

**"She was full of evil spirits": Occult Influence, Free Will, and Medical Authority in the
Old Bailey, c.1860-1910**

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Abstract

This article explores how occult and medical epistemologies intersected in late Victorian and Edwardian courtroom narratives in the Old Bailey, London's Central Court. Rather than delineating the preternatural, it argues that this meeting of the occult and medical science resulted in a blurring of the boundaries between external and internal influences, between notions of prisoner and patient, the psychical and the insane. Considering the role of the accused, victims, medical authorities, lawyers and jurors, it examines how this epistemological shift developed, and how it was presented, manipulated, or hindered. Through investigating this attempt by medical 'experts' to pathologise the occult, it offers fresh insights into how medical testimony interpreted and employed accounts of witchcraft, mesmerism, and hypnotism in courtroom narratives. It concludes by briefly drawing attention to the resonances between the operation of occult, legal and medical influences over the mind and body in the late nineteenth-century courtroom.

Keywords: occult; crime; medical authority; free will; mesmerism; hypnotism

On the afternoon of 7th August 1862, Elizabeth Free, a servant in the household of Mr and Mrs Cole, entered the first floor back room of their home in Brunswick Place, City Road, London, and discovered their fifteen-month old child Charles lying on the floor with its throat cut. Mrs Cole had carried the child to the room just five minutes earlier. Charged with the

wilful murder of her child, Adelaide Cole's case was brought before the Old Bailey court. Witnesses testified that Cole had been a caring mother but, suffering from consumption, she had feared she would not recover, and had become afraid she would 'have to leave her children to strangers'. One witness, Emma Dorrington, added that Cole had 'once said that the evil spirits were all about, and made motion with her hands'. These comments were reiterated by Dr John Rogers, a physician who had been attending to Cole for a month. In court he stated, 'on the evening of the murder she told me she was full of evil spirits, and asked me to cure them; and on the Saturday following she told me she was haunted by evil spirits, and that she saw the spirits murder the child before her eyes, and the next moment she denied the child's death altogether, and insisted ... that it was crying in the next room'. Rogers' medical opinion was that this was a case of homicidal monomania. He declared that Cole was 'in a very low state mentally' and believed her to have been 'decidedly insane at the time this act was perpetrated.' Cole was found not guilty, being deemed insane.¹

Adelaide Cole's tragic account encapsulates this article's focus on the way ideas of occult influence intersected with medical science in late Victorian and Edwardian courtroom narratives. It argues that under the scrutiny of the developing field of mental science there were sustained attempts to shift the occult from an object reality to mere signifier and symptom of mental states. Relocating the preternatural from external to internal influence mounted a challenge to its ontological nature, transforming fear of occult influence by others into anxiety about one's own loss of internal control. This attempted repositioning of occult beliefs helped to draw such ideas into a realm of diagnosis and treatment for mental doctors while serving to make them legally comprehensible as signs of insanity to lawyers. Importantly however, it also argues that while medical 'experts' could influence a jury's decision they were not authoritative enough in this period to impose a hegemonic interpretation of occult phenomena in the courtroom. Nor, despite the suggested mutual

benefits for medical men and lawyers, was there an unproblematic alliance between the professions, for older legal definitions of insanity still continued to assert themselves over evolving medical ones. It will be shown that various actors within the courtroom process, from the accused and victims, to lawyers, medical experts, and jurors, all played a role in encouraging, manipulating or impeding the effectiveness of this epistemological shift. At a time when the boundaries of the occult blurred towards (pseudo)science and those of evolving mental science were still in the process of formulation, the Old Bailey bore witness to the medical destabilising but not comprehensive overthrow of occult epistemologies.

Historiographical consideration of occult practices in a legal context have tended to focus on changing state relations and shifting legal and public attitudes towards such ideas.² Despite the rich body of interdisciplinary scholarship relating to the law and psychiatry, and developing work on medicine and hypnotism, there appears surprisingly little sustained attempt to explore the relationship between the Victorian occult, medical science and the law.³ Scholarly analysis of fin-de-siècle anxieties about occult threats to the will and the permeability of the self has largely remained located in studies of psychical research and late-nineteenth-century gothic literature. When those concerns have extended to medical debates about mesmerism or telepathy they have tended to dwell on (pseudo)scientific theorisations.⁴ Unlike previous studies then, this article advances an important appreciation of the ways medical discourses about occult influence had legal application and consequence for those who found themselves in court. In his persuasive study of telepathy, Luckhurst argued that mind reading and related psychical phenomena developed in a late-nineteenth-century cultural moment of 'suspended theorisations'.⁵ By focussing on a legal rather than a scholarly context, this article will demonstrate that the law court was a site where occult and scientific theorisations could not remain suspended but were necessarily contested or asserted. As Burnett notes, the law court was a 'site for the production of social facts', a cultural locale

that 'to a significant extent shaped both the theories and the practices of knowledge production central to the emergence of modern science.'⁶ Rather than a direct collision, it will be shown that the occult was transformed by medical observations and inferences that naturalised it, not unproblematically, into expressions of abnormal or defective psychological states. As such, this article offers a reading of how and how successfully medical experts were able to employ occult ideas as semiotic signals within courtroom narratives.⁷ The originality of this paper lies in exploring a medical meta-reading of the occult, not so much focussing on acts and beliefs as how their presence in courtroom testimony was used by medical authorities and others. In doing so it offers a fresh insight into how we might read the occult in legal cases and how such ideas were situated in a period of epistemological uncertainty for both mental science and the occult.

The methodological reasons for focussing on an analysis of Old Bailey court records are twofold. Firstly, the *Proceedings of the Old Bailey* provide rich and often detailed sources for accessing medical attitudes towards the occult in criminal cases in late Victorian and Edwardian London. Although they consist of edited and sometimes truncated summaries of court testimony, they demonstrate how the court interpreted occult ideas as evidence of motive, psychological state, and mental health.⁸ Secondly, the court's need to fit occult beliefs into legal strictures means that cases are largely devoid of the overt editorialising that often accompanied press reports on such cases. Although obviously not immune to the broader cultural biases of the period, unspoken predilections (of judges and jurors), or a priori assumptions that suited the agendas of doctors and lawyers, the Old Bailey will be considered as a space in which the legal framework served to filtered out much of the sensationalist rhetoric regarding occult ideas and practices in this period.⁹ This allows the historian to engage with a more composed approach to the preternatural, albeit one founded on an inherent privileging of legal and, to a degree, medical interpretations of the occult.

This study of influence and uncertainty in the late Victorian mind is divided into three parts. Firstly, it examines belief in occult influence as an instigator of criminal actions and the way this destabilised the boundaries between ‘criminal’ and ‘victim’. In doing so, it indicates how the accused were themselves sometimes aware of an epistemological shift in occult explanations and instrumental in employing it for their own defence. Secondly it considers how medical experts situated occult-inspired crimes as derived from mental defects, thereby rendering the occult into a signifier of psychological abnormality. This resulted in a blurring of boundaries between prisoner and patient and cast doubt on the accused’s legal culpability for their actions. Thirdly it considers the effectiveness of courtroom medical experts in advancing this internalisation of occult beliefs. This draws attention to the fractures within and limitations of scientific rhetoric in this context, and also notes the influence of other key courtroom actors in determining the impact and effectiveness of this rhetoric, especially jurors. It concludes with some broader reflections on the parallels between occult influence, medical discourse, and court procedure, suggesting that while acting as agents of disenchantment, both legal and medical authorities exerted influences akin to the very occult phenomena they sought to dispel.

Blurring the Occult Criminal/Victim

The late-nineteenth-century British legal system did not accommodate the supernatural as a reality. Since the 1736 Witchcraft Act, supported through alterations to the Vagrants Act in 1824, claims to powers of witchcraft, fortune-telling and other forms of occult knowledge were deemed fraudulent.¹⁰ However, reference to remote occult influences continued to appear in court cases between 1860 and 1910, often as justification for crimes. This was especially the case when the supposed victim of occult control had resorted to violent

attempts to reassert their will against such influence. This, and an attendant blurring of the boundaries between occult victim and criminal, is evident in the trial of Charles Tilbrook in 1862.

On Sunday 13th April Tilbrook violently assaulted his grandmother, Mary King, in her home in Charles Street, Westminster. Believing that she influenced him 'by devilish arts', he had attacked her with a razor and a stick, inflicting such wounds to her face and head that she spent seven weeks in hospital. In court Tilbrook claimed, 'I did not intend to take her life; I only intended to draw some of her blood. It is evident she is connected with the devil. There have been persons connected with the devil who have done things of witchcraft, though it is not believed in at this day.' Directly addressing the issue of occult control, Tilbrook stated 'she should not have that power over me which she has done with her ... arts ... The reason I took upon me to revenge my own wrongs, was because I expected I should get very little redress from the law, because people consider themselves so much enlightened in these days that they do not believe in such a crime, but I do ...'.¹¹

Tilbrook's case nicely demonstrates how the mid-nineteenth-century occult was situated in a legal framework. The law's rejection of the reality of supernatural powers meant the folkloric tradition of drawing blood to break a witch's spell was translated in this case into a charge of 'breaking the peace' and 'wounding with intent to murder'. The law did not punish occult beliefs per se but rather the way they manifested as criminal behaviours. In court, occult beliefs had to be orientated within the confines of legal statutes and precedents, their unusual nature fitted in to contested narratives that revolved around intentions, actions, and consequences. Tilbrook was a rarity in his willingness to state what he had tried to do, given that the law could no longer provide legal redress against bewitchment. In doing so, he provides us with an early example of the accused articulating a perceived epistemological shift in occult belief (and accompanying legal changes that 'forced' him to take matters into

his own hands) into his own defence. Unlike later cases below, Tilbrook's actions were not given a psychological interpretation by medical experts. There was scope for doing so, for developing understandings of the complexity of madness in the early Victorian period had led to a belief in bewitching being interpreted as a sign of monomania, a fixation upon one particular delusion.¹² However, in Tilbrook's case the court seemed to work from an assumption that his actions had been the consequence of irrational 'superstition' rather than evidence of mental illness. He was sentenced to life imprisonment.

In the last quarter of the century expressions of fear of external control gradually transitioned from Tilbrook's 'traditional' accounts of bewitching to the psychological influence of mesmerism and then hypnotism. Despite a shift in occult explanation from bewitchment to mesmerism, the case of William Burns strongly resonates with that of Tilbrook thirty years earlier. In February 1891 Burns was similarly charged with wounding with intent to murder, although in this case it was his wife Louisa in their home in Horseferry Road, Westminster. Burns' wife testified that, unable to find work as a scaffolder since Christmas, her husband had become prone to sudden violence, believed he was being pursued, and 'several times alluded to being under the influence of mesmerism'. Following an attempt to cut his daughter's throat in early February he had been confined to the lunatic ward in Fulham workhouse for several weeks. While there, the medical officer of the workhouse thought he was 'suffering from the effects of insanity', and despite improved behaviour that resulted in his release, felt that 'his condition was such that he would be subject to attacks of insanity at times.' These concerns were justified, for when released Burns attacked his wife with a hammer and chisel, leaving her hospitalised for a month. When charged, he stated 'I believe I have been mesmerised; in fact, I know I have ... I was mesmerised yesterday with sixpence on the mantelpiece and bits of elastic and old rags'. As such, both the accused and his victim were willing to introduce the notion of his being under mesmeric control. There are hints that

they were employing mesmeric belief or delusion as an indicator of temporary madness, for Louisa stated that she was 'very anxious to have him back' from the lunatic ward and her testimony displays no obvious bitterness towards him, despite her horrific injuries. Philip Gilbert, the medical officer at Holloway Prison, also advanced the idea that Burns had suffered from a bout of temporary insanity. He and Burns actually entered into a supportive exchange in the courtroom, with Burns asking Gilbert 'Have I not behaved myself, and done whatever I am told', to which the medical officer replied 'You have; I had no occasion to put a straightjacket on you.' Despite this, the jury rejected the claim of temporary insanity. Finding him guilty but insane, Burns was detained.¹³

Although occult expressions of external control evolved over the period of our study they remained underpinned by a persistent concern for the sovereignty of individual will and feared loss of volition over one's mind and body. To appreciate the significance of these fears and the criminal actions they inspired one has to recognise the value placed on willpower in a late Victorian culture that 'stressed the integrity of the individual and an emphasis on self-control'.¹⁴ Given the Victorians' assertive drives, be it over self, nature, or society, the emphasis on willpower took myriad forms. At the start of our period it was being promoted by Samuel Smiles as the driving force behind the self-made man, and by the end, amidst developing notions of the fragmented psyche and crowd psychology, willpower was being viewed as a defence against personal and social disintegration.¹⁵

It was in this later nineteenth-century context that learned debates and sensationalised claims about hypnotism gained medical and public attention. Developing from its origins in the reinvigorated interest in mesmerism in the 1830s and 1840s, late nineteenth-century hypnotism attempted to make itself more palatable to contemporary scientific thought. Surgeon James Braid had tried to grant hypnotism a scientific distance from the supernatural stigma that still clung to mesmerism, shifting the explanation of the trance state from external

invisible fluids to a psychological state to which the subject consented.¹⁶ Yet, unable to completely extract itself from its occult resonances, hypnotism also became a cause for concern about crime, culpability and the loss of will at the fin de siècle. This was given a degree of respectability in the late 1880s as the British medical profession briefly flirted with but ultimately rejected the idea of using hypnotism in medical practice. Openly debated in the *British Medical Journal*, this respected publication was not above talking up the potential for hypnotic crimes.¹⁷ Its editor, Ernest Hart, claimed the hypnotised would become ‘blindly, actively obedient to your wildest orders or most bizarre suggestions’ and this fed concern that a person could be induced to commit a crime whilst in a hypnotic state or even via post-hypnotic suggestion.¹⁸ Crimes committed by a hypnotised subject would effectively work around the law for they were committed unknowingly, without will or intention. In such circumstances, the subject was merely a tool of the true criminal, the hypnotiser.¹⁹

The *British Medical Journal* was obviously not the means by which most people became aware of hypnotism, its potential dangers, or its legal ambiguities. These notions entered into popular consciousness through the sensationalist claims made by newspapers, pamphlets, short stories and novels in the 1880s and 1890s, perhaps the most popular of which was George De Maurier’s novel, *Trilby*.²⁰ According to Luckhurst, the ‘Trilby-mania of 1894 familiarised a wider constituency into the possibilities of hypnosis’ and, indeed, it is only from the later 1890s that one sees hypnotism being appropriated into defendants’ explanations for criminal behaviours in the Old Bailey.²¹ As such, some of the accused in late cases appear to have been aware of a shift in the expression of occult influences, possibly garnered from these popular fictions or the press, and attempted to employ it in their defence. That said, claims for diminished culpability for crimes on the basis of occult control are sparse.

A case from February 1882 was something of an exception. A servant, Maggie Natrass, was charged with arson and damage to property for repeatedly setting fire to items in 10 Essex Road, Islington, the household in which she was employed. The mistress of the household testified that Natrass had on several occasions said 'she could not tell how it was, everything she touched turned to fire, she thought she was bewitched—she said that to me three or four times.'²² On the way to the police station she had stated 'I don't know what made me do it; I do not remember anything about it'. The police officer testified that Natrass's 'manner seemed strange, and her eyes wandered', while another witness testified that 'the prisoner complained of her head ... and her eyes looked queer.'²³ Despite the potential for a psychological interpretation of Natrass' pyromania and her beliefs in bewitchment, the court made nothing of the issue of possible mental illness or bewitchment raised respectively by a friend of the prosecutrix and a witness for the prisoner. In this case no medical authority was even consulted. Becoming bogged down in legal wrangling over whether Natrass' crime should be considered a felony or a misdemeanour, the judge, Mr Justice Hawkins, eventually 'directed a verdict of not guilty'.

A later case from 1906 offers a rare match with the previous decade's fictional vogue for the threat of hypnotic control. It also appears to be a rather opportunistic attempt to retrospectively apply a pseudoscientific idea of recent cultural interest as justification for previous crimes. Arthur Bennett, a 40 year old carman, pleaded guilty to wounding Thomas Smith about the head with an iron bar. While in this instance he claimed to have been driven to it by homelessness and desperation, Bennett had a list of crimes dating back to 1888. These, he 'attributed ... to hypnotism'. Unfortunately the *Proceedings* did not record details of this claim. While this may have been presented as justification for a lack of control over his previous actions, Dr James Scott of Brixton Prison, a medical witness who had observed Bennett, testified that the defendant was mentally fit and had known right from wrong at the

time of his attack on Smith. With his medical expertise dependent upon first-hand empirical observation, neither Scott nor the court could entertain Bennett's claims about the influence of hypnotism. Scott's medical testimony regarding Bennett's recent mental lucidity deftly sidestepped the reference to hypnotism and appears to have influenced the jury. Unpersuaded by his reference to hypnotism, they found Bennett guilty and he was sentenced to seven years imprisonment.²⁴

These cases indicate the fact that the epistemological shift in occult explanations did not derive in a neat, linear manner from proclamations made by medical authorities in the courtroom. Tilbrook's self-justification, Natrass' apparent incomprehension, and Bennett's seeming opportunism suggest the accused, and in William Burns' case, possibly even the victim, were willing to employ these ideas as part of their testimony. Introduced as narrative assertions, evasions, and quite possibly manipulations to signify mental instability, they too helped contribute to the production of an epistemic discourse on the nature of the occult. From the viewpoint of the accused (and the lawyers or medical experts who spoke on their behalf), occult beliefs in external control helped blur the divide between 'victim' and 'criminal'. They also serve as examples of the persistent yet evolving belief in the influence of remote powers, the threat of external agents, and risks to the inviolable self; ideas that, for some, remained so strong that they could (be claimed to) drive people to maim or murder.

Pathologising the Occult

Although 'mad doctors' had played a role in trials since the mid-eighteenth century, the Victorian courtroom witnessed the growing presence of medical experts and testimony.²⁵ By the late 1840s medical experts were already testifying in 90% of insanity trials that involved assault.²⁶ While lay witnesses could only testify to physiological signs of mental illness based

upon 'common sense' deductions, the court granted medical experts greater freedom to make inferences and authoritative speculations based upon their observations, experience and knowledge. Eigen argues that the authority of the emerging medical expert was founded on convincing the court and the jury that they could not rely on surface impressions of madness, nor simply use the crime as evidence of such, but that 'there was something rather more to madness than acting like a madman'.²⁷ Mental illness, like occult influence, was invisible, and in advancing their interpretations medical authorities attempted to insinuate their will and knowledge into the minds of the accused and juries alike.

The favouring of a psychological interpretation of the occult in Old Bailey trials can be situated as part of a longer trend that reached back into the eighteenth century. Castle has argued that an urge towards the 'internalisation of the spectral – the gradual reinterpretation of ghosts and apparitions as hallucinations, or projections of the mind' dated back to Enlightenment scepticism and the formulation of 'apparition theory' in the early nineteenth century. Yet she also observes how this resulted in the 'uncanny "spectralization" of human psychology' itself.²⁸ As such, a medical discourse that tried to resituate occult influence as pathological thought could not wholly free itself of haunting associations. This attempt to pathologise ghosts was subsequently extended to spiritualism, and Old Bailey cases in the half century after 1860 demonstrate an attempt to continue to expand this internalising to incorporate any occult-related paranoia.²⁹ Courtroom medical interpretations that promoted such a view were facilitated by the noted transition in occult influence from the supernatural to the psychical for these ideas were already moving towards a field of epistemological understanding that was located in the mind. By pursuing this trend inwards mental scientists appropriated the language of external occult 'powers', 'forces' or 'influences' and transformed them into their internal, psychological variants. The terminology may have stayed the same, but their reference and location had been fundamentally altered. In doing so,

medical authorities could administer to what they perceived as the repositioned source of occult belief - misguided thought and mental fabrications.

Although the Old Bailey was a site in which occult and medical ideas intersected they did not directly collide. This was largely due to the administrative structure of courtroom procedure. The courtroom was a performative, storytelling space, with a set format for the order in which narratives were delivered, starting with the victim, witnesses for the prosecution, witnesses for the defence, those who spoke for the character of the accused, and then, sometimes, a statement from the accused themselves.³⁰ Whereas Old Bailey court cases had previously involved an imbalanced confrontation between the accused and a prosecutor, the passing of the 1836 Prisoner's Counsel Act led to a more professional, adversarial courtroom culture. The plaintiff and defendant increasingly surrendered their agency to competing lawyers who spoke on their behalf, cross-examined witnesses and directly addressed the jury.³¹ While the occult beliefs of the accused³¹ were discussed, the supposed believer themselves had limited opportunity to explain their ideas. The court rendered them powerless while giving room to medical testimony that contested the existence of the occult from mental scientific perspectives.

There was potential for this interaction between medical practitioners and lawyers to be mutually self-serving. Acting as courtroom experts enabled doctors of mental science to bolster their evolving yet still uncertain professional credibility in a period when professionalism was a way of erecting disciplinary boundaries and garnering authority.³² In turn, their medical testimony could also serve a purpose for lawyers. Notions of external occult possession or theft of will was a crime that the law could not legislate against; like witchcraft, the causal factor was remote and unprovable. To solve this problem the Old Bailey court seemed to condone medical testimony that challenged the ontological status and nature of the occult, repositioning it from an unknown external influence to an internal one

conceived as pathological defect or physiological disorder. In eradicating remote influence and relocating it in the mind of the accused a causal link was formed that could be recognised and processed by the law in terms of self-control and moral comprehension. In the process, trials were often transformed from cases of assault or murder to insanity.

These shifts in the presentation of occult ideas would have obviously been favoured by advocates for the defence. Criminal law was based on 'the legal subject as a rational being with cognitive capacity', one whose intentions could be held responsible for criminal consequences. Through presenting occult notions of influence as symptomatic of mental illness, medical testimony had the potential power to destabilise the legal subject as a rational being, to blur their status as criminal and/or victim, and to throw into uncertainty their legal culpability.³³ The medical internalisation of the occult also conveniently allowed the court to sidestep any metaphysical speculation. Prosecuting lawyers may well contest the strength of a particular medical interpretation or, more commonly in the cases below, the jury might reject it, but neither appeared to challenge the underlying psychological premise that was being advanced. What they questioned was not the transformation of occult beliefs into symptoms of insanity but the disputed nature of the insanity that those occult beliefs appeared to signify.

The struggle to clarify legal definitions of insanity preceded this mid-late nineteenth-century epistemological shift in medical representations of the occult. Prior to 1800 only a case of total insanity could lead to an acquittal. However, the 1830s and 1840s saw an increasing awareness of the complexity of insanity, with the identification of specific manias, monomanias, and notions of moral insanity.³⁴ The 1843 M'Naghten Rules marked an attempt to fix a definition of criminal insanity and the operation of the insanity defence in jurisprudence. Attempting to legally accommodate changing understandings of madness, the M'Naghten Rules declared that the accused had to be acquitted of legal culpability if it could be demonstrated that they had not known the difference between right and wrong at the time

of the act. This originally required evidence of ‘a defect of reason’ or mental delusion, but later it came to include the emerging idea of moral insanity; one could be conscious of the act but so ‘carried away by perverse sentiments’ that the accused was rendered a victim of ‘a will out of control’.³⁵ While references to the accused seeing devils and ghosts as evidence of mental instability can be found in early nineteenth-century cases and beyond, they could now be read as signifiers of the ‘perverse sentiments’ required by the law.³⁶

For example, shortly after strangling her husband on the night of 21st April 1855, Rebecca Turton told an acquaintance that she ‘saw fairies and dead people at the side of the road’ as they returned to the rooms in Richard Street, Bromley, where she had left the corpse. Although citing the supernatural as indicative of an unstable or even insane mind, Turton’s insanity does not appear to have been a consistent state of mind. Gilbert McMurdo, the surgeon at Newgate Prison, had considered her insane and had her moved to Bethlehem Hospital, but the hospital soon deemed her sane and returned her to Newgate. Finding no sign of insanity, McMurdo had felt ‘there was nothing to prevent her standing trial.’³⁷ McMurdo’s medical testimony seemed to operate within the M’Naghten Rules for it suggested Turton may have been incapable of recognising her wrongdoing at the time of the murder, despite subsequently regaining her sanity. As with many such cases, the jury rejected the notion of temporary or inconsistent insanity. She was found not guilty on the grounds of insanity but detained.³⁸

Although the drive towards an internalising of occult beliefs located it in the developing field of psychiatry, medical authorities often drew attention to physiological and delusionary signifiers to underpin their explanation. This was evident in the case of Adelaide Cole with which this paper began. Prior to the murder of her child her physician, Dr Rogers, had described Cole as being ‘in very bad health physically’ and when he attended to her after the murder ‘she complained of pains in her head’. While Cole claimed evil spirits had

compelled her to kill her son, the more persuasive medical interpretation presented by Rogers was that this tragedy arose from internal, mental issues fostered by her poor health, and possibly a mind overstimulated by too much reading (it was stated that she had spent the morning before the murder reading the Bible).³⁹ Alluding to a disciplinary authority that was still very much in formation in the 1860s, Rogers commented that what ‘is known in the profession as a homicidal monomania ... is frequently produced by religious delusions’. Here he appeared to be building upon comments by two previous witnesses who stated that Cole ‘was very fond of reading the Bible’ and that she believed ‘the wrath of God was upon her’. Drawing upon signifiers linked to bodily health, reading habits and imagination, Rogers was able to transform what the accused believed to be a loss of will to external occult influence into an internalised loss of control over her own mental faculties. As he stated, in his opinion Cole had been ‘incapable of distinguishing between right and wrong at the time of the act’.⁴⁰ This was a clear attempt by Rogers to ensure his medical interpretation conformed to the M’Naghten Rules, structuring his statements to what by the 1860s had become an established legal determination for an insanity plea.

This was very much in line with neurological and physiological causes of supernatural beliefs set down by the prominent alienist, Henry Maudsley. He claimed that in the sound mind such ideas could be explained through ‘defects and errors of human observation and reasoning’ or the ‘prolific activity of the imagination’, while in the unsound mind they could be attributed to hallucinations, illusions, manias and delusions.⁴¹ Particularly relevant to Cole’s case was Maudsley’s assertion that ‘In the delirium of insanity it is not an uncommon thing for the sufferer to see and hear persons who are the mere phantom creations of his disordered brain; and when the delirium is of an acute character these ... have such full possession of his senses, usurp his attention so entirely, that real persons and voices can make no impression upon him.’⁴²

Medical experts often drew upon a range of indicators to suggest a diagnosis of insanity, usually referencing physiological abnormalities and family history, particularly suicides.⁴³ Occasionally allusions to occult ideas were woven into this signalling of mental instability although they were not necessarily portrayed as direct influences on criminal actions. In a murder case from October 1904 the court heard that the accused, 23 year old Albert James Holmes, had 'been reading a great deal of literature lately on hypnotism' and some of this material had been handed to the police following his arrest. James Scott, the medical officer at Brixton Prison, had had Holmes under observation and they had discussed 'his reading various books on hypnotism and mesmerism'. The medical officer openly dismissed them in court, stating 'I have seen them, they may be read by anybody—they are sold in London, and are very silly pamphlets'. He suggested that any influence they may have had on Holmes' killing of his infant nephew was indirect, noting that for those inclined towards mental instability 'very little would tilt some weak minds over to insanity'. Seemingly aware that such a claim amounted to little more than speculation, Scott's medical testimony promoted the significance of physiological explanations over occult reading matter, citing how a discharge from Holmes' ear had coincided with his mother's noting a change in his character, 'one of the earliest symptoms of mental disturbance'. It was also suggested that his childhood paralysis was thought to be 'associated with mental impairment' while a family history of suicide suggested a genetic predisposition towards mental instability.⁴⁴

Although incorporated as part of a multi-casual medical explanation of insanity, the occult dimension remained a notable signifier of delusion for the preternatural status of such ideas could serve as a pointed suggestion that mental processes had slipped beyond the bounds of 'normality'. A case from August 1910 offers a useful illustration. George Gordano Hackshaw, a 33 year old decorator, was charged with the manslaughter of his younger

brother, William, following their fight in Plashett Road, East Ham. When Hackshaw surrendered himself to the police he stated, 'I believe my brother hypnotises me. It has been going on for months, and I believe he had some influence over my wife as well.' He had not intended to kill his brother and it was not an attempt to re-assert his will against hypnotic control. Sydney Dyer, the medical officer of Brixton Prison who had had Hackshaw under observation since the killing, reported that in discussion he had said, 'of late he has had a lot of trouble with his head; that his dreams have been so terrifying that he is kept awake all night; that this has been going on for some five months, and that it is entirely due to hypnotic influences exercised over him by his brother and others'. Building upon Hackshaw's 'delusion as to hypnotism' as an expression of insanity, Dyer informed the court that once in Brixton Prison his belief in remote influence and the permeability of minds had transformed. Hackshaw had told Dyer that he could 'by some magnetic power diagnose by his own feelings the different ailments of the other prisoners in the ward, as he feels exactly the same pains as they have.' Addressing the issue of legal culpability, Dyer stated that at the time of the fight Hackshaw 'knew the nature of the act, but he did not know it was wrong, as his mind was so absolutely warped by these delusions that his judgment was entirely in abeyance. It was acting on those delusions that he committed the offence.' In this case at least, Dyer's pathological reading of Hackshaw's belief in hypnotic and magnetic influences seems to have convinced the Judge who then influenced the jury, for Mr. Justice Hamilton directed them 'to find a verdict of guilty, but insane'.⁴⁵

As such, medical testimony tended to reposition occult beliefs so as to imply something other than itself. In doing so they became a mere signifier within a narrative of mental instability, one that frequently sought to transform the accused into a victim, not of external occult control but of their own internal mental delusions. In this context, occult elements served to create uncertainty around legal culpability and had a potentially

transformative effect on the status of the accused in the eyes of the jury. Appropriated into and serving the epistemological understandings of medical experts, the occult could still have a remote influence over the minds of others.

The Influence of Medical Epistemologies

In reflecting on how occult ideas were reformulated as indicators of insanity we have to appreciate that the influence of medical interpretations were not necessarily as robust or authoritative as the previous section may suggest. As has already been indicated in several cases, the Old Bailey was a forum involving a range of actors with varying degrees of influence, each having the potential to inform the production, manipulation and acceptance (or not) of a pathologised understanding of occult ideas. The effectiveness of this discourse was determined, in part, by issues internal to Victorian mental science, a discipline that was still in the process of evolving as a field of knowledge and as a profession in this period. Yet it was also influenced by the nature of the medical ‘experts’ who appeared in court, ongoing tensions between medical and legal definitions of insanity, and the biases of the jurors they attempted to persuade.

Late Victorian mental science was far from a coherent body of epistemic authority against which occult epistemologies might be broken. There were a number of issues that bedevilled the emerging field and the courtroom medical ‘experts’ who spoke for it. The science of the mind encompassed physiological, neurological and psychological dimensions and this hybridity made it unclear whether it was presenting itself as ‘an objective or subjective science.’⁴⁶ The problem for such an approach, at least from the perspective of building professional boundaries, was that the more mental medicine focussed on physiology (for example) the more it seemed to be encroaching upon a pre-existing field. Unlike medical

knowledge of anatomy, but like the occult it attempted to naturalise and psychologise, mental science had no tangible existence that an empirically-minded medical community could test. Linked to this, there was a clamour of conflicting interpretations regarding the mind, mental illness, apparitions, and the susceptibility to hypnotic suggestion.

This was best represented by divisions between French schools of psychiatry and, allied to this, the debate over the therapeutic uses and risks of hypnotism within the Britain medical profession. French mental medicine was at the forefront of nineteenth-century studies of hypnotism but was split over the question of which type of patients were more susceptible to hypnotism. While Jean-Martin Charcot suggested his neurotic and hysterical (and therefore weak-willed or abnormal) patients at Salpetriere, Paris, made the best subjects, the calm, therapeutic approaches of Hippolyte Bernheim at Nancy suggested a more universal susceptibility to hypnotic influence.⁴⁷ Closer to home, there were also conflicting views over how far one's character could be overpowered by mesmerism. Despite sensationalist fears about a complete loss of self-control (and therefore a negation of legal culpability) under occult influence, James Coates's 1904 *Human Magnetism or How to Hypnotise* claimed mesmerists could not do anything contrary to the moral will of the subject. Acts performed under mesmeric influence, even criminal ones, had to accord with their natural disposition.⁴⁸ As such, we can see a medical scientific episteme being advanced in occult-related court cases but it is harder to say exactly whose collective view, if any, it represented. If mental science's epistemological claims about insights into occult ideas were as much rhetorical as empirical then the conflicting voices of the emerging psychiatric profession weakened the authority of any particular interpretation.

These were further destabilised by a blurring of the demarcation between science and the occult across this period. Spiritualism drew upon pseudo-scientific terminology and empirical approaches 'in order to authenticate, verify, and categorize the supernatural', while

members of the Society for Psychical Research emulated the conduct of mainstream science (from which many were drawn) as a way of distinguishing themselves as ‘more scientific’ than spiritualists.⁴⁹ While science sought to enforce a distinction between the supernatural and the natural, typically with an eye to either debunking or appropriating supposed aspects of the former into the latter, the modern occult risked the ‘collapse of the poles of this defining dichotomy by insisting that the supernatural [was] natural.’⁵⁰ Grimes has illustrated how mental scientists’ repeatedly used the terms mesmerism and hypnotism interchangeably in manuals of the 1890s. As such, while hypnotism leaned towards a more scientific basis it could not fully escape mesmerism’s ‘supernatural and sinister implications’, thereby leaving ‘the mind at the fin de siècle ... a supremely haunted site.’⁵¹ Such developments served to compromise the boundaries of science while garnering the possibility of respect for previously discredited preternatural ideas.

The potential persuasiveness and authority of psychological interpretations becomes even less secure when we take a closer examination of medical ‘experts’ in occult-related cases. Many Old Bailey cases suggest medical witnesses were not required to be noted ‘experts’ in a particular field. They were commonly hospital or prison medical officers or surgeons, and their credibility as medical experts often appeared to rely on little more than the status of their position within a medical or penal institution.⁵² In most cases they had spent time observing the prisoner while in confinement, but in at least one case the observation was very brief.⁵³ This emphasis on prisoner observation was an attempt to fashion themselves as empirical scientists. Under observation, they could test for ruses, the sustainability of delusions, and the nature of an individual’s madness, be it a particular monomaniac fixation or a broader derangement. Somewhat surprisingly then, several medical ‘experts’ made open reference to not having personal experience in the suggested mental illness, particularly homicidal mania. Instead, they fell back on their reading. Dr Rogers,

Adelaide Cole's physician, could not conclusively say whether she had suffered from monomania or homicidal mania. He admitted that he had 'not given particular attention to diseases of the brain', and that 'I do not speak from experience but from books – the cases alluded to in the books are, I believe, recent, but I cannot swear it.' This did little to bolster his authority as an expert. He compensated by emphasising that his opinion that she had not been in a sound mental state at the time of the crime was based on 'the result of my observations.'⁵⁴ From the court's perspective his 'expertise' lay not with any detailed specialist knowledge of mental illness but with his familiarity with Adelaide Cole's mental and physical condition.

Although judges and lawyers had condoned the increasing presence of medical experts in court, there were ongoing tensions over who was best placed to make judgements on criminal responsibility and exculpatory insanity pleas. As Newton Ainsley puts it, 'the medical and legal professions wrestled one another for authority over the insanity acquittal'.⁵⁵ These tensions did not simply arise from medical testimony being challenged in court, although 'cross-examined by prosecutors, criticised by judges and rebuffed by juries', some medical witnesses sought legal changes that would recognise their authority.⁵⁶ Underlying this was the unresolved perpetuation of differing medical and legal definitions of insanity. Although shaping their testimony to the wording of the M'Naghten Rules, doctors of mental science were frustrated by their narrow legal conceptualisation of madness. In particular, the physicalist reference to evidence of 'a disease of the mind' was viewed as 'a strategic move, designed to discount clinical concepts such as "moral insanity", "lesions of the will" and "monomania"'. These failings prompted some medical writers to call for 'the determination of insanity to be transferred from the jury to some form of specialist tribunal, presided over by experts on mental aberration'.⁵⁷ For their part, judges and lawyers were determined to ensure that decisions regarding insanity and criminal responsibility should reside with juries,

not a medical elite. In the cases cited here, it is not lawyers who hindered a pathologised repositioning of the occult as a signifier of mental derangement (although one has to acknowledge that the Old Bailey transcripts do not always give a full account of cross-examinations). Rather the rejection of certain medical presentations of insanity came from the jury, that decisive element within the courtroom that was least versed in medical or legal understanding, and perhaps most representative of the wider public's views on occult influence and insanity.⁵⁸ Juries appear to have been particularly resistant when medical authorities tried to advance claims for the temporary insanity of the accused.

The power of medical testimony to only partially influence juries was seen in the case of Dr Charles Grimes. In the early hours of 25th April 1876 the occupants of 57 Euston Square had been woken by Grimes, a surgeon, pulling up the carpet, moving furniture and shouting as if he were 'quite a maniac' in his second floor room. The police had to force entry into his room and, armed with a gun, he wounded two officers in the ensuing struggle, one seriously. In custody Grimes told the police that somebody on the floor below 'was mesmerising him'. He later said the mesmerist 'was trying to throw him out [of] the window by force ... and that there were wires from the room below to his room' that aided the mesmerist's influence over him.

What makes this case notable is the unanimous judgement of three medical witnesses, namely that Grimes had suffered a temporary bout of insanity. The doctors all emphasised their experience or position to help establish their authority and to exert influence over the court. Dr Richard Parramore stated 'I have seen several cases of delusion, and to the best of my judgment he was suffering under delusion at that time' and 'was evidently insane'. Grimes had not slept for several nights before the incident and had taken a large dose of opium as a sedative. This, Parramore claimed, 'might cause delirium' and could have fed Grimes' paranoia that 'somebody below was making him an experiment for mesmerism'.

John Rowland Gibson reported that he had been ‘medical officer at Newgate Prison for nearly twenty-one years’ and had seen ‘a great many cases involving insanity’. It was he who advanced the idea of temporary insanity, claiming ‘there is insanity which surrounds the commission of an act leaving the person sane afterwards; it may last for a short time and pass away’. He claimed Grimes had regained ‘perfect possession of his faculties’ and had come to recognise his beliefs about the mesmerist in the room below as a delusion. Finally, Joseph Hill had had Grimes under his charge at the lunatic ward of St Pancras workhouse since the incident. Hill stated ‘I have made insanity my study’ and ‘the strongest indication of insanity is delusion and [Grimes] was suffering from delusion’. Hill added that he agreed with the interpretations provided by Gibson and Parramore. If this unanimous medical verdict was an attempt to save a fellow medical practitioner it failed. The jury found Grimes ‘Not Guilty’ but, unconvinced that he had only suffered a temporary bout of insanity, had him detained.⁵⁹

Drawing upon the influence of their experience, observations and institutional positions, the three medical men successfully influenced the jury into accepted the repositioning of Grimes’ claims about mesmerism as mental delusion and signifier of a paranoid mentality, but failed to persuade them that such a defect could be merely temporary. The outcomes of both Grimes’ case and that of William Burns mentioned above suggest juries were willing to accept medical claims about insanity but tended to be unconvinced by complex and uncertain notions of temporary insanity. Once the idea of psychological pathology was introduced into proceedings the response tended to be to err on the side of caution and assume insanity’s influence continued to linger beneath apparent displays of restored mental coherence, regardless of the judgement of medical experts. What this seems to imply is that while medical witnesses wanted to claim professional insight into occult ideas and their connection to mental instability, the jury suspected that medical officers were themselves not above being deceived by individuals who were both cunning and insane.

Rather than passively absorbing a particular medical diagnosis they responded to certain parts but rejected others. The law had long sought a clear definition of insanity and related issues of legal culpability. As medical experts attempted to increasingly complicate those issues, juries were (understandably, in the context of their role in court) inclined to favour established legal definitions of insanity over developing medical ones.⁶⁰

A final case illustrates the fact that these medical scientific epistemologies had not come to wholly dominate by the Edwardian period. Given that it marks an unusually direct confrontation between epistemological understandings it is worth exploring at some length. On 8th September 1908 Tom Wallis Rogers, a 40 year old ‘magnetic healer ... medical hypnotist and mesmerist’, openly challenge medical authority in the Old Bailey courtroom. Rogers was accused of having obtained £14 and 15 shillings from Emma Elizabeth Ling, a parlour maid, through false pretences. Ling had had her right eye removed in 1899 and had since worn a glass one. Rogers had convinced Ling that he could use his magnetic powers to grow her a new eye. Ling stated in court that she had believed him. Rogers’ treatment had involved ‘tapping movements upon the spine’. After their first session Rogers told Ling ‘that the front layer of the eye was formed’ and that he was ‘satisfied that the eye would become a fact.’ However, after several months of treatment Ling went to the Middlesex Hospital where she was informed the supposed growth was merely the stump of her old eye.

Dr Nathaniel Harman, an ophthalmic assistant at the Middlesex Hospital, was called as a medical expert. He openly stated the impossibility of being able to grow a new eye. However, Rogers, citing his fifteen years of study and experience in ‘applied psychology and the law of magnetism’, contested the legal charge, Harman’s judgement and, more broadly, medical orthodoxy. He declared that he had not taken money under false pretences because ‘I distinctly told the lady that I had never accomplished such a thing and that so far as I knew it had never been accomplished’, although he added, regardless of ‘the opinion of Dr. Harman,

or of the whole medical profession, or the fact that it has never been accomplished, there is no proof that it is impossible.’ Rogers suggested the growing of an eye was ‘nothing unnatural’ if one understands the law of nature and if ‘the practitioner has the power or force necessary to deal with those properties which go to make a natural eye.’ As far as he was concerned, ‘The opinion of the medical profession upon a matter wherein they have no education or experience, whereon they have not even thought, is worthless.’ As such, he was not trying to naturalise preternatural powers but viewed his magnetic abilities as inherently natural.

Although willing to contest the limitations of contemporary medical knowledge, Rogers fared less well when the frame of reference was shifted from ophthalmic science to psychiatry. William Norwood East, deputy medical officer at Brixton Prison, had been observing Rogers since his admission. He found him to be of ‘unsound mind and incapable of knowing the nature and quality of his offence.’ Rogers had told Norwood East that he was ‘capable of giving people new hearts, liver, and kidneys; that he can raise the dead; that he can break bones and heal them in five minutes by putting his finger on them; he says that by placing his finger on the bones they melt, then on his removing his finger they solidify and become like shell; ... I believe all these are genuine insane delusions.’ Underlining the point for the jury, Judge Lumley Smith asked, ‘You mean that he pretends to medical powers which you consider impossible and improbable and that that shows he is mad?’ Norwood East replied, ‘Yes.’

The revelation that Rogers had suffered from a nervous breakdown two years earlier aided the transition from unorthodox powers to mere mental delusion, from external influence to internal deception. Despite reasonable grounds for an insanity case, Rogers was found guilty and sentenced to nine months’ imprisonment for deception. Indicative of the judge’s rather antiquated views on signifiers of insanity, Lumley Smith stated that Rogers had

not displayed ‘any sign of want of intellect’. Such an understanding bypassed the M’Naghten Rules and seemed to refer to legal definitions of insanity that harked back to the turn of the nineteenth century. Rogers was to ‘be kept under observation, and if he was found to be insane he would be treated accordingly.’⁶¹ Unlike previous cases, one senses Rogers may have been punished for his direct challenge to both the legal charge and the still malleable boundaries between orthodox and heterodox sciences at the turn of the twentieth century.

Ultimately, the use of occult beliefs as a signifier of mental instability reveals the limitations of late-Victorian mental science. Delusion was not the initiating cause of mental illness but merely a symptom of such. As Henry Maudsley declared, it was ‘not in our power to explain psychologically the origin and nature’ of delusions, merely ‘to establish their existence as facts of observation, and to set forth the pathological conditions under which they are produced.’⁶² In court it was sufficient for medical expert to signify that ideas of bewitchment, spirit, mesmeric or hypnotic influence were indicative of delusion and not probe any deeper. As such, medical testimony sought to reduce the occult to a mere fictive element in a mental scientific narrative that alluded to but could not ultimately specify the nature of the mental defect. The workings and failings of the mind remained as unknown as the occult itself.

Conclusion

Rather than delineating the preternatural, the intersection of occult and mental scientific epistemologies in a legal context has emphasised blurring and transitioning, from notions of external to internal influence, with an accompanying destabilisation of boundaries between criminal and victim, prisoner and patient, the psychical and the insane. Yet in concluding, the larger, broader blurring appears to be that between enchantment and disenchantment. One is struck by the resonances between occult, legal and medical influences over the mind and

body of the individual in the late-nineteenth-century courtroom. Although ostensibly an agency of disenchantment, the operation of the law court reproduced many of the effects of occult influence in this period. Like witchcraft, the laws' influence and controlling power was unseen but its effects were made manifest through words, rituals, and their real world consequences. As with witches' curses, the law was 'that version of the word which has immediate physical effects, of incarceration ... of pain, of death.'⁶³ Like the occult control of will believed to be exercised by mesmerists, ideas they sought to dispel or negate, medical and legal authorities required the accused/victim to surrender their will, personal agency, and, if detained, their bodily volition, to their interpretations and control.

Under the influence of medical experts, the loss of control over one's mind was not due to external occult realities but a submitting to their pathologised medical repositioning of such ideas as internal delusion. While the expression of occult ideas remained the same their epistemological reinterpretation fundamentally altered their nature, rendering them (and usually their accompanying paranoia) into a symptom of mental illness. In doing so the occult's persistent challenge of incomprehensibility was, if not answered, at least relocated to a site that was comprehensible to both medical and legal authorities. Chettair has observed that the shift from supernatural to psychical beliefs marked a transition from educated commentators' anxieties about lingering irrationality to their concern about the suggestibility of the masses.⁶⁴ Yet it was through the suggestibility of psychological interpretations of the occult that this epistemological sleight of hand was asserted, albeit in a rather problematic fashion. As such, it is hoped that the broader relevance of this article will be to encourage scholars to consider more closely the occult nature of medical and legal discourses and institutions themselves. Medical and penal institutions have long been read as sites of controlling power discourses but that power has been understood as a resolutely secular one. In exploring legal and medical frameworks as mechanisms of disenchantment and

naturalisation, this article suggests we should take care not to overlook their own occult-like propensities and operations.

Endnotes

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1. See Adelaide Cole, *Proceedings of Old Bailey* reference (henceforth POB) t18620922-957. See also Jill Newton Ainsley, "'Some Mysterious Agency': Women, Violent Crime and the Insanity Acquittal in the Victorian Courtroom," *Canadian Journal of History*, 35 (2000), 43-44.

2. See Brian Levack, "Crime and Law" in *Witchcraft Historiography*, eds Jonathan Barry and Owen Davies (Basingstoke: Palgrave, 2007), 146-63, and Owen Davies, *Witchcraft, Magic and Culture 1736-1951* (Manchester: Manchester University Press, 1999), 61-86.

3. The *International Journal of Law and Psychiatry* provides a good insight into this interdisciplinary field. For recent work on the medical profession and hypnotism see Teri Chettiar, "'Looking as little like patients as persons well could': Hypnotism, Medicine and the Problem of the Suggestible Subject in Late Nineteenth-century Britain," *Medical History*, 56 (2012), 335-54, and Mary Elizabeth Leighton, "'Hypnosis Redivivus': Ernest Hart, the British Medical Journal, and the Hypnotism Controversy." *Victorian Periodicals Review* 34 (2001), 104-127.

4. See Hilary Grimes, *The Late Victorian Gothic – Mental Science, the Uncanny, and Scenes of Writing* (Farnham: Ashgate, 2011), Andrew Smith, *Victorian Demons: Medicine, Masculinity and the Gothic at the Fin de Siecle* (Manchester: Manchester University Press,

2004), Roger Luckhurst, *The Invention of Telepathy* (Oxford: Oxford University Press, 2002), and Alison Winter, *Mesmerized: Powers of Mind in Victorian Britain* (Chicago: University of Chicago Press, 1998).

5. Luckhurst, *ibid*, 113.

6. D. Graham Burnett, "Introduction – Cross-examination," *Isis*, 98 (June 2007), 310.

7. For a good example of narratological approaches to court cases see Vadim Verenich, "The Case of Lauris Kaplinski: A Guide to a Semiotic Reading of Incitement of Hatred in Modern Criminal Justice," *Signs and Society*, 1 (2013), 213-241.

8. For reflections on the value of the Old Bailey Proceedings see Robert Shoemaker, "The Old Bailey Proceedings and the Representation of Crime and Criminal Justice in Eighteenth-Century London," *Journal of British Studies* 47 (2008), 559-80.

9. See Karl Bell, *The Magical Imagination – Magic and Modernity in Urban England 1780-1914* (Cambridge: Cambridge University Press, 2012), 135-41.

10. Despite this, those claiming supernatural powers long continued to operate on both sides of the law, be it in the form of magical theft detection or scams operated by fraudulent spirit mediums. See Davies, *Witchcraft*, 61-103, and Antonio Melechi, *Servants of the Supernatural* (London: Heinemann, 2008), 217-31. For examples of Old Bailey cases involving magical detection see James Parsons (POB t18410104), Mary Ann Richards (POB t18350511-1188), William Seward (POB t18191027-6) and Ellen Collis (POB t18601022-897). For fraudulent spirit mediums see Susan Willis Fletcher (POB t18810228-406), and Claud Hamilton Izard and Rhoda Emily Izard (POB t19120423-44).

11. See POB t18620616-657.

12. See Davies, *Witchcraft, Magic and Culture*, 40-41. For an 1831 case involving a man who was deemed insane for believing himself under the influence of ‘wizards’ and ‘troubled ... by witches, noises, and sorcery’, see William Clark, POB t18310217-128.
13. POB t18910406-336.
14. Rhodri Hayward, “Policing Dreams: History and the Moral Uses of the Unconscious,” *History Workshop Journal*, 49 (2000), 149. See also Shane McCorristine, *Spectres of the Self – Thinking about Ghosts and Ghost-Seeing in England, 1750-1920* (Cambridge, Cambridge University Press, 2010), 78-79.
15. See Samuel Smiles, *Self-Help* (London: John Murray, 1859). See also Roger Smith, “‘Where there is a will there is a way’: The late Victorians on Psychology and the Will,” *History and Philosophy of Psychology*, 11 (2009), 1-11, and Henry Maudsley, *Body and Will: Being an Essay Concerning Will in its Metaphysical, Physiological and Pathological Aspects* (London, Kegan Paul, 1883).
16. Historiography is divided over the continuities or breaks between mesmerism and hypnotism. For example, compare William Hughes, *That Devil’s Trick: Hypnotism and the Victorian Popular Imagination* (Manchester: Manchester University Press, 2015), 13, and Peter Lamont, “Reflexivity, the Role of History, and the Case of Mesmerism in Early Victorian Britain,” *History of Psychology*, 13 (2010), 398.
17. See Chettiar, “Looking as little like patients,” 345-46.
18. Ernest Hart, “Hypnotism, Animal Magnetism, and Hysteria,” *British Medical Journal* 1666 (3rd December 1892), 1219. See also Ernest Hart, *Hypnotism, Mesmerism and the New Witchcraft* (London: Smith, Elder and Co., 1896), Leighton, “Hypnosis Redivivus”, and also Alan Gauld, *History of Hypnotism* (Cambridge: Cambridge University Press, 1992), 494-503.

For a 1901 case involving claims that a member of The Order of the Golden Dawn tried to hypnotise her judges and accusers see Luckhurst, *Invention of Telepathy*, 189.

19. Reflection upon the criminal and legal ramifications of occult and psychic phenomena appears to have been more developed in Europe and the USA in the late nineteenth- and early twentieth centuries. For French and German examples see, respectively, Jean-Roch Laurence and Campbell Perry, *Hypnosis, Will and Memory: A Psycho-legal History* (New York: Guilford Press, 1988), 188, and A. H. Maehle, “The Power of Suggestion: Albert Moll and the Debate on Hypnosis,” *History of Psychiatry* 25 (2014), 11-12. For the USA see Blewett Lee’s works, “Psychic Phenomena and the Law,” *Harvard Law Review* 34 (1921), 625-38, and “Spiritualism and Crime,” *Columbia Law Review*, 22 (1922), 439-49. See also Alison Winter, “A Forensics of the Mind,” *Isis*, 98 (2007), 332-343.

20. See Susan Poznar, “Whose Body? The “Willing” or “Unwilling” Mesmerized Woman in Late Victorian Fiction,” *Women’s Writing*, vol. 15 (2008), 413, Mary Elizabeth Leighton, “Under the Influence: Crime and Hypnotic Fiction of the Fin de Siecle,” in *Victorian Literary Mesmerism*, eds Martin Willis and Catherine Wynne (Amsterdam: Rodopi, 2006), 203-6, and Roger Luckhurst, “Trance Gothic, 1882-97.” in *Victorian Gothic: Literary and Cultural Manifestations in the Nineteenth Century*, eds Ruth Robbins and Julian Wolfreys. (Basingstoke: Palgrave, 2000), 148-67.

