Then, as to the statements that the wards were not all lighted at night, and that there was not an orderly in each ward; I think if you compare the number of rooms in the palace with the number of lanterns provided for the field-hospitals, you will see it was not possible to light them all. But there were lights where they were most needed, viz., in the hall, staircase, and corridors; and wherever they were required for special cases. In short, all that we had were in use; and as regards the complaint that there was not an orderly in each ward at night, the answer is that the whole of the orderlies at my disposal would not have sufficed for such a purpose; moreover, that it was unnecessary.

No medical officer, I imagine, will contend that our present hospital-system is a perfect one. In reality, it is still in the inceptive stage. It is comparatively a thing of yesterday, and its development, even when it has not been actively opposed, has at least been regarded with some disfavour, whereas the regimental system was the product of the combined efforts of several generations of military as well as of medical officers. Nor do we contend that our work in Egypt was faultless. Human endeavours, indeed, rarely meet with absolute success, but it may be fairly questioned whether any other part of our military organisation would have sustained more successfully than the medical service has done the attacks of hostile and unscrupulous critics, and such an investigation as was made by Lord Morley's committee. Opinions may differ regarding the prowess of the army against which our troops had to fight in Egypt in 1882, but there is no room for doubt as to the strength of the enemy against which the medical service had to contend. When it is considered that there were 1,187 cases of fever treated in the military hospitals during that campaign with only 33 deaths, a mortality of 2.77 per cent.; that there were 171 cases of sunstroke with only three deaths; that, with 1,139 cases of ophthalmia, not a man lost his sight; that there were 2,725 cases of dysentery, diarrhoea, hepatitis, and other diseases of the digestive system, with only 31 deaths, or 1.13 per cent.; and that with 691 cases of injury, including those sustained in action, no man lost his life from pyæmia, erysipelas, or hospital-gangrene, results unprecedented in the history of this or any other nation, and attributable to the exertions of medical officers imbued with the doctrines of Lister, and faithful to the teachings of Parkes and the present distinguished professors of the Army Medical School, we may be sure that justice will, sooner or later, be rendered to those who obtained so signal a victory over so dangerous a foe.

A LECTURE ON THE RELATION OF MADNESS TO CRIME.

Delivered at the London Institution, February 28th, 1884.

By J. C. BUCKNILL, M.D., F.R.S.,
Late Lord Chancellor's Visitor in Lunacy.

(Concluded from page 502.)

HAVING come to this conclusion, I must still crave your indulgence for a short time, while I make some remarks upon procedure, i.e., upon the manner in which the law, as it stands, is administered, and add some suggestions perhaps as to its possible amendment. In this country, the questions of the commission of a crime and its excuse on the plea of insanity are, as you know, the joint subjects of our judicial investigation at the trial of the prisoner. But this is not the case in other countries; notably it is not the practice in France, where the code of procedure enacts that when the magistrate during the examination perceives, or is informed by attested certificates, that the person accused of crime does not enjoy the full measure of his intelligence, he is to suspend his examination, and to make an order by virtue of which one, two, or three experts are requested to examine the accused. These experts having been sworn, examine into the particulars of the crime, and the prisoner's history, and they examine the prisoner himself as often as need be, either in prison or elsewhere; and they can even have him removed to a lunatic asylum for the purpose of prolonged observation. If they report that the prisoner is insane, the magistrate generally accepts their verdict as final, and issues an order of *non lieu*, or no jurisdiction. It is upon the report of these experts, or on the report of another set of experts whom the court has the power of appointing if not satisfied with the first, that it depends whether the trial for the crime itself does or does not take place. But at the real trial, the question of irresponsibility cannot be raised. Practically the same system prevails in Austria and some other continental countries. In a remarkable paper on insanity as a defence for crime, read by Mr.

