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**Digitisation notes:**
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Medico-legal Studies

To The Medical Faculty
of
The University of Edinburgh

Gentlemen:

Before proceeding to
describe, in detail, certain observations,
examinations and studies, made in
a personal experience of medico-legal
cases which have occurred during
the past five years, in connection
with appointments which I hold
as Deputy Surgeon to Her Majesty's
Gaol in Swansea, and as
Assistant Surgeon to the police
and Work-house of the same
large town; I venture to make
allusion to a few matters respecting
the present unsatisfactory conditions
under which a medical practitioner
is often required to give evidence
as to the cause of death; and firstly
in regard to the conduct of coroner's
inquests at which medical witness-
es are often called upon to explain.
The cause of death, without having had an opportunity of previously making a post-mortem examination, it is no doubt well known that coroners have the power to direct the performance of a post-mortem examination by the medical witness or witnesses, who are summoned to attend the inquest; and in my opinion that order should invariably be given so as to enable such witness to explain satisfactorily the cause of death— as well in the interests of the living as the dead. Of course I allude more particularly to cases where the witness is called upon to express an opinion from a mere superficial examination of the body of the deceased. It is not to be denied that in many cases where a practitioner has been called in, or has been in attendance before death, a post-mortem examination
might be considered unnecessary.
But in the majority of cases, partic-
icularly those of young children
— twenty-three of which I have
been ordered to make a superficial
examination and not a post-mortem
— it is only reasonable to suppose
that the witness should be able to
speak as to the exact cause of
death with greater accuracy and
confidence; and having regard
to the fact that the fee for a post-
mortem examination is one
guinea, surely no objection on
account of expense should be
permitted to militate against
this suggestion.

Then with respect to
the appointment of nurses in
Union Workhouses: Oftentimes
persons are appointed to these
offices without even the most
elementary knowledge of the
duties to be performed. Both
male and female nurses are
pitch-forked" (if I may use the expression) into positions without the slightest regard to their qualifications and suitability; with the result that the patients are neglected and no assistance worth speaking of is rendered to the medical officer in the treatment of cases. I would respectfully suggest that pressure might be brought to bear upon the Local Government Board or other body in authority to compulsorily require the appointment of trained nurses for attendance upon the sick in our work-houses. Cases have often suffered most seriously from the want of such attendance and until some system of appointing properly qualified persons is adopted such results will continue to obtain.

I also desire to draw attention to the need of legislation
for the protection of what is known as the "habitual drunkard." I have in view at the moment several cases of the worst type; principally of the female sex. They are no sooner released after a months incarceration for being "drunk and incapable," than they are again committed for the same offence. One case in particular has nearly three hundred convictions recorded for this offence. State detention houses are in my opinion the only means of assisting such people, and until medical men agitate for the provision of such asylums I am afraid nothing will be done to ameliorate the condition of this class of criminal.

Some provision should also be made to regulate the attendance of uncertificated nurses in cases of confinement. Often-
times in my experience have I been called in just before the
death of the mother or the child.
In many cases had the patient been properly attended the
results would have been very
different. The medical man
is only called in because the
nurse or the friends have in
view an inquest; and no
regard whatever is had to the
sufferings and danger of the
patient.

Then with respect to
still-born children: the cer-
-tificates of uncertificated
nurses are accepted and in
order to avoid bother and
expense, such certificates
are often given when the
child has lived for some hours.
I contend that no certificate
other than that of a medical
practitioner should be deemed
sufficient to justify the inter-

—ment of a still-born child. In addition, the practice is one calculated to assist in the per-
—petration of crime. The question of the registration of still-born children is worthy of serious con-
sideration and a law ought to be made to prevent uncertifi-
cated nurses attending confinements.

In the hope that the subjects I have alluded to may not be deemed to be misplaced I submit the following which— for convenience— I propose to classify under the heads of:

1st Rape and Indecent assault
2nd Wounding Cases.
3rd Feigned Diseases in Prisoners
4th Drowning
5th Starvation
6th Drunkenness
7th Suicides by Hanging
8th Poisoning Cases
9th Prison Statistics.
The general absence of marks of violence in cases of alleged rape and indecent assault is distinctly shown in the following table of statement which comprises twenty cases, extending over a period of four years, in which I was personally identified. In only three cases there was recent rupture of the hymen. In the other cases I was unable, as a result of my examinations of the clothing and private parts of the respective complainants, to give any evidence which could assist the prosecution in obtaining a verdict against the defendants. It appears that medical evidence in many cases is of little use and that the prosecution must depend, not on the medical evidence, but on corroboration by some witness, of complainant's story.
organs oftentimes reveal no evidence of the offence, and great violence was stated to have been used in some cases where the examinations did not reveal the slightest injury.

In cases 1, 2 and 3, a man was charged with having indecently assaulted three children and conveyed to them a gonorrhea. The children all suffered from a discharge of a muco-purulent nature. No signs of injury to the organs were visible except in the second case, in which a slight ulceration of the hymen could be observed. The discharge upon microscopic examination did not reveal any gonococci. On examining the man I found that he was suffering from a hard chancre. He told me that some of the neighbours had got to know
that he was suffering from the bad disorder and that he had only "played" with the children in the house and taken one of them on his knee but had not assaulted them in any way. From the nature of the discharge from the children; from the microscopic examination and from the absence of any marks of violence, I concluded that they were cases of infantile leucorrhoea and that the discharge was not associated with the acts alleged to have been committed by the defendant, who was acquitted. I afterwards examined two cases of a similar nature in the same neighbourhood along with another medical man who informed me, that there had been an epidemic of such cases about that time. In case 15 a girl
was taken by a sailor on board a ship in one of the docks. She carried a baby in her arms—acting in the capacity of a nurse-girl. She stayed the night with the sailor and in the morning she was found by the police, coming from the docks. She stated that she had been forcibly taken on board the ship by the sailor who had had connection with her six times during the night. There were no marks of violence and the hymen was not present. When I examined her three days afterwards, I was able to discover with the aid of a glass rod and a microscope, spermatozoa in the vagina. Although it transpired that the girl was known to be of loose habits the man was sentenced to two months hard
labour.
In case 20, four boys aged twelve, fourteen, fifteen and fifteen and a half years were charged with having forcible connection with a woman aged fifty. She was a tramp and admitted having taken four-pence from the boys to show her person, in doing which she lifted up her clothes and they all rushed at her, held her down and had connection. This case was dismissed.

