

The Queen v. Beaney : extraordinary charge of murder against a medical man, in consequence of a diseased womb being ruptured after death : with medical notes and observations / by C.E. Reeves.

Contributors

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THE QUEEN v. BEANEY.

EXTRAORDINARY CHARGE OF MURDER

AGAINST

A MEDICAL MAN,

IN CONSEQUENCE OF A DISEASED WOMB BEING
RUPTURED AFTER DEATH.

WITH MEDICAL NOTES AND OBSERVATIONS,

BY

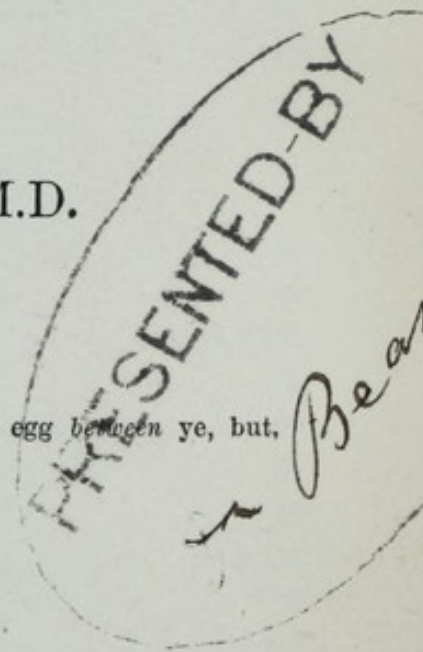
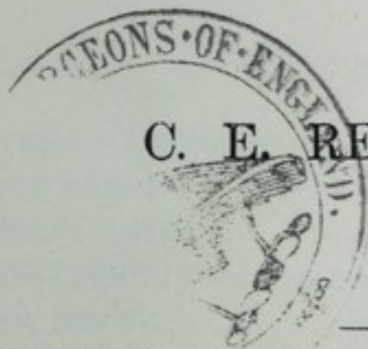
C. E. REEVES, B.A., M.D.

To THE CLIQUE.—“Cackle, O chicky-biddies! you laid an egg between ye, but, alas! it was addled.”—*From Memoirs of the Rosy-Nosyites.*

Melbourne:

W. B. STEPHENS, 15 COLLINS STREET WEST.

MDCCCLXVI.



THE QUEEN V. BARRY

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BLUNDELL AND FORD,

COMMERCIAL AND GENERAL PRINTERS,

FLINDERS LANE WEST.

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MRS. CHAMBERLAIN

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DEDICATION.

TO DRS. STEWART, TURNBULL, CROOKE, GIRDLESTONE,
FIGG, GILLBEE, CURTIS, HAIG, AND OTHERS.

GENTLEMEN—

CIRCUMSTANCES placed the writer in the position of preparer of the Medical part of Mr. BEANEY's defence, the success of which was rather due to the admirable suggestions, the result of your great experience and extensive reading, and which you so generously placed at his disposal, than to any efforts he could make. It would be invidious to say that one gentleman worked more than another, when all worked with such good will, for the acquittal of a man whom all felt to be as innocent as either of us, who had never seen the woman, of a charge which only the *grossest ignorance and malignity* could generate.

Having fought the battle and gained the victory, a very disagreeable task has devolved on the writer, and one which, from his health and disposition, he would gladly have handed to some other gentleman—that is, to place the history of the case before the profession—a much more competent jury than twelve laymen—to return a verdict of guilty or not guilty. In doing this, he has felt it his duty, *uncongenial* as it may be, to criticise the conduct and the evidence of men of much higher professional attainments than himself; but he has felt it necessary to do so, not only to set an innocent man right in the estimation of his friends and the profession, but to prevent in future any body of men—who, however justly they may feel that

this country was discovered and populated for the profit and pleasure of themselves and their relatives—from attempting to crush any man who may be working hard to earn a livelihood, and perhaps getting a few pounds a year more than themselves.*

If gentlemen will condescend to facilitate people's descent to Avernus by other means than by those which their diplomas give them the power to do, they must expect to be pointed at as "Dr. KETCH's" jackals, and to hear men say as they pass, "What blood-money do you get for the subjects you bring to the 'tye'?" They will no doubt feel these sayings; but is an innocent man to be put to an expense of two or three thousand pounds to save his neck, because they, confident in their ignorance, choose to try and noose him, by licks with the rough sides of their tongues, and his friends to sit down quietly without uttering a word—they would, every one will say, *be indeed less than men if they did so*—for fear of wounding their tender feelings.

Gentlemen, you have done your duty, not only well, but nobly. It now remains for others to do theirs. To offer a reward for further information of this still mysterious case,† and to investigate the conduct of those who were engaged in preparing it, and to remodel our very

* This is not the first time that members of the profession, obnoxious to the clique, have been arraigned for committing some imaginary crime or another. The writer, therefore, feels that in speaking as he does, he is doing a service to every independent medical man in the colony.

† During the inquest a female called on Mr. BEANEY, gave him her address, and stated that she had been cook at the Terminus Hotel, and that she had frequently seen a boy come from Mr. ———, the chemist, with notes which were only to be delivered to MARY LEWIS. There are five persons who can throw more or less light on this case: ESSE the barman, the housemaid, the plumber (*see pp. 52-3*), the cook, and the chemist's lad. The writer has not given the name of the chemist for fear of injuring an innocent man. It is to be regretted that Mr. BEANEY lost the person's address. The circumstance only came to the writer's knowledge as he was correcting the last sheet. Is it possible that some Melbourne or St. Kilda JOCK HORNBOOK, *thinking*

Some ill-brewn drink had swelled her wame,
tried his hand at reducing it, and so helped her off to

————— her lang hame.

merciful criminal law, which allows the Crown to charge a man with anything its law officers may please, whether criminal or not, and shift it about just as they think fit—making it murder one day, and trying the next to make it manslaughter, and the next malpractice. If a tradesman sues a person for five farthings' worth of groceries, he is compelled to furnish an account and the dates when the goods were supplied ; but when the *Crown Law Officers* are the creditors, and a man's life or liberty is the stake, there is no account to be obtained. Truly from this it may be said with the old ballad,

Not man's life, but Mistress Money,
Is an Englishman's sweetheart and honey.

The mode of appointing Coroners demands revision.* Their appointments should be placed in the hands of the electors, and not in those of a clique ; and should not depend on back-door influence—the possession of a pretty wife or an accommodating mistress—but on merit ; and further, that in every case of death likely to involve the liberty of any man, other medical men besides the Coroner's proteges should be present to watch the *post-mortem* examination, see that it is properly conducted, and that nothing is misrepresented ;† and that lawyers and barristers should be allowed to appear and

* Here is a sample of a Medical Coroner, who was lately holding an inquest on a child he had himself attended :—

Dr. Dips, the Coroner (“ not fou, but just a drappee in his e'en”)—Who attended this child ?

Father—Dr. Dips.

Coroner—That's not an answer to my question. Who attended this child ?

Father—Dr. Dips.

Coroner—If you say that again, I'll commit you. Who attended this child, I say ?

Father—A doctor.

Coroner—Why couldn't you say so at first ? (*To Father, after a nod or two*)—What did it die of ? Doctor, eh ?