George B. Conkhill, United States Attorney for the District of Columbia (every one will remember Guiteau's abuse of Conkhill), read last year before the Medical Society of New York, this most experienced prosecutor says:

"My candid opinion, resulting from a very large experience in the trial of these cases, is that, when a prisoner proposes to defend his crime on the ground of insanity, a jury specially selected for their fitness should be chosen to try the special plea; and, if the prisoner be found insane, then he should be confined in an insane prison for a time commensurate with the character of the crime; and, if the verdict of the jury be in favour of his sanity, then the plea should not be allowed upon the trial of the cause." (P. 219.)

At the last annual meeting of the English Medico-Psychological Association, which is composed mainly of the superintendents and other medical officers of lunatic asylums, a resolution, proposed by the President, Dr. Orange, was adopted, recommending a medical examination of persons supposed to be insane before the trial. This examination, it was proposed, should be made in each county by the surgeon of the county gaol, the superintendent of the county asylum, and one other local medical man; and their joint report should be given to the counsel for the prosecution. I see many objections to this proposal. Among others, I feel sure that the examiners indicated would not always be competent to the efficient discharge of their difficult task. Our procedure, as you are aware, does not provide for any official examination into the prisoner's mental state before the trial, although an unofficial one does frequently take place in his behalf; but a prisoner is put upon his trial with no official provision for his defence beyond the nomination of a counsel by the judge, if one have not been provided by the prisoner or his friends. If he should have no friends and no means, I am not aware of any manner by which he will be provided with the services of a solicitor, or in what manner evidence can be sought for, or witnesses summoned for his defence. It is true that, in criminal trials, the witnesses for the prosecution are expected to tell the truth without reservation or prejudice; and consequently, in these days, there is no great danger of a man being found guilty of a murder which he has not committed, however poor, friendless, and undefended he may be. But the absence of pecuniary resources, or personal interest in the defence of an insane prisoner is very likely to occasion, and, there is no doubt, frequently has occasioned, a wrong verdict, with the chance of being remedied in an irregular fashion by the Royal prerogative of mercy, or the other chance of being hanged in ignorance and mistake.

Lord Sydney Godolphin Osborne, the well known "S. G. O." of the *Times* columns, expressed a strong opinion on this matter to the Royal Commissioners on Capital Punishment, an opinion founded upon his large experience as a prison-chaplain. He said: "I am satisfied that we have hanged many insane people; and that we have let off, on the ground of insanity, very many who were never anything but sane."

The late Dr. Swaine Taylor, also, who had great experience of medico-legal trials of all kinds, entertained and expressed a very strong opinion on the great uncertainty which attaches to the trial of insane criminals, arising from the different degrees of publicity and interest which the offence or the trial has excited. Indeed, we may see that it must be so, if we reflect that the lunatics who commit murders are usually those who are afflicted with some kind of madness the signs of which have not been easily observed, so that they have been left at large instead of being confined in asylums. I have known some instances in which madness has for the first time been discovered at the trial. We need, therefore, be little surprised that a number of persons are condemned to death for murder who have to be reprieved by the Home Secretary on the ground of insanity, or that the cause of these reprieves is, to a great extent, accidental. Take, for instance, the two men already mentioned, who were tried and sentenced for murder at the Central Criminal Court last autumn, William Gouldstone and James Coles. Respecting the first case, Dr. Savage of Bethlem wrote a letter to the *Times*; and, respecting the second case, Dr. Jackson of Thornton Heath also wrote to the same journal, demanding further inquiry. Each of these gentlemen had personal knowledge of the condemned man, of whose insanity and irresponsibility he was convinced. The medical press and some organs of the general press of this metropolis backing up these opinions, the Home Secretary was moved to order a medical investigation, with the result that both of these men were reprieved on the ground of insanity, and removed from the condemned cell to the care and protection of Broadmoor Asylum.

