a common table-knife with a wooden handle.

The handkerchief was removed from prisoner's neck by Mr.

¹ The bleeding from the prisoner was only venous; that from the deceased was both arterial and venous. The great difference in the two cases would have been in *quantity*. If the prisoner's statements were correct, the only wound to account for the large quantity of blood found in different parts of the room and on his own clothes, must have been those on his own neck, which involved merely the external jugular vein. The blood from this, however, had chiefly flowed or trickled down on the inside of his flannel jacket and cotton shirt.

Bathurst Dove, who saw the prisoner about two or three hours after the alarm was given. As its appearance was remarkable, a minute examination of it was made before the trial. It was fitted to the shirt with articles of the diameter of a man's neck, in order to determine how it was worn in reference to the situation of a deep cut in one border and the marks of blood found upon it.

The handkerchief was of thin red cotton, folded in sixteen layers, so that it was very thick at the edge or border, and about three inches wide. It was long enough to be worn twice round the neck. The prisoner had stated that when the attack was made upon his throat, he wore this handkerchief, and that the cut found upon it was owing to its having been cut in the attempt to wound his throat.

There was a large patch of dry coagulated blood, of the size of the palm of the hand, on the part of the handkerchief which had been applied to the wound in his neck. At some distance from this point, and on the opposite side, there was an oblique cut commencing at the thick folded edge of the handkerchief, and dividing nearly two thirds of its substance. Sixteen folds or layers of cotton had been divided by this cut. The edges of these folds were clean and sharply cut, and neither stained nor stiffened. Hence there could not have been any wet blood on the knife used for cutting it. The inner and outer layers of the handkerchief were much spotted or sprinkled with small spots of blood which had dried on the stuff and stiffened it. These were most numerous towards the ends of the handkerchief. One of these spots on the situation of the cut, when examined by a lens, presented an appearance as if it had been cut through with the folds after it was dry. There was no blood mark on the layer beneath, nor any diffusion as of wet blood in the cut fibres of the handkerchief.

Looking at the situation and direction of the cut in the handkerchief, and comparing it with the large patch of blood inside, and the situation of the wound on the left side of the prisoner's neck, I inferred (1) that it was not made at the time that the wound was inflicted on the prisoner's neck, or the blood effused from that wound would have probably stained the divided portions deeply. (2) That it was made with a weapon or instrument not stained with wet blood. (3) That it might have been

made while the handkerchief was on the neck, but then, as it was cut on the thick folded edge across the layers and not in front parallel with them, the handkerchief for this purpose must have been pulled forwards so as to give room for the use of a knife. The sharp edge of the knife must then have been used at a right angle to the throat. (4) That the cut might have been made through the folds when the handkerchief was off the neck; the direction and appearances of the cut through the folds would then admit of an easy explanation. Under any circumstances, sixteen layers of cotton could hardly have been cut through with a knife without the employment of considerable force. The cut in the handkerchief was not in the situation of the wound on the left of the prisoner's neck, or its folds could not possibly have escaped staining with blood. On the other hand, such a cutting of the handkerchief, when on the right side of the neck, could not have taken place in an act of attempted murder without producing some wound or injury of the neck to the effusion of blood. This would have stained the folds, or at least the shirt-collar; but there was no wound in this situation, and the shirt-collar, although cut in a fold near the button for about half an inch, presented no appearance of blood. (5) Assuming that the handkerchief was on the neck at the time the folded edge was cut,—the cutting may have taken place from above downwards, or from below upwards, according to the way in which the handkerchief was worn, having regard to the situation of the patch of coagulated blood and of the wound in the prisoner's neck.¹

¹ There is a circumstance which appears to show that the handkerchief was not on the prisoner's neck at the time of the occurrence. There were numerous small spots of blood both on the inside and outside. There was no great stain of blood except in the part which had been used for covering the wound. The shirt-collar, especially on the left side, was not spotted but deeply stained both inside and outside by the flow of blood from the divided external jugular, which had coagulated on the fibre. The handkerchief, if really worn by prisoner at this time, must, therefore, have covered the deeply-stained shirt-collar without receiving any corresponding mark of blood from it. Another fact noticed was that while the left side of the collar with the button-hole was saturated with blood, the right side of the collar with the button presented no mark of blood. The shirt could not, therefore, have been buttoned at the time the bleeding from the jugular took place, nor is it easy to understand how the handkerchief could have been on the neck without bringing into close contact both sides of the collar, and thus causing a general staining of the whole. If, when the jugular vein in the

A table-knife was found in the room, which was covered with blood on both sides of the blade. The whole width of the blade had blood upon it, showing that it had penetrated deeply, and there was a fringe of dry coagulum near the back. This proved that it must have been completely buried in the wound. The knife had a rounded sharp end, and the cutting edge was sharp. The wounds in the neck of deceased and prisoner might have been produced by it. There was some blood where the spike entered the wooden handle; but the handle was examined microscopically and chemically, and no trace of blood could be detected upon it. It was a wooden handle, and presented an appearance as if it had been scraped.

At the trial of the prisoner for the murder of his wife at the Central Criminal Court, the following evidence was given:¹

Mr. James Horton, surgeon, of Stepney, deposed that on the 24th of July he was fetched to the prisoner's house at about 5.30 a.m. He went upstairs into a bedroom, and found the deceased lying on the floor on her back, with her head to the wall, her feet extending towards the door, and her arms outstretched; one arm was resting on the hearthrug. A sheet was thrown over the body, which was clothed in a shift; the head was lying on a pillow and some other things, and the back of the head was resting against the rail of a chair.² In the throat was an extensive wound extending from about two inches below the left ear in a semicircular shape, to about an inch beyond the

prisoner's neck was wounded, the handkerchief was not round his neck and the shirt-collar was open, this would at once explain the peculiar disposition of the blood. Another fact is also worthy of note. As both sides of the handkerchief were spotted with blood, if it had been tied round the neck when the jugular vein was wounded, how could the spots have been produced on the inside without the right side of the shirt-collar becoming, at the same time, spotted in the corresponding part. There appears to me to be no reasonable explanation of these facts, except on the theory that at the time the wound was inflicted on the prisoner's neck the handkerchief was not round his neck, and the shirt-collar was open.

¹ From notes taken at the trial and from the 'Central Criminal Court Sessions Paper,' vol. 66, pt. 395, October, 1867, p. 523.