† Had an independent medical man been present at the examination of MARY LEWIS's body, we should never have heard of the rupture in the womb or vagina.

defend a person at a Coroner's Inquest as at a Police Court. The present system is a bad one. Coroners, like most other men, are anxious to get three guineas for holding an inquest, and naturally like to look up every case that will bear an inquiry, and at the same time put the same sum into the pockets of their friends, who perhaps give them (if not in meal, in meat) a percentage. And what do they care whether the case demands one or not; the Crown purse is both long and well filled, and there is no controlling power to judge whether an inquest is held without being required.

A strong feeling exists in England against Coroners' Inquiries. Dr. TAYLOR, whose opinion is entitled to the highest respect, says in his *Principles and Practice of Medical Jurisprudence*:—"The conclusion to which experience leads in reference to these inquiries is that the system affords no certainty for the detection of crime; *that it affords no protection to those who are wrongly charged with crime*; and, lastly, that in some cases it screens a criminal by a verdict based upon an imperfect inquiry, in which *important medical facts are either misunderstood or misinterpreted*." Nothing could be more pertinently applied than this to the inquiry as to the cause of MARY LEWIS's death.

The world has grown a little older since the time of EDWARD I., but Coroners' Inquiries are conducted now as then. In Australia, instead of the well-known "Bumble,"* it is the policeman who hunts the cases up; but the Coroner and the twelve intelligent men—shoemakers, tailors, sweeps, and costermongers—are the same. No man who comes to Australia need fear, if he dies without friends, and if a Coroner's protégé attends him, that a "crown's quest won't sit on him" in the same kind of long room, that the same amount of beer will not be consumed, and the same verdict

* We apply our "Bumbles" to better use in Australia; we call them Bumble Bees, and stick them in high posts, to uphold the dignity of science, or anything else that we think their figures and uniforms will ornament.

returned, as if he had died in Shadwell or Ratcliff-highway. In England they may cling to the good old customs, but surely in Australia we might advance a little, and, without being a whit less severe or less just, give people a chance for their lives without fear of lessening any Coroner's income, or that WINTLE's Hotel would lack boarders.

Gentlemen, you who have been behind the scenes know how farcical this MOST HORRIBLE! MOST WILFUL!! and MOST ATROCIOUS MURDER!!! which has cost the Crown Law Officers and their Doctors so much brain-sweat to incubate, has been. You must have heard the lamentations of some of these gentlemen that the law did not allow them to deal with any man who they in their sapiency might think to be *morally*! guilty as if he were really *legally*!! so.* It was a person's most fortunate lot to hear the CROWN SOLICITOR expatiate on there being no doubt of Mr. BEANEY's *moral* guilt.† He at

* Is there any truth in this statement, that the CROWN SOLICITOR said, when paying the first jurymen, that the next jury would find Mr. BEANEY guilty; "do for him" is the legal term, the writer believes.

† When a lawyer talks about moral guilt, one begins to look as *Satan* did at his little devil, in Ben Jonson's *The Devil's an Ass*, for the big roses that hide *Pug's* cloven feet. The writer does not know how far he may be encroaching on the law of copyright, but the following, taken from *Folatres d'une sage-femme du loi*, by *Sa Grace la Chanceliere*, may not be inapplicable:—

ACT 1.

SCENE 1.—EVENING—The St. Kilda moon softly glimmering.

ENTER—A fine tall figure with no apple dumpling appendage, and face with go-to-meeting lacquer newly coated—[repeating]—

Good even, fair Moon. When hidden,
Goddess adored by *sailante** *Sainte Kildiennes*.

* * * * *

Ah! if "*moral guilt*" were but a crime,
And if the law could but impute, and hang a man, then chime
In, and say—" 'Twas a mistake, we thought him guilty ;"
Then raise a monument, inscribed "He died innocently."
But, ah! who's this, with eyes like cheese-plates,
Comes leering after me? Perhaps some doctor chap

* Does the author mean projecting?

once felt that the CROWN SOLICITOR had mistaken his vocation, and that, although

A true flatuary patriot he, so seldom understood,
Who serves a grateful country, for his own good,

Mr. CARDWELL* should be applied to for permission for him to

To steal my ovaries, and cut my dear stomach.
'Tis! No! Yes! 'Tis! I feel from the hot cold douche
That's stealing over me. It is, indeed, OLD CLOOT!

[Enter BILL.]

[Speaks with hilarity]—By Gum! Is that you, BILL?
You put me in a twitter. I felt so like a hen
When some prowling rat designs to bone her litter.
But, BILL, what news from Sydney, old duck?†

BILL [at half grin]—Sydney stands where Sydney always stood;
Though, since you left, perhaps not quite so good.
But what's your little game, my coodling doo?‡
Are you leaving lawyering, to do—

FINE FIGURE, with no apple dumpling appendage [hastily but melancholically]—
Oh, no, dear WILLIAM! I am only going
To return thanks for good intents.

BILL [at full grin, and pointing to F. F.'s apple dumpling region]—
Ah! Yes! I see! For safe delivery,
For your misgebären|| pranks on Beaney.

* The CROWN SOLICITOR is one of those ephialtics which the colony owes to the days when Dummheit was paramount, when Ersamus's Book on its advantages was the text book at the COLONIAL SECRETARY'S office for colonial appointments. What would the people in England say if our CHIEF SECRETARY were to send home a few of our Collins-street pavement-batterers with life appointments, and say "pay them, and be thankful they are no good here. No matter how much mischief they may make, you cannot remove them—they are the servants of the colony—all you have to do is to pay them, and grin and bear." We should soon hear that England needed no leading strings from us. But patience and time works wonders.

† Old duck—a term of endearment used by the Sydney youths when addressing each other.—AUTHOR'S NOTE.

‡ The "parfit gentil knight," the author, has evidently been reading about "coodling doos" (*Anglicé*, cooing doves), in Chapter VI. of JOE SMITH'S book entitled *Mulier ets Hominis Confusio*. Some one, full of true gallantry for the sex, has said—

"——— The sentence of this Latine is—
Woman is mannes joy and mannes bliss."

The knightly author, who, like CHAUCER'S Clerk,

"Of studie takes he moste care and hede;
Not a word spekes he more than is need,
And that in form and reverence,
And . . . full of high sentence,"

knows whether this be truly translated or not.

|| On looking into a German dictionary, the writer sees that *misgebären* means misconception, misborn, &c.

vacate his berth and to mount the pulpit, where he might say, as
CHAUCER'S *Pardoner* does,

Then peine I me to stretchen forth my necke,
As doth a dove sitting upon a barne.

* * * * *

Therefore my theme is yet, and ever was,
What I may get in conseil prively,
No manner conscience of that have I,
Stomak (?) ne conscience know I non.

Adieu, Gentlemen. May neither you nor your children need help
in such a case as this one which befell our friend, is the wish of

Yours very truly,

C. E. REEVES, B.A., M.D.

Wellington Parade, Melbourne,

August, 1866.

and in the night the light was in the air

The light was in the air

The light was in the air

The light was in the air

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THE QUEEN V. BEANEY.

CHAPTER I.

OBSERVATIONS — ANALYSIS OF THE EVIDENCE OF DRS. TRACY,
MARTIN, PUGH, AND RUDALL.