A solution of cocaine applied to the parts before a medico-legal examination in cases of indecent assault renders great assistance. In connection with the subject of rape it may not be out of place to state that the attention of the Secretary for the Home Department has recently been drawn to the
subject of the medical examination of prisoners arrested on a charge of rape, indecent assault or some other sexual or unnatural offence and from the representations made to him, it would appear to him that the varying practices of different police forces may make it possible either that a medical man conducting such an examination may in some cases be exposed to the risk of an action being subsequently brought against him by the prisoner, or that on the other hand, the police having the custody of a prisoner, may through the want of positive instructions lose the opportunity of obtaining evidence, which would be of the greatest value in the investigation of the charge.
preferred. The rules and regulations which I have followed respecting the medical examination of prisoners charged with unnatural offences and rape, are those of the Metropolitan Police. They are very complete and should in my opinion be adopted by police authorities throughout the kingdom in as much as, by an examination, conducted under such rules and regulations, an innocent man cannot suffer and such examination would often furnish cogent evidence against the guilty.

Every prisoner should be clearly told at the station that it is proposed to examine him
and that he has the right
To object if he so desires;
for in the absence of con-
sent any examination
would be an assault.
Where consent is given
the examination should
be made as soon as prac-
ticable after the prisoner
is in custody and removed
to the station and before he
is taken before a magistrate.
The examination should
never be made without the
prisoner's affirmative con-
sent and if the prisoner
consents to the examination
he should be told that if
he desires the attendance
of a qualified medical
man on his behalf an op-
opportunity for such attendance
with the police surgeon
will be given and arrange-
ments should be made accordingly.
| Case | M. | A. | Y | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
|------|----|----|---|---|---|---|---|---|---|---|---|----|---|---|---|---|---|---|---|---|---|---|---|
| 1    | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro |
| 2    | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro |
| 3    | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro |
| 4    | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro |
| 5    | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro |
| 6    | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro |
| 7    | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro |
| 8    | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro |
| 9    | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro |
| 10   | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro |
| 11   | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro |
| 12   | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro |
| 13   | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro |
| 14   | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro |
| 15   | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro |
| 16   | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro |
| 17   | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro |
| 18   | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro |
| 19   | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro |
| 20   | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro | Ro |
Wound in the lung

The following case of wound in the lung is worthy of record, having regard to the readiness with which it yielded to the treatment afforded and the speedy recovery of the patient.

On the first day of January 1894 at 1-0 A.M. my attendance was requested by P. B. Hill, at the pipe-house Swansea, which is situated in a somewhat low part of the Town. There I found a girl aged 18 years, suffering from an incised wound five inches long, on the right side of the chest, extending between the ninth and tenth ribs, three inches to the right of the spine.

Air was escaping from the wound, together with blood and froth, and a small portion of the lung protruded.
A slight notch could be felt under the ninth rib.

An examination of the clothing—which was stained with blood—revealed a cut extending through the dress, corsets and chemise, from an inch to an inch and a half longer than the wound in the body. The patient was in great pain and gasped for breath. I dressed the wound with salicylic wool and bandaged the chest tightly. After this was done the breathing became more laboured and the pulse weaker. Half an hour afterwards, I removed the dressing and found that the bleeding had stopped and that on completely closing the wound by pressing it tightly together, immediate relief from pain was given and the patient breathed much
more easily. On finding this to be the case I stitched the wound with sutures of cat-gut and again bandaged the chest tightly. She was then free from pain. I visited her ten hours afterwards; she had no pain and was breathing at the rate of twenty-five per minute and the pulse was weak and flabby. On the second day I ordered her removal to the hospital as the local surroundings of the house in which she lay were not conducive to her well-doing. The wound when dressed on the evening of the second day, appeared to be healing and the temperature was normal. On the third day the temperature went up to 101, the stitches gave way and the wound re-opened.
No air however escaped from it.

On the fourth day, the breathing was more laboured and distinct dulness was present at the base of the right lung. She was treated in the ordinary way for pneumonia. The wound was dressed daily; it discharged slightly and began to heal on the tenth day. The girl gradually recovered and was able to get out of bed within three weeks. The recovery was then immediate and complete.

The wound had been caused by a reaping hook with which the girl had been struck in attempting to escape from the fury of a woman with whom she had quarrelled. She was running away and received the blow in the back. She wound began
at a fine point and ended in a slight bifurcation.

My colleagues at the hospital were of the opinion that it was wrong treatment to stitch the wound in the first instance, but the immediate relief given to the pain and the complete recovery of the patient leads me to conclude that I adopted a proper method of treatment.
Poisoning by Digitalis.

I was called by Detective Gill at 8-0 a.m. on October 2nd 1891, to Fontaine Street, Swansea, to see a man who was supposed to have poisoned himself.

On my arrival I found that he had vomited a quantity of dark brown liquid and I was shown a quantity of the same liquid in a jug from which he had been drinking. I was also shown some leaves which I found upon examination to be Digitalis purpurea or foxglove.

The man was six feet in height, weighed thirteen stone and was thirty-eight years of age. He had contracted syphilis about three months previous and had been told by a friend
to gather burdock leaves, make tea of it and drink it.
Not being sure of the plant he gathered digitalis leaves instead. The tea was made by boiling three handfuls of the leaves with three quarts of water until it had been reduced to two quarts.
Of this, at 6-0 a.m. he had partaken of a little over half a pint. About 7-0 a.m. he began to complain of a throbbing pain in the head and about ten minutes after he began to be sick and vomited part of the contents of the stomach.
His land-lady told me that after this she believed he had a fit.
On my arrival the man complained of great frontal head-ache and nausea with severe colicky pains.
in the abdomen. The skin was moist and cold. The pulse was slow, irregular and weak, and was beating at the rate of thirty-five per minute. Respiration was twelve per minute. The pupils were dilated.

I immediately used the stomach-pump; the contents of the stomach being partially digested food mixed up with the infusion of digitalis.

External warmth was applied to the body and a hypodermic injection of the 1/2 part of a grain of strychnine was also given and mustard poultices applied over the epigastrium. In about half an hour after hot coffee with brandy was given. Slight vomiting ensued after this.
I visited him four hours afterwards and administered another dose of strychnine. The pulse was intermittent—about forty-three per minute, and the vomiting had stopped, and he had been able to take a small quantity of brandy and soda. The injections of strychnine were continued every four hours. About thirty-eight hours after having taken the poison, his tongue began to swell and he began to spit a large quantity of saliva. The pulse was still slow and intermittent. He complained of no pain but of a slight throbbing in the head. At that time he had passed a small quantity of urine which was the first he had passed.
since he had taken the dig-italis. On the third day, the pulse was more regular, about forty-five per minute. The tongue and lips were still swollen and the salivation continued. The injections of strychnine were now stopped and thirty minims of spiritus aetheris and thirty minims of spiritus ammoniacae aromatica were given every four hours; also an enema of soap and water. He seemed to gradually improve until the sixth day when he developed symptoms of jaundice. The salivation then stopped. He was treated with a mixture containing Bismuthi Sulph., Sodic Bicarb and Infusion of Gentian given
three times a day with a saline in the morning.
He gradually improved and on the tenth day after he had taken the poison, the jaun-
dice had disappeared and he was quite well.