² The rail was in the centre of the under part of the chair, so that the head was under the chair. Beneath the pillow on which the head was partly resting was a folded reefing-jacket belonging to the prisoner, and beneath this was a woman's net-cap. There was a good deal of blood on the seat of the chair; this was firmly coagulated, but not dry like that on the floor. It was covered over with a black handkerchief or apron.

windpipe on the right side. It was about five inches in length. It had a jagged appearance, and there were two slight incisions running into the main wounds, one above and the other below, on the left side of the throat, each about half an inch long; these wounds were not deep, but the chief wound was two inches and a half in depth. This wound had divided the sternomastoid and omo-hyoid muscles, with the external jugular vein; it had penetrated to the spine, dividing on the left side the common carotid artery, the internal jugular vein, and the par vagum. It extended on the right side an inch beyond the trachea, which was completely divided. The spinal column had been penetrated by the weapon on the left side in about the situation of the fourth cervical vertebra. There was a penetrating wound on the front of the vertebra as if produced by a stab.

The witness stated that a wound of this kind would produce death very quickly, within a minute probably,—the windpipe being divided the person could not call out. It was possible that *such a wound could have been inflicted by the deceased upon herself* in a state of extreme excitement amounting to frenzy. It would have required a great degree of strength and force to inflict it—such force as frenzy would give.

The other circumstances noticed by the witness were: The blood in the throat was dark coloured and coagulated; there was a good deal of *blood on the shift; it was dry*. There was blood on the corner of the hearth-rug, and blood had been spurted on the lower part of the wall near the fire-place. There were several large spots—some of them were larger than a shilling: they were dry. There was a considerable quantity of dry blood on the floor; there was also a good deal of blood, in a dry state, extending into the corners by the door. There was no liquid blood upon the floor; the blood was not dry on the hearth-rug, but all on the boards was dry. A knife (a common table knife with a rounded but somewhat sharp end) was shown to him by the constable. There was blood on the blade of it, which was then dry; he did not observe whether there was any blood on the handle.

He examined the legs and feet of the deceased, and felt them from the toes up beyond the knees; they were cold and were becoming rigid. He turned back the sheet and chemise and found the abdomen warm. The arms were outstretched, cold,

and becoming rigid. The hands were covered with blood, back and front; there was a good deal of blood on them, *smear*ed; it was dry and as if in streaks. From the state of the body and the appearances, generally, he thought that death had taken place at least *two hours* before he saw it.¹

With respect to the condition of the prisoner, the witness stated that he saw him first about the time mentioned (5.30 a.m.) a few minutes before he saw the deceased. He was in the street sitting in a chair. He had a red handkerchief round his neck. Witness pulled it away and looked at the wound in the prisoner's neck; this was superficial, and about two inches long. The external jugular vein was divided, but in witness's opinion prisoner had not lost a great deal of blood. There was blood on that portion of the handkerchief which was opposite to the wound, and the wound bled rather freely when the handkerchief was pulled away. There was no difficulty, however, in stopping the bleeding. Seeing that the wound was not dangerous he left the prisoner sitting in the street, and then went upstairs to see the deceased.

The prisoner was subsequently placed under the care of Mr. Bathurst Dove of the London Hospital. He was brought to the hospital between 7 and 8 a.m. on the morning of the 24th July; and the following is the substance of the evidence given by that gentleman at the trial respecting the prisoner's condition. The prisoner was dressed, and wore round his neck a red cotton handkerchief (produced). There was a large mass of blood on

¹ In cross-examination by counsel for prisoner, the witness was asked whether he had not said at the coroner's inquest, "I think the deceased must have been dead one hour: it might be more." This question was put in order to show that he had changed his opinion at the time respecting the time of death, but the witness gave a satisfactory explanation of the apparent discrepancy. What he said at the inquest was simply an answer to a sort of leading question put by the coroner. "The coroner asked me whether she might have been dead an hour, and I said 'Yes—an hour; it might be more.'" It is so much the custom at a trial for murder to insist upon rigorous accuracy between the medical evidence then given and that previously given at an inquest or magisterial investigation, that medical witnesses cannot be too much on their guard against the effect of answers made by them to *leading questions*. The views of the coroner or magistrate may be afterwards fixed upon the medical men by the answer yes or no to questions thus put. A witness is bound to answer the question as put, but when it is thus framed in a leading form, any theory involved in it should not be fastened on the surgeon as if it had originated with him. *

it, corresponding to a wound on his throat. The wound was on the left side, an inch and a half below the left ear, and a little behind. It extended across the throat to about an inch past the middle on the right side; it went through the skin and the tissue immediately beneath the skin on the left side, and as it passed forward round the throat it became very superficial, so that in the middle of the throat it did not go through the skin. The external jugular vein was divided a little nearer the extremity than the middle of the wound; it was not dangerous under proper care. Witness believed that it was inflicted from left to right, and that the prisoner could have inflicted it upon himself. There were two slighter superficial wounds on the skin, between this wound and the lower jaw, and there were some slight superficial scratches about the angle of the jaw on the left side. On his left thumb, there was a superficial cut on the palmar surface. The wound was healed in a few days.

The red cotton handkerchief (produced) was taken from his neck on admission. It was in the same state then, with the exception of the blood (from the wound in the neck) being dry. He noticed that it was cut through a number of folds before it was taken from the prisoner. There were sixteen folds or layers of the handkerchief which had been cut through. There are one or two small spots of blood on the edge of the cuts, not penetrating more than one fold; all the rest are clean. The instrument which inflicted the wound in the neck must have been bloody, and he should have expected to find blood on the handkerchief. If the knife had commenced with making the wound, the wound must have bled immediately, and if the part where the handkerchief was cut was against that part of the throat which was wounded, he would have expected to find a considerable quantity of blood on the handkerchief. He further stated that the cut in the handkerchief, when he took it off, was not in the vicinity of the wound, but on the opposite right side of the neck. The prisoner told him that he had put on the handkerchief tighter in order to stop the bleeding. Witness admitted in cross-examination, that when before the magistrate, he had said (in answer to a question) that there was no circumstance connected with the wound on the prisoner's neck, which would lead him to discover whether the wound was inflicted by the prisoner or by another person, the appearances would be the

same. This witness did not see the body of the deceased Agnes Oaks.