AFTER two investigations, one before the coroner, the other* before a bench of magistrates, and two trials unprecedented in length in these colonies, and characterized by a degree of malevolence and bloodthirstiness worthy of the days of Judge JEFFREYS or JONATHAN WILD, on the part of those engaged to prosecute the charge, and an amount of ignorance and pretension on the part of the medical witnesses (worthy of the days when witches were burnt) engaged to investigate it and to give evidence as experts that was disgraceful to themselves as men, and to the colleges of which they are members, Mr. BEANEY has been acquitted of a charge of murder, which ought never to have been made, had the two medical men who made the *post-mortem* examination, and the Coroner, a medical man in practice, known anything of their profession. Had Mr. BEANEY been a poor man, or had he been unknown in practice, or belonged to the

* This second investigation was ordered by the Crown Law Officers when they found, from some observations made by Mr. BEANEY's counsel, when he surrendered for trial on the 15th of April, "that although he had the power to quash the coroner's proceedings, as they were illegal, he did not do so, as it was his desire that the charge should be fully inquired into."

clique the members of which may be said to be admirable illustrations of that difficult-to-translate epigram of MARTIAL'S, of "damsels with by no means too red noses,"* the charge would possibly never have been made; but as he has done more for advancing surgery in Australia than any other man, and undertaken operations which those who were so ready to come forward to crush him had shrunk from and pronounced impossible, or if performed, certain to prove fatal, it can be readily understood how anxious they would be to get rid of a dangerous rival, and at the same time share two or three thousand a year among them, and that to do this they would not hesitate to swear to anything likely in their shallow estimations to further their ends. That he was not acquitted at the first trial must be a matter of wonder to those who read the evidence, but not to those who know how the law can be twisted—how a Judge's rulings can be over-ridden by a Crown Prosecutor thirsting for a conviction†—how juries can be "rigged"‡—and how

* Some wicked fellow, with no gallantry for the sex, christened Messrs. B., R., and H., after a lunch at the house of the first during one of the trials, as the rosy-nosed graces, MOLLY, POLLY, and DOLLY, of Collins, Latrobe, and Nicholson streets. We can tell him that he is well known, and his chance of ever getting a billet as assistant to the deputy-assistant dissecting-room porter at the Refuge for the Destitute is gone for ever.

† At the first trial Mr. DAWSON appealed again and again to the JUDGE, but in vain, against the CROWN PROSECUTOR'S conduct; but the merest legal tyro's opinion would have been equally as well heeded. The same proceedings were attempted at the last trial, in spite of the repeated objections of Mr. ASPINALL, and the reiterated observations of the JUDGE on its impropriety. It was not until the jury interfered that the case was allowed to proceed in a proper manner. Those present had then an opportunity of hearing how much our cherished trial by jury is estimated in Australia by the CROWN PROSECUTOR, who openly avowed "that he did not care for the jury;" and as Mr. ASPINALL very happily added, "and neither for Judge nor justice."

‡ The threat was made to some of Mr. BEANEY'S friends, that although they could not establish the charge care should be taken to "work the jury," so that he should not be acquitted. One of the jury said publicly, when he was subpoenaed, "God help BEANEY if I am on the jury;" and a medical witness boasted that "there were men on the jury who would hold out till doomsday rather than he should be acquitted." There can be no wonder then why he was not acquitted.

advocates can be made to feel that they were fighting a bad case—that “jaw” was brain, and “wind” a sign of ability, and that the men the CROWN could bring against his witnesses were giants—perfect Changs in physic.* Whether the mass of the profession not belonging to the clique—the *fax populi*, the tag-rag, who would stand open-mouthed to receive contributions from any one’s throat provided there were hopes of after benefits—will endorse this high opinion, remains to be seen.

Throughout the first trial the JUDGE bowed to the opinions of Drs. RUDALL, PUGH, and TRACY; and in his address to the jury, after eleven days’ hearing of the case, he could only give “an opinion”—a thing he said he never did—“that the rupture did not occur,” as the CROWN alleged, “on the Wednesday.” He never throughout his long address alluded to the vagina, which was *said* to have contained a rupture, and which Mr. RUDALL admitted he had cut away; or to the ovaries, which were missing in such a mysterious manner.† This silence may have been dictated by that maiden-like modesty common to bachelors.

From the CORONER, and from Messrs. RUDALL and PUGH, his *protégés*, who were sent to do his behests and try and “pot BEANEY,” justice could scarcely be expected. That they would attempt to distinguish the signs of disease from those of health was not to be expected, as it was necessary to establish that the girl had been murdered, and must, therefore, have been “as healthy and as merry as a dairymaid,” and that an after-death rupture of the vagina and womb—whether

* In his address for the defence he said—“I cannot bring forward men of equal professional standing to the medical witnesses brought forward for the prosecution.” This is a somewhat strange admission from a counsel defending a prisoner, whether guilty or innocent. It certainly was not very complimentary to such men as Drs. TURNBULL, GIRDLESTONE, CROOKE, STEWART, and FIGG, or to Drs. ROBERTSON, GILLBEE, THOMPSON, BLAIR, CURTIS, HAIGH, and a host of others in different parts of the colony, who expressed a desire to come forward—men of quite equal professional standing and qualification, with equal opportunities of seeing disease, and certainly as capable of diagnosing it, and *perhaps* quite as conscientious, as Drs. RUDALL, PUGH, and TRACY.

† The judge who presided at the last trial did not hesitate to express his surprise at their mysterious disappearance. But he is a married man.

made by themselves or not is a question which only they can answer—must have been from violence. The CORONER chose his tools well. Mr. RUDALL, who had studied midwifery and diseases of women on the crew of a ship sent out to seek Sir JOHN FRANKLIN, and whose experience must, therefore, be great; and Mr. PUGH, a M.D. of the University of Giessen, in Germany—a place where, a few years ago, they sold degrees as grocers sell “a hap’orth o’ tea or a screw of ‘bacca’” to all comers, white, black, or red; requiring no residence or examination to entitle them to the commodity, but *only to send*, as they would if they needed a suit of Sydney tweed, twenty-five pounds and an essay on some disease, and by return of post, received half a yard square of most appropriate asses’ skin, covered with Chinese, Chaldaic, or Hebraic hieroglyphics as far as they knew, and sprang forth, PALLAS-like, full blown M.D.’s

The doctor’s essay—thesis (thesaurus altissimus—high repository) is the University name—is worthy of perusal, and any medical man from Melbourne, if he ever visits the *alma mater* (milky mother) of a great Victorian doctor, may read that little “Pug”* (*fistful*) of medical knowledge with advantage. It is entitled, *On Diseases of the Womb and on the Parturient Difficulties to which Whales are liable, the result of many years’ experience as Doctor † on board of a Whaler.*

Mr. RUDALL, the jury was told by Dr. PUGH, was to make the *post-mortem* examination—“I went only to look on (and take three guineas for doing so), but as the constable refused to touch the body I was compelled to assist.” It can be readily understood that the former was to examine, and look, and tell the latter what he ought to see. Mr. RUDALL, who is a good hand at a pun, said jocosely—“Mind, old *ship’s mite* (*curculio*), we are going on a speculating voyage. BEANEY is to have the *wailing* and we the whales; that’s a fair division of the profits. Remember that anything favourable to him is to be put in as ‘decomposition,’ but anything that can tell against him is to be entered as ‘violence’ done by the human

* Pug. (abbreviation of *Pugillus*)—a little handful.