There can be little doubt that, if these men had been tried in some remote county, and had not attracted the attention of eminent medical men with knowledge of the subject, and spirit to assert their opinions, both of them would have been executed; for the terms in which

they were sentenced render it impossible to believe that the judges could have interfered. Indeed, I understand that it is quite an unusual thing for a judge to interfere.

The late Baron Martin is said to have communicated with the Secretary of State about Victor Townley, whom he had condemned, and which was thought quite unusual. Another judge to whom I myself wrote, suggesting inquiry into the mental state of a prisoner whom he had sentenced, replied to me that it was contrary to custom and etiquette for the judge to approach the Secretary of State on that regard.

I suppose that, if a judge had a strong opinion that a prisoner he had condemned was really not responsible, it would be his bounden duty to convey his opinion to the executive. I cannot readily believe that it can be otherwise, but I do not know, as a fact, that it is so. If the judge had not a strong opinion, I suppose he would let the responsibility for the verdict and its consequences rest upon the heads of the jury. With regard to the Home Secretary, he may be moved by individuals or by the press. I have moved him myself on several occasions in both ways; but I understand that he requires to be moved to consider whether it is right for him to order an inquiry. There is, I believe, no one whose duty it is to call the attention of the Home Secretary to any man lying under sentence of death, respecting the grounds for supposing him to be irresponsible from insanity. If there be such a person it should be known, in order to remove in some degree the unpleasant conviction that these proceedings are in the highest degree fortuitous, depending mainly upon the accident of public interest, or rather of the interest of private individuals capable of forming a rough judgment as to the need and justice of an inquiry.

Surely it ought to be the duty of some responsible official to look into the circumstances of every trial in which sentence of death has been passed, and to state whether there be any *prima facie* ground for the supposition that the condemned man was not responsible on the ground of insanity.

Up to the present reign, the list of persons sentenced to death at each sitting of the Old Bailey was presented to the king in council as the recorder's report, and it was then and there carefully gone through by the king and his council, and who was and who was not to be executed, was considered and decided (Stephen, 88).

The whole burden of this momentous decision is now placed upon the shoulders of the Home Secretary. When this powerful minister has been moved to think it right to order an inquiry into the responsibility of a condemned man on the ground of insanity, he entrusts the inquiry to the medical superintendent of the Criminal Lunatic Asylum at Broadmoor, conjoined with whom is one of the medical officers of prisons.

It would be pleasing to know that the report, that these gentlemen are not paid for their services, is untrue. Those who dispense the Queen's justice are not without their reward, and those who determine the incidence of the Queen's mercy ought not to go without the wages of anxious and difficult work.

I do not know that the order of the Home Secretary is imperative and binding, though I think that it ought to be; for surely it is best to make action in which life or death is in the balance as little voluntary as possible. The order, at least, is obeyed, and the condemned man's mind examined for the first time, it may be, with thoroughness and skill. An ignorant or perfunctory examination of a criminal supposed to be insane is worse than useless; but a systematic examination conducted by skilful and experienced examiners will almost certainly make known the real condition of a man's mind, especially if he be insane. I am not so sure, however, about a sane man who cunningly pretends to be mad.

It must be remembered, however, that this examination takes place some time, often several months, after the murder has been committed, and when the man's state of mind may have more or less changed. The examiners therefore must take into consideration all the circumstances of the crime as signs or symptoms of the mental state which prompted it. They may inquire, moreover, into the conduct of the prosecution and of the defence. Sometimes they may find that the prosecution was unfair so far as the presentment of the mental facts was concerned; sometimes that the defence was weak, ignorant, and casual, some inexperienced barrister having been appointed to conduct it on the spur of the moment, with no evidence on which to rely. And I do not know that they are even debarred from considering the terms in which the judge declared the law in his summing up. And these terms may vary greatly, even to the length of a rope.