In reference to the power of locomotion, Mr. Dove said that a minute would be an extreme time for the power of locomotion to continue in the deceased Agnes Oaks, supposing the wound to have been self-inflicted. He thought syncope would follow in a shorter time than a minute from the loss of blood from the carotid artery. A long extract was then read to witness from 'Taylor's Principles and Practice of Medical Jurisprudence,' p. 513, on the survivorship of persons after wounds in the throat, and the retention of a power of locomotion. Mr. Dove agreed generally in the opinion that death was not always instantaneous under such wounds, and that a person had been able to run some distance after a wound of the carotid artery.

The evidence which I gave at the trial was based substantially on the report. In reference to the wound on the neck of deceased, I agreed with Mr. Horton that a person in a state of frenzy or delirium might have inflicted such a wound upon herself. Assuming that the wound was inflicted by deceased upon herself, the injury to the bone of the neck was probably done first, *i. e.* that the wound began on the left side with a stab reaching to the spinal column, and afterwards extended in a semilunar form to the right side, dividing the carotid artery, jugular vein, and windpipe. If the wound had commenced on the right, the deceased, after a division of these great vessels, would not have had power to produce the stab or cut in the cervical vertebræ. After the infliction of such a wound, the deceased might have had the power of motion to some slight extent, but death would have followed such a wound as that within a very few seconds.

Assuming Mr. Horton's description of the state of the body to be correct, and considering the age of the woman (22), and the time of year, the deceased could not have been dead less than two hours when he first saw her, and it might be a longer period,—from three to five hours. This refers to a person dying suddenly in a state of health, and in the prime of life, the body retaining its natural warmth up to the time at which death took place; the season of the year was favorable to the retention of warmth, and there was nothing to accelerate

the condition of rigidity. The loss of blood as the cause of death does not affect the rate of cooling of the body. This depends on its temperature at the time of death, and the temperature of the air to which it is subsequently exposed. Applying my judgment to this particular case, *i.e.*, of a woman in good bodily health dying suddenly, it would take from three to five hours for the body to become cold and rigid in the arms and legs, the abdomen at the same time retaining its warmth. A person dying under such circumstances (from such a wound) might have the power of motion to some extent, but she would not have sufficient muscular power to move a chair, or use any exertion beyond running for a few yards before falling.

In reference to the red neck-handkerchief, it was stated that from the nature of the cut through the thick edge or border, and from the number of folds divided, some appearance should have been seen on the skin of the neck that a knife had been so used. On this a question was put by the Court,—whether the power of the person using the knife for this purpose might not have been exhausted by so many folds, that when it reached the skin it only grazed it?¹

It was stated in reply, that if the handkerchief was, at the time, worn round the neck, it was impossible to see how the knife could have been used to produce such a cut in the border without cutting the neck. Such a cut could not have been produced in the handkerchief while worn, without causing some sort of wound in the neck. The facts could only be explained by supposing that the cut in the handkerchief was made when it was off the neck, or, assuming it to have been worn, it must have been pulled some distance from the neck, in order to give the knife that free and firm movement which was necessary to the act of cutting through so many folds of cotton. A plunge of the knife strong enough to have severed these folds, while the handkerchief was worn close to the neck, would have penetrated the throat deeply enough to draw blood, and thus to stain the cut folds as well as leaving wounds in the neck. It was further stated in reply to questions, that this cut

¹ This question, it will be seen, rather applies to the cutting of the handkerchief horizontally with the cutting edge of the knife parallel to the width of the neck and not at right angles to it—a condition necessary to produce such a cut as was found upon the handkerchief.

in the handkerchief did not in any way correspond to the wound in the prisoner's throat, and it was not such a cut as would be produced by drawing a knife horizontally across the throat in the attempt to cut it. There was a cut in the collar of the shirt, but no blood upon it either inside or outside. The stockings were stained in the soles with dried and clotted blood, so that they were quite stiff with blood and dirt; the boots had no corresponding marks of blood inside. The blade of the table-knife had blood on both sides, but there was no blood on the handle. The cross-examination was directed to show that the stocking soles might have been made bloody by the prisoner walking on a bloody floor, and that this blood might be rapidly dried by his subsequently walking on a dusty or dry floor. If the boots were put on after a good deal of walking there might only be a trace of blood left inside the boots.

5el In reference to the opinion given by me on the rapidity with which death would be likely to follow from such a wound as that found on the body of deceased, and the loss of power of motion or of making voluntary exertion, the learned council read the following extract from the 'Principles and Practice of Medical Jurisprudence,' 1865, p. 513, and requested special attention to it. This was the extract which had been read by the learned counsel to Mr. Dove in his cross-examination:—

“Wounds of the carotid arteries are often pronounced *instantaneously* mortal. A witness may deliberately state that the person could not possibly have survived an instant. This is a very hazardous opinion, for it occasionally comes out on inquiry that if such a wound had been instantaneously mortal, then, in defiance of rational probability or of the strongest presumptive evidence to the contrary, the deceased must have been murdered. A medical opinion of this kind has been not only refuted by circumstances, but by the evidence of eye-witnesses. A medical witness is then compelled to admit that his rules for judging of the mortality of wounds are wrong, and that the person may have survived for a longer or shorter period. There are several cases on record which show that wounds involving the common carotid artery and its branches, as well as the internal jugular vein, do not prevent a person from exercising voluntary power and even running for a certain distance. Mr. Clegg, coroner for Boston, informed me that in

1863 he held an inquest on the body of a man who committed suicide by cutting his throat; the common carotid artery and jugular vein were cut through to the bone, and in spite of the loss of a large quantity of blood, the man lived half-an-hour. In a case of murder perpetrated at Kingston, in March, 1861, it was proved by medical evidence that the deceased died from a wound in the throat which cut through the right carotid artery, jugular vein and the windpipe. The wound had been inflicted while deceased was lying in bed. Her body was found in an adjoining room, and the circumstances showed that after receiving the wound she had been able to rise from her bed and to stagger or run to the distance of about six feet. In *Reg. v Danks*, Warwick Lent Assizes, 1832, it was proved that deceased had died from a wound in the throat inflicted by the prisoner, which divided the trunk of the carotid artery, the principal branches of the external carotid, and the jugular veins. The evidence rendered it probable if not certain that after the infliction of this wound, the deceased had been able to run twenty-three yards and climb over a gate, the time required for the performance of such acts being at least from fifteen to twenty seconds. Most medical witnesses would have probably given an opinion that the deceased could not have moved from the spot where such a wound had been inflicted, but it was clear that she had gone this distance. There was no dragging of the body and no motive for its being dragged by the prisoner and exposed in an open road where it was found. Such cases as these show the necessity of caution in giving an opinion respecting immediate death from wounds. When the internal jugular has been the principal vessel involved in a wound, a similar question has presented itself. The power of moving has been exerted to a considerable extent."