21. Luckhurst, *Invention of Telepathy*, 208.

22. POB t18820227-348.

23. POB t18820227-349

24. POB t19061210-9.

25. For an overview see Arlie Loughnan and Tony Ward, "Emergent Authority and Expert Knowledge: Psychiatry and Criminal Responsibility in the UK," *International Journal of Law and Psychiatry*, 37 (2014), 25-36.
26. Joel Peter Eigen, "Lesion of the Will: Medical Resolve and Criminal Responsibility in Victorian Insanity Trials," *Law and Society Review* 33 (1999), 430.
27. Ibid, 426-27. For more on this see Roger Smith, *Trial by Medicine: Insanity and Responsibility in Victorian Trials* (Edinburgh: Edinburgh University Press, 1984), 62, and Tony Ward, "Law, Common Sense and the Authority of Science: Expert Witnesses and Criminal Insanity in England, c.1840-1940," *Social and Legal Studies*, 6 (1997), 343-62.
28. Terry Castle, *The Female Thermometer: 18th Century Culture and the Invention of the Uncanny* (New York: Oxford University Press, 1995), 17, and also 168-89. See also McCorristine, *Spectres of the Self*, 43-52.
29. For the pathologisation of spiritualism see Charles Williams, *Spiritualism and Insanity: An Essay Describing the Disastrous Consequences to the Mental Health, Which Are Apt to Result from a Pursuit of the Study of Spiritualism* (London: The Ambrose Co., 1910), William A. Hammond, *Spiritualism and Allied Causes of Nervous Derangement* (London: H.K. Lewis, 1876), and also Alex Owen, *The Darkened Room – Women, Power and Spiritualism in late Victorian England* (London: Virago Press, 1989), 139-67. For an Old Bailey case in which spiritualist belief were suggested as indicative of mental instability see Thomas Noyes, POB t18780806-665.
30. For the courtroom as performative space see Katie Barclay, "Singing, Performance, and Lower-class Masculinity in the Dublin Magistrate's Court, 1820-1850," *Journal of Social History*, 47 (2014), 746-68.

31. For developments in the legal system and law courts of nineteenth-century Britain see John H. Langbein, *The Origin of Adversary Criminal Trial* (Oxford: Oxford University Press, 2005), Martin J. Wiener, *Men of Blood: Violence, Manliness, and Criminal Justice in Victorian Britain* (Cambridge: Cambridge University Press, 2004); Allyson N. May, *The Bar and the Old Bailey, 1750-1850* (Chapel Hill: University of North Carolina Press, 2003), and David Bentley, *English Criminal Justice in the Nineteenth Century* (London: Hambledon Press, 1998).

32. See Loughnan and Ward, "Emergent Authority," 28.

33. Verenich, "Case of Lauris Kaplinski," 230.

34. See James C. Pritchard, *On the Different Forms of Insanity in Relation to Jurisprudence* (London: H. Bailliere, 1842).

35. Loughnan and Ward, "Emergent Authority," 28, and Eigen, "Lesion of the will," 433. See also Joel Peter Eigen, *Unconscious Crime: Mental Absence and Criminal Responsibility in Victorian London* (Baltimore: John Hopkins University Press, 2003).

36. For accounts where references to sighting of ghosts and devils was suggested as indicative of an unsound mind see Charles Broadfoot Westron (POB t18560204-263), Thomas Cooper (POB t18420613-1766), William Whiskard (POB t18350921-1996), and Noah Pease Folger (POB t18330411-145).

37. It is unclear whether Gilbert McMurdo's frequent presence in these mid-century trials was due to a reputation as a particularly reliable expert witness or simple convenience. Newgate Gaol was located next to the Old Bailey and McMurdo was often used by the court to visit detainees who were likely to make an insanity plea.

38. See Rebecca Turton (POB t18550820-768). Newton Ainsley indicates an increasing trend towards acquitting female defendants on the grounds of insanity across this period. Between 1840s and 1870s 7% of women charged with violent crimes were acquitted on insanity. This increased to 11% by the end of the 1880s and 17% by the 1890s. She suggests that women who committed murder were more likely to be deemed insane, thereby removing responsibility and agency from actions that challenged a patriarchal social order. See Newton Ainsley, "Some Mysterious Agency," 40 and 42 (footnote 18).

39. Some Victorian mental scientists claimed overindulgence in imaginative or studious endeavours predisposed the subject to mental illness or weakened the reader's capacity to resist such afflictions. See Daniel Noble, *Elements of Psychological Medicine* (London: Churchill, 1853), 334-35, John Netten Radcliffe, *Fiends, Ghosts and Sprites: Including an Account of the Origin and Nature of Belief in the Supernatural* (London: Richard Bentley, 1854), 175, and Daniel Hack Tuke, *Illustrations of the Influence of the Mind on the Body* (London: J. & A. Churchill, 1872), 384-7.

40. POB t18620922-957.

41. Henry Maudsley, *Natural Causes and Supernatural Seemings* (London: K. Paul, Trench & Co, 1886), 2 and 3.

42. Ibid, 164-65.

43. For a good example see POB t18560204-263.

44. See POB t19041114-10.

45. POB t19100906-101.

46. Luckhurst, *Invention of Telepathy*, 92 and 95.

47. See Chettiar, "Looking as little like patients", 342-43. For an overview see Rick Rylance, *Victorian Psychology and British Culture 1850-1880* (Oxford: Oxford University Press, 2000). For its development in the context of hypnotism, telepathy and trance states see Luckhurst, *Invention*, 92-106
48. See James Coates, *Human Magnetism or How to Hypnotise: A Practical Handbook for Students of Mesmerism* (London, Nichols, 1904 edn), 209.
49. See Grimes, *Late Victorian Gothic*, 2 and 6, and Olav Hammer, *Claiming Knowledge: Strategies of Epistemology from Theosophy to the New Age* (Leiden: Brill, 2003), 217. See also Richard Noakes, "The Sciences of Spiritualism in Victorian Britain: Possibilities and Problems," in *The Ashgate Research Companion to Nineteenth-Century Spiritualism and the Occult*, eds Tatiana Kontou and Sarah Willburn. (Farnham: Ashgate, 2012), 25-54.
50. See Elana Gomel, "'Spirits in the Material World': Spiritualism and Identity in the 'Fin de Siecle,'" *Victorian Literature and Culture* 35/1 (2007), 197.
51. Grimes, *Late Victorian Gothic*, 70. See 66-73.
52. See Ciara J. Toole, "Medical Diagnosis of Legal Culpability: The Impact of Early Psychiatric Testimony in the 19th Century English Criminal Trial," *International Journal of Law and Psychiatry*, 35 (2012), 82-87. See also Imogen Goold and Catherine Kelly eds, *Lawyers' Medicine: The Legislature, the Courts and Medical Practice, 1760-2000* (Oxford: Hart, 2009), and Tal Golan, *Laws of Men and Laws of Nature: The History of Scientific Expert Testimony in England and America* (Cambridge MA: Harvard University Press, 2004).
53. See POB t18560204-263.

54. POB t18620922-957. For another case where a medical ‘expert’ referred to books on homicidal mania to offset the fact that he had ‘no experience’ of the phenomena see POB t19041114-10.

55. Newton Ainsley, “Some Mysterious Agency,” 43.

56. See Loughnan and Ward, “Emergent Authority,” 28.

57. Ibid, 28 and 29.

58. The late-Victorian and Edwardian public were not necessarily that receptive to sensationalist claims about hypnotic control. When asked about his accused brother Arthur reading books on mesmerism and hypnotism, Thomas Holmes made it clear that ‘there is no truth in the suggestion that I was afraid that he was going to dominate the household by means of hypnotism ... I never suggested or feared that I was going to become his prey.’ See POB t19041114-10.

59. POB t18760529-400.

60. See Loughnan and Ward, “Emergent Authority,” 27-30.

61. See POB 19080908-74.

62. Henry Maudsley, *Responsibility in Mental Disease*, 2nd edn (London: Kegan Paul, 1874), 154.

63. David Punter, *Gothic Pathologies: The Text, The Body and The Law* (Basingstoke: Palgrave, 1998), 45.

64. Chettiar, “Looking as little like patients,” 354.

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