

*Thesis*

*of*

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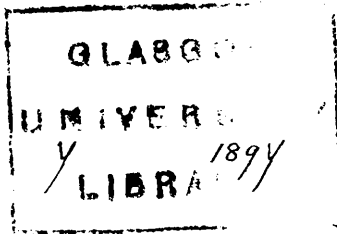
*for*

*The M. D. of Glasgow University.*

*"Medical Studies Of Prison Life"*

*Or*

*"Ten Years Medical Work in H. M. Convict  
Service And Three Years in H. M. Local Prison Service."  
with Album Containing Photographs of  
many prisoners.*



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Medical Studies of Prison life

By

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Being

Theses for M. D. of Glasgow University.

15<sup>th</sup> February 1897.

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Ten Years Medical Work in H. M. Convict Service And Three  
Years In H. M. Local Prison Service. Illustrated by  
Photographs and accompanied by an album containing  
Photographs of Prisoners.

## Introduction.

Prisons governed  
by standing orders.

The prisons of England and Wales are administered by the  
Home Secretary; each prison being directly governed by a Gaoler  
or Governor, whose duties are accurately laid down in Standing  
Orders approved by the Home Secretary.

Standing orders  
adapted to each  
prisoner by  
Medical officer.

As the Standing Orders provide for every detail in the  
treatment of prisoners, a hard and fast system is thereby  
established which, but for the Medical Officer, would pre-  
judicially affect the health, and the life of the prisoners. The  
duty of the Governor is to carry out the Standing Orders; the  
Medical Officer must adapt these to individual requirements.

Good Health results  
in imprisonment;

Out of this necessity for adapting the Standing  
orders grow the varied duties, and the wide powers of  
the Medical Officer. When these duties are duly per-  
formed, and powers conscientiously exercised, the  
prison practically becomes a Sanatorium, when,  
even long imprisonment has wholly good results.

(1) In local  
prisons

These good results were directly affirmed, by Sir W. V.  
Harcourt in respect of local prisons, as follows:—  
"The progressive decrease in the death-rate of the prisons,

which has now reached 7.8 per 1000 of the prison population (showing a diminution of 2.2 per 1000 on the mean death-rate of the last ten years, and which so lately as 1875 exceeded 14 per 1000), is a striking proof of the successful care which has been bestowed on the health of the prisoners; and the Secretary of State desires that his satisfaction may be expressed to the Medical Officers at these results of their <sup>(a)</sup> efforts.

In Convict  
Prisons.

Similar results are shown in the Series of Annual Reports of the Directors of Convict Prisons in respect of Convict Prisons, and the following extract from my report as Medical Officer of Borstal Convict Prison in 1890-91 states "During the last five years, with a daily average of 433, there have been twelve deaths. After making due allowance for age and sex constitution it can be shown that we might have had a total of 27 deaths without exceeding the average death-rate for England and Wales. Many causes contribute to this reduced mortality; much is due to regular food, sleep, and work; also to the absence of alcohol and tobacco, and to excellent Sanitary Surroundings.

(a) See document  $\frac{10,262}{9}$  Whitehall. 27<sup>th</sup> November 1883.

Much, also, is due to Constant Medical Supervision; slight ailments are at once treated and the supervention of fatal disease thereby averted. <sup>(a) 11</sup>

In obtaining these results the Medical Officer follows out a definite plan, this plan varies somewhat in the two classes of prisons: local, and Convict, and before dealing

with the latter a short description may be given of local prisons with some details of the prisoners, their diseases, and behaviour.

I Local Prisons.

My experience of local prisons is made up of 3 years work at St. M. local Prison, Wakefield, Yorks.

In this prison, as in all local ones, are detained all prisoners sentenced to two years imprisonment and under two years, the majority being incarcerated for 7 days, a month, or three months.

On first admission each prisoner is taken to the Reception cells, where a record is taken of his name, age, occupation, and whether single or married, his personal property is carefully noted and put away. He is then thoroughly cleaned in hot water with soap and a scrubbing brush, and after being dried, a careful description is taken of his personal peculiarities. Each prisoner is then seen and thoroughly examined by the medical officer

(a) 202 Report of Directors of Convict Prisons for 1890-91.

who assigns the dirt and labour in every case. If there is anything peculiar, medically or surgically, a photograph is taken. The following photographs give an indication of some of these peculiarities: —



Back and profile views of a case of Paralytic Kyphosis. This prisoner had wealthy friends but preferred to live as a tramp, and was repeatedly sent to prison as a vagrant. He ultimately died in Wakefield prison. As I had left the prison by that time, no post-mortem examination was made of the nervous system.



*Front and back views of a case of Molluscum Contagiosum.*

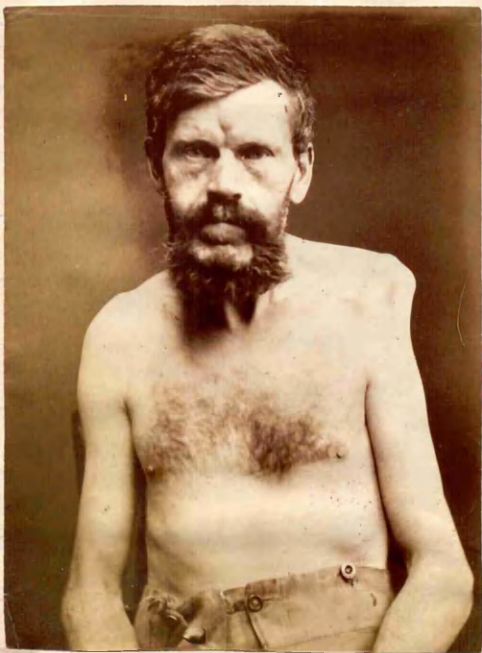


*Ichthyosis, general, but best marked on the arms.*





*Supernumerary digit.*



*Old standing dislocation  
of the left shoulder, the elbow  
still lying away from the side.*



*Hemiatrophy of the right side of the  
face, history unknown to the  
patient.*



Melanotic Sarcoma?  
Chronic biquerked growth  
on last phalanx of  
left ring finger.  
Operation refused,  
subsequent extension to  
arm. Discharge from  
prison before further  
evolution.



Short left ring finger from  
old disease of carpus and  
ring metacarpal.



Progressive Muscular Atrophy  
Showing wasting of the interossei  
and muscles of the forearm.

After being examined, photographed if necessary, and assigned their diet and labour, the prisoners are marched over to the "Halls" and located; each in a separate cell. Invalids are sent to the hospital, and those subject to epilepsy are located on the basement floor: this location on the basement floor usually sufficing, in a few days, to eliminate those who have falsely declared themselves epileptic.

Labour: The short-term prisoners perform their labour on the treadmill.

Treadmill: At Wakefield the treadmill can accommodate 50 prisoners, and this labour is utilised in driving weaving machinery. The treadmill is practically a hollow wheel, with steps around the circumference, placed several inches apart; the prisoner grasps a cross bar, fixed above his head to the partitions separating each prisoner, and places his feet on one step, his weight makes the wheel revolve, as the step moves, he must place his feet on the next higher step, and so continues to drive the wheel. It has been said that an old prisoner can evade the labour by waiting till the next step comes round, this is impossible, as the steps retain their distance apart, and he must raise his weight through a vertical height, related to the separation of the steps. Although it is impossible to evade labour this way, yet, an old hand can, while contributing

his due share of labour, greatly relieve his actual muscular expenditure, by rocking his body from side to side, and thereby raising each foot alternately to the height of the next higher step, whereas a green-hand grasps the cross bar firmly and steps up vertically at a considerably increased muscular expenditure. This artifice of the old hand is not stopped by the officer in charge, as the actual work done is, at least, not less than that done by the green-hand.

Other Labour:

Other labour at Waterloo Prison consisted of weaving, making mats and matting, carpentering and joinery, Smith's work, tailoring, shoemaking, clog making, stone-breaking & chopping junk.

Medical Supervision:

The medical supervision of the prisoners consisted in T. A through examination on admission. II A weekly examination of all prisoners on parade. III A periodical examination of all prisoners while at labour; the treadmill being examined every day. IV. A monthly examination of every prisoner, each man having to stand at his door, trousers rolled up above the knees, and fixed round the waist, the remainder of the body being naked; by this inspection nearly the whole body of each prisoner was seen, his general condition determined, and a check

Kept on the infliction of unauthoriz'd punishment

The following tables give an idea of the amount of work done:-

Table I Showing the punishments of prisoners, each prisoner being examined and certified fit for punishment by the Medical Officer.

Year.	Wk. Kept <sup>Dist</sup> in V.	Restrains		Prison Punishments.		Loss of Cloas or Privilege		Total Number of prisoners punished.		Total number of prisoners during the year.
		m. f.	m. f.	Corporal Cat. buick.	Penal cell. m. f.	m. f.	m. f.	m. f.	m. f.	
1883.	260.148	1.	0	0.	66. 23.	247.	66.	319.	140	10,348.
1884	499.71	0.	1.	0.	33. 6.	296.	79.	275.	100.	9,741
1885	150.20	1.	0	0.	29. 2.	506.	128.	298.	92.	9,460.
	843.	3.		0.	159	1322.		1224		29,549
average.	281.	1.		0.	53.	440.7.		408.		9849.7.

Table II Showing numbers of prisoners released on Medical Grounds

Year.	Sex	Register & initials	Receipt	Sentence	Release	Disease for which released	Released on
							Medical Grounds
1883.	m.	8306 W.C.	6. III. 1882.	504 days	22. V. 1882.	Phthisis	After.
	"	11303 M.E.	25. VII. 1881.	18 Cal. mths.	29. IV. 1882.	Phthisis pulm.	" "
	"	2990 J.D.	1. V. 1882.	12 months.	16. XII. 1882.	- do -	" "
	"	11830 B.H.	10. IX. 1881.	18 Cal. mths.	6. III. 1883.	- do -	" "
	"	12903 J.H.	8. XI. 1881.	15 " "	24. II. 1883.	Incipient Insanity	" "
	f.	3158 L.H.	5. I. 1882.	12 " "	5. VII. 1882.	Phthisis Pulmonalis	" "
1884.	m.	6650 A.J.	18. XI. 1881.	18 Cal. mths	14. IV. 1883.	Phthisis pulm.	After.
	"	7507 J.H.	5. T. 1883	2 years.	3. III. 1884.	- do -	" "
	"	4037 J.P.	15. III. 1883.	6 months	4. VI. 1883.	Intestinal Obstr.	" "
	"	13317 W.A.	26. X. 1883.	2 Cal. mths.	12. XII. 1883.	Morbus Cordis	Before.
	"	10085 J.P.	26. VII. 1882.	12 " "	7. III. 1884.	Epithelioma.	" "
	f.	1634 M.J.P.	11. X. 1882.	12 " "	19. VI. 1883.	Chronic Pneumonia.	" "
1885.	m.	10036 H.B.	8. V. 1883.	18 Cal. mths.	16. VII. 1884.	Pleurisy.	After.
	"	17 J.L.	13. XII. 1883.	18 " "	22. VII. 1884.	Phthisis pulm.	" "
	f.	286 E.K.	7. IV. 1884.	4 " "	30. VII. 1884.	- do -	Before.

Table III Showing Causes of deaths &c.

Year.	Sex.	Register and Initials.	Age at Death.	Reception date.	Date Death.	Cause of Death.	Originating lesion after.	Health on reception
1883	M.	12369 J. D.	18.	4. VII. 1881	22. IV. 1882	Acute Pleurisy Pulm.	After.	Good.
	"	6603 J. A.	41.	20. XI. 1880.	28. V. 1882	Pneumonia: Tub. Meninge.	- "	Indiff.
	"	339 J. P. S.	24	14. II. 1881.	23. VII. 1882	Septic. Peritonitis.	- "	Good.
	"	5465 J. B.	40.	25. VIII. 1882.	4. X. 1882	Pneumonia. Bronchitis	Before	Bad.
	"	18098 A. B.	41	18. XI. 1881	31. X. 1882	Ulceration inocard.	After.	Good.
	"	5121 J. J.	36	5. VIII. 1882	16. X. 1882	Suicide by Hanging		Good.
	"	6127 J. B.	29	29. IX. 1882	2. XII. 1882	Pneumonia.	after	Good.
	"	5421 J. J.	38	16. X. 1882.	19. XII. 1882	Bright's Disease, Septicemia	Before	Good.
	F.	1711 A. M.	21	1. X. 1882.	1. T. 1883	Syphilitic Inflamm. Brain.	Before	Good.
	"	2119 A. B.	52	3. XI. 1882	19. 1. 1883	Pneumonia Pulmonalis	Before	Indiff.
"	330 M. S	21	21. II. 1882.	23. 2. 1883	Syph. dis. Brain.	Before	Good.	
1884	M.	7298 J. H.	74.	7. XII. 1882	13. IV. 1883	Pneumonia Pulmonalis	Before	Indiff.
	"	6771 D. M.	23.	2. XI. -"	26. IV. -"	Pneumonia Pneumonia	- "	Fair
	"	8169 J. W.	27	26. V. -"	28. V. -"	Morbid Inflamm.	After	Indiff.
	"	8273 R. R. S.	19	14. IX. -"	19. VII. -"	Spinal Myelitis	After	Good.
	"	11546 R. H.	59	27. VII. 1883	5. VIII. -"	Diarrhoea	- "	Good
	"	10844 D. W.	63	20. VI. -"	8. VIII. -"	Suicide by Hanging	"Epileptic"	
	"	10394 G. E.	45	30. V. "	31. V. -"	Morbid Bright's	Before.	Dying
	F.	3780 E. S.	34.	15. X. "	11. XI. -"	Pneumonia Consumption	- "	Good.
	"	3513 C. D.	48	31. VIII. "	13. XI. "	Pneumonia Pulmonalis	- "	Bad.
	M	13989 J. W. H.	26	28. XI. "	30. XI. "	Suicide by Hanging		Good.
"	10564 A. G.	34	9. VI "	9. XII. "	Ac. Pleth. Pulmonalis	After	- "	
"	215 H. B	51	12. I 1884	11. III. 1884	Ac. Tub. Haemoptoeis	Before	Fair.	
1885	M.	2577 R. W.	50	10. V. 1884	26. V. 1884	Cancer Braink.	Before.	Good.
	"	12943 J. R.	55	4. X. 1883	15. VI. "	Acute Tuberculosis	after	Good.
	"	13425 F. B.	55	21. VII. "	12. VII. "	" Pleurisy. Mumps	"	Good.
	"	41 S. S.	29	20. VII. "	1. IX. "	Epilepsy	"	Good.
	"	12896 J. J.	41	1. X. "	10. X. "	Consumption as to Brain	Before	Good.
	"	6565 J. O. S.	38	26. XI. 1884	25. XII. "	Art. Deformans. Hypertroph.	Before	Good.
"	5791 F. S.	20	20. X. "	11. II. 1885.	Ac. Tub. Pulm. and Haemoptoeis	after	Good.	

Table IV. Showing, in Wakefield, the

Year.	Daily av. in Prison.	Total During Year.	Total No. Suffering Cases.	Daily Casual Sick.	Daily average non-effectives on sick-list.
1883.	M. 761 } 926. f. 165 }	10,348.	M. 246 } 360. f. 144 }	av. 4%.	M. 29 } 42. f. 13 }
1884.	M. 657 } 803. f. 146 }	9,741.	M. 178 } 311. f. 133 }	av 4%.	M. 24 } 37. f. 13 }
1885.	M. 681 } 811. f. 130 }	9,460.	M. 125 } 230. f. 105 }	av 4%.	M. 19 } 31. f. 12 }
average =	<sup>827.</sup> 827.	9849.7.	300.		37.

Tables I, II, III and IV. are based on the Medical officers Reports for Wakefield Prison in the Tenth, Twelfth, and Eighth Reports of the Commissioners of Prisons.

Table IV. demonstrates some very important points as regards the total number admitted to hospital for treatment, and the daily average number of non-effectives on the sick list, the numbers under this heading include two classes, viz:- prisoners actually in hospital when no labour is performed, and prisoners treated in their own cells, but who are also temporarily exempted from labour. It took whole charge of the male prisoners, and by close attention to the prisoners as regards diagnosis and general treatment, managed

managed to reduce considerably both the infirmary sick, and the total non-effective list. I thereby rendered possible a stricter discipline, and secured a better administration of justice. The daily average of male prisoners in 1883 was 761, and the total infirmary cases amounted to 216, in 1885 the corresponding figures are respectively 681 and 125, if the ratio had been kept up the latter figure should have been 193, a reduction, therefore, of 68 in the total admissions to hospital during 1885. In other words the percentage of male sick in the infirmary calculated on the daily, male, average was 28.3 in 1883; 27 in 1884; and 18.3 in 1885. The total non-effective list also showed a reduction being 3.8 on the daily average in 1883; 3.6 in 1884; and 2.7 in 1885. These reductions were effected through continuous medical supervision on my part.

The female prison was dealt with by the medical officer, and his methods were different. In my opinion the females were not more liable to disease, but they certainly were less amenable to discipline, nor had they <sup>a</sup> discipline so effective



as on the male side. It was quite usual for a female prisoner to suspend herself by the neck on the bell-pull, and, being instantly found, the Medical Officer usually ended the trouble by sending such an one to hospital. Moreover, the sick staff for the female side was very small as compared with that on the male side, so that, perhaps, the hospital had to be used with wider latitude. I took charge of the female prison, also, from the morning visit of the medical officer until he again came on duty next morning, and I admitted most of the female prisoners at the reception cells. I made a great reduction in the admissions to hospital on the day of reception, but sooner or later many of these drifted into hospital under various exigencies. The figures in Table IV, as regards females, show in 1883 with a daily average of 165, the number of infirmary cases admitted during the year was 144 or 87.2%; in 1884 the percentage was 91; and in 1885 it was 80.7%. The non-effective list was, in 1883, 7.9%; in 1884, 8.9%; and in 1885, 9.2%.

The reduction in the number of infirmity cases was accompanied by an increase in the percentage of non-effectives.

The 29,549 prisoners, passed through my hands in three years, presented much that was worthy of careful study. I followed out several lines of inquiry, but as all my statistical work is enshrined in the prison books, much of that work is practically inaccessible.

One of the first things to attract my attention in examining the naked male prisoners was the great frequency of "Tattoo" marks. The men received were chiefly miners and labourers, yet their skins were decorated with tattoo marks in a way familiar to me formerly amongst sailors only. This difference however existed: whereas sailors, and soldiers had highly artistic tattoo marks, the marks on the prisoners were rude and inartistic. The artistic element in both cases being contributed by the "tattoo" practitioners. Lombroso regards tattoo marks as the sign of a criminal, this statement has more truth, in a different way to

that meant, than most others made by Criminal anthropologists, as Tattooing, in a minor degree is, certainly, not uncommon, and like Criminals, not found only in prisons. Other peculiarities have already been presented in the preceding photographs, and I shall now touch on other points connected with disease, and the behaviour of prisoners.

Itch.

Scabies was very prevalent amongst prisoners on reception, and they were usually <sup>treated</sup> by careful washing, anointed with Vlemingh's solution, and again thoroughly washed the following morning. This always proved effective.

Veneral disease.