"Q. by Counsel.—That was written by you in 1865."

"A.—Yes; I adhere to it now."

In reference to Mr. Clegg's case quoted in the above extract it was stated in answer to a question that the windpipe was not severed—that the power of motion depended upon the number and importance of the parts involved in the wound—and that each case must be judged by its own special conditions. When the trunk of the carotid artery is cut through, a person seldom survives above a few seconds, and when the windpipe is

at the same time divided, the gush of blood generally fills the open ends, and the person is suffocated even if he does not fall into a fatal syncope from the sudden loss of blood. When the jugular vein, carotid artery, and windpipe are severed death would be generally instantaneous. One instance is recorded in the extract read in which a person so wounded survived sufficiently long to be able to move about two yards from the bed and she was there found dead. As a rule, when the windpipe is severed, the voice is lost whether the carotid artery and jugular vein are cut through or not. In some cases (referred to in the extract) the windpipe was not wounded, and in others the carotid artery escaped.

“*Court.* Q.—You say that the injury to the bone (the vertebræ) was done first—might not the knife have been plunged into the neck with such violence as to reach the bone?”

“A.—The injury (to the bone) was in a different situation as I gather (from the severed blood-vessels and windpipe). The first plunge of the knife might have been done with such force as to injure the bone and the vessels afterwards divided. A person in a state of frenzy and delirium, in which there is unnatural strength, might produce such a wound on the neck by a sudden and violent plunge. There have been cases of self-inflicted wounds dividing the large blood-vessels of the neck and the windpipe, and reaching to the spine just grazing the spinal ligaments; but in these a razor or sharp cutting instrument has been used; this has been drawn rapidly and with great force across the lower part of the throat. In the case of deceased the injury to the bone was produced by stabbing or plunging. In cases of suicide, wounds are often of a very fearful character, but they do not commonly involve the spinal column and the great blood-vessels at the same time.¹”

¹ The wound in the neck of the deceased is unlike that of any suicide which I have heard or read of, and in the kind of injury to the spine it resembled those cases of murder which I have been required to investigate in which death was caused by cutting the throat. Mr. Horton described the wound as “jagged:” it was very deep and had the appearance as if a knife had been turned in it. This is totally unlike those rare cases of suicidal wounds in which the anterior ligaments of the spine have been just reached or grazed by a rapid drawing of a sharp razor or knife through the soft parts of the neck. Nothing is more common than to read in newspapers of the throat being cut “from ear to ear,” or the “head being nearly severed from the body.” These cases collapse commonly on

Dr. Wilks stated that he had given special attention to the changes which the human body underwent after death. Assuming Mr. Horton's statement of facts to be correct, he believed that deceased had been dead two or three hours at the time of his examination, and two or three hours would be rather under the mark. In forming that opinion he made allowance for the loss of blood and for all the circumstances described. He formed his conclusion of two or three hours because he could not call to mind any case in which he had seen rigidity (*rigor mortis*) occur under three hours.

He had heard Mr. Horton's description of the wound in the throat; it was barely possible for the woman to have inflicted that wound upon herself. He had seen an equally severe wound produced by suicide on a man, but had never seen it in a woman.

This was the whole of the *medical* evidence in reference to the two principal questions—whether the wound in the deceased was an act of suicide or homicide and the time at which it was probably inflicted. It will be perceived that all the medical witnesses admitted that such a wound, although of an unusual kind for suicide, might have been produced by the deceased on herself—that from such a wound death might not be instantaneous, but the person might survive a few seconds and have the power of moving or throwing herself forward a few yards from the spot where the wound was inflicted. That she would be able to struggle or make any strong exertion, such as by placing a chair over her head, after such a wound, was denied and pronounced to be inconsistent with all medical experience of such wounds.

The sister of the deceased woman proved that she (deceased) was twenty-two years of age and had lived with prisoner as his wife for about six months. They quarrelled, and a week before her death she said she would leave him and would not live with him any longer. It was further proved that three days before her death he had brutally illused her, and was seen holding her by the hair and kicking her on the back of the

investigation into wounds involving the pharynx, larynx, and branches of the external carotid artery. They give a sensational interest to the respective cases, but they add nothing to our information on acts of locomotion, &c., after wounds involving the main blood-vessels of the neck.

head and under the blade-bone. The deceased said she would leave him and go again into service. To another witness prisoner said on the night of the 23rd (the day before her death) that he was determined to get rid of her, as she had not turned out what he expected.

One witness, a neighbour, deposed that on the night of the 24th July, at 10 minutes to 2 a.m., she heard screams of murder proceeding from the direction of the prisoner's house. A policeman on duty on the same night heard a cry of murder; it was from the direction of the prisoner's house; it was a female voice, and the cry of a person in great distress. The sound died away; soon afterwards a church clock struck 2 (2 a.m. of the 24th). A third witness, a woman living close to the prisoner's cottage, while attending her husband, who was ill in bed, on Wednesday morning, the 24th July, heard cries of murder proceeding from the direction of the prisoner's wall, but she could not say whether it was a woman's voice or a man's. It was 10 minutes to 2 a.m. by her clock, as she was then going to give her husband some medicine. At a later period she was again alarmed by a cry of murder; this was at 10 minutes to 5 a.m. on the same morning.¹ On this second occasion the cry was from old Mr. Wiggins (father of the prisoner). He came into her house. At the same time she saw the prisoner standing in the street opposite. He was dressed in a guernsey, and had his hands up to his neck. A chair was fetched and he sat down on it in the street.¹ He had his boots on.