He had lost exactly fourteen pounds in weight during his illness.

In regard to this case the effect of the digitalis on the heart was most marked being
due to the failure of the gan-
glia and myocardium.

The respiration seemed to fail through the circulation.
The urine was diminished
in quantity and the urea
and uric-acid increased.

As regards the salivation I could not find that he had been taking any
ercury and other cases have been described in
which the digitalis has produced such an effect.

As regards the jaundice, I believe it was an ordinary attack of catarhal jaundice caused by the great derangement of the stomach and bowels.

The amount of the infusion of digitalis taken by the man was estimated to be about equal to one ounce and a half of Tincture of Digitalis.
Poisoning with Eau de Cologne

On the afternoon of April 3rd 1890 I was called to see Mrs L— aged forty-four years, of Barbers Court, Swansea, who was said to have swallowed a large dose of Eau de Cologne about two hours before I saw her.

On arriving I found that she had swallowed the greater part of the contents of a pint bottle of Eau de Cologne which had been brought home by her son who was a sailor.

I was informed that she had been for some time past suffering from debility and that her mind had not been altogether right. She was quiet in her ways; at times she seemed exceedingly miserable and at other times she appeared to be quite right and happy.

I at once passed the stoma-
—ach tube and after emptying
the stomach I washed it out
with warm water.

Mucus and particles of food
with a strong smell of Eau de
Cologne, were the contents of
the stomach.

The breath smelled strongly
of Eau de Cologne.

The corneae were anaesthetic.
The pupils were contracted
and showed no reaction to
light. The respirations
were like those of an in-
dividual dead drunk and
the whole body was comatose.

I had to keep her jaw forward
so as to keep her breathing.
She was quite insensible to
pain.

Mustard poultices were applied
to the calves of the legs and
the soles of the feet and im-
mediately over the heart.

Coffee was injected up the
rectum. Later on I applied galvanism over the region of the phrenic nerve.

About twelve hours after my arrival she spoke a little but collapse set in fifteen hours after taking the Eau de Cologne and she died from coma.

An inquest was held and I stated that I believed death was caused by acute alcoholic poisoning, as I was informed after the death of the patient, that she had been drinking gin and beer all day previous to her taking the Eau de Cologne.

It has since come to my knowledge, that in the town of Swansea there are a number of women who purchase Eau de Cologne at the different chemist's shops for the purpose of drinking the
same and also that sailors bringing Eau de Cologne home from abroad for their friends, very often drink it all before they reach home. In the cases of sailors especially I have noticed that it produces great melancholia and causes indigestion and sleeplessness and in one instance I have known it to cause delirium.

The drinking of Eau de Cologne I believe is becoming a common form of alcoholomania.
"Feigned Diseases"

During my practice in the work-house and prison I have had hundreds of cases of so-called malingerers; more particularly in the prison where the great object is either to escape from hard labour or to obtain a better diet.

It is a common practice for prisoners to eat soap which they make into pills and swalllow and in three cases the effect was so great that they confessed some of having eaten soap. The effect of the soap is to cause vomiting and griping pains in the bowels. The tongue is covered with a thick brown fur, the face becomes pale and the pulse feeble and rapid.

Chronic rheumatism, pains in the back and chest new-railgia, diarrhoea, paralysis,
deafness, insanity and convulsions are the commonest diseases which are simulated. In connection with such cases it is absolutely imperative to examine every system of the body thoroughly before coming to a conclusion and on no account should a patient be considered an impostor, until he has been fully examined and every means used to test the accuracy of his statements.

I select the following cases, as examples of feigned diseases, out of the many I have had:— and would also like to add, that in examining a suspected case, the history should be carefully inquired into and compared with an ordinary history of such a complaint, as very often the symptoms given do not belong to the disease simulated.
Dyspnœca with Pott's curvature

Patient was about 25 years of age, with Pott's curvature and he was suffering from dyspnœca. He had some chronic bronchitis but was seized with dyspnœca, which, he told the warden, was always relieved with brandy. I ordered him a little but the attacks recurred again and again and the pulse and respiration rates were unaffected. The stimulants were stopped and mustard ordered to be applied to the chest if the attacks came on again.

These directions were given to the warden in presence of the patient; but from that time on he never had an attack.
Supposed Labour Pains in Police Station.

Patient who was six months pregnant, was awaiting trial for drunkenness. She complained of labour pains and desired to be taken to the workhouse.

On examination, though she said she had been in labour all night, the os was not opened, there was no show and abdominal palpation showed that the uterine contractions were of the ordinary kind occurring in the pregnant womb and were not producing any pains.
Supposed Uraemic Convulsions.

Patient who had been under medical treatment, said he was suffering from uraemic convulsions and kidney disease. His case came up in an action for alimony, arising from separation from his wife whom he refused to keep, for which he was sent to prison.

The patient, a young man about 25 years of age, was in comfortable circumstances and took considerable pains with his dress and toilet and though a pale looking subject did not present any appearance of ill-health. On being questioned as to his condition he told a very long tale.

During the physical examination he had a convulsive seizure which was quite irregular, with no loss of consciousness and no alteration
of the pulse, respiratory rhythm nor alteration of pupils.

On being told to get up in the midst of the fit, he simply obeyed.

The examination detected no evidence of disease. The urine was normal neither albumin nor casts being present.
Simulating Spinal Disease

The patient, a healthy looking young man 19 years of age was educated as a clerk. He complained of an affection of the spine which made him unable to work. He also said he suffered from pains in the lower part of the back which were so bad as to necessitate his keeping the recumbent position, which he endeavoured to do; at least when he was watched.

He also stated that he had worn a plaster of paris jacket for two months for the same complaint. He was asked to describe his symptoms and was simply allowed to tell his story without any questions being asked. He soon began to
ramble in his talk and to contradict himself.
He was next examined and no evidence of disease could be found in the abdominal or thoracic organs. The urine was normal. The nervous system was next examined. The movements of the eye, the eye-balls and iris were normal and vision natural. The tongue and facial movements were normal. The organic functions were normal. The superficial and deep reflexes were natural but on eliciting them the patient complained of pain in the lower part of the back, even when the pectoral reflex was elicited. When ankle clonus
was tried, he said that it caused pain in the back. He said also when further questioned that the pain was felt all over the back and first in the same side as the foot in hand then on the opposite side and after oscillating from side to side ended in the same side as the foot in hand. Then the hot and cold sponge test was tried on the back. When asked if he felt any sensation he inquired what kind was referred to. He was told to say what he felt and then he stated that he felt pain in the back not under the sponge but over the sides of the erector spinae on each side. The movements of the spine were perfect and
percussion gave no definite evidence. He complained that movement of the vertebral column caused great pain but was unable to localize it on either side. He was told to dress and during that time kept in conversation so that his attention was occupied. He then moved about quite freely and went through the same movements which previously he said had caused him much pain, without even wincing once.