Gonorrhoea and Syphilis were fairly prevalent, chiefly in their acuter stages. During the whole time I saw only one well marked case of Puerpia.

Hernia.

Hernia, inguinal, was very common, and it was usual to exempt <sup>these</sup> sufferers from the treadmill, and supply them with a Fruss, which they took with them on discharge, if recommended medically, and no doubt promptly pawned with a gusto not inferior to that of the heathen turning his mission Stocking

into a war-club.

Epilepsy was not uncommon. An epileptic was treated in a cell on the basement floor, and never allowed on a ladder or on the treadmill. Many prisoners affirmed epilepsy on reception, and they were always treated as epileptics on their sole statement. A wide experience of epilepsy, gained at Riccarton Asylum, Paisley, under the philosophical tuition of Dr. Donald Fraser, and at the Warwick County Asylum, Hatton, convinced me in a word, that a man might be an epileptic and disclose no sign of the disease for a long time. In these cases the "fit" is its own best proof, but to wait for that demonstration in prison practice would be to Court disaster for prisoner and medical officer alike. Sometimes the prisoner repented of his statement, and in these cases I usually returned him as fit for the routine discipline and duties of the prison. I never had any catastrophe with an epileptic.

Bronchitis was very common at the reception room, and now and again a tramp was admitted

with acute lobar pneumonia, but these men usually did well and made an excellent recovery in hospital.

Besides Scabies, and Lousiness, we sometimes had infectious diseases admitted. During the 3 years I admitted one case of Typhus, one case of Empiela, and two cases of Small pox, all of these were admitted during their incubation period, and one of the cases of Small pox was, again, discharged before the specific rash appeared, this appeared after admission to the workhouse, and we were made acquainted with the nature of the affection through the local Government Board. Headaches and pains in the back were common complaints with chronic drunkards, and were frequently falsely complained of in order to evade labour and ordinary diet. The absence of what we may call objective signs of disease, with due deference to Clifford Allbutt, excused the failure to diagnose the disease in its incubation stage. No extension of these diseases occurred in prison.

Three good examples of ununited fractures were admitted, one was an ununited fracture of

the right collar bone in a pugilist, it was fractured by direct violence in a fight, and was simple, the man by occupation was a bell-hanger, and he assured me he suffered no disqualification in his employment - but he could no longer fight. The second case was an ununited fracture of the right humerus at its middle, of many years duration, the arm was very useful and the muscles seemed to maintain their development. The third case was an ununited fracture, transverse, patella, in a drunken clergyman. There were also several cases of dislocation of the shoulder of long standing, one of these is represented in the photograph on page 6 of this book.

Many cases of Delirium tremens were admitted, one of these cases was a Doctor from Sheffield who, while under the influence of drink, had mismanaged a case of midwifery. "Snakes" are usually seen in this affection but his professional training led him to see a huge "Polyp" growing up in his cell, thus disclosing that his work in Zoology

had not been in vain. All these cases were successfully treated by rest, and a nutritious diet, without the use of alcohol, which would have been administered if necessary.

Ichthyosis.

I had about a dozen cases of Ichthyosis, my notes of these cases are not available, but I paid particular attention to the family history, and the majority, not all, disclosed a strong hereditary predisposition, one of these cases is represented in a photograph on page 5.

webbed fingers.

There was one case of webbed fingers in a male, he

supernumerary digit.

stated that his sisters had webbed toes. There was also one case of Supernumerary digit figured at page 6.

Diabetes.

Three cases of diabetes Mellitus were treated, one of them

Cataract.

was the subject of diabetic Cataract, and under treatment with Opium the Cataract wholly disappeared

Resolution.

and the prisoner had his vision restored, a careful daily record was made of the sugar in the urine, and its gradual diminution. I published the case under "Spontaneous Resolution of

"Diabetic Cataract" in the British Medical Journal of Jan. 1885. Professor Nettleship reading the case offered, on having all the material placed in his hands, to read the paper to the Ophthalmological Society, but a reference having been made to the case in a journal, he was obliged to initiate the subject, and read my notes as remarks during the discussion. The subject had already been noticed by Seegen of Carlsbad, but my case is the first on record in this country - England.

Tetany  
I also had one case of Tetany which was published in the British Medical Journal for Oct. 1885.

The following notes of the case are from my private notebook. John Pickles aet 29. Height 5 feet 5 1/2 inches. Weight 128 lbs. Married. A stoker. In good health on admission from Leeds on March 27<sup>th</sup> 1884.

He was employed picking oakum for eight days, then passed into the cookhouse as a cook, here many scraps can be picked up, after about a week in the cookhouse, and while sending food up the lift

(a). See B. M. J. May 1885.



he had a sudden feeling of weakness, followed  
 by diarrhoea which lasted 3.5 days. He then returned  
 to Cookhouse and on the night of the 21<sup>st</sup> April, he  
 went to bed as usual, and fell asleep all right,  
 at 11 p.m. he awoke with a numbness in both  
 hands, he rubbed them together but <sup>could</sup> not feel distinctly,  
 when he touched the finger tips he had the sensation as  
 if the "funny" bone had been struck. At 12 p.m.  
 he had spasms in both hands, which became con-  
 tracted the thumb being flexed under the flexed  
 fingers, the forearms also were flexed in the arms,  
 and he could not stand well on his feet. When seen  
 next morning he was sitting in bed trying to eat  
 his bread, prehension and mastication were difficult,  
 and so was articulation. The whole body was  
 covered with sweat, the face particularly so, thought  
 to be due to the laboured attempts to feed himself.  
 The spasm of his feet prevented him standing with-  
 out support. The attack quickly ended in recovery  
 under appropriate treatment. His cell for convenience  
 to the Cookhouse was in the basement and very

Cold, this, with the previous attack of diarrhoea, seemed to have determined the attack.

Sudden Death:

Fatal Syncope.

There were four cases of sudden deaths sufficiently unusual to notice. 1. A patient about 40 years of age, with a hemiplegia of several years duration, had an attack in prison of acute lobar pneumonia, from which he was rapidly recovering. I warned the men in charge not to get the prisoner on his feet; one night the man was told to get up until his bed was made, he got up and stood at the end of the bed, and suddenly collapsed and fell dead in the bed. At the post mortem nothing was found to account for the death, and the inference was irresistible that syncope had supervened on assuming the erect posture, after long recumbency, and with the equilibrium between respiration and circulation greatly unstable.

Fatal Syncope.

2. Another patient, who had almost completed one month's imprisonment, was out in the courtyard taking exercise, he had almost completed the hour when, shortly after doing a trot in the ring, he suddenly collapsed and

was removed to his cell by two prisoners, who carried him by the armpits, practically, in an erect position. He was almost immediately seen, artificial respiration was practised, the pulse had ceased at the wrist, and the respirations were simply a slight slow movement of the chest at long intervals, and he died. At the post-mortem examination no lesion was found. His weight had fallen eleven pounds from admission, and he was in good health on reception, and had not at any time made any complaint. Here also the conclusion was, that syncope had set in, and I could not exclude the loss of weight as a factor in causing the death: it was probably an ordinary fainting attack, the result of debility and violent exercise, and the method by which he was removed to his cell, viz:— in the erect position, set up fatal syncope. 3 In this case a female prisoner (see 3780 E.S. under Table III. 1884) art 34, had spent over 3 weeks in prison, without ever making any complaint. She had eight previous convictions against her, and at no time disclosed any

Reception of  
Anxiety, &c.

sign of illness or made any complaint. On the morning of her death she was heard by the female prisoners in the next cell to be using what seemed the language of prayer. The prisoners were then in bed. When the bell rang to get out of bed the prisoner's cell door was opened, and she was found dead. At the post-mortem examination the pericardium was found fully distended with blood, and there was a small aneurysm of the aorta, at the base of the heart, within the pericardial cavity. We carefully examined the sac, but could not find any sign of rupture by simple inspection. The escape of blood had probably taken place slowly while she slept, and she awakened when the heart became embarrassed by the accumulating blood, by which time she would be too far gone to ring her cell bell or call on the adjacent prisoners for assistance.

One other case of latent aneurysm ended by rupture into the bronchus, some distress had been complained of a few days previously, but no suspicion of aneurysm.

was entertained, the post-mortem first revealing it.

Deaths from  
Haemoptysis.

Two sudden deaths occurred from haemoptysis, both tubercular. In one case the bleeding took place, first and last, in the third month of the illness. In the other case bleeding had been repeated several times, and, up till the fatal haemorrhage, had been controlled by giving *Sphecacuanha*, in imitation of Rousseau's practice. The fatal bleeding took place in the night before I could be summoned to the bed side, and when I reached him he was dead, no *Sphecacuanha* being available, as I could not devolve such treatment on an unskilled officer of doubtful discretion. Rousseau gave *Sphecacuanha* in haemoptysis, empirically; being unable to understand how it controlled the bleeding, as I also, found the treatment efficacious, my anxiety was great to discover, what had puzzled Rousseau, viz:—how *Sphecacuanha* controlled bleeding from the lungs. At the post-mortem examination a fairly large cavity was found

Treatment by  
*Sphecacuanha*.

in the left lung. This cavity contained some fluid blood, and its walls contained, or were lined by, several concentrically placed layers of blood, varying in colour, and having the appearance of a separate formation in time. Assuming these layers to have been formed when the repeated bleedings were, apparently, controlled by the use of *Spécacua*, what light did they throw on the action of *Spécacua*?

I worked out the question fully on paper, and thought of submitting the paper for publication in the *British Medical Journal*, but hearing an accusation of experimenting on a prisoner with, or by, a method apparently not used on this side of the Channel, and empirical to boot, I refrained from publication.

Rationale of  
Treatment by  
*Ipecacuanha*.