The husband of this witness corroborated her evidence as to the cry of murder at or about 5 o'clock a.m. He looked out and saw prisoner's mother. She called out "murder" two or three times and then walked in again. She had her gown on, and was not in her night-dress. She held a longish knife, in her hand, but he could see nothing about her hands or the knife as it was too dark. Prisoner's father then came out; he clapped his hands and said, "Well, this is a sight;" he then went in, and after a little time prisoner came out. It might be *ten or fifteen minutes* from the time the old woman came out till prisoner came out; his wife awoke when prisoner came out,

¹ It should be stated that the only persons in the prisoner's house at the time of this transaction were Mr. and Mrs. Wiggins, the father and mother of prisoner, the accused Wiggins, and the deceased Agnes Oaks.

and about 5 o'clock they both saw him from the window sitting in a chair in the street. Another witness, W. Dunn, living by the side of prisoner's cottage, heard cries of murder on the morning of the 24th July, at about 10 minutes to 5 o'clock. He saw the prisoner's father in his shirt, and the prisoner going towards his cottage (he had been to call a neighbour). He asked what was the matter. Prisoner said, "She has been and cut her throat and cut mine too; for God's sake come down and see what is the matter." This witness was the first person to enter the room where deceased's body was lying.¹

The prisoner was standing opposite the deceased alongside the table with a knife in his hand. One part of the body was on the hearthrug, another on the floor. Her head was under a chair within seven inches of the wall of the room, resting on a pillow, which was at the back of the neck, and it (the head) hung so far back that he could not at first see her face. She was not quite on her back, but a little more on her left side. The underneath rail of the chair touched her chin. Under the pillow on which the head was lying there was a jacket with a handkerchief on it. This was the prisoner's jacket which he wore the day previously. Deceased's throat was much cut; her shift was *torn down in front to within a foot from the bottom*, and the front of it where the tear was was covered with blood. He tried to ease her face from the chair.² The witness felt one leg about the shin, and it was cold. He felt the chest about the heart, and found it loo-warm (lukewarm); there was no beating. The prisoner was standing opposite the deceased, by her feet; he had the knife (the table-knife produced in evidence) in his hand; he put it on the table. Witness said, "Jack, for God's sake what have you been doing of?" He said, "Bill, she done it herself, and this is what she done it with:" he then put the knife on the table and walked out. There was wet blood on the knife.³

¹ This must have been at or a little before 5 o'clock, *i.e.* about half an hour before the body was seen by Mr. Horton; and if the prisoner's statement was true, the deceased must have only just before inflicted the wound on her own throat.

² This may account for the slightly different position in which the head was afterwards found by Mr. Horton in respect to the under rail of the chair.

³ The blood on this knife was quite dry when seen by Mr. Horton, twenty minutes afterwards, but, according to the theory of the prosecution, the prisoner may have used this knife for producing the wound on his own throat, and it is

There was blood about the room, but whether wet or dry witness did not notice. There was no blood on the bed or bed-clothes. There was blood on the seat of the chair found over the head of deceased, and a black apron partly covered it. Witness went for a constable, and on returning found the prisoner sitting on a chair in the street. The body was as he had left it, with a sheet placed over it, which he had taken from the bed for the purpose. A woman who lived with this witness corroborated his evidence. At about 5 or 10 minutes to 5 o'clock she looked out of the window and saw the prisoner and his father in the street. The prisoner had on brown cloth trousers, a blue guernsey, a red neck-handkerchief, and a pair of boots. He was crying out murder, with his hands to his throat, and his father was standing in his night-clothes crying out "murder." Witness followed her husband into prisoner's house; saw prisoner's mother at the top of the stairs in her night-clothes, doing nothing. She saw deceased lying on the floor with her head under a chair—the rail of the chair had caught underneath her chin; there was a pillow between her shoulders, more under her shoulders than her head—she was lying on it. Deceased's throat was cut; she had on her shift, which was very much torn down the front to within a short distance of the bottom. She felt her feet and legs, both feet and one knee, and they were cold. She thought from *five to ten minutes* had passed between the time she saw the prisoner in the street crying murder and the time she felt the deceased's legs. There was a considerable quantity of congealed blood on the chair. There was a black handkerchief or apron on the chair. Witness helped to dress Mrs. Wiggins, prisoner's mother; her bedroom was on the same floor as where the dead body was lying. There was blood on her hands, and more on one hand than the other.

The witness stated that the old woman had no boots on, only stockings, and there was blood on the tops and bottoms of the feet, looking more dry than wet. She had on her night

assumed that this was inflicted shortly before the cry of murder was raised which brought the witnesses to the house at or about 5 o'clock. The theory for the defence required that the wound in the deceased's throat must have been produced after the wound in the prisoner's throat—in short, after the prisoner was seen in the street at 10 minutes to 5.

clothes, but she did not notice any blood upon them. There were blood-marks on the stairs looking like footmarks. She had been there nearly half an hour when Mr. Horton came. She assisted in placing the body of the deceased on the bed; the shift was still on it at this time.

A man of the name of Williams, living near, deposed that on the morning of the 24th July, about 1 o'clock, he saw prisoner going towards his house with a beer-can in his hand. He did not appear sober, and about a quarter to 5 in the morning he heard cries of "murder." Looking out of the window he saw the prisoner's father standing in the street and calling out. Soon after he saw prisoner walking towards his own house on the opposite side of the way. He was dressed. Asked what was the matter. He said, "Oh, my throat! my throat!" Witness again said, "What is the matter?" Prisoner said, "Oh, the knife! the knife! my wife has cut my throat and her own too." He got a chair and placed him on it. About half an hour had elapsed from the time he heard the cries of murder until Mr. Horton, the surgeon, came.

Another witness (Atwood) said that about 5 o'clock on Wednesday morning, July 24th, he heard a cry of murder, and saw the witness Dunn running. It might be then about a quarter past 5; he saw the prisoner standing against the fence supported by some one, and said, "Good God! what is the matter with you?" He said, "My wife has cut my throat, and she has cut hers, and she is dead. I put my hand up to my neck and found the blood running; I went into my father's room to have the blood stopped. I tied a handkerchief round my neck and went back into my own room, and *then I saw my wife sawing at her own neck.*"

Burmister, a policeman, deposed that he was fetched by Dunn about 5.30 a.m. on the morning of the 24th July; saw the prisoner standing against the railings, a few yards from his own cottage. He was dressed and had his boots on. There was blood on his neck, but not a great deal. He had his handkerchief on. There was blood on his handkerchief and shirt. Saw in the room the body of deceased, lying covered with a sheet; noticed that her shift was torn; felt her right hand, it was cold; felt both feet, they were cold. There was blood on her shift, but did not notice whether it was wet or dry.