He was looked upon by me as a malingerer and treated as such and subsequent observations showed the accuracy of the conclusion.
Suicides by Hanging

In February 1890 at 8-30 A.M. my attendance was requested by a police constable, at Clarence Street in the town of Swansea. There I found a man aged about fifty years, hanging by a rope from a beam across the shed in which he had carried on his trade of shoe-making. The room was ten feet high and the man was hanging by a rope about half an inch thick, his feet being about two feet from the floor. A wooden step-ladder lay on the ground, and it was evident that the man had placed the ladder against the side of the shed, walked up the same, and placing his head in the noose had then kicked the ladder away.

The following illustration denotes the position:
I was informed that the man had for some time given way to intemperance and that not having returned to his home during the previous night, his wife had proceeded to the shed
at 8-0 A.M. and found the body of her husband there.
Upon examination of the linen I could find no trace of spermatic staining.
The head was firm on the neck. Cadaveric rigidity was well
developed and slight post-mortem lividity was present on the back.
The face and lips were swollen and saliva had escaped from
the mouth. The eyes were open and slightly staring; the pupils
dilated. The tongue—which protruded between the teeth—was uninjured and pale in
appearance. The hands were clenched. The penis bore no indication of an
erection and upon being pressed emitted a slight
mucous discharge which upon
microscopical examination revealed no spermatozoa.
The mark of the rope extended obliquely round the neck, passing between the hyoid bone and the thyroid cartilage and was lost behind the ears. In appearance it was light brown, with darker margins and felt drier than the adjacent skin.

On dissecting away the skin over the mark, the line of the cord was quite visible in the connective tissue and in the muscles beneath.

On dividing the superficial muscles, the carotid arteries were brought into view and there was considerable ecchy-mosis on the outside of the arteries at the point corresponding to the groove.

The larynx and trachea were compressed but otherwise uninjured. Frothy mucus was present in the interior of the pharynx, larynx and
Trachea, and the mucous membrane of the trachea was of a dark red colour.

The blood vessels of the dura mater and brain were congested with dark fluid blood. The right side of the heart and pulmonary artery contained fluid blood. There was also a slight clot of blood in the left side of the heart.

The lungs were partially distended with air.

The stomach was slightly congested and contained about three ounces of partially digested food.

The liver was enlarged and congested. The spleen was also congested. There was no trace of injury to the ligaments of the vertebrae or to the vertebrae themselves or to the spinal cord.
Another case of peculiar self-murder, came within my knowledge in 1894, in which a verdict of suicide was returned by the coroner, although it might possibly be—may probably was—a case of accidental death.

A, B., a man of somewhat defective intellect, had upon several occasions when in drink, threatened to commit suicide and one day he was found dead under circumstances which appeared to justify such a verdict. He was a shipbroker's messenger and had several times placed a rope or cord around his neck and appeared to be intent upon carrying into effect his threat. He had, however, taken care never to in any way hurt himself.

During the week before his death he had been drinking heav-
ily. One day he returned to
the house in which he resided,
having possessed himself of a
new rope. He told a woman
who lived in the house that he
intended to commit suicide.
It was considered a tale of
the boy and the wolf. He went
into his bed-room and shortly
afterwards, shouts were heard
proceeding from the room; but
no notice was taken of them
by the inmates of the house.
About an hour afterwards,
the door of the room being
opened, he was found upon
his hands and knees bending
forward, his head in a rope
moose attached to the knot
of a cupboard door, quite dead.
The door-knob was about four
feet from the ground.
The peculiar position
of the body as shewn in
the following sketch:—
Together with the hanky-panky tricks of the man, induced me to the belief that he being drunk — and having placed his head in the noose — had fallen forward on his hands and knees, and being unable to recover himself,
death ensued from suffocation, caused by the pressure of the cord upon the larynx. The rope was about half an inch thick and extended over the larynx and ran round the neck, there being a space of about two inches over the cervical vertebrae, where the mark was not visible. The colour of the mark was dirty white with red edges. The face was blue and there was slight frothing at the mouth and nose. The mouth smelt of stale drink. There was a slight bruise on the right shoulder, but no other marks of violence. The sexual organs were normal. No post-mortem examination was allowed. A verdict of "suicide while temporarily insane," was given by the coroner.
Hanging.  (continued)

In September 1891 a seafaring man in a seamen's lodging house, situated near the docks at Swansea, was found hanging to a stair baluster. He had been cut down before my arrival. The rope which had been severed, was half an inch thick and encircled the neck in a running noose, the other portion being left fastened to one of the uprights between the hand-rail and the stairs.

The mark of the rope varied from half an inch to an inch in width and was dirty brown in colour with occasional slight traces of ecchymosis. The mark ran completely round the neck without interruption; passing immediately over the larynx in a slightly oblique direction to the back of the neck. No stains of spermatic fluid
were found on the linen.

The face was pale and the lips slightly blue and there was froth

-ing at the mouth and nose.

The tongue was dark red and was lying behind the teeth. The eye-lids were half open and the eye-balls slightly sunken in their sockets.

The pupils were dilated.

The head was firm on the neck and the hands were open.

The penis appeared to be semi-

-erect but no semen was visible.

Cadaveric rigidity was well marked in the body. Post-mortem

lividity extended over the loins. The coroner would not allow a post-mortem examin-

-ation. There were no marks of violence upon the body except the mark upon the neck and no evidence of a struggle having taken place and from the appear-

-ance of the mark upon the neck I concluded that the man had
committed suicide by placing his head in the noose and then letting himself down over the stairs hand-rail. A verdict was given in accordance with that opinion. The following rough sketch illustrates the position in which the man was found:
Hanging. (continued)

As an instance of the necessity for improved supervision in our work-houses, I will point to a case which occurred in July 1893. A man aged thirty-two, visited me at the local surgery which was situated some distance—about a mile—from the work-house, seeking to be admitted to that institution. I referred him to the relieving officer and he left the surgery. Subsequently I was called to the police-station to examine a man stated to have been found wandering about in an unsound state of mind. He was the man who had called at the surgery the preceding day. He then exhibited decided symptoms of insanity and I ordered his removal to the work-house to be placed under the care
of the lunacy attendant. I saw him on the following
day when he seemed quite rational. On the afternoon of
the fourth day after his admission to the house, he was
missed by the attendant and was shortly afterwards dis-
covered inside the W.C. ad-
joining the lunacy ward;
quite dead. The man
had evidently formed a
knot at one end of a rope
and a noose at the other end;
then he had thrown the knot
of the rope over the top of
the door of the W.C., then clos-
ed the door from the inside
and placed his head in the
noose of the rope, from which
he was found suspended.
He was observed in the
position indicated in the
sketch, which was carefully
described to me by the said
lunacy attendant, who had seen the body through a window communicating with the ward.