I could not see that the *Spécacua* acted in a chemical manner, for the cessation of bleeding had too close a connection with the induction of Emesis, and the influence of respiration on Circulation, during emesis, seemed to afford a fruitful line of enquiry. This influence is by no means simple, as may be gathered from a study

of the circulation and respiration, and their Correlation<sup>(a)</sup>

When vomiting sets in, a full inspiration is taken, the glottis is closed, and powerful abdominal expiration ensues. The negative pressure in the thorax is at its maximum viz:— 30 m. m. This acts on the veins and arteries within the chest, but <sup>the</sup> principal effect is on the veins, in virtue of their anatomical structure. The abdominal expiratory effort practically cuts off the venous return to the heart, chiefly through fixation of the diaphragm, and this fixation continues as long as regurgitation from the stomach goes on. The heart also, while the breath is being held, is affected, experimentally one can hear a slowing of the beats, and the sound becoming more obscure. The general result seems to be, at the height of inspiration, and momentarily thereafter, a reduction of pressure in the pulmonary capillaries, and this, aided by the general reduction in pressure, due to the loss of blood, as yet uncompensated for by contraction of the vaso-motor system on the diminished volume of blood, and by the retained blood in the abdominal veins, is sufficient to permit, or establish, coagulation

(a) See Foster's Physiology Part I and Part II. 5<sup>th</sup> ed.

at its bleeding spot. In treating epistaxis by elevation of the arms, the thorax is enlarged as in deep inspiration, and the negative pressure thus set up within the thorax induces an extra flow of blood from the external vessels to the right side of the heart, pressure is reduced, and coagulation permitted. The influence of this sudden displacement of blood on the general circulation was exemplified at the Oberammergau Passion Play, when the actor, representing Christ on the Cross, was taken down and his arms suddenly dropped, syncope suddenly developed.

Foreign bodies in Oesophagus.

I had two cases of foreign bodies in the oesophagus, in one of these a "Smasher" or Counterfeit Coiner was admitted to prison to await trial on a charge of "uttering Counterfeit Coin". One coin had been paid away, and no coin was found in his possession. The prisoner saw me several times but made no definite complaint, and I thought him rather hysterical. At the end of a fortnight he went up for trial, and escaped with a

Coin in oesophagus.



sentence of 12 months imprisonment. As soon as he  
 returned from his trial he sent for me and said  
 he had a half crown, counterfeit, in his throat,  
 I examined and found the coin in the oesophagus,  
 about the level of the larynx, and I could make  
 out delayed passage of fluid along the oesophagus,  
 I passed an umbrella probang gently down  
 the oesophagus, and, expanding it, brought it  
 swiftly out of the passage, and the coin  
 flew out on the floor. The prisoner concealed  
 its presence till the trial was over, fearing the  
 coin might be used in evidence against him, if  
 it had, no doubt he would have had a sentence  
 of not less than ten years. He swallowed no solids  
 during the 14 days before trial, yet he gained  
 4 lbs in weight, and this increase was due to  
 the fact that he had been drinking and taking  
 little food for some time before admission.  
 A few days after the coin was removed he developed  
 Bronchitis which passed <sup>rapidly</sup> away in a few days.

In the other case a hungry prisoner working

Penis chopped off by prisoner.      Insanity?

This case was regarded as one of insanity by the Medical Officer on account of the injury inflicted, but I have never heard that Eunuchs are accounted insane. The prisoner was found by me in his cell bleeding from the cut end of his penis. He had placed his penis on the table, put a Strong Knife, used by him in mat-making, on his penis at the root, and chopped the penis off with a blow of a 7 lb hammer. The penis was presumably thrown down the closet. He gave no explanation, and except this behaved correctly at all times.

Carrot in  
or. esophagus.

in the prison garden, found a carrot and  
boiled it, some time later in the day he came  
to me in great terror, saying that the carrot had  
stuck in his gullet, and all that he swallowed  
immediately returned. I tried him with fluids  
and they immediately came back, and passing  
the probang, I felt it obstructed towards the lower  
end of the esophagus, as the carrot was a  
digestible article, and had reached so far  
safely, I gently pressed the probang inward,  
and the carrot slipped into the stomach. No  
symptoms of any nature followed.

Insanity.

Several cases of insanity came under observation,  
some of these were admitted insane, one of these  
was a man committed for murder and attempted  
suicide, his throat was cut, and it was necessary  
to insert a tracheotomy tube. Another case was a  
man who had been found hanging by the neck,  
he was seen by a surgeon, who declared the  
man to be as dead as "mutton", and ordered the  
ambulance, when this arrived for the body, it was

1. Charming

absent, the man having revived and concealed himself up a wide chimney. There were several cases of shamming insanity, only one of these deserves special mention. His case (James Gillett) was peculiar on account of the conflict of opinion between the Medical Examiners. The prisoner was well known to me and, whilst in the midst of supreme health, he suddenly showed signs of mania, preceded three days by a complaint of pain in the region of the spleen. His symptoms were maintained 7 weeks. I thought he was shamming, and the Medical Officers, who read my notes and also saw the prisoner agreed with me. Dr. Bevan Lewis, Medical Superintendent, West Riding Asylum, Wakefield, on a casual call, saw the prisoner in a friendly way. He would not give a positive opinion until he saw him another time and heard further reports of the case, and when this transpired he stated the man was insane, or rather had been insane, for the symptoms had then practically ceased. The medical officer thereupon changed his opinion, but he had no special asylum experience.

I could not agree with Dr Lewis, and in the light of subsequent experience of a large group of similar cases I maintain my original opinion very firmly.

The prisoner developed haematome auris in the left ear, but this was of no value in diagnosis. In spite of the acute mania his face remained calm, his eyes looked clear and natural, but he jerked his eyes upwards and tried to squint, and all his gestures seemed laboured and designed. He did not require to be fed, and missed his meals only on several occasions. He had good sound sleep on several nights, without sedatives, and he always gave his attention on being questioned, and deliberated before giving a stupid reply. On seeing another prisoner who shammed insanity for 3 days, he was heard to say, they will soon cure him at the hospital, referring no doubt to the shower bath at the hospital which had been used in his own treatment.

Malingering.

Malingers there were many. I shall discuss the subject when I have dealt with Convicts, and simply detail some of the more important cases that occurred at Loathefield.

One of the most important cases was "a calculus of the

Calculus of  
Kidney!

Kidney. This prisoner was admitted to Ayr Gaol (Scotland), and shortly after admission he complained that he had received an injury to the kidneys as a result of a cold bath on reception. His urine contained blood for nearly one year at Ayr. The prison medical officer made arrangements with Professor George Buchanan, Glasgow, whereby on discharge an operation was to be performed on the kidney at the Glasgow Western, and a cab was at the prison awaiting his discharge, but a second cab was there containing two policemen from Yorkshire and they arrested the man on a charge of horse-stealing, he was taken to Yorkshire, tried and sentenced to 7 years penal servitude. His history accompanied him to Wakefield prison and his symptoms still persisted. The medical officer at Wakefield prison kept the man under observation for nearly twelve months, and having established the authenticity of the previous history he made arrangements with Mr Bridgman Leal of Leeds to admit the man to the Leeds Infirmary for operation for Calculus of the kidney. In

virtue of these arrangements the Medical Officer, Edmund, and the Home Secretary to pardon the prisoner, and the prisoner was ordered to be released on medical grounds. The medical officer thereupon went on holiday, and I was left in sole charge of the place.

The bleeding still continued, but one morning on going into the association cell which the prisoner shared with several others I found a commotion, and on withdrawing a prisoner and interrogating him I was told <sup>that</sup> the helpless prisoner with the Calculus, who presumably had not moved out of bed for 12 months, had threatened to murder another prisoner, the latter having declared that he would give the former "away". It seems that the helpless invalid had made a daily practice of getting out of bed, when the officers were engaged, and trying how often he could walk round the room in an hour.

I at once procured a catheter and, in spite of the prisoner's protest that frequent attempts had failed, I passed it into the bladder easily and drew off - healthy urine. I thereupon removed him to

a single cell and placed a prisoner at the door, day and night, to watch through the "spy hole". Next day a report was furnished that the prisoner was seen scraping his nostrils with a stick, and catching the blood that flowed in his chamber utensil. When the Medical Officer returned on duty I furnished a report, & stated the prisoner could not be allowed to escape his penal servitude. The medical officer then wrote to the Home Secretary, recommending that the prisoner's release should be cancelled, stating that a change had taken place in the prisoner's symptoms, although he still believed the man was suffering from Calculus of the kidney. The release was cancelled and the man sent off to do his penal servitude, and when he went he gratefully thanked me for what I had done for him.

Another case occurred in the person of prisoner having a short sentence, but with unexpired time to serve in a convict prison. He appeared to suffer from bronchitis, as rales could be heard throughout the chest on auscultation, but he had no fever, he never got worse, he always



### Maternal Impressions.

In connection with maternal impressions I may here record that a pregnant female gave way to violent temper and was placed in a dark cell. She hopelessly broke down and declared her child would be born blind. Being discharged she was confined at home, but returning some time afterwards to prison I asked if the child had been born blind, when she smilingly answered in the negative.

had an expression on his face as if labouring to keep up the appearance of embarrassed breathing, no treatment improved him, and now and again, the flash of determination in his eye made me doubt the genuine nature of his illness. I declared my suspicion to the Medical Officer, but he would not admit the factitious nature of the bronchitis. The prisoner, becoming aware he was suspected, made several futile attempts at suicide, whereupon the Medical Officer promptly sent the prisoner off to a convict prison, and nothing further was heard of him. Later on, ~~as I shall show in~~ treating of this in Convict prisons, I shall tell how the bronchitic râles are produced.