† It must be understood that the word doctor is used in the sense it is understood on land, and not as it is usually applied on board ship.

hand, and the human hand alone." There can be no doubt, had their ability been equal to their malignity, or could they have *only* made another *post-mortem* examination, that they would have found many more things than they did—for instance, blood in the cavity of the belly, and *corpora lutea* enough in the ovaries—in spite of BISCHOFF, or any other off or ski—that she was as fecund as a rabbit; and, had they not dwelt so much on the idea "that they didn't know everything down in Judea," that they would not only have "potted BEANEY" to please CANDLER, but have hung him to gratify the pocket and the feelings of TEDDY KETCH, M.D.,* honorary F.R.C.S.†

* It must be a great honour to any University, and it will no doubt be highly satisfactory to the large body of Fellows of the College of Surgeons, to know that one of their body, if he does not adjust the "tye," superintends its adjustment when the law wishes any lady or gentleman to feel "how sweet it is to die by one's country."

† Every gentleman, before he is admitted to the *honorary* degree of Fellow of the College of Surgeons, has to swear "that he does not keep and has no interest in a druggist's shop." The ceremony undergone is perhaps somewhat peculiar; those interested in knowing more about it may find it referred to in the *History of the Barber and Shaver Surgeons of England*, by a late President of the Royal College of Surgeons of England.

The proceedings are not intended, like the *examination* for the fellowship, to test a man's knowledge, but the depth or weight of his pocket. The money paid goes for a charitable purpose—namely, to support the widows and orphans of the "decayed easy shavers" of England. The candidate is introduced into a large room on the right, after ascending the stairs, called the President's room. He will, if his agitation permit, be very much impressed by HOLBIEN'S picture of the Barbers kneeling down (a sign they were not proud in those days) before HENRY VIII., to receive his benediction for curing him of psora, and with other pictures and busts of celebrated members of the Barbers' Company. In this room he will find the president, the council, and a band of professional brethren, honorary fellows (no fellow by examination is admitted), who act as a kind of chorus. When the candidate has been placed in front of the president and council, the former—if he happens to know his mother or his father—always makes a point of shaking hands and telling him not to be nervous. The President, who is always chosen from among those members of the council who have the best voices, says in a solemn recitative tone—

Do you no salts sell,
Or jalap or senna retail,
Or black draughts make,
To sell with blue pills to rake.

Chorus—Oh, no! oh, no! no, no!

Candidate (solemnly)—Oh, no! oh, no!

Had the clique "potted or hung BEANEY"—and this was their cry—they would not have stopped here. Every medical man who refused to pay them black mail, in the shape of fees out of their patients' pockets, and fall down and worship them, might have expected, as chances offered, to make a case—a very easy thing to do with such *willing hands and piercing eyes* at their command as Messrs. RUDALL and PUGH's, and such good backers as Drs. TRACY and BARKER*—to find themselves unwilling guests at WINTLE's hospitable hotel, to learn practically how appetising and aperient

The President then sings—

Admit him, admit him, Stone!
(Take care that you his money bone).
As a fellow we him take,
To kill or make, as his senses dictate.

Chorus—To kill or make, as his senses dictate.

The Council then sing—

We admit him, Stone,
For no jalap or salts he's sold;
And we see—we see from his mould,†
That he loves good ale, and loves it old.

Chorus—And we see—we see from his mould,
(At this word they apply their fingers on their noses)
That he loves good ale, and loves it old.

* This gentleman was most active during both trials. His duties at the first must have been most onerous; for not only did he aid the CROWN PROSECUTOR for a consideration [£50 it is said] in working the case, but he prompted two of the witnesses, Messrs. RUDALL and PUGH, for love, and no doubt would have gladly done the same for the others had not he been watched. His activity received a check at the second trial through the well-timed observations of Mr. ASPINALL. His promptings of Mr. RUDALL, his brother-in-law, came on the ear of those in the gallery very much as the voice of the son of BALAK's animal came upon the ear of his master. His stage whisper of "Yes" or "No" always rose above the noise of the court. On one occasion, when Dr. PUGH said, in answer to a question put by Mr. DAWSON, "that he was not competent to give an opinion, if a man came to him suffering from flatulence, morning sickness, headache, and constipation, whether he was or was not pregnant," his stage whisper of "By G——, *thir*, what an ath, *thir*," was nearly as distinct as the "I am not competent to give an opinion on that point."

† For a long time there was a considerable dispute—*vide* Vol. XXXVI. of the *Transactions*—whether "mould" meant form or earth—*i.e.*, clay.

N.B.—When a fellow is very liberal, the president, council, and chorus dance the grand medical dance of St. Vitus in his honour.

and contra-bilious Government stirabout is; and perhaps hear the chief hangman, Dr. TEDDY KETCH, suggest that such a bloodthirsty-looking wretch should be heavily ironed before he entered the court. It would, perhaps, be well—some one suggested in court at the first trial—if the gentlemen who made themselves so prominent in aiding the CROWN PROSECUTOR were to ponder over the narrow escapes they have themselves had. There is a story told of a jury summoned to find Dr. HUNTER guilty of manslaughter, but they thought that if such a verdict was returned, the friend of the then CORONER ought to be the person charged. It is scarcely necessary to say that the jury was discharged without being asked to give this verdict. Dr. BARKER and the CORONER know best whether this story is true or false—the writer does not. Men may spring up in Melbourne who know not the medical JOSEPHS, Drs. BARKER and TRACY, and it would be well if they pondered over the well-known lines of OVID—

Nec lex est æquior ulla
Quam necis artifices arte perire sua.*

“’Tis glorious”—says some one whose name they may have never heard of—“to see an engineer hoisted by his own petard.”

The men who engaged in this disgraceful prosecution can be truly said to have hoisted themselves with their own petards, and earnt the contempt of every thinking man. They have raised the man they tried so hard to crush to the dignity of a martyr—it is true they have made him suffer a severe pecuniary loss in defending himself, but this can be replaced—but they will always be sufferers in the most tender part of their frames, their pockets. What coroner’s jury will ever believe Mr. RUDALL? And what life insurance company will ever dare to bring Mr. PUGH’s testimony forward in any law

* The writer has to apologise to those members of the profession and the public who may not have sucked the Latin tongue during their infantile days for using so many classical quotations. Before the book was printed, it was contemplated to ask the assistance of the Lecturer on Surgery, who has lately translated *Celsus de re Medica*, for the gratification of his fellow-examiners, but circumstances only known to this gentleman’s friends have prevented the ever much-to-be-desired object being carried out.

court? What colonial Crown Prosecutor will ever allow himself to be hounded on in any medical case, after what he has read of what has happened in this colony by any "howdie" professor, or any splutterer in pure surgery that may be at hand to goad him.*

The progress of the case at the inquest, although watched by Mr. BEANEY'S friends with an anxiety which he, confident in his innocence, could not be made to feel, was not unattended by amusement. It was interesting to see how the witnesses were recalled by the CORONER again and again, and threatened with instant committal if they did not tell "something more" than they knew. They were evidently wanted to say that the poor girl had been delivered of a child, but their consciences were not quite so elastic as those of Messrs. RUDALL and PUGH; they could only speak of what they saw, but these gentlemen felt it their duty to speak (being on their oaths) of what they did not see. One or the other was constantly asked "to step this way to give a little more evidence or an opinion" on one thing or another; they adjourned to decide what was to be said and what was to be asked. There were, in fact,

* How exquisite it must have been to see the CROWN PROSECUTOR, *Quentin Durward*-like, between NED QUE SPLUTARE and DICK QUE JAWTERA, one parodying the lawyer's address to HUDIBRAS:—

Sir, quoth the Doctor, not to flatter ye,
You have as good and fair a *murthery*
With us to back ye, and need not shame
The most impartial jury's verdict claim.
For if he's done as you and we can say—
Marry, quoth we, God give you joy.
I would we were Crown P., we'd give
More than we'll say, or you'll believe.
We would so trounce him and his purse,
And try and hang, or "pot him," for better or worse.