"The cord, which was about four feet long, was the same
That is ordinarily used as a clothes-line and had passed immediately over the thyroid cartilage and had left a blue mark about half an inch in depth and about two inches long. No trace of any mark of the cord could be seen extending round the neck. The face was pale, the eyes shut and the pupils were dilated. Cadaveric rigidity had set in when I saw the body, three hours after death. There was no exurgescence of the genital organs and no escape of faeces, semen or urine. The hands were open.

On dissecting the skin from the neck there was compression of the larynx and slight haemorrhage into the subcutaneous tissue in the region of the mark. No injury was caused to the main vessels of
the neck. The brain and cerebral vessels appeared normal. The lungs were congested and oedematous. The right side of the heart, the pulmonary artery and vena cavae were filled with dark fluid blood. There was also a small quantity of blood in the left side of the heart. The stomach contained a quantity of partially digested food. The liver and kidneys were congested.

There were no marks of violence on the body except the mark of the cord.

When seen hanging, his feet were fixed against the seat of the W. C. and his head touching the door.

A verdict of suicide was given in accordance with my evidence.
Death by Drowning.

This is the commonest form of asphyxia which I have had to deal with.

Authors appear to differ greatly as to the external appearances of the dead body in the drowned, and here in Swansea one is expected to answer the following questions without any post-mortem examination viz:-

1st. Whether the person had died from drowning?
2nd. Is it a case of accident, suicide or murder?
3rd. How long has the body been in the water?

When the body of a person who has been drowned is removed from the water and examined within a few hours after death and no marks of violence are found upon
the body, but presenting the characteristic froth on the lips and nostrils, there is as a rule no difficulty in determining that death was caused by drowning; but on the other hand, when the body has been long in the water and has become decomposed, it is impossible to form a positive opinion.

The cases on which I have made the following observations, have been those to which I have been called by the Swansea police and also others which I have been allowed to examine through the kindness of my fellow practitioners. In only one case of drowning I have been allowed to make a careful post-mortem examination. This was a case
of an epileptic, a man aged forty-seven years, who was found drowned in a hot bath in the Swansea workhouse. It was surmised that the man, who went to the bath without the permission of the attendant, had turned on the hot water and got into the bath and either had had a fit, or for some other reason had been unable to turn off the water; as when he was found, the body was lying at the bottom of the bath and the water streaming over the sides. When I saw him, four hours after death there were no marks of violence on the body. Cadaveric rigidity was present. The skin over the body was very pale, just as though
it had been bleached, and
over the palms of the hands
and soles of the feet it was
soft and wrinkled.
The face was placid, the
eyes open and the pupils
dilated. The mouth was
shut and there was no
frothing at the mouth or
nose. The genitals were
contracted. The mucous
membrane of the trachea
and larynx was of a
dark red colour. The
lungs were distended and
their surface of a dark
red colour. The lung sub-
stance and bronchi contain-
ed water and froth.
The right side of the heart
was filled with very dark
fluid blood and only a
small quantity in the
left side.
The stomach contained
Twenty ounces of water and a small quantity of undigested food. No water was found in the intestines. The brain was hyperaemic. The rest of the organs of the body were normal. I concluded that death was due to asphyxia caused by drowning.

I was informed by the male nurse, who had tried artificial respiration, that there had been no frothing at the mouth or nose. The absence of this froth and the peculiar pallor of the skin was in my opinion due to the hot water.

The following table shows the external appearances of twenty-eight cases of drowning which I have examined.

Putrefaction seemed to have advanced most rapidly in one case found in a pleasure pond in a public park.
In cases where the bodies had been found in the dock or sea, the advance of putrefaction appeared to be less rapid. Whilst in those cases where the bodies had been found in the canal—which extends along the side of the patent fuel works—putrefaction was very slow. In one case, the body of a woman had been in the canal for fourteen days in the month of August. When it was recovered it was entirely covered with a thick coat of very fine coal dust and but very slight putrefaction had occurred.

Taken generally in the cases which I have examined, putrefaction seems to occur about five times as quickly in summer as in winter.
Table of Drowning Cases
<table>
<thead>
<tr>
<th>Month</th>
<th>Sex or age</th>
<th>When</th>
<th>Place</th>
<th>Color of skin on</th>
<th>Face and General</th>
<th>Surface of body</th>
<th>Fingers and soles of feet</th>
<th>Genital parts</th>
<th>Youth at mouth or nose</th>
<th>Age and shape</th>
<th>Figure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb 1890</td>
<td>Boy aged 3 years</td>
<td>In a bed</td>
<td>4 hours in bed and in bed</td>
<td>Head</td>
<td>Face</td>
<td>Tanned skin, pale with color</td>
<td>Fingers and toes blue</td>
<td>Contracted, no</td>
<td>Present</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>March 1890</td>
<td>Man aged 55 years</td>
<td>In bed</td>
<td>1 day</td>
<td>Nose</td>
<td>Face and neck</td>
<td>Red, green discolation and vitellus feeling are</td>
<td>Vitellus feeling is</td>
<td>Vitellus feeling is</td>
<td>30</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>May 1890</td>
<td>Man aged 35 years</td>
<td>In bed</td>
<td>2 days</td>
<td>Chest</td>
<td>Face and neck</td>
<td>Red, green discolation over the chest</td>
<td>Vitellus feeling is</td>
<td>Vitellus feeling is</td>
<td>30</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>July 1890</td>
<td>Man aged 2 years</td>
<td>In bed</td>
<td>1 day</td>
<td>Head</td>
<td>Face and neck</td>
<td>Red, green discolation over the chest</td>
<td>Vitellus feeling is</td>
<td>Vitellus feeling is</td>
<td>30</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Sept 1890</td>
<td>Boy aged 2 years</td>
<td>In bed</td>
<td>1 day</td>
<td>Head</td>
<td>Face and neck</td>
<td>Red, green discolation over the chest</td>
<td>Vitellus feeling is</td>
<td>Vitellus feeling is</td>
<td>30</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Sept 1890</td>
<td>Woman aged 2 years</td>
<td>In bed</td>
<td>1 day</td>
<td>Head</td>
<td>Face and neck</td>
<td>Red, green discolation over the chest</td>
<td>Vitellus feeling is</td>
<td>Vitellus feeling is</td>
<td>30</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Sept 1890</td>
<td>Boy aged 2 years</td>
<td>In bed</td>
<td>1 day</td>
<td>Head</td>
<td>Face and neck</td>
<td>Red, green discolation over the chest</td>
<td>Vitellus feeling is</td>
<td>Vitellus feeling is</td>
<td>30</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Oct 1890</td>
<td>Man aged 50 years</td>
<td>In bed</td>
<td>1 day</td>
<td>Head</td>
<td>Face and neck</td>
<td>Red, green discolation over the chest</td>
<td>Vitellus feeling is</td>
<td>Vitellus feeling is</td>
<td>30</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Nov 1890</td>
<td>Man aged 35 years</td>
<td>In bed</td>
<td>1 day</td>
<td>Head</td>
<td>Face and neck</td>
<td>Red, green discolation over the chest</td>
<td>Vitellus feeling is</td>
<td>Vitellus feeling is</td>
<td>30</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Dec 1890</td>
<td>Man aged 2 years</td>
<td>In bed</td>
<td>1 day</td>
<td>Head</td>
<td>Face and neck</td>
<td>Red, green discolation over the chest</td>
<td>Vitellus feeling is</td>
<td>Vitellus feeling is</td>
<td>30</td>
<td>30</td>
<td>30</td>
</tr>
</tbody>
</table>

Note: The document contains a table with various entries related to medical observations, including age, sex, month, place, and various physical observations such as color, presence of vitellus feeling, and other medical conditions. The entries are detailed and provide a comprehensive view of the conditions observed during the specified period.
Death from Starvation.

In September 1891 I was called by detective Griffiths to Lower Oxford Street, Swansea. There I found a woman aged fifty years, lying dead in bed and by her side her idiot son aged twenty-one years, who was still alive, but very much emaciated and covered with vermin. The woman had last been seen about a week before. The boy I placed in the charge of a detective who put him in a cab and took him to the work-house.

No food could be found in the room but lying near the dead woman was an empty bottle which had evidently contained gin.

The body of the woman was fairly well nourished and exhibited no external
marks of violence. There was no post-mortem rigidity but post-mortem lividity was present in the back.

I was ordered by the coroner to make a post-mortem examination of the body with the following result:—

The stomach contained a little mucus and smelled slightly of stale gin, the mucous membrane was injected here and there with bright red patches.

The liver was enlarged and congested. The spleen was also congested.

The bowels were nearly empty of faeces. The lungs were hyperaemic especially at the posterior part of the lower lobes. The cerebral vessels were well filled with blood. The Kidneys were hyperaemic.
The heart was fatty and presented the well known faded leaf colour.

The right and left ventricles both contained clotted blood. I concluded that death was caused by fatty degeneration of the heart and alcoholic poisoning.

The son of this woman whom I had sent to the work-house, was an idiot and had never acquired the use of articulate sounds. His mother used him for the purpose of begging. I visited him about an hour after his admission to the work-house. He had been bathed and had been given a small quantity of beef tea and a tea-spoonful of brandy. His skin was wrinkled and dry, the eyes were sunken and the mouth and tongue dry. The breath
was offensive. The abdomen was sunken and the limbs greatly emaciated. The pulse were very feeble about 65 per minute. The temperature was 95.5. He was given small quantities of beef tea and brandy every quarter of an hour. I visited him again in four hours time and he seemed to be a little better. Small quantities of nourishment were given at regular intervals during the night, but about twenty-four hours after his admission to the work-house, he died of exhaustion.

Post-mortem twenty-four hours after death. There was no post-mortem rigidity. There was almost an entire absence of fat throughout the whole body and the muscles were atrophied and soft.
The heart was small and contained some fluid blood. The lungs were normal. The kidneys pale and normal. The brain was small but no change. The stomach and small intestine seemed to have contracted and the mucous membrane was white. There was a small quantity of faecal matter in the large intestine.

The liver and pancreas were small and the gall bladder was distended with bile.

The bladder contained a small quantity of urine. I concluded that death was caused by starvation, for the following reasons:—The last time the mother of the lad was seen alive, was about a week before she was discovered and the condition...
of her body pointed to her having been dead about that time. There was no food in the house and the lad was unable to speak or to understand how to unlock the door of the back room in which they were confined. The body was greatly emaciated and after a complete and thorough examination of all the organs in the body I could find no indications of disease.
Medico-legal Aspects of Drunkenness

A reason often advanced as to why the law in Great Britain does not recognise the plea of drunkenness as an excuse for crime, is that the excuse is a weak one and can be easily assumed. Drunkenness is not regarded as insanity and does not absolve from crime; but habitual drunkenness causing insanity does absolve. In my experience, especially (with respect to the periodic drunkard, with an inherited pre-disposition to drunkenness) intoxication produces ferocity, violence and moroseness in persons who ordinarily are.
of a gentle, kind and amiable disposition and such cases I consider should be treated as distinct forms of mania, and should in law be taken into consideration as a mitigating circumstance, in cases of criminal offences by persons of this description. Habitual drunkards are not recognised as criminals in the usual sense and it is very desirable that persons committed for drunkenness should be collected in separate wards or prisons and should be dealt with as patients rather than criminals, special medical treatment being applied. In all cases a plea of intoxication should
be admissible in defence, as there is no doubt that intoxication is insanity for the time being.

In connection with this subject I wish especially to refer to the case of Regina v. Phillips a trial for murder in which I appeared for the defence. The man Edwin Phillips, was charged with the murder of his wife Clare Hyacinth Philips, at Swansea on April the 7th, 1893. He was 32 years of age and had carried on the trade of an undertaker until March 1893 when he gave over that business and took a public house. He was a patient of mine and was under my care.
suffering from delirium tremens, in the beginning of January 1893. He recovered from this and remained an abstainer until he commenced business as a publican. During the attack of delirium tremens he was very violent and suspicious and was under the hallucination that the man from next door was having connection with his wife in the corner of the bed-room.

The history of the crime is as follows:—Phillips, it appears had been drinking sherry and whiskey for three days and on the evening of April the 7th, 1893, about ten o'clock he was sitting in the bar-parlour with his wife and a man named Bowen,
At about this time Phillips accused his wife of immorality and she left the room crying. Shortly afterwards he followed his wife into the kitchen and began to beat her and tear her hair, at this time a neighbour came in and talked with Phillips and ultimately he cooled down and returned to the bar-parlour. After this he went on drinking whisky at the same time attending to the people in bar, his wife having retired upstairs. Suddenly he left the bar and rushed upstairs. Shortly afterwards the servant girl and the people in the bar could hear a scuffle. The girl
went up and found her mistress lying down with her head inside the bedroom door and her legs hanging down over the short stair-case leading from the servant girl's room to the landing and blood was streaming from underneath her dress.

Phillips was standing over her, with an open knife in his hand and he made use of these words, "She is dead and there is the knife I did it with! Where is the other bugger and I will do the same to him?" The police were sent for and before the arrival of a medical man the woman was quite dead. When Phillips was being conveyed to the police station
he threw away the knife which was an ordinary pen-knife, the blade of which was about two inches long and one quarter of an inch in breadth and was covered with blood.

The post-mortem of the woman.

The body was very pale and bloodless, there was a wound in the left breast about half an inch long passing between the third and fourth ribs through the pericardium and through the right ventricle into the cavity of the heart. There was about ten ounces of clotted blood in the pericardium and a small quantity in the right ventricle. All the
organs of the body were healthy. The evidence of witnesses showed that Phillips had acted as a mad-man during the whole day upon which he committed the crime. My evidence to the effect that he had previously suffered from delirium tremens and hallucinations was not called for. Mr. Brynmor Jones, Q.C. M.T. for the prosecution contended that whether he was under the influence of drink or not, that did not excuse him at all, but that if the prisoner was so drunk as not to know what he was about he should hardly ask the jury to find a verdict that the prisoner committed the deed with
malice aforethought.
Mr. Bowen Rowlands, D.C. M.P. for the defence, stated that he was not going to put forward a plea of insanity, but that the desire that Phillips had to kill his wife was due to the chaotic condition to which he had reduced his intellectual powers.
Mr. Justice Charles, in summing up asked the jury to entirely disregard any idea of delirium tremens as it had been withdrawn from the case and that the question to decide was whether there had been any deliberation on the part of the prisoner. A verdict of manslaughter was returned and the sentence was 15 years
In connection with this man Phillips it is my opinion that he was suffering from a second attack of delirium tremens when he committed the crime. This conclusion was come to from observations made upon him, by me, in the police station and in the jail. The fact of him having one attack of delirium tremens would render him less able to abstain and more liable to a second attack. Delirium tremens is a disease produced by alcoholic poisoning and when the delirium is going on, the patient is to all intents and purposes insane. He is unable to distinguish right
from wrong and his power of perception and control is lost. In this state he may commit many crimes and should not in my opinion be held responsible for them.

Attempts made by me to effect a change for the better in the female drunkards who are being repeatedly committed to gaol for these offences seem to be of little avail. Many of them have become so familiar with the prison that they look upon it as a "home" and it is a somewhat singular fact that during their incarceration they have no craving for drink; at least so many of them have stated to me. So sooner however do they turn their backs on the
outside of the prison doors
than they are overwhelmed
with an insatiable thirst
for alcoholic liquid.

The short sentences which
magistrates are permitted
to give in cases of drunken-
ness, afford no opportunities
for the treatment of such
cases in prison; but I
desire more particularly to
allude to four prisoners
who were sentenced to a month
each, and to one against whom
upwards of three hundred con-
victions were recorded: A
series of circumstances enabled
the magistrates to pass a sen-
tence of six months in the
latter.

The following treatment
was adopted:—
Plenty of exercise
in the open air was given
— a gentle
Tonic administered, the 
mind kept occupied and 
better diet prescribed. 
All of the five cases at 
the expiration of their 
sentence left the prison 
firmly renouncing for 
the future, all intoxicating 
drink. They however retur-
med in a short time after 
and from then till now 
they have passed most of 
their time in prison, ex-
cepting a few days out, 
when they qualify them-
selves for another incoming.
Prison Statistics.

The following table of prison statistics which has been carefully compiled for the purposes of this paper will, I venture to think, be particularly interesting as showing the result on various prisoners of a course of prison life. The effect of the relative degrees of punishment and immunity from punishment which prisoners enjoy (or otherwise), appears to be influenced in a great measure by the fitness—physically speaking—and previous occupation of the offender.

By way of comparison, A. B., a labourer accustomed to daily physical exercise, and C. D., a publican whose daily physical exerci—
tion was practically nil and are sentenced respectively to one month's hard labour and are certified by the medical officers to go on the wheel. A. B. enters the prison at an ascertained weight of 158 lbs and having completed his sentence leaves at 159 lbs. C. D. enters at 195 lbs and leaves at 163 lbs; showing a gain of 1 lb in A. B. and a loss of 32 lbs in C. D. It is evident that C. D.'s punishment has been far severer than A. B.'s and I wish to state that this is only one instance out of a great many, which calls for some directions from the Home Office as to who should and who should not be placed on severe punishment and
for some specified instructions in regard to disease or symptoms of disease which should exempt prisoners from the wheel e.g. for example:—
A. B. being a labourer was fit for violent exertion; C. D. a publican was quite unfit. The result is conclusively shown in the manner in which they were respectively affected. The daily average number of prisoners at the Swansea prison during the last five years ending March 31st 1895 was as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>M.</th>
<th>F.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1891</td>
<td>76</td>
<td>18</td>
<td>94</td>
</tr>
<tr>
<td>1892</td>
<td>97</td>
<td>21</td>
<td>118</td>
</tr>
<tr>
<td>1893</td>
<td>101</td>
<td>20</td>
<td>121</td>
</tr>
<tr>
<td>1894</td>
<td>108</td>
<td>19</td>
<td>127</td>
</tr>
<tr>
<td>1895</td>
<td>124</td>
<td>24</td>
<td>148</td>
</tr>
</tbody>
</table>

The following table indicates
The effect of hard labour so far as the varying weights of prisoners are concerned and may be taken as an absolutely accurate return.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Weight on Reception</th>
<th>Weight on Discharge</th>
<th>Sentence</th>
<th>Trade</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. D.</td>
<td>40</td>
<td>151</td>
<td>150</td>
<td>9 days</td>
<td>Labourer</td>
</tr>
<tr>
<td>J. G.</td>
<td>59</td>
<td>119</td>
<td>119</td>
<td>9 &quot;</td>
<td>Fireman</td>
</tr>
<tr>
<td>J. G.</td>
<td>24</td>
<td>120</td>
<td>119</td>
<td>10 &quot;</td>
<td>Collier</td>
</tr>
<tr>
<td>A. J.</td>
<td>44</td>
<td>125</td>
<td>125</td>
<td>10 &quot;</td>
<td>Hawker</td>
</tr>
<tr>
<td>J. S.</td>
<td>30</td>
<td>122</td>
<td>117</td>
<td>10 &quot;</td>
<td>&quot;</td>
</tr>
<tr>
<td>J. T.</td>
<td>26</td>
<td>158</td>
<td>159</td>
<td>14 &quot;</td>
<td>Labourer</td>
</tr>
<tr>
<td>J. T.</td>
<td>16</td>
<td>84</td>
<td>79</td>
<td>14 &quot;</td>
<td>&quot;</td>
</tr>
<tr>
<td>A. N.</td>
<td>42</td>
<td>98</td>
<td>97</td>
<td>1 month</td>
<td>&quot;</td>
</tr>
<tr>
<td>J. H.</td>
<td>28</td>
<td>173</td>
<td>159</td>
<td>1 &quot;</td>
<td>&quot;</td>
</tr>
<tr>
<td>J. W.</td>
<td>26</td>
<td>142</td>
<td>134</td>
<td>1 &quot;</td>
<td>&quot;</td>
</tr>
<tr>
<td>T. S.</td>
<td>33</td>
<td>120</td>
<td>117</td>
<td>2 &quot;</td>
<td>&quot;</td>
</tr>
<tr>
<td>G. M.</td>
<td>28</td>
<td>141</td>
<td>133</td>
<td>2 &quot;</td>
<td>&quot;</td>
</tr>
<tr>
<td>J. L.</td>
<td>30</td>
<td>137</td>
<td>128</td>
<td>2 &quot;</td>
<td>&quot;</td>
</tr>
<tr>
<td>B. H.</td>
<td>20</td>
<td>142</td>
<td>134</td>
<td>3 &quot;</td>
<td>Grocer</td>
</tr>
<tr>
<td>J. T.</td>
<td>27</td>
<td>140</td>
<td>129</td>
<td>3 &quot;</td>
<td>Labourer</td>
</tr>
<tr>
<td>J. B.</td>
<td>47</td>
<td>113</td>
<td>110</td>
<td>3 &quot;</td>
<td>Carpenter</td>
</tr>
<tr>
<td>P. M.</td>
<td>18</td>
<td>128</td>
<td>119</td>
<td>6 &quot;</td>
<td>Gardener</td>
</tr>
<tr>
<td>A. H.</td>
<td>21</td>
<td>123</td>
<td>130</td>
<td>6 &quot;</td>
<td>Fireman</td>
</tr>
</tbody>
</table>
(continued)

<table>
<thead>
<tr>
<th></th>
<th>Age</th>
<th>Weight before</th>
<th>Weight on discharge</th>
<th>Sentence</th>
<th>Trade</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.p.</td>
<td>29</td>
<td>115</td>
<td>114</td>
<td>6 months</td>
<td>Tinker</td>
</tr>
<tr>
<td>t.b.</td>
<td>43</td>
<td>112</td>
<td>123</td>
<td>6 &quot;</td>
<td>Fitter</td>
</tr>
<tr>
<td>y.y.</td>
<td>34</td>
<td>122</td>
<td>125</td>
<td>6 &quot;</td>
<td>Labourer</td>
</tr>
<tr>
<td>j.c.</td>
<td>29</td>
<td>134</td>
<td>124</td>
<td>4 &quot;</td>
<td>Shoemaker</td>
</tr>
<tr>
<td>m.p.</td>
<td>36</td>
<td>150</td>
<td>147</td>
<td>12 &quot;</td>
<td>Mason</td>
</tr>
<tr>
<td>j.j.</td>
<td>26</td>
<td>135</td>
<td>130</td>
<td>12 &quot;</td>
<td>Labourer</td>
</tr>
<tr>
<td>j.s.</td>
<td>19</td>
<td>122</td>
<td>125</td>
<td>12 &quot;</td>
<td></td>
</tr>
<tr>
<td>h.r.</td>
<td>39</td>
<td>198</td>
<td>163</td>
<td>10 &quot;</td>
<td>Publican</td>
</tr>
<tr>
<td>g.j.</td>
<td>40</td>
<td>146</td>
<td>151</td>
<td>10 &quot;</td>
<td>Labourer</td>
</tr>
</tbody>
</table>

Hard labour consists of the "Tread wheel" which is regulated to travel so that each prisoner ascends 32 feet per minute by steps of 8 inches, working fifteen minutes on the wheel and five minutes off, for six hours daily; number of steps per minute being 48 and total number of feet 7680 and in addition to pick one pound of oakum per day.
The question of dietary is unquestionably responsible to some extent for these results. One objection I have to the present system of dietary is that the prisoner is committed for four months hard labour during the first month he is kept on the wheel and is given number two diet which is as follows:

<table>
<thead>
<tr>
<th>Daily</th>
<th>Bread</th>
<th>6 ounces</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gruel</td>
<td>1 pint</td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td>Bread</td>
<td>6 ounces</td>
</tr>
<tr>
<td>and</td>
<td>Suet Pudding</td>
<td>8 ounces</td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday</td>
<td>Bread</td>
<td>6 ounces</td>
</tr>
<tr>
<td>and</td>
<td>Potatoes</td>
<td>8 ounces</td>
</tr>
<tr>
<td>Friday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td>Bread</td>
<td>6 ounces</td>
</tr>
<tr>
<td>Thursday</td>
<td>Soup</td>
<td>½ pint</td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

During the next three months he is taken off the wheel and put on ordinary labour and number three diet.
No. 3 Diet.

Daily  
  { Bread  6 ounces
  { Gruel  1 pint

Sunday and
  { Bread  4 ounces
  { Potatoes  6 ''
Wednesday  { Suet Pudding  6 ''

Monday and
  { Bread  6 ounces
  { Potatoes  8 ''
  { Cooked Beef  3 ''
Friday  { without Bone

Tuesday  { Bread  6 ounces
Thursday  { Potatoes  6 ''
Saturday  { Soup  \( \frac{3}{4} \) pint

It is a matter for grave consideration as to whether the existing practice should not be varied so as to admit of the better diet being administered when greater punishment is inflicted and I would advocate some enquiry by the Prison Authorities into the system. The following diseases in my opinion disqualify from
wheel labour:—
(1) Injuries to the skull.
(2) Giddiness.
(3) Total privation of sight.
(4) Deformity and diseases of the chest.
(5) All affections of the heart.
(6) Bright's Disease.
(7) Varicocele and varicose veins in legs: phlebitis having been caused in three days, in some of these cases.
(8) Gonorrhoea in the 1st stage.
(9) Hernias, reducible and irreducible.
(10) Stone in the bladder and cystitis.
(11) Brain diseases and nervous affections.
(12) Epilepsy
(13) Spinal diseases
(14) Deformities of the legs, arms, hands and feet.
(15) Cancers and ulcers.
(16) Chronic rheumatism and gout.
(17) Debility and emaciation.
(18) All ages under 16 years and over 60 years.
(19) Diseases of bones and joints.
I, Ebenezer Forysth, of 9 Macleod Road,
Edinburgh, do hereby declare
that the foregoing medical-legal
studies have come within my
own experience and are my own
composition and have been written
from my handwriting under
my personal direction.

Ebenezer Forysth
27th April, 1875.