Although healing lingering was quite common in the female prison, they more commonly made a statement merely of pain, and on the strength of this behaved as if entitled to all the privileges of the sick. There was one notable case of a female prisoner who apparently suffered from a chronic discharge from the <sup>external auditory</sup> meatus, but the discharge became too copious in spite of appropriate treatment, and it was found that she introduced the

# All Saints' Convalescent Hospital

## EASTBOURNE.

Since in this Hospital I have been,  
O, what suffering I have seen,  
From the aged sire of 80 years,  
Down to the youth of hopes and fears.

The treatment that is met with here,  
To go a stranger need not fear;  
From all parts of the world they come,  
And find a clean and welcome home.

Provisions Plenty, clean, and good,  
As on a poor man's table stood,  
Hundreds come to this grand place,  
And find relief in a short space.

The sisters with the kindest hearts,  
In everything they take a part,  
Their orders well are carried out,  
A pleasure to all without a doubt.

The Chaplain too, with Book in hand,  
Ever ready to take his stand,  
With willing feet and watchful eye,  
Lest patients in their sins should die.

The doctor too, with a kind heart  
And generous feeling takes his part,  
From the aged female to the child,  
Looks down upon them with a smile.

The kind Nurse too, with knife in hand,  
At every meal time takes her stand,  
With the best of food to invite,  
To allay the patients appetite.

The female servants in their turn,  
All engaged in the concern,  
With rosy cheeks and pleasant eye,  
In pity look as we pass by.

The nurse again, in order stands,  
Awaits the doctor's kind commands,  
With medicine so good and pure.  
Brandy and wine all for to cure.

And now my friends I bid adieu,  
I cannot stay long here with you,  
And if on earth we don't again each greet  
We all shall at the Judgment seat.

May we with joy obey the sound,  
When the Angels trump tears up the ground,  
Receive the Crown by Jesus given,  
Enjoy from pains the rest in Heaven.

discharge from her nose.

Men statements of pain were sometimes made by male prisoners, and we always found them the most difficult to deal with. The following case is interesting in many ways. I here append his photograph, and a poem written by him is placed opposite, the latter giving some insight as to his psychological character. He was sent to



prison for twelve months for fraudulently obtaining money, and he spent all his time in hospital on account of alleged sciatica, which resulted from frequent immersion in water. The sciatica was probably as real as the immersion.

The medals were presented to himself by himself, and bore inscriptions testifying to the gallantry of William Dartton in saving lives from a watery grave. He was

entirely under the care of the medical officer who, while compelled to give him the benefit of the doubt, yet suspecting him to the last kept the prisoner in solitary confinement.

His medals, made from five-shilling pieces, were all confiscated by the State. He made great religious professions as may be gathered from the poem opposite.

Suicide.

The motives for suicide found a varied illustration in local prisons, suicide being more common in local than in Convict prisons. In the female prison, feigning to commit suicide was one of the commonest and the most successful method of obtaining admission to hospital. These attempts (feigned) were frequent but, in my 3 years, no woman succeeded in committing or accidentally accomplished suicide, the method was to hang on to the bell-pull, and of course instant detection followed. On the male side only one man hanged himself to the bell-pull, and by a rare accident he accomplished suicide. It so happened that the afternoon became suddenly dark, and many prisoners simultaneously rang their bells for their gas to be lit, when the cell of the prisoner was reached sufficient time had elapsed to cause death. The prisoner had a very short sentence, and there was no apparent motive for the suicide. We

Concluded that it was a feigned attempt accidentally  
 successful. Suicide was sometimes resorted to by men  
 awaiting trial, this was always clearly recognized  
 by the prison authorities and closer observation was  
 kept up on this class. In the case of a "bookmaker,"  
 special precautions were taken by locating him on  
 the ground floor, and removing his traces and stocks,  
 but on returning from chapel, he eluded pursuit,  
 and swiftly running to the top flat, sprang over the  
 rail and fell on the flagstones, 30 feet below, and  
 sustained a compound comminuted fracture of  
 the skull, and a fracture of the right radius, near  
 its lower extremity. He lived in an unconscious state  
 18 hours. In his cell was found a "good novel"  
 open at a page which contained an account of  
 a man leaping from the mast head into the sea,  
 and we thought this probably had suggested the  
 method of leaving life. Nets are now spread across  
 from rail to rail in all prisons similarly con-  
 structed. In another case two old convicts  
 awaiting trial for a fresh offence, professed to have

been told by the detectives, who periodically visited prisoners awaiting trial for identification purposes, that they were sure to be awarded ten years penal servitude. The two prisoners therefore resolved to commit suicide, and the morning after this resolve one of the old Convicts (Enoch Peppin, see photograph ~~in~~ <sup>in</sup> ~~the~~ <sup>the</sup> photographic album) at unlocking time looked into the cell next door and saw the other hanging by the neck, dead.

The dead man had been a reformatory boy, when the Quarter Sessions were held a few days later the magistrates expressed pleasure that none of the prisoners sentenced had been reformatory inmates. On another occasion I was called to restore a prisoner who had been found suspended by the neck, and when he revived I asked him why he had made the attempt and he replied that "the Bible says if thine eye offend thee pluck it out, and my whole life offends me" He was rather weak-minded so I sent him to hospital until the logical

faded from his mind. As I was about to leave the prison I was hastily summoned to another case of a prisoner well known to me as a very troublesome tricky man, on proceeding to his cell I looked in and saw him holding on to a beam with both hands, a gravat hung from the beam and was noosed round his neck, I told the officer to open the door, and on entering the cell the man's hands were by his side & he hung suspended by the neck. He was a sailor and a Captain of "Muscleing up" so cried let himself down gently without unnecessary jerk, the rope was cut and he was dropped on the floor, and I placed his body in a sitting posture with the back to the wall, but he made to fall down, when I ordered a bucket of water to be thrown over him, on hearing this he opened his eyes and smiled. I immediately suspected that this man had supplied the logical argument to the other head-minded prisoner, and on being tased his behaviour proved the surmise correct.



One other suicide made a painful impression on me. It was that of a Crimean veteran, who having no pension had apparently lived as a vagrant for about 20 years. Under an old act of one of the Georges he received two years solitary confinement with hard labour, and the day before his discharge fell due he committed suicide by hanging.

## II Convict Prisons.

During my service at Borstal Convict Prison the prisoners admitted were under sentences varying from 5 years to life sentences. They were thus exposed to different conditions to those in local prisons, being associated together for a much longer period, and, although located each in a separate cell, their time was spent chiefly in working in gangs. Before proceeding to a Convict prison the prisoner had to do 9 months probation in a local prison, during which time he was confined to a cell and shared the treatment of local prisoners. This probationary period I always

regarded as a ridiculous fad, and a poor preparation for the Pick, Shovel, and wheelbarrow of the "Public works". As the prisoners were shut off from the world for 9 months, they never in my experience conveyed infectious disease, except Tuberculosis and Syphilis, to the Convict Prison. My predecessor once received some Convicts suffering from it, but that could arise only through gross neglect.

The new conditions of Convict life demanded a very stringent discipline, and the Governors west, upon the whole, allowed greater initiative than those in local prisons, and now and again this tended to degenerate into Tyranny. Here again, as in local prisons, no prisoner could be punished until certified fit by the medical officer, and when the Government tended to Tyranny this certifying became sometimes a painful duty. Frequently repeated dietary punishment, such as I shall detail subsequently, seemed to me bad for any man, but if nominal loss of weight resulted, and no actual disease manifested itself, one felt bound to

Continue certifying a man, for though one might interfere in the prisoner's sake, the latter was usually loath to play the doctor against the Governor, and in the interest of discipline one had to be prepared to justify one's interference by some tangible evidence of disease or extremely probable injury. I always interfered when a prisoner showed any sign of unfitness, I sometimes interfered when injury was probable, but as a rule I preferred to ~~release~~<sup>guard</sup> the man after he had done his punishment, by giving him extra bread, easier work, and sometimes a few days in hospital. In this way the prisoner was protected and no conflict arose in respect of disciplinary matters.

I ought to say here that most of the Governors, with whom I came in contact, tried to act with discretion, and had a proper regard for the health of the prisoners. The Director's orders were most explicit that every officer in the service was to call the attention of the medical officer to any change in the bodily or mental health of a prisoner, but when a tyrannical, minded Governor ruled, a

bad tone sprang up, and the refinements of disease, that revealed themselves to an officer in constant charge of the same men, were apt to be disregarded, and in such a prison the medical officer had to exercise very close personal supervision. This supervision was exercised by holding a weekly parade of all the prisoners, by holding a monthly inspection of each man in his cell when he had to prepare himself as in the case of the local prisoners; by frequent visits to the works on which the men were employed; and by frequently weighing the men, although I never could obtain the sanction of the Home Office for a monthly routine weighing of all the prisoners. The labour at Boro' was chiefly in constructing military forts and every prisoner whatever his antecedents - Parson, Doctor, or labourer, had to take his turn in the works.

The prison offences were more aggravated in Convict prisons and the punishment was therefore correspondingly severe, for comparison I then give a table showing these for Boro' Convict prison for ten years, during which time

I was in medical charge.

Table 1

Year	Restraints.	Prison Punishments.		Loss of Class. or Privilege	Loss of Diet.	Total Punishes	Total in Prison in 10 years.
	Cuffs &c.	Cator Bich.	Penal Cell.				
1885	24	12	6	151	1123	413	773
1886	17	15	10	204	1083	387	690
1887	37	19	14	249	1020	352	681
1888	23	19	4	186	913	351	713
1889	11	4	0.	677	936	206	555
1890	2	1	0.	494	599	258	566
1891	0	0	0.	399	477	215	472
1892	4	5	0.	296	352	180	453
1893	7	9	3.	578	393	198	495
1894.	5	2	0.	422	116	162	382
	130.	86.	37.	3756.	6982.	2822.	5780.
av. Convict	13.0	8.6	3.7	375.6.	698.2.	282.2.	578.0.
av. Local Prisons. p. 10.	1.	0.0.	53.	440.0.	281.0	408.	9849.7

A comparison of these two sets of averages demonstrates the rigour of discipline in the Convict prison. The local prison average is for 3 years only and by one Governor ruling all the time. For Convict prisons the time is ten years,

and 5 different Governors ruled during that period. The local Governor, J. B. Manning Esq., had a lifelong experience in ruling men both in the Army and in the Prison and his methods may be taken as unsurpassable.