The other producing ERICHSEN'S surgery, and urging that ERICHSEN says nothing about pyæmia occurring in connection with the womb. "By G—, sir, rank nonsense, sir; who ever heard of a woman with a healthy womb having pyæmia. If such a thing had ever happened, he would have named it." ERICHSEN, with all due deference to him and to the gentleman who preaches him, is rather misty on the subject, as most systematic writers, both on surgery and medicine, are. The best article on it in the English language which the writer has seen (he has to thank Dr. GIRDLESTONE for drawing his attention to it) is one by Mr. CALLENDER, in *Holme's System of Surgery*.

three Coroners—Messrs. CANDLER, RUDALL, and PUGH; and it was patent that what Mr. CANDLER did not know, Mr. RUDALL* or Mr. PUGH did. The CORONER's charge to the jury was neither more nor less than the lucubrations, "opinions," and "thinks" of Messrs. RUDALL and PUGH; but the animus displayed in doing what he must have known was illegal when he refused to hear the evidence offered on behalf of Mr. BEANEY, and the coolness with which he cut up and rubbed his tobacco, and filled his short black pipe, and puffed the smoke into the faces of men who could not (amusing as it might possibly be to him) participate in his *insouciance* after committing a brother practitioner to prison on a charge of wilful murder, was all his own.

At first Mr. RUDALL said, after describing the appearances which he found in the body—"I have no knowledge how the rupture (in the womb) was caused;" but subsequently he said, "from violence applied to the interior of the womb." A little further on he said—"The introduction of the hand into the uterus in order to remove a tumour by a medical man, properly qualified [*qy.*, like himself], would be in the highest degree unlikely to cause rupture of the uterus." On the second day he said, "the rupture might have been caused by a 'pushing or a pulling force,'" and this has been the burden of his cry, as PUGH's has been—"the human hand, and only the human hand," could

* There is a considerable part of the evidence given by this gentleman on the last day of the inquest missing. What has become of it? Was it considered to be too favourable to Mr. BEANEY? Who was responsible for its safe keeping? The following is all that could be found at the Crown Law Office. Those present at the inquest—the newspaper reporters and others—will be able to say whether something was not said about "I have no knowledge of midwifery;" and something more:—

"The deponent, JAMES THOMAS RUDALL, on his oath, saith as follows:—"The os uteri of the deceased was dilated to the size of a five-shilling piece, or very nearly. *I passed my hand quite through it readily; there were no signs of injury about it.*

"JAMES T. RUDALL, F.R.C.S.

"Taken and sworn before me, the 21st
day of March, A.D. 1866, at East
Collingwood.

"C. CANDLER, Coroner."

have caused the rupture. Later, Dr. PUGH got a new idea into his head, "that the hand had been introduced into the womb and the after-birth scraped away, and at the same time the womb scraped thin," and clung to it until cross-examined at the last trial, when he admitted that he gave up the scraping theory, as he did not think it was quite consistent with the known hardness of the womb. No one could ever learn what Mr. RUDALL meant by a pushing or a pulling force. He must have thought the funis of a five months' foetus as strong as a three-inch rope, to enable a man to pull a hole in the womb like the one they say they discovered. Mr. RUDALL described, on the first day, two ruptures in the womb—one in the fundus, the other behind it. "There was," he said, "*a band of uterine substance*, and then another large opening through the walls of the womb of a similar character and not quite so large, but nearly so." On the second day he gets rid of the second rupture. "I wish," he stated, "to amend my former evidence relating to the posterior rupture, described as existing in the uterus. I found, on further examination, that the band of uterine tissue included the posterior lip of the uterus, and that the rupture had taken place through the wall of the vagina and recto-uterine cul-de-sac of the peritoneum. This term, "*band of uterine tissue*," is a somewhat peculiar expression to use by a man who is supposed to know something of anatomy. It is never, at least by anatomists, understood to mean "*a band four or five inches broad*," but one of two inches or even less. At this time, it may be observed, there was no mention made of the womb being five inches long, according to RUDALL, and six inches according to Dr. PUGH, and "*rather more than four inches broad*." This length is evidently an after-suggestion, and brought forward as a proof that she must have been five months pregnant. This remark about the band of uterine tissue shows a rather strong wish on their part to make facts subservient to their desires.

Throughout both trials very great and most amusing efforts were made by all the medical witnesses to account for the extraordinary—one of them called it miraculous—lessening of the womb in length. Mr. RUDALL, although expressing some surprise, seemed quite

satisfied that he had made no mistake in the measurement, although he only estimated its length* when it was removed from the body—it was, he said, five inches long and rather more than four inches broad. Dr. PUGH, who speaks with equal confidence, says it was six inches long. Dr. PUGH, at the University, showed Drs. STEWART, TURNBULL, and the writer, that it must have been about three inches in length when removed. At the last trial he said it had diminished on the Sunday to half the length it was when removed from the body on the previous day. He then advances some very original ideas as to the cause of its great contraction. “The subsequent changes which took place in its length (from six to two inches) induced me to come to the conclusion that much of that appearance depended on the contraction of the longitudinal fibres—that it depended upon the organic change that took place subsequent to death.”

Dr. HALFORD, a gentleman who should be a competent judge, at the first trial told the Crown Prosecutor, Mr. ADAMSON, “that the spirit in which it had been placed might have altered it in that manner, but *I hardly think so much as I found it.*” At the last trial he said: “I believe this womb must have been placed in spirit and left exposed. I do not believe the action of the spirit would cause it to alter so, *but the absence of spirit, the womb being placed in spirit and then allowed to remain for twenty-four hours or two days without spirit.* It was in spirit when I got it. It has not altered much in spirit since it has been with me, but on being brought into the court one day in a towel, it altered in size; that was from the absence of spirit.” Dr. TRACY comes out with something still more original, and which can only be likened to an indictment issued from a colonial Crown Law office some time ago, charging a man with murdering another “on the 30th of February, since dead.” He said at the first trial: “So far as the texture of the womb was concerned, it appeared to be decomposed and then recovered by spirits. So far as the tissues, THEY APPEARED TO BE HARDENED WITH SPIRIT, AND APPEARED TO

* Dr. GIRDLESTONE, during the trial, measured a womb before and after cutting away the vagina. It made a considerable difference—an inch in the length.

BE SOFTENED BY DECOMPOSITION." At the second trial he modifies this, and rather attributes the shortening to putting it in spirit, contradicting Dr. HALFORD, who said it had contracted from the want of it. It must be patent to every one that the womb never was the length they wished the jury to believe it was. The woman died on the Thursday night, her body was opened on the Saturday morning; then the womb was five inches long according to one and six according to the other. On the Sunday it had contracted one-half in length, and when it reached Professor HALFORD's hands it had contracted down to two inches, and there remained stationary. It must have felt that it had reached its proper resting-place, and needed to contract (to show its indignation) no further. Singular to say, that with all these different kinds of treatment, from no spirit, from spirit and exposure, from too much spirit, and from organic contractions, it never diminished in breadth!! The thing is as clear as possible. They read somewhere, or heard some one say, that the womb at the fifth month was five inches in length and four inches in breadth, and at once determined to make it so. It was, no doubt, an after-thought, like the discovery that the ovaries were of some value; for it was not until the inquiry at the Police Court that we hear anything of the latter—then we were told that "*the ovaries and the bladder were healthy.*" It is somewhat unfortunate that they were not able to fix on the proper length and breadth of the uterus at the fifth month. Dr. ARTHUR FARRE, who can scarcely be considered so high an authority as Drs. RUDALL, PUGH, TRACY, and HALFORD, says in his very excellent article on the development of the uterus, in the *Cyclopædia of Anatomy*, Vol. V., p. 645, that at the fifth month it is from six to seven inches in length, and five and a half inches in breadth.