Deceased's head was under the cross stock of the chair; the head was resting on the rail—the forehead part; he meant under it more than against it. Saw a knife on the table (the table-knife already produced), of which he took possession; there was blood on it, but could not say whether it was wet or dry. Mr. Horton came ten minutes after he had gone into the room. There were footmarks of blood on every step of the stairs. He took the prisoner to the London Hospital. He said to him, "It is she who has done this, and she asked me to forgive her and I would not forgive her, because she had such nasty dirty ways with her; and because I would not forgive her she has done this. I was lying on the hearth-rug dozing, and she laid hold of me with her left hand and was sawing away with the knife in her right hand. I put up my hand to save myself," and he then pointed to a small cut on his left thumb. "I got away from her by some means and ran into the adjoining room and called father and mother up, and when I returned she had cut her own throat and had the point of the knife in her throat in the act of turning it round."

This completes the general evidence for the prosecution. The cross-examination of the witnesses was chiefly directed to show that they might have been mistaken as to the time and the direction in which they traced cries of murder; that such cries at night in the streets of this locality were not unusual; but none of the main points which related to the question of murder were at all weakened. It had been announced on the first day of the trial that witnesses, including the father and mother, would be called for the defence, but, for some unexplained reason, the counsel for the prisoner declined to call them. It is obvious that if any persons could have thrown a light upon the circumstances which appeared to press strongly against the prisoner, and have given a reasonable explanation of the facts, the father and mother, sleeping on the same floor, in an adjoining room, were those persons. The circumstances under which they were first aroused on that night, the time at which they first heard cries of murder, the time at which they first saw prisoner and deceased with the wounds in their throats, and how it happened that there was a quantity of blood upon the hands of the mother and on her stocking-soles,—were facts which might have been elucidated by a close examination of these persons in the absence

of each other. Had they been called as witnesses, some explanation might have been given of the large quantity of dry blood found by Mr. Horton over the floor, on the walls of the room, the hearthrug, and under the seat of the chair; the tearing of the bloody shift of deceased, and the singular position in which her dead body was found, might also have been explained. It is only reasonable to suppose that if the father and mother could have thrown any light upon these facts consistent in the remotest degree with the prisoner's non-complicity in the act, the learned counsel for the prisoner would not have hesitated to call them. But with a full knowledge of the evidence which they had it in their power to give, he declined to put them into the witness-box, and, no doubt, therein acted with proper discretion for the interests of the prisoner. If it was not in their power to rebut or explain the leading facts which inculpated the prisoner, their evidence might have seriously damaged his case by confirming the evidence of the witnesses for the prosecution. One witness only was called for the defence, namely, the sister-in-law of the prisoner. She did not see the body of deceased until about 7.30 on the morning of the 24th of July. In laying her out on Thursday morning, July 25th, she tore her shift, *i. e.* the bloody shift found on the body of deceased. She was forced to tear it to get out the right arm, because she could not raise the weight of the body. She tore it down the middle nearly to the bottom; there was no other tear in it that she noticed. This statement was subsequently a little modified by the admission that she thought it was already torn in front, but she tore it more to get it off.¹

The prisoner himself was not so reticent. In addition to the

¹ Dunn and his wife, and the policeman Burmister, who saw the dead body at least two hours before this woman, all deposed to the fact that the bloody shift was then torn down the front to within a foot of the bottom. The edges of the torn part, so far as I could perceive when the shift was produced, were saturated with blood as if wet blood had come in contact with them after tearing. A tear through a shift on which the blood had dried twenty-hour hours after death would have presented a different appearance. The woman may have torn the shift a little more on the Thursday, but, in the face of the evidence already given by three witnesses and unimpeached, the court and jury were not likely to place the least confidence in this statement. There was a desire, if possible, to get rid of this evidence of a mortal struggle or resistance on the part of the deceased; but as it failed, its effect was rather against the prisoner. The tearing of the shift did not fit into any of the statements which the prisoner had made,

three short statements reported in the general evidence, he made three others in a more detached form—one to the surgeon, Mr. Bathurst Dove, one to the coroner, Mr. Richards, and a third to the Court after the jury had returned their verdict. To Mr. Bathurst Dove on the morning of the 24th of July, and only a few hours after the occurrence, he made the following statement :

“ He returned home late the previous night, and asked his mother to call him in the morning, and had then gone into his room ; and, as he had to go out early, he did not go to bed, but lay down on the hearthrug before the fireplace. His mother called him in the morning ; he got up, and finding it too early to get out (four o’clock), lay down again, and the woman he was living with came and sat by him and asked him to forgive her. He refused to do so, and turned on his right side with his face towards the fireplace, and went to sleep. That she was sitting behind him, and promised to call him, and the next thing he became conscious of was some one at his throat, and he found it was the woman ; that her left hand was on him, and that she was using the knife with her right hand ; that he struggled away from her, and gave the alarm to his parents, and then went out into the street to find a neighbour, but, finding him too drunk to come, he returned to the house, went back into the room, and then the woman was dead or just dying.”

The second statement was made on oath before the coroner, and was to the following effect :

“ I went home at a quarter to one on Wednesday morning the 24th of July. I knocked at the door with some beer. Deceased let me in, and I went up stairs. I spoke to mother to call me. I went into the room ; Agnes (the deceased) was in bed. I asked her if she would take the beer ; she said, ‘ No.’ I drank half the beer and ate some supper—kidney and bread. I pulled off my shoes, and lay down in front of the fireplace. I said, ‘ I shall not come to bed, as I want to get up in the morning.’ I put a reefing jacket under my head and went to sleep. My mother called me about four o’clock ; I went again to sleep. I awoke again, and went down stairs to look at the clock ; it was twenty minutes past four by the clock. She said, ‘ It is a quarter past.’ She said, ‘ Lie down again.’ She sat alongside of me as I lay on the hearthrug. She said, ‘ Oh, Jack, do

forgive me, and I will tell you all I've done with the money.' I said, 'I can't forgive you, Agnes.' She said, 'Oh, do.' I turned with my face to the fireplace and went to sleep. I was awoke by something tickling my throat; she had her hand fast hold of my throat; I tried to scream, but could not. I put my left hand up, and got my thumb cut; after a bit she let go of me, and I got up and went into the next room to my father and mother, and told them Agnes had cut my throat. I went down stairs and mother went into the room. Mother had called out and said, 'Agnes has cut her own throat.' I went up stairs, and found her sitting in the corner of my room near my reefing jacket; the knife was by her side. I picked it up; it was the same as I had used for my supper. Her drawers were on a chair. She was dead, sitting against the wall. The chair was close to her."