The examiners embody their opinion, with the grounds for it, in a report to the Home Secretary, who, so far as I know, invariably acts upon it. If a reprieve be granted, and the condemned man be sent to

Broadmoor, or to Pentonville, it cannot accurately be said that the Sovereign has exercised the prerogative of mercy; for the Home Secretary and his examiners in these proceedings constitute an informal court of appeal, or an appeal which is not a court, and the decision of this appeal is a reversal of the sentence of the court below on the ground of its injustice. But, court or no court, these proceedings ought not to be kept secret. It is to my mind monstrous that the reports of these medical examiners, upon which the Home Secretary stays the action of the criminal law, should not be made public.

Moreover, although the greatest confidence may rightly be placed in the examiners, still I maintain that, acting as they do in these inquiries as witnesses, they ought to give their evidence under the same sanctions and conditions as are imposed upon witnesses generally, and which are imposed upon the medical experts who are employed to examine criminals who are suspected to be insane, in France and other continental countries. They ought to make their examinations, and report under oath, and be subjected to cross-examination thereupon.

Surely it is in the highest degree inconsistent that medical opinion, which is placed under such stringent limitations and restrictions in criminal courts, should be so implicitly accepted, without any test of its validity, in the proceedings which reverse the decisions of those courts.

Moreover, as the judge in this informal court, namely, the Home Secretary, is not always a lawyer, and still less frequently a criminal lawyer, it would seem to be adding the climax to the informality and insufficiency of the proceedings that he should act upon the evidence of the medical examiners without the aid of a judge to advise or determine the relevance or bearing of that evidence in regard of the law. The most simple and efficient change in all these respects would probably be to transfer the whole of these proceedings to a limited court of appeal.

But, if it be desired to keep up the fiction of the exercise of the royal prerogative of mercy in these cases, through the action of Her Majesty's Minister, then, at least, let Her Majesty's Minister provide himself with the aid of professional knowledge upon the determination of a question which her Majesty's servants, the judges of the land, are agreed in considering one of the most difficult in the range of their duty.

It is scarcely needful to say that my comments do not apply to the action of any individual Home Secretary past or present. It is the system which I criticise. The judges, I am surprised to find, prefer the system which makes them, as Lord Bramwell says, automata to the extreme sentence of the law, and leaves the determination of its execution to the executive. On this account, they object to the restoration of their once discretionary power of recording sentence of death, which means the option of inflicting secondary punishment. But for the judges to have vast pains and troubles in their endeavours to settle a reasonable law of insanity *quoad* responsibility, and to labour with patient industry and care to put that law into execution, and then, without remonstrance or disapproval, to see the result of it all snatched from their hands by a secret and unjudicial proceeding, is an inconsistency which would scarcely be credible if it did not exist.

I trust that I have convinced you that, if the law on this matter is bad, the procedure is worse. It only continues to exist because its most important action is taken in secrecy. Once let the report of the examiners be published, and the formalities and sanctions of judicial investigation will necessarily be imposed. The only instance I can call to mind in which the report of such an examination was not kept secret, was that upon George Victor Townley, in whose examination I assisted and the report of which I wrote. The Home Secretary published this report in the newspapers, with the effect of at once allaying a distressing controversy. Whether the examination into the mental facts take place before or after the trial, there can, I think, be no real doubt that it ought not to be secret, or loose and diffuse as to its scope, or the evidence elicited deprived of the usual sanction of fidelity, or released from the test of professional examination as to its real purpose and accuracy, or carried on under no superintending authority.

I do not expect that my comments will be objected to by the experienced and competent examiner who is now employed, for he has himself proposed to the association, over which he is president, the change to an examination before the trial by other examiners. To this change one great objection, in my opinion, is that it would exclude his own services.

I have no objection to an unofficial examination before the trial on behalf of the prisoner, with the concurrence and consent of his solicitor; and a man put on trial for his life ought to have a solicitor, however poor he may be. A solicitor is really more important in such defences as we are considering, than a counsel, for he can collect and

prepare evidence. The greatest objection to an examination forerunning the trial is that it would be almost impossible to prevent it from eliciting confession of the deed, which would often be embarrassing and contrary to the spirit of our law (although, in France, as you may know, confession is encouraged or provoked). A solicitor for the defence would decide whether this danger existed or not, and would have a mental examination instituted or not, as he thought best for his client. An official examination, forerunning the trial, which had the misfortune to elicit a confession fatal to the prisoner would, I think, be condemned by English opinion. I do not know what legal right the prosecution or the executive has to order the examination of a prisoner committed for trial.

The examination of a man who has already been condemned to death for murder, and the formation and expression of an opinion as to whether he is insane in such a manner or degree that he ought to be reprieved, or not so, and therefore ought to be executed, imposes such a burthen of responsibility, that it ought not to be laid upon any man without those easements in the discharge of duty which lighten the responsibility of all who take part in judicial investigations.

From every consideration, therefore, of judicial method and consistency, the present mode of dealing with condemned men suspected of insanity, ought to be abolished, and a systematic investigation by sworn examiners, who should give public evidence subject to cross-examination, under the control of a judge, should be substituted.

NOTES OF A SUCCESSFUL CASE OF OPERATION FOR STRANGULATED UMBILICAL HERNIA, IN A PATIENT SIXTY-EIGHT YEARS OLD.

By TREVOR FOWLER, L.K.Q.C.P.I., and L.R.C.S.I.,
District Medical Officer Epping Union, etc.

On the morning of October 20th, 1883, I was called in to see Mrs. B., a very stout lady, aged 68, whom I found suffering from an old irreducible umbilical hernia, which had become strangulated from the previous evening. Pain had been considerable during the night, and there had been some vomiting. Upon the first accession of pain, the patient noticed an increase in size of the hernia, accompanied by an unusual hardness.

In the months of January and February previously, I had attended her for an attack of typhlitis; and in the month of May I was sent for in consequence of the umbilical hernia having become strangulated. The taxis, however, was successful upon this occasion, and a Moemain truss, with a concave pad, was advised to be worn. All went on well until October 20th, when, as already stated, the hernia again became strangulated; and, upon the taxis failing, the patient was put upon opium, an enema administered, and steps were taken to obtain further assistance, with a view to an operation.

On Sunday, October 21st, Mr. Walsham kindly came down from London, and upon consultation it was decided to give chloroform, and failing then to reduce the hernia, to cut down upon the seat of strangulation. The hernia was about the size of the double fist, and lobulated in shape, a fresh protrusion having apparently occurred at its upper part. It was tense, non-resonant, and painful on handling. There was no impulse on cough, and the skin over it at one part was mottled and dusky. The constipation was complete, no flatus passed, and vomiting occurred after any attempt at taking food. At 8 P.M., the patient being under chloroform and the taxis having again failed, Mr. Walsham made a longitudinal incision over the hernia about three inches in length, in the mesial line, and after cutting cautiously down upon the sac and opening it, the seat of stricture was reached and cut through with a hernia-knife, and the bowel was returned. The latter presented a dark purple or claret colour, but as it was still smooth and glistening, there was no question about the propriety of returning it. The greater portion of the contents of the original tumour, consisting entirely of omentum, was removed in separate pieces, each piece being first ligatured with carbolic catgut. The edges of the wound were brought together with eight silver wire sutures; pieces of gutta-percha tissue were inserted for drainage, and then the whole was covered up with eucalyptus gauze, pads, and bandages. The operation, and the subsequent dressings, were carried out antiseptically. At 9.30, the patient having recovered from the chloroform, thirty minims of tincture of opium were given, and five minims ordered to be repeated every two hours if awake; no food to be taken.

On the 22nd, 9.30 A.M., the patient had passed a good night. Pulse, 112; temperature, 100.4°. There was no abdominal tenderness. At 6 P.M. the temperature was 101.4°; at 7.30 P.M., pulse, 112, tempera-

ture, 102.1°. The pupils were contracted, and the patient was drowsy. The opium was continued as before. Ice was allowed.

On the 23rd, at 8 A.M., she had passed a good night. Pulse, 100; temperature, 100.3°. There was free diaphragmatic breathing. At 8 P.M. the pulse was 104, and temperature 101°. The pupils were contracted and the patient drowsy. The wound was now dressed for the first time. The lower portion of the remains of the hernial tumour looked decidedly dark; otherwise the wound was going on well. An extra dose of opium was given after dressing, and ordered to be continued as heretofore. Ice was allowed, also soda-water and milk in small quantities.

On the 24th, at 8 A.M., she had passed a good night. Pulse, 96; temperature, 99.2°. Flatus had been passed several times during the night. The wound was dressed again to-day. The pupils were still contracted, and the patient drowsy. Opium, ice, milk, and soda-water were given as before.

On the 25th she was still doing well. Flatus continued to be passed. The wound was dressed again. A considerable portion of old hernial tumour was beginning to slough. Charcoal poultices were applied. The opium, etc., were continued.

On the next three days the pulse and temperature were normal. The wound was dressed daily, and the opium, ice, milk, and soda-water were continued.

On the 29th I began to reduce the opium. Beef-tea was allowed in small quantities.

On the 30th, the bowels acted freely three times, and continued to act almost daily afterwards. From this time the patient steadily improved. The sloughs were slow in separating, and there was some burrowing of pus about the wound, which did not finally heal until November 26th. Recovery was also retarded by the formation of several very painful boils on the back. The patient, however, was able to leave her room on December 2nd, exactly six weeks from the date of the operation. She is now in perfect health, and the operation may be said to have been more than successful, inasmuch as it has effected a radical cure of the hernia by the complete obliteration of the sac.

The case presents several points of interest: 1. The recovery of a patient, at the advanced age of 68, from so serious an operation; 2. The radical cure of the hernia, which appears to have been accomplished by inflammatory adhesions about the neck of the sac sealing up the ring, which then became consolidated by granulation and contraction of the wound; 3. The illustration which the case offers of the value of pushing opium, and of the absolute safety with which this may be done, provided it be only given, as here, in small doses at a time, at frequent intervals, and with strict injunctions to the nurse that the patient is never to be awakened for his dose.

THE LIVERPOOL POISONINGS: CASE OF MARGARET JENNINGS.

By FREDERICK W. LOWNDES, M.R.C.S.,
Surgeon to the Liverpool Police.

In addition to the three cases fully and ably detailed by Dr. Whitford in the JOURNAL of the 16th instant, there was a fourth case, in which the whole responsibility of the exhumation and examination was left to me. The following are details condensed from my report to the authorities and my evidence at the recent trial.

On November 16th, 1883, I attended at Ford Cemetery, near Liverpool, at the request of the police-authorities, to witness the exhumation and to examine the body of Margaret Jennings, who had died ten months previously, under circumstances suggestive of her having been poisoned by some irritant, most probably arsenic. The cemetery is situated four miles from Liverpool, and is for the exclusive use of Roman Catholics. On my arrival, shortly before 9 A.M., I was conducted to the public portion, which stands higher than the other part of the cemetery, is formed of sand mixed with clay, and appeared dry and well suited for its purpose. I was shown a grave which had been just opened, and from which two bodies had been already removed. A coffin was lying at the bottom, from which a plate had been removed; it bore the inscription, "Margaret Jennings, died 25th January, 1883, aged 18 years." The coffin was a pine one, and perfectly intact; it and the coffin-plate were identified by the man who made them and conducted the funeral. The death had taken place within the jurisdiction of the coroner of Liverpool (Mr. Clarke Aspinall); and, as the cemetery was in the district of the county coroner, the late Mr. Barker, it was arranged by both gentlemen that permission should be obtained from the Home Secretary to remove the body to Liverpool. The coffin w