These statements, although not the only strange ones which these four gentlemen made in their attempts to aid the case for the Crown and each other, are sufficient to show, without wearying the reader, how little they knew of the subjects they spoke of, and how utterly regardless they were of the truth.

In looking over the evidence of the different gentlemen, that of

Dr. TRACY strikes the writer as being the most peculiarly original of any. As the lecturer on midwifery and physician to the Melbourne Lying-in Hospital, anything emanating from him was to be looked upon as scarcely less than law, and to criticise it, although the liberty, and perhaps the life, of a human being was at stake, amounted to the highest of all crimes—that of treason to TRACY. It is undoubtedly very hard that this gentleman, who came forth on the days his evidence was required like PLAUTUS's *Miles Gloriosus*,* should have his feelings hurt. “Hang BEANEY if you like, *but spare the great TRACY's feelings*. He is so sensitive that he would never outlive the idea that anything he could say could possibly favour BEANEY.”

It is certainly unfair; and no doubt his fellow-lecturers on midwifery at the different universities and schools in England will think so, and feel that because there are those in Australia behind him in knowledge, and who are incapable of appreciating his originality, he should be drawn as if he were a badger, and held up, as HORACE says of his peacock,

Picta pandat spectacula cauda,

for public admiration.

At the first trial, he complained that cases were raked up against him, and appealed to the Judge to read at his leisure the case of a

* On the morning of the trial a scene is said to have taken place, which can only be equalled by that which PLAUTUS described to have passed between PYROGOPOLINICES (i.) and ARTOTROGUS (ii.) :—

PYROGOPOL.—Curate, at splendor meo sit clypeo clarior,
Quam solis radii esse olim, cum sudum 'st solent,
Ut, ubi usus veniat, contra conserta manu
Oculorum præstingat aciem in acie hostibus.
Nam ego hanc machæram mihi consolari volo,
Ne lamentatur, nere animum despondent,
Quia se jam pridem feriatem gestitem,
Quæ misera gestitet fratrem facere ex hostibus.
Sed ubi ARTOTROGUS.

ARTOTROG.—Hic est! stat propter virem
Fortem, atque fortunatum et forma regia;
Tum bellatorum, Mars haud ausit dicere
Neque æquiparare suas virtutes ad tuas.

Ah me! if one only had the power to translate this passage into English without injuring it, substituting JOHNNYASSON for ARTOTROGUS, and say with “rare old BEN” :—

Hood an ass with reverend purple,
So you can hide his two ambitious ears,
And he shall pass for a cathedral doctor.

woman on whom he had operated for ovarian or uterine disease, and removed part of her bladder. The writer has to apologise both to the Judge and to the Doctor. His Honour did not receive the right journal, but one containing a very interesting case of polypus, recorded by the Doctor, which had been mistaken for cancer.*

A good deal was attempted to be made of the case of a woman who was said to have disease of the womb, or ovary, and requiring an operation, but who, during his absence in Tasmania, was delivered of a child. Something more was wished to be made of two other cases—one in which the uterine sound was introduced, and disease of the ovary, or womb, diagnosed, but was delivered of a child a few minutes after the two medical men who had seen her had left the house; the other in which a lady was advised to engage a nurse, many months ago, as she might soon expect to be confined, but the event had not yet happened. The writer can say without fear of contradiction that he had nothing to do with bringing these cases forward. They were given to him, with others, to show the jury that a man who spoke so confidently of the signs of pregnancy in a dead woman whose body he had never seen, was not competent, with the means which science had placed at his disposal, to determine whether pregnancy existed during life or not in more than three instances. The doctor has many very excellent qualities, but being only a man he is not infallible, and therefore liable like us all to make mistakes, which very often cannot be helped; but he could help injuring a neighbour and a brother practitioner. It is too late to cry out when the mischief is done, "that great malignity has been shown to him." Does he think that Sir JAMES SIMPSON will listen to anything about malignity when he calls upon him (an old pupil) to state when did he see him operate on a woman who was supposed to have a tumour and she was found to be pregnant. Some very kind friend of the doctor's, on hearing this statement, put a bit of paper into the writer's hand with this on it—"Ask TRACY in what year he was a pupil of SIMPSON." Of course the doctor has Sir JAMES's certificate, and will no doubt be happy to show it to any of his friends.

* *Australian Medical Journal*, November, 1865.

At the second trial, when cross-examined by Mr. ASPINALL on the probability of the existence of a membrane in the vagina sometimes, and of which he seemed to doubt, he observed, "I may say that there has been a great deal of malignity shown to me in these trials, and I have no other wish than to express my opinion." No doubt but there has been a great deal of malignity shown, but by whom? Who prompted the Crown law officers and Messrs. RUDALL and PUGH to go on? Who had interviews with the CROWN PROSECUTOR at his private residence? Who brought Dr. MARTIN forward to say that he had introduced his hand and removed the placenta at the fifth month? Of course Mr. BEANEY and his friends, to get an opportunity of showing "malignity" to the doctor. Let any man read his direct examination by the CROWN PROSECUTOR, and he will see that all the questions evidently emanated from this gentleman's own brain, suggested by the information he gained during the first trial, and the examination of Messrs. RUDALL and PUGH, as to where the weak points in the Crown's case existed. No one who knows the Doctor could for a moment suspect him of doing what Mr. RUDALL did, namely—furnish the Crown Prosecutor with the questions he was to ask. What, therefore, could tempt the doctor to brag that he had done nothing of the kind? Modesty is always rewarded, and so no doubt will his be when these pages reach the hands of those who know how to appreciate it. Sir JAMES PALMER, who is only a surgeon, has been raised to the dignity of knighthood. Why should we not have a M.D. knight in Australia? Why should all the loaves and fishes be given to the great men in England and Scotland, while the great men here—as, for instance, Drs. BARKER and TRACY—are allowed to bloom untitled.

Cuncti adsint, meritæque expectent præmia palmæ.

It is very difficult to cull all the beauties which are so plentifully interspersed throughout the doctor's direct examination and cross-examination, but both have been most carefully transcribed, and, for fear of being tedious—for even the sweetest sweets will pall—the reader is referred to them.