After the whole of the evidence had been heard, with the speeches of counsel and the summing-up of the learned judge, the jury returned a verdict of *guilty*. On being asked whether he had anything to say why sentence of death should not be pronounced against him, he made the following address to the Court:

"I can say that I am entirely innocent. I never lifted my hand or finger to her till I found her cutting my throat. I shoved my hand up and got my thumb underneath the knife and got it cut. I tried to hollow, but could not. I took my handkerchief off and went out of the room, and I saw her drawers and put them to the wound. I went into my mother and father's room, and gave the alarm. When I came into the room again she was sitting against the wall, with blood coming out of her windpipe as thick as my finger. I was in my stocking-feet, which is the reason of their being saturated. I put my shoes on, which lay under the table, and went down stairs into the street, when Dillon was looking out of the window. The deceased was not laid out on the hearthrug. I will be on my oath before God and man, she was lying with her back against the wall, and as the blood came from her so came her body down, and then I left her; her head was at the side of the chair. I went out of the room, and she was sitting on her bottom, her legs not stretched out at all. There was no pillow, only my jacket, which had been on the hearthrug, with a lot of blood on

it. When she got out of bed and asked me to forgive her her shift was not torn. She had pawned and sold everything she could make a penny of. I never accused her of anything, and never struck her until Saturday. When she asked me to forgive her I told her I could not, and she said, 'I will tell you all I have done.' I can be on my solemn oath I never had the knife in my hand from when I had my supper over-night till my mother saw me pick the knife up. I said, 'Oh, mother, here is the knife she has done it with,' and put it on the table. I can be on my solemn oath, if I die to-morrow, I am not guilty of the death of Agnes Oaks."

These statements, it will be perceived, are not consistent with each other nor with the facts proved in the case.

That the death of the woman was not an act of suicide, but the result of a murderous attack, there can, I think, be no reasonable doubt on considering all the medical and other circumstances. If the prisoner was convicted of this act of murder, this did not arise from the medical evidence so much as from the moral and circumstantial evidence taken, together with the conflicting statements which he himself had made. It was entirely a question for the jury to say who inflicted the wound on Agnes Oaks. The medical witnesses admitted that she might have produced it on herself, and, if not, it was an open question for the jury to determine who, on that night, had the motive, means, and opportunity of committing this act. There was no evidence against the father and mother, and the only other person on the premises was the prisoner. The circumstances which probably led to his conviction were, in reference to the *deceased*—

1. The nature of the wound or wounds in her neck and the parts involved. The description of it given by Mr. Horton shows it to be most unusual as an act of suicide, and just such a wound as might be produced in a murderous assault by another.

2. The remarkable position of her dead body—with the head lying backwards on a pillow and the prisoner's folded jacket—the head covered by a chair, in the seat of which was a quantity of blood covered by an apron—the body outstretched.

3. The hands had blood upon them, back and front, as if *smear*ed over them. There was no blood upon her arms.

Smearing is not the condition in which blood would be found on the hand of a person who had inflicted such a wound as this on her throat. Deceased was right-handed, but both of her hands were equally *smear*ed. Although her hands were thus found bloody, there was no blood on the *handle* of the knife, the only instrument in the room with which the wound could have been produced. The knife was not found near the body, but was on a table in the room.

These facts show that the blood on the hands had probably been placed on them after death. If assumed to have been there before death, then there would have been blood on the handle of the knife, supposing it to have been at any time in the hand of deceased.

4. The shift of the deceased was torn completely down to within a short distance of the bottom, and was stiffened with a large quantity of dried blood from top to bottom. It is not pretended that deceased went to bed with a shift thus torn. It indicates a violent struggle before death and while she was still bleeding. The prisoner's sister-in-law deposed that deceased was a tall powerful young woman. She was, therefore, likely to make a strenuous resistance. That the whole front of the shift to the bottom was bloody proves that she was in the erect or sitting posture when the fatal wound was produced. Had she been recumbent, blood would have been found chiefly on either side of the neck.

The circumstances in reference to the prisoner were—

5. The nature of the *wound in his own throat*, which was slight and superficial, merely involving the skin with the external jugular at its commencement on the left. As it passed to the middle of the throat on the right it was not through the skin. This is not such a wound as a powerful young woman, bent on murder, would inflict on a man unawares while he was lying down. Prisoner was, according to his own statement, held down by her *left* hand and struggled to get away. This wound gives no indication of a struggle, but rather of the deliberate drawing of a knife cautiously and steadily across the throat, in which great care had been taken not to carry the knife in too deeply.

This is just such a wound in the throat as a man desirous of averting suspicion from himself would produce, the situation

and direction being from left to right, the wound merely skin deep and ending almost imperceptibly. The infliction of such a wound by another in a murderous assault would require great care and caution in the use of the knife, and a desire to do as little injury as possible. Any struggling would be likely to alter the appearance of the wound towards its termination.

The appearance of the blood on the left side of the prisoner's shirt and at the back was such as might have been produced by trickling or flowing down from a wound of this description, while the person was erect or in a sitting posture. It is also consistent with a man getting up after being so wounded. From the state of the front of the shirt and the collar, it is probable that the shirt-front was open so as to expose the neck, and that this was not then covered with a thick neck-handkerchief, as alleged by the prisoner.

6. *The cut in the handkerchief.*—This has been elsewhere fully described. According to the prisoner this had been done by the woman in the attempt to cut his throat from behind while he was lying on his right side. As the numerous cut folds in the handkerchief were not bloody, it could not have been done with a knife fresh from a wound which had cut through the external jugular vein. The handkerchief must, therefore, have been cut before the wound in the throat was made. But as the wound in the neck was on the left side and the cut in the handkerchief, as worn, was on the right side, or in the opposite side to the wound as described by Mr. Dove, it follows that the prisoner's head must have been raised and partly turned round by the alleged assassin before the cut into the handkerchief could have been made. This must have fully aroused the prisoner and interfered with the subsequent production of the even wound on the left side of his neck.

But, as it has been elsewhere stated, the cut through the handkerchief was at right angles to the folds and to the neck; it would have required great force for its production, and the handkerchief must have been pulled some distance from the neck before it was cut, or the neck could not have escaped being wounded on the right as well as on the left side. The prisoner's statement is wholly irreconcilable with the facts. We are asked to believe that the woman in a deliberate attempt at murder first made a cut across the thick folds of a cotton

handkerchief, which would require considerable force and a peculiar disposition of the handkerchief for the purpose, and that she afterwards produced, in the man's throat, a superficial skin wound requiring no force for its production !

The only consistent explanation of the facts is that the handkerchief was not then on his neck, and that it was deliberately and designedly cut when off the neck. If the woman did not produce these cuts in the handkerchief and throat, they must have been produced by the prisoner himself, and for what purpose if not to avert suspicion that he had killed the deceased woman ? This damnatory evidence can, it appears to me, receive no other explanation. Whether the prisoner was alone concerned in this act of murder, it is not necessary to inquire. No man would be guilty of manufacturing evidence of this kind merely to avert suspicion from another person.

7. *The marks of blood.*—The blood from the wound in his neck appeared to have flowed chiefly down his shirt inside, and to have been absorbed by the red handkerchief subsequently applied. But it appears to me, from the evidence, that the wound in his neck is inadequate to explain the considerable quantity of blood found on the floor, the walls, the hearthrug, the seat of the chair, and in the woollen soles of his stockings. If his statements were correct, the woman's wound must have been produced *after* that in his own neck ; he put on his boots and ran out of the room to give an alarm. If the large quantity of coagulated blood on his stocking-soles came from his own wound, it is obvious that it must have been blood just escaped from the divided external jugular. His own statement is that he put on his boots and went out to give an alarm. If this were so, how did it happen that the inside of the leather corresponding to the heels was not deeply stained with blood ? The thick woollen stockings, so saturated as they were, would, if then wet with blood, have impregnated strongly the leather, and have adhered to it. Whereas there was no mark of blood, and only a mere trace of a bloody substance could be found by scraping and examining the leather from the insides of both heels.

These facts show that the stockings must have been dry or nearly dry when the boots were put on, and that they may have

been stained with the blood from the wound of Agnes Oaks, inflicted three or four hours before. This would have allowed sufficient time for the blood to become dry.

8. The fact that the blood on the floor and wall of the room, and on the *shift* and hands of the deceased, was dry when seen by Mr. Horton, is not consistent with the view that it had escaped from a wound which had been inflicted only half an hour before. On the other hand, it is consistent with the theory that this dried blood had issued from the wound in Agnes Oaks' neck three or four hours before the body was seen by Mr. Horton.

9. The coldness observed in the body by various witnesses,—by one within five or ten minutes after Agnes Oaks had cut her throat (according to prisoner's statement) and by an experienced surgeon, who also noticed that the arms and legs were not only cold, but rigid, within half an hour, are facts not consistent with the theory that her wound was produced after his, *i.e.* about five o'clock, but they are consistent with the view taken by the prosecution, that she had been dead three or four hours.

There was nothing in this case to accelerate the cooling of the body or the access of rigidity or *rigor mortis*. Although persons may differ about the sense of heat and cold in feeling a dead body, yet all, when separately examined, agreed about the fact without knowing the effect of such evidence in a medical point of view. Their observations were confirmed at a later period by the special examination of an experienced surgeon, Mr. Horton. He finds the limbs not only cold, but stiff—the legs, which are the last portion to undergo this condition, being rigid.

This state of the body is not consistent with a death so recent as the prisoner's statement would imply. It is consistent with the death of Agnes Oaks three or four hours before, and also with the cries of murder heard proceeding from the direction of prisoner's house shortly before two o'clock in the morning. It is also consistent with the dry state of the blood on the dress of the deceased, and in the room generally.

It is probable, from all these facts, that the prisoner returned home at the time he states—about one in the morning; that deceased, who had gone to bed, let him in, in her night-clothes or shift, and that their quarrelling was renewed. About three quarters of an hour after he had entered the house, *i.e.* about a quarter to

two, when cries of murder were first heard by the neighbours, he cut her throat with the table-knife. From the condition of her clothes, she was most probably in the erect position and struggling with him at this time. The tearing of the shift and the diffusion of a large quantity of blood over the floor, the walls, the hearthrug, and into the seat of the chair, may thus receive an explanation. There is no proof that she went to bed again after he entered the house. At any rate, the murderous assault did not take place there, for there was no trace of blood on the bed or bed-clothes. About daybreak (five o'clock), when the matter could not be longer concealed, it may be presumed that the prisoner, in order to give a plausible character to his story, made the cut in his handkerchief, and, laying bare his neck, produced the slight wound on his own throat. He then put on his handkerchief and boots, and with his father and mother went into the street and raised an alarm. How or when or for what purpose the dead body of the woman was placed in the extraordinary position in which it was found, it is impossible to say. Why it should thus have been laid out with a chair over the face and a pillow supporting the back of the neck, it is impossible to form a conjecture. No voluntary act during life or spasmodic movement in the act of dying will suffice to explain these facts. It is equally difficult to say how or when the hands of the deceased were smeared with blood, and, if any blood had been at any time on the wooden handle of the knife, how, when, or why it was removed while the blade itself was left bloody.

The jury recommended the prisoner to mercy on the ground that the act was not premeditated. It may be suggested that the deceased was killed by the prisoner during a quarrel and in hot blood. Had this been admitted and an alarm given at once, the case would probably have been treated as one of manslaughter; but the prisoner's brutal ill-treatment of the woman a few days before, his open threat to get rid of her, and the crafty plans to which he resorted in order to make it appear that she had first attempted to murder him and then had committed self-murder, gave another aspect to the case, and precluded the admissibility of any other verdict than that of murder.

Before the prisoner's execution the most anxious consideration was given by the authorities in whose hands his fate rested to all the circumstances of the case. I am informed that the

medical evidence was privately submitted to the judgment of an experienced medical man who had not been previously consulted, and that he confirmed and corroborated the conclusions which had been drawn by the witnesses for the Crown. The general evidence also underwent a close sifting, but with a like result. All pointed to the guilt of the prisoner, and tended to show that he had endeavoured by artifice to fix the charges of attempted murder and suicide on a woman whom he himself had murdered. The prisoner protested his innocence to the last, but so have many other great criminals of whose guilt there could be no reasonable doubt.