To take an example of indiscreet government and tyrannical treatment the Governor, in the Convict Service has over 60 Cases of corporal punishment to his own credit, and his dietary punishments alone amounted to over 1000 Per annum. The severity of his rule almost provoked rebellion and led to a great amount of malingering. Under such a rule punishment is certainly not reformatory, and some of the worst Cases of insubordination and self mutilation, to be subsequently recorded, occurred during his reign.

Table ii of local prisons is not represented here under Convict prisons as no man was released on medical grounds.

In table iii on the next succeeding page all the deaths are recorded, no man was released on medical grounds and all the sick were treated at Bristol instead of being sent to Chatham, in fact one of the

deaths, that in 1893 was of an invalid prisoner sent from Chatham Prison when it was closed.

Table III Showing deaths at Borstal

Year.	Date of Death.	Age at Death.	Cause of Death.
1885.	{ 24. III. 85.	38.	Fatty Heart.
nil. 1886.			
1887.	{ 9. VII. 86.	36.	Phtisis Salmonalis. Tubercular.
1888.	{ 1. IV. 87.	35	Brncho pneumonia.
	{ 20. X. 88.	43	Brncho pneumonia.
1889.	{ 4. IV. 88.	44.	Acute Pneumonia.
	{ 11. II. 89.	31.	Acute Tubercular Phtisis.
	{ 3. III. 89.	39.	Asphyxia. Puris of Alve.
1890	{ 22. III. 89.	63.	Aort. Aneurysm. Ruptured.
	{ 23. VII. 89.	48.	Morbus Coecae. Phtisis.
nil. 1891 nil.	{ 16. VII. 89.	43.	Reumo Pneumonia
	{ 9. X. 89.	32.	Syncope. Hæmorrhage.
1892.	{ 13. III. 90.	40.	Fatty Heart. Aft. Influenza.
	{ 24. II. 92.	30	Cancer Stomach & Liver.
		55	Influenza Acute Pneumonia.
1893.	22. VII. 92.	66	Heart disease. Mitral & Bronchitis & Diarrhoea.
1894.	6. II. 94.	32.	Cerebral abscess.

Total deaths 16 in ten years. Two years without deaths.

It will be noticed that lung diseases were peculiarly fatal at this prison. The men seemed to have no stamina to stand against lung disease due to my mind to excessive dietary punishment and the absence of what might be called a reserve of tissue to be spent during the currency of serious illness.

being affections were the only ones I dreaded at  
 Borstal. During its whole ten years I had no  
 case of acute Rheumatism, nor one of gout  
 either acute or chronic yet amongst the Officers  
 living in adjacent quarters and under the  
 same conditions as regards exposure I had  
 a number of both diseases; but the officers had  
 their bread and ate and drank what they  
 liked and, as a rule had perfectly in-  
 adequate exercise. The absence of Gout  
 spoke well for the general tone of the prison  
 and for the fairly adequate Correlation of the  
 prisoners' diet and labour; and the total  
 absence of acute Rheumatism was a proof  
 that more than cold is necessary to the disease;  
 as the men worked and lived on a plane  
 about 350 feet above sea level, across which  
 the winds pitilessly ~~blow~~, and the temperature  
 of the "halls" and cells often reached a low degree,  
 frequently below freezing point, and many of them  
 returned to their cells wet and weary. I exhibited



this freedom to the absence of dietary errors, and in all the analyses I made of urine both in casual daily work and during 18 months research specially devoted to the examination of urine daily I seldom met with a concentrated urine, certainly never with any deposit of urates in the Chamberlains, and only on one occasion with a trace of albumen in the urine, or what might be called physiologic albuminuria. When the officers were treated in the prison hospital deposits of urates were frequently noted and many of them as already noted suffered both from acute rheumatism and gout. On several occasions excessively fat prisoners were admitted to prison and by judiciously letting them gradually come under the prison labour and diet the excessive fat was got rid of and the prisoner went out a renewed man. In one case the man lost a total of 50 pounds in weight, and he went out sound in heart and in general health, although both had been indifferent on admission.

To complete the parallel between local & County prisons I place here a table similar to Table IV on p. 12. Table IV. Showing at Bristol Prison the following points:—

Year	Daily av. in Prison.	Total Number during Year.	Total No. of Inmate Cases	Non-effective on sick list. daily av.	Cumulative daily sick
1885	494.	773.	214.	5.	4%
1886	491.	690.	186.	6.	4%
1887	499.	681.	145.	6.	4%
1888	476.	713.	113.	5.	4%
1889	409.	555.	86.	5.	4%
1890	410.	566.	123.	7.	4%
1891	374.	472.	132.	6.	4%
1892	328.	453.	82.	5.	4%
1893	301.	495.	88.	5.	4%
1894	270.	382.	94.	4.	4%
(a).	405.2	578.0	126.3	5.4.	4%
av =	405.2.	578.0.	126.3.	5.4.	4%
local av =	847.0.	9849.7.	360.0.	37.0.	4%

These two sets of averages are not easily comparable owing to the short stay in prison of many of the local  
 (a) For County Statistics See Director of County Prisons Annual Reports 1885 to 1894.

prison men and for the present the Parallel need not be further pushed.

I have already said that the behaviour of the Convicts was much worse than that of the local prison men. This was most notably seen in exhibitions of bad temper which amounted sometimes to ungovernable rage during which everything the Convict came in contact with was smashed to pieces. I know of nothing like it except post-epileptic mania, and many times I thought the violent temper might be an epileptic phenomenon.

Insubordinate soldiers furnished our worst cases. Preliminary to a detailed recital of these cases I shall transcribe from my notes a case which supports my opinion of these cases.

Extract from the Standard of 22<sup>nd</sup> January 1889:-

"The Coroner for East Kent last night investigated the circumstances attending the death of a prisoner in St. Augustine Gaol, named Lewis, about 30 years of age. He subsisted two or three years since in the Buffs. His military record was a bad one, and in September, while stationed at Dover, he committed an offence,

for which he was sentenced to 6 months imprisonment and to be dismissed from the Regiment. On arriving at Canterbury Prison, he feigned madness; he destroyed everything breakable which he could get possession of, and had on several occasions to be removed to different cells. He systematically disobeyed orders, refused to do any work, set a light to the oakum given him to pick and stabbed an warder, and assaulted others. In November he was brought before the Visiting Justices, and ordered to be placed on bread and water diet (3 days on and 2 days off) for 15 days. Later in the same month, for destroying public property, he was sentenced to 36 lashes with the Cat. When examined by the medical officer of the prison for punishment, his back was found lacerated, done by his own nails when the Cat would naturally have fallen. He was in the habit of drinking large quantities of Sack and water, thus getting himself into a low state of health and unfitting himself for work. He was removed to the infirmary and treated, a carbuncle formed and he did not recover until the 28<sup>th</sup> December. It was then resolved to inflict the pun-

punishment on the breech. He again bored the breech, but only slightly, being caught, was punished with 12 strokes on the breech, and promising to behave and stop thumping was excused the other two dozen. On Friday he was seized with Epilepsy and died on Sunday."

The following cases furnish a strong parallel to the above.

Arthur Poxam, act 19 in conviction, 4<sup>th</sup> March 1884. A soldier in the Second Battalion Derbyshire Regiment received 5 years penal servitude for the crime of loading his rifle with ball ammunition with intent to use it unlawfully; striking his superior officer, and losing by neglect his equipment, clothing, and regimental necessaries. After admission to prison he was reported on 33 separate occasions for bad language, assaults on officers and prisoners. He fought

with a prisoner on the edge of the fort ditch and fell in, dropping a distance of 30 feet and sustaining a fracture of the collar bone. He was severely punished,

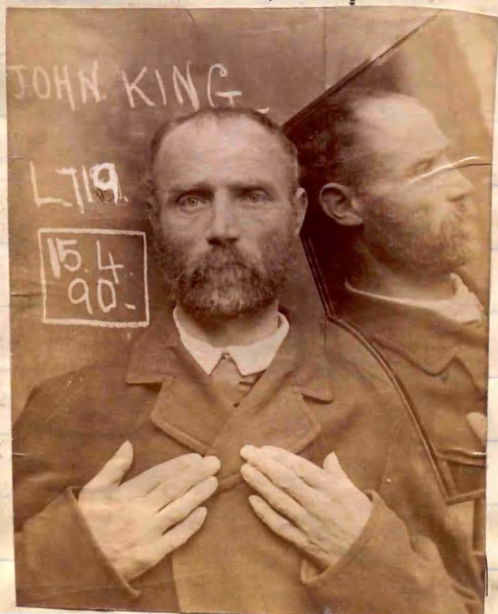


Receiving at different times a total of 194 days dietary  
 punishment, 93 days of that being bread and water;  
 he was placed in particoloured dress on two occasions,  
 in irons and particoloured dress once; in a Canvas  
 dress once, for destroying his clothing; and in a black  
 particoloured dress for attempting to escape. He was  
 also placed twice on second probation, i.e. confined  
 to solitary imprisonment as in first probation at a  
 local prison before admission to a convict prison.  
 He was flogged with the Cat twice, receiving  
 24 lashes, and 36 lashes, and he had the  
 brick applied to his breech once, receiving 24 Thuds.  
 He also in 1881, when undergoing 336 days as a  
 military prisoner, assaulted a warden at Brixton  
 prison and was awarded Corporal Punishment.

This prisoner could write and read no write. He  
 was a wilful boy and grew up lazy, and associate  
 with bad characters. His Temper was almost  
 maniacal and I suspected him to be an epileptic  
 but never found any other evidence than his temper;  
 but I have seen a less violent tempered person

Committed to a lunatic asylum.

Another case of a similar nature was Sydney Anderson  
 aet 23, Cook's Soldier in the Royal Dublin Fusiliers. He  
 could read and write. He also had been in the Royal  
 Marines, and on several occasions was punished  
 for fraudulent enlistment, the object of this being to obtain  
 the "Kit" and sell it. His temper was equally  
 outrageous with the last, but his spirit was finally  
 broken down at last. He was reported 48 times  
 for various offences, and received in all 226  
 days detany punishment; 24 strokes with the  
 birch; 24 and 36 lashes with the Cat.



John King, also an old soldier,  
 and Housebreaker had an even  
 worse temper than the former two  
 cases. He always expressed his  
 sorrow for his want of control but  
 declared himself helpless when  
 the fit seized him. He could read,  
 write, and do sums in arithmetic  
 under a tyrannical governor

all his latent indiscipline came and he had frequent outbreaks, but even under a particularly good Governor he had 5 outbreaks of Temper in two years.

George Harding at 19 years August 18<sup>th</sup> 1882. A soldier in 1<sup>st</sup> Battalion Chesin Regiment. Was awarded 5 years penal servitude for fraudulent enlistment. He was a reformatory boy and had many previous convictions against him. He had a most violent temper and made frequent assaults on his fellow prisoners. He had six Floggings on many occasions and once he received 24 strokes with the birch rod.



Thomas Gilbert on the next succeeding page was in the same regiment as Harding. His behaviour was very bad in prison, but he was more of a sullen temper, was also at times somewhat hysterical, and made a feigned attempt to commit suicide, because he thought he was



Fluctuations in John Flynn's weight. Height 6 feet 3 in.

. . . 1882 166 lbs.

23. 4. 83. 146 "

10. 12. 83 151 "

6. 5. 84. 145.

30. 6. 84. 152.

22. 6. 85 154.

Extra food could not feed him higher.



being harshly treated. He brooded somewhat over the idea of suicide so that I was obliged to change his labour and his location in prison. This prisoner is the man who escaped from Parkhurst Convict prison last month (Jan'y 1897) and who passed the sentry at the barracks clad in a sheet. He was a most insubordinate soldier and prisoner.



John Glynn, an Irishman, was another soldier grossly insubordinate and possessed of a violent temper; he quarrelled with the officers & assaulted them. He was a fine looking man 24 years old, about 6 feet 3 inches in height and weighed 152 lbs on discharge. He was awarded 5 years penal servitude for fraudulent enlistment,

and using insubordinate language. He was reported on 48 occasions, <sup>twice</sup> ~~once~~ for assaulting an officer, once for assaulting a prisoner, 5 times for threatening officers, smashing all his cell furniture on 4 occasions, and frequently refusing to labour. He had frequent dietary punishment, wore chains and parted down dress, was twice placed in the dark cell for periods of 48 hours, and had corporal punishment twice, 24 lashes with the cat on each occasion. While he was being flogged he praised the officers' for their discretion, and told them to lay it on, and finally he began to sing "God Save our Ireland". There several other similar

cases in my notes all old soldiers but these are the more striking cases and show that, with exception of Gilbert on page 59, all the men are bright and energetic looking. Their behaviour and the sketch given of each point them out as a special class both in the army and in prison life, in both services they are a terror to all around,

and their behaviour amounts to acute mania of temporary duration, their cases having strong analogies with post-epileptic mania, and in my opinion they are to be classed as epilepsy affecting the psycho-motor centres.

In Henry Heast we have an excellent example of the Self-mutilator. Several years ago quite an epidemic of self-mutilation broke out in Chatham Prison, and I saw some of its effects. The outbreak was provoked by unjust and tyrannical methods of government, and the lash of the Cat and Stroke of the birch rod were freely used. It was affirmed

that Corporal punishment ended the epidemic, but men who would throw themselves down a height, or lay their legs on the rails before an advancing engine were not likely to be deterred by the Cat from very much worse forms of injury. It was with these Self-mutilators as with the garroters, the Cat cured neither, in the latter all the garroters had been



Consigned to prison and came out garrot, and all the Determiner self-mutilators had made their protest. The cat was quite necessary as a punishment but as a deterrent it came cheap, and had, no place.

Henry Heast. Reformatory boy and professional thief on admission to Pentonville prison he said he was subject to fits, but on transfer to Borstal Convict prison he denied he took fits, and he never showed any of the Hyster phenomena of a fit. The following is a record of his mutilations.

Self-inflicted wound on the neck	26.10.84 to 25.11.84	in Hospital
- do -	- do -	on self-treatment
- do -	25.11.85	15.12.85 - " -
- do -	22.1.86	9.2.86 - " -
- do -	5.9.87	Cells.
- do -	30.9.88	16.10.88 Hospital
Gumboil, induced	5.1.89	15.1.89 "
Cutting left foot, with a button	25.11.85.	
Attempting suicide, and cutting his leg	22.1.86.	
Cutting foot, wrist, throat and trunk	16.3.86.	
Cutting himself	29.10.86.	
wilfully injuring himself & threatening suicide	} 5 <sup>th</sup> to 8 <sup>th</sup> Sept. 1889.	
and reopening old wounds on leg & wrist		

Cutting himself in 4 places 30. 9. 89.

Sharpened nail <sup>to</sup> wound 2. 10. 89.

Total punishment, 86 days dietary punishment, 49 being  
on bread and water. Corporal punishment: birch  
twice, 24 and 36 strokes; Cat twice, 12 and  
18 lashes. His bad behaviour was undoubtedly, produced  
by an injudicious Governor, on another Governor taking  
charge the prisoner became well behaved and self  
mutilation ceased. The man gave a history  
of his 7 months and upwards but as these accounts are,  
when uncorroborated, of little value I shall not give  
it here. He had several previous convictions, and he  
seemed to be proud of having invented & introduced  
the system of self mutilation into the Reformatory School.

There were other notable malingerers who mutilated  
themselves to simulate disease. In two cases which  
happened together the instruction of an old convict was  
clearly traced. One of these cases was a prisoner  
usually well behaved, he appeared before me with a  
gangrenous left great toe, on carefully examining  
him I saw a ligature had been recently removed.

So I cut down to the bone in two places and relieved tension, and next day, the Director opportunely arriving, the prisoner was tried for the offence and, promptly flogged. The other prisoner hearing of this prompt punishment at once appeared presenting signs of a recently removed ligature from the base of the penis, and the superficial aspect of the penis and scrotum was blackened, due to superficial destruction of the skin by anointing with pure Carbolic acid and dirt, which he had obtained from the old convict tutor. His condition demanded treatment in the hospital but as soon as he recovered he was tried and received corporal punishment. His defence was that some time before admission he had been infected with a bad form of Syphilis by a French woman, the Director almost believed him, and put me on oath when I was called for a final opinion. Both prisoners had strongly declared their innocence and both confessed after they had received punishment. They both accused the same man, but in

Such a case we had to content ourselves with removing the old Circuit Tutor from his privileged position as cleaner in the "Halls".



Another case of malingering was a pretended injury to an ankle & foot. The man, William Moore, had an ankylosed tarsal bone of the left foot, and one day he alleged that a wheelbarrow had been run over his foot, it could not have been his own wheelbarrow, and the officers in charge know no accident nor did any prisoner turn up to corroborate the story. I

examined the foot carefully, knowing how determined the man was, and took his temperature daily and recorded his condition. The prisoner refused to go to his work, and was carried to it, roaring meanwhile like a bull. All the officers became at last demoralised and severe spoke to me and were certain the man was ill. I kept on examining and recording, until my own Hospital Infirmary

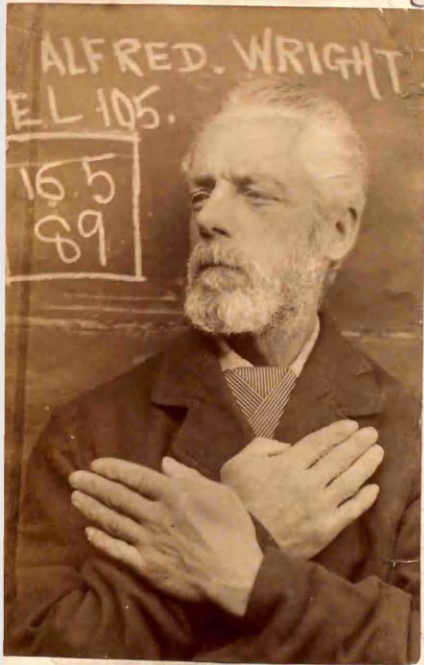


warder also lost his head and stated that he had examined the prisoner's foot. Thereupon sent for the prisoner and asked my man to strip the foot and show me the injury, the foot was stripped but no injury could be pointed out. The man was certified by me as uninjured and the Governor ought to have brought him under discipline at once. I now made a recommendation that the prisoner should be admitted to hospital, not for medical treatment, which he did not require, but because he was being paraded to and fro from cell to work & back again and by his howling tending to bring the Medical Department unjustly into disrepute. On reading this recommendation the Governor did his duty, had him removed to the penal cells, tried & punished.

The prisoner gave no further trouble while he remained in prison.

The next case, Alfred Wright, is that of a convict twice sentenced to penal servitude for fraud, he was a pious begging letter man and had great gifts

of language, and the power of instantaneously bursting into torrential tears. He tried his art on me on an



occasion but was promptly told to state any facts regarding his health. He was anxious to procure extra bread, this is often sought after, not because of hunger or debility, but the bread is to the convict so much coin which he can exchange for other things perhaps the smell of an old tobacco pipe, or a chew of a

old chew of tobacco, or for some advice in prisoners' prison law. Devices to obtain bread were often cunningly invented, at one time the Chaplain had frequent applications from prisoners for leave to attend school to improve their knowledge, this was granted, but the officers suspected the prisoners' fervour in the cause of education. The prisoners brought their own stools from their cells, and it was noticed that they did not take their

own back, on the floors being turned up, several were found filled with coins, close on 100 ounces, nicely jammed in so as to escape detection. After that some restriction was placed on their new born zeal for learning. In the same way many prisoners visited the judicial officers simply to see another prisoner in parade, either for conversation or barter. When scattered men appeared simultaneously too often, a thorough examination was made of them and their surroundings and they were warned off.

George Carver affords a simple illustration of the beginning of malingering. When he came under me first at Wakefield he was a simple York-shire lad. After he came to Boston he became initiated into the practice of malingering, at the price of a loaf no doubt. He kept stumps around of his left shin until I told him he would get the cat if he did not let it heal



at once. This warning proved sufficient.



Hector McNeill's Case is one of the most wonderful Cases that ever came before me. His Case was worked up by Mr. ~~SA~~ Marris and I have had it reprinted with a short note of the Prisoners behaviour while undergoing Penal Servitude at Borstal. The man was dropped <sup>when an infant,</sup> in the gutter of a dingy Liverpool St. by a drunken couple and was refractory as he grew up. His chief oc-

cupations in malingering have been confined to simulating insanity and epilepsy, and having travelled through England and Scotland, using the Lunatic Asylums as a traveller would a Hotel, he acquired considerable knowledge of the symptoms of both diseases.

This knowledge he put in practice in outwitting the Medical Superintendents of different Asylums. He had considerable intellectual power and could write a really good letter informed by sound sentiments

and Satisfactory Moralising. He is still at the threshold of his Career and if he were to choose financial speculation would no doubt attain to higher fame than the "Liberator" King. I present a copy of the Pamphlet along with my Thesis, so that the Case may become well known and his Career may be ended in Medical Circles at least. He was of exemplary behaviour while in prison, and never made any sick complaint. He sang in the prison choir on Sundays, and managed to secure in prison the post he seemed to Court so much in Asylums viz Cook or Helper in the Kitchen, and here he must have been a perfect Autolyeus, as he was always roundly fat and shiny.

The photograph of Arthur Douglas on page 70 is a good example of the attempts sometimes made by prisoners to alter their appearance on being photographed in order to escape identification. The prisoner was a man of some ability, and although always mixed up in prison offences generally

managed to escape punishment. He also had



been in the Army from which he had been discharged with ignominy. Incidentally I may mention that this is the one prisoner amongst all those examined who presented a trace of albumen in his urine. It was through the case of so-called physiological albuminuria.

In the photographic album on the first page are two photographs of the two stupidest prisoners that came under my care, they were absolutely ignorant and scarcely able to use their mother tongue with sufficient facility to express their wants. On the next succeeding page there is a photograph of William Moran who makes a good third, his brain power was more considerable but he could neither read nor write, and his eyes being defective, few channels

assisted by which his mind could be illuminated



He was a Cockney and gifted with all the conceit of that animal in its most unregimented form, but although he had the street training of a Cockney in London and two terms of penal servitude he still betrayed circumscribed intelligence, and left the prison unable to read or write and unwinding of doing either.

### Suicides.

As regard suicides no case occurred at Brixton during my ten years service there, although many feigned attempts had been made.

There were several cases of insanity, one of them being a case of general paralysis of the insane, and four cases of locomotor ataxia.

Of these cases of insanity one of the most peculiar cases was that of Frederick Blenkarn, see photograph on next succeeding page. His "lay"



or practice of crime was high pitched, he being a man of some gifts, he used to call at a High class Boarding School, see round it for the purpose of sending a favourite daughter if he found the school suitable. He then asked the terms and wrote out a cheque for a sum much over that required and obtained

the difference in good hard cash. The sequel can be imagined. In doing this once too often and being caught he was awarded 5 years penal servitude.

Some time after he came to Boston he began to show signs of slight mental change and took him into hospital, by a strange coincidence about the same time a letter came from his friends asking if he was well and why he had not written, also stating that his mother and several brothers had become insane and the uncles had committed suicide. He had learned not to be



too Smart and I continued to observe my man  
 regardless of this Letter, expecting to obtain a  
 Careful history from Teste and yard of all  
 the details that could be learned indirectly of  
 his home and home life. After 6 months  
 observation I came to the conclusion that  
 the man was insane, and a Director, and  
 the Medical Officer from Chatham Currier prison  
 attended with me to certify the man's insanity.  
 The Chatham medical officer had no asylum  
 experience and he had all the skeptical  
 caution of a prison official, and would not  
 admit the man to be insane. I was ordered  
 to detain him under observation for a further  
 period of 6 months at the expiration of which  
 the same enquiry was made and the  
 Medical officer of Chatham now said the  
 man was insane but that he had become  
 so in virtue of his Shamming, which very  
 much reminds me of the story told a child  
 when it tries to squint and is warned that

the Calamity will follow.



This photograph represents Henry Waller, who is at present (1897) doing his fifth term of Penal Servitude. Early in his Career, before his sanity became so well studied, he ~~Estab-~~ lished a claim of insanity, which has served him ever since as a kind of Passport in the Prison Service. Although I managed to keep him at hard labour during his fourth term of Penal Servitude,

he has succeeded in again getting in as an invalid on mental grounds to Parkhurst Prison.

I examined his Penal records, these contain all the details of his life and I never could see any evidence of insanity, nor could I find any insane behaviour. His "lay" was "doing" the rough one" or ringing the changes by tendering a gold coin, then withdrawing it, and again tendering the coin, but this time a silver one

only. The girl having seen a gold coin on the floor picked up the Silver Coin without examining it and returned the necessary change. She would hardly expect to find such credulous business ways but the prisoner, knowing human nature, returned twice on the same day to the same girl having been successful on his first trial, on the second occasion he was found out & awarded 5 years penal servitude.

He had picked up a good education in his prison and could paint and draw well, he then made a sketch of a murder, and the scenery around, and confessed that he had done the deed. Such a murder had been committed, but inquiry showed that the prisoner was then a mere boy.

In Convict Prisons malingering was carried to great perfection and caused all the officers much anxiety. I have already referred to "facillous bronchitis" and I missed to tell how it could be done. I found a prisoner

Suffering with bronchitis and under treatment he made no improvement and his "Cup" always contained a quantity of expectoration. At last the colour of the Sputa suggested Soup, and on adding hot water to this particular Sputum the whole thing turned to Lather. I found that the Soup was worked up in the mouth into a fine Lather and then inhaled into the lungs and râles consequently developed. I told the man to go and not return again and he took my advice and remained well as long as he was in Prison. Now the motives for malingering are as a rule very simple, the main one being a desire to "fetch the farm" i.e. get admission to hospital, where there is easy discipline, no work, and abundant and varied food. Sometimes insanity was shammed to obtain a move to another prison, and in local Prisons this was done to obtain transfer to a County Asylum from which escape was easy and certain. The methods chosen are

many and varied. Swallowing broken glass to produce bleeding, as Mrs Maybrick did at Woking, is a common practice. Still commoner is the taking of numerous pills made out of soap. Another method is drinking urine to produce ill health.

Small wounds also are made and salt rubbed in to keep them fresh: and all kinds of wounds are devised with a patient ingenuity that would do honour to the most inventive surgeon.

I have mentioned Lombroso incidentally during this discussion. I am no believer in his view that men are criminal because of some anatomical peculiarity. I cannot forget that no two men, nor women, are alike, and that no normal man exists by which we can measure abnormal or so-called criminal man, and finally I believe as far as mere anatomical substratum goes we are one with the lower animals, and even less perfect as an anatomical machine.

on the other hand. I look on man's brain and mind as differentiating him from the lower animal, and his capacity and experience are not strictly correlated with every little minute point in his anatomy.

That amuseless large lobule of the ear, a mere piece of fat, should express the criminal character of ten & twelve of a man seems to me absurd. Having these thoughts in view, I have compiled a series of photographs of criminals, and I may repeat my argument with Dean Hall, of Rochester Cathedral, who affirms the contrary, that anyone seeing the ordinary convict, dressed in private clothing, and without other guide than what he could see, would in many cases, nearly all, fail to make out such a man to be a criminal.

Very few men found out Jabery Balfour, and those who did ~~not~~ must have been doubtless themselves or revelations ~~done~~ done at once have been made. I do not doubt the facts that

have been elicited by Lombroso and the School of Criminal Anthropologists, but as I know some of the leading exponents on this side, and know their scanty qualifications for the work, I take leave to doubt the connection between the CoE of a man's Ear and his proclivities to crime. There must have been a great process of amelioration at work in the bodies of the people, if crime depends on Anatomy, for Crime has fallen rapidly for many years, and the Population has rapidly increased.

While at Borstal Convict Prison the first great epidemic of influenza spread over the Country in 1890. I had a total of 407 cases and I published a paper on the subject in the Glasgow Medical Journal for June 1890 (9.v.). In that paper, I drew the following conclusions:—"Influenza is a highly infectious disease, spreading from person to person, showing in certain cases, an incubation period of 48 hours, passing through a well defined cycle of changes, and retaining its infectiveness for an indefinite period."

See loc. cit p. 410. . . . .