1. With respect to MARY LEWIS's pregnancy, he said:—"If a membrane like the decidua were found—if the womb corresponded

to the fifth month of pregnancy, being over five inches (two at the University) in length and rather more than four in breadth—if milk existed in the breasts (old men and newly-born male infants have milk in the breasts)—an indistinct areola around the nipples (a very possible thing in a non-pregnant woman of dark complexion who has had children)—the menses suppressed, and the womb of a reddish brown colour (very like the colour of the womb during menstruation), the circumstances are not inconsistent with pregnancy. I saw the womb, and the extent to which it was distended. It must have contained (when RUDALL's hand was in it) some substance, and from the *post-mortem* examination, and symptoms during life, I am of opinion that they were consistent with pregnancy. My opinion is strengthened by the full abdomen. [MARGARET CRONAN, the only witness who could speak as to this fullness, said that she rubbed her bowels both before and after Mr. BEANEY's visit, and found the abdomen 'flat and hollow.'] I examined the womb for signs of disease; as far as I could discover I saw none." He continues to pile up the symptoms of pregnancy, "pains in the head and chest," "fancies of which ladies at particular times are full of." [Is it confined to ladies at that period. Don't doctors sometimes suffer?] Smell of the breath and changes of the complexion from red to pale are all consistent. At the first trial he was somewhat more discursive on the signs of pregnancy. He then told the CROWN PROSECUTOR that a "feeling unwell in the stomach, pain and weight in the stomach, that it (pregnancy) tries a woman's strength and makes her feel badly in many ways," produces flatulency and irritability of the stomach, paleness of the face, and leucorrhœa. At the last trial Dr. PUGH, who preceded the doctor, told Mr. ASPINALL "that a large belly and a yellow complexion were indications of pregnancy." Since these statements there has been an epidemic dread of pregnancy raging, and in Mr. ARCHER's next report on the mortality of Melbourne we may expect to see "that four males, aged respectively 40, 45, 50, and 60 have died of pregnancy." Henceforth any gentleman with a large stomach, who may happen to suffer from flatulence and morning sickness, and a "fancy" as soon as he awakes for a glass of the very smallest and

coldest small beer, or a bottle of soda-water with the slightest dash of brandy in it, and "a failing of strength," had better engage a nurse, buy a cradle, and prepare the other little accessories which the "welcome little stranger" is supposed to need, for he has certainly the PUGH and TRACY disease. BLUNDELL, the Crown medical witnesses great authority in midwifery, says that a boy was once confined of a baby. Things are a little twisted in Australia. The CROWN SOLICITOR got very anxious when he read BLUNDELL's account of the boy's accouchment, and at once consulted Drs. PUGH and RUDALL, who declined to give an opinion, as leucorrhœa was wanting to complete the chain of evidence as to whether pregnancy existed or not. Metaphorically speaking, the CROWN SOLICITOR has never yet been successfully brought to bed of a verdict in a trial against a medical man. *His bag*, although it may have never held a foetus, has yet held a good many "false gatherings or false conceptions." No true woman ceases to hope; and we may yet live to see, under the head of births in the *Age*, *Argus*, and *Herald*, that all the CROWN SOLICITOR's conceptions do not turn out abortions. It may, perhaps, be the fault of the putative father, Dr. B., or the deficiencies of the medico-chirurgical nurses, Messrs. T., R., P., and H. Certainly, if he is unsuccessful, it is from no fault of his, for he evidently means well and works hard for his bantlings. It was a pleasure to see the CROWN SOLICITOR in court—a kind of walking description, *sans crinoline*, of Messrs. TRACY and PUGH's illustration of what they wished to prove—parading up and down, hands in pocket; staring at the prisoner in the dock for five minutes, with a kind of absent ox-like placidity, with just the slightest cannibalistic twinkle in the corner of his right eye, which seemed to say, "Got much fat 'bout 'im kidney? White fella meat berry good; me berry much like 'im juicy." It must ever be a matter of the deepest satisfaction to himself, and to the branches of his family in the old country, that CHAUCER's description of the lawyer in the *Canterbury Pilgrims* cannot be applied to him:—

No wher so busy a man as he ther n'as,
And yet he seemed busier than he was.*

* He is not quite an unknown podderer in scientific twiddle. His

He has not, in this case at least, disgraced the family motto,
"Gurnos, sed non Œdipus."

His arms (?) engraven are a fox,
 Stretch'd on the earth, with fine delusive sleights,
 Mocking a gaping crow! and crying, ah, Gurnos!

But let us return to our *brebis*.

II. "Is there any difference in the interior of the womb after abortion and during menstruation?" inquired the CROWN PROSECUTOR. Dr. TRACY (slightly colouring): "I have had no means of judging. *It is a physiological question!!* and, therefore, does not belong to my department." Dr. PUGH admits, with the candour of a man who is not ashamed to confess his ignorance, that he does not know if there is any difference. The Doctor, when cross examined next morning by Mr. ASPINALL as to whether *ignorant persons* might not mistake one for the other, admitted they might, but they would be very ignorant. This is a terrible slap in the face for Dr. TYLER SMITH and the gentlemen whose opinions he quotes; for Dr. TAYLOR and the gentleman he quotes, Dr. JUDEE; and Drs. FARRE and MONTGOMERY. The writer asks his readers to read the following quotations from the works of these very *ignorant persons*, who cannot distinguish between the uterus of a woman who has aborted and one who is menstruating. *Montgomery's Signs and Symptoms of Pregnancy*, p. 177, Edit. 1863, says—"I think it necessary to advert to the changes which take place in the uterus and ovaries, lest we should fall into the error of inferring the existence of pregnancy or the previous occurrence of conception from conditions resulting simply from the natural excitement of menstruation." "Thus, experience teaches us, that at the menstrual period, especially at its commencement, the abdomen is fuller, the whole uterine system becomes more vascular, the uterus is increased in size and weight, and descends a little in the vagina; it is altered in form and texture,

researches "On the Preservation of Hailstorms for subsequent Domestic Purposes in Wine-glasses" show him to be a natural philosopher of the profoundest originality. It is whispered about that the Royal Society of Tea Sisters of Victoria contemplate devoting a whole volume in 1867 to make this important discovery known to the Royal Sister Tea and Coffee Societies of London and Edinburgh.

becoming rounder in shape, and softer in consistence; its mouth is relaxed, and yields more readily to the pressure of the point of the finger; the cervical canal partakes in this relaxation, and has its muciparous follicles more developed, and in a state of more active secretion; the mucous membrane of the cavity of the organ becomes charged with blood, efflorescent, thicker, softer, with well-marked utricular glands; and, in short, an imperfect decidua is formed, and thrown off during the course of the process, generally towards the end—how remarkably, in dysmenorrhœa; sympathies engaging the mammæ and stomach are often experienced; the ovaries swell, some of the Graafian vesicles enlarge, sometimes burst and discharge an ovum which perishes, but leaves behind a rent on the surface, and in some instances, but not in all, an imperfect *corpus luteum* is found in the ovary; and should the woman happen to die a few days afterwards, a serious and most mischievous error might be committed by a careless or incompetent observer attributing to conception appearances resulting only from menstruation.” Dr. TAYLOR (*Principles and Practice of Medical Jurisprudence*, p. 768, Edit. 1865) says the condition of the uterus after death from abortion “must not be confounded with the appearances observed when death takes place during menstruation. Dr. JUDEE found, in the bodies of three females who died during menstruation, the uterus somewhat enlarged, and its walls lined by a reddish gelatinous layer about one-twelfth of an inch thick, consisting of a capillary network of vessels, enclosed in a mucous-like membrane.”

Dr. TYLER SMITH gives a somewhat more lengthened description (*vide Manual of Obstetrics*, pp. 60-61, Edit. 1858):—“Within the last two years I have had opportunities of examining several uteri taken from women who had died during the catamenial flow. In each of them I found the mucous membrane of the body of the uterus either in a state of dissolution or entirely wanting. In one case, that of a woman previously in good health, who died suddenly from a fit of apoplexy while menstruating, and whose uterus was kindly sent to me by Mr. Filliter, of the Marylebone Infirmary, the mucous membrane was altogether gone. At the

upper part of the cervix uteri the break in the mucous membrane was very apparent. In the cervical canal the mucous membrane was perfect; but at the os uteri internum, it ceased as abruptly as though it had been dissected away with a knife above this point. Blood was oozing at numerous points from broken vessels in the sub-mucous tissue. I had the assistance of Dr. HANDFIELD JONES in examining this uterus with the microscope, and we could find no traces of the epithelium or of the utricular glands. *The surface of the cavity of the body of the uterus was exactly similar to that which may be seen after abortions, in which the decidua, or, in other words, the developed mucous membrane, has been discharged.* The sub-mucous surface was a pulpy mass, in which epithelium, the ends of vessels, broken tubes, blood globules, and mucous corpuscles were all that could be distinguished. *I compared this uterus with that of a woman who had died after an abortion at the third month, and the appearances in the original two cases were precisely similar. Dr. VERNON informs me that he has recently met with the uterus of a woman who died during the catamenial flow, in which the appearances closely resembled those now described."*

These writers are not quoted to strengthen what most men who have made *post-mortem* examinations of women who have died during menstruation must have seen, or to show that the subject does belong to the department of midwifery, and not to that of physiology; but simply to show that Drs. PUGH, RUDALL, and *himself* have *either ignorantly or intentionally* confounded the appearances presented by the womb of a woman who died during menstruation with those presented after abortion.

The writer is not going to constitute himself the judge of the Doctor's capabilities or his incapacities. He is only placing the case of Mr. BEANEY before the world. He leaves others to judge how much or how little the Doctor knows of the subject he lectures upon to the two babes at the University of Melbourne, who study the signs and symptoms of pregnancy on Professor M'Coy's old cow, and suck his obstetrical teats for the knowledge which will enable them some day to earn their livings as medical men.

III. There is another subject to which it is necessary to refer, namely,

the existence of a membrane in the womb and in the vagina. In his examination by Mr. ADAMSON, he said—"As soon as conception takes place in the ovary," "the inside of the womb commences to throw out a kind of membranous matter." He admits that there is a membrane thrown off in dysmenorrhœa. But a membrane in pregnancy and a membrane in dysmenorrhœa are all that his knowledge embraces. He got rather warm when asked if it were not possible for a membrane to have existed on the vagina, which Mr. RUDALL might have removed when he introduced his hand and arm high enough to enable his fingers to appear through the rupture in the fundus of the uterus, and said to Mr. ASPINALL—"Whoever put that into your head is supposing a case that does not exist; the vagina does not throw off false membranes. I may say that there has been a great deal of malignity shown to me at these trials. I have no other wish than to express my opinions. I may also say that Mr. RUDALL and myself are not on terms, and have not spoken for six months. I should be sorry to use any effort to convict a man on his trial." Of course we know all about the Doctor not speaking to Mr. RUDALL; something which he considered ought to have been done was not. With all due deference to the Doctor, there is a membrane thrown off by the vagina every month, as well as by the uterus, although no mention is made of it in his lectures* at the University. It is, therefore, but right to think that the gentlemen who have described such things are labouring under a mistake. It is true that POUCHET—a writer of authority in Europe, but not expected to be so here—says (*vide* page 245 of his *Théorie Positive de l'Ovulation Spontanée*, Paris, 1847) that the lining membrane of the vagina is thrown off during intermenstruation; and FARRE (*Cyclopædia of Anatomy*, p. 707, Vol. V.) speaks both of a "croupy exudation in typhoid,

* The writer has just been placed in possession of notes of these lectures. They contain so much information that can not possibly be found in any work on midwifery hitherto printed, that it would be a great loss to the profession if they were not published. Selections from them, with critical notes, will therefore be shortly ready. Gentlemen desirous of obtaining a copy will please to send sixteen stamps to the Publishers.

exanthematous, or puerperal processes," and of the entire epithelial lining of the vagina being occasionally thrown off, forming a membranous cast of that canal. In making examinations of women suffering from dysmenorrhœa, accompanied with great irritability of the vagina, flakes of membrane may very often be found, if care is observed. Both TANNER (*Signs and Diseases of Pregnancy*, p. 281, Edit. 1860) and MONTGOMERY (page 274, Edit. 1863) name these membranes. The former says these pseudo-membranous parchment-like formations are generally found to be sufficiently strong and firm to bear free handling; and many museum preparations, labelled "false membranes from the uterus," very possibly consist of these formations. The latter says—"I have met with some cases in which membranous formations were expelled from the vagina, some of which might, on a hasty or careless examination, be mistaken for portions of the ovum; which was really the case in the first instance in which I was consulted about one of these products, which had been expelled some hours before I saw it. It was then of a silvery, or light pearl colour, inclining to lilac, but had hardly any colour when expelled; it was apparently membranous, hollow, open at one end and closed at the other, about three inches in length; and as it was, in some places, a little broken, and perforated here and there by small openings, a second membrane could be seen within, which, on dividing the outer one, was found to line the latter throughout, but was not adherent to it; within this inner coat there was a small quantity of a matter resembling condensed mucus, or soft areolar tissue; but there was no trace of a foetus, or cord, nor of the villi of the chorion. At first, I confess, I for a moment suspected that I was looking at the chorion and amnion of an ovum; and the loose shreddy matter within the inner coat I thought might be the villi of the chorion morbidly altered, the membranes themselves being ruptured and turned inside out, as I had often seen happen." Again—"I was consulted by an unmarried lady affected with a most distressingly severe form of hysterical neuralgia, presenting all sorts of symptoms, and simulating all sorts of diseases; a very remarkable feature in the case was, the almost daily for-

mation and expulsion, with considerable pain, of membranous casts of the vagina. They were quite transparent, of a light straw colour, like that of goldbeater's leaf, about two and a half inches long, hollow, the cavity about an inch in diameter, closed at one end and open at the other ; of these, she had preserved in spirit more than three dozen bottles full, of which she gave me three containing about a dozen of these casts, which I have preserved ; their texture was quite firm enough to bear free handling and examination, and, altogether, one of them might, very readily indeed, have been mistaken for a portion of the transparent membranes of the ovum."

The writer hopes that the Doctor will forgive him for pressing these quotations on his notice, but as membranes *do* exist in the vagina, and are spoken of in all works on the uterus and vagina, it appears strange that they should have escaped his piercing glance. Again, he seems to think that it is only in pregnancy and dysmenorrhœa that a membrane is found in the womb, although knowing something more of the subject than Mr. RUDALL, who at the inquest said the *membrana decidua* was a membrane only met with in the latter stages of pregnancy, but at the first trial confessed that only one author, MONTGOMERY, mentions the existence of a membrane otherwise than in pregnancy. It is evident, although strange, that the Doctor, a pupil of Sir JAMES SIMPSON'S, should not have known that Sir JAMES, in 1846, in his paper on Dysmenorrhœa, drew attention to the fact that at each menstrual period the lining membrane of the womb is shed (POUCHET, *vide*, *Sur l'Ovulation Spontanée*), that a membrane like the decidua is formed at each menstrual period and discharged. JANSEN found the mucous membrane somewhat thickened during menstruation, and that it presented the *same character as in the early part of gestation*.

The Doctor is therefore wrong in asserting that, as soon as conception takes place in the ovary, "a membrane begins to form in the womb;" this is not the case, as he will see if he will refer to TYLER, SMITH, FARRE, MONTGOMERY, and TANNER. The last (page 52) deals with the Doctor's antiquated idea on the formation of the decidua after impregnation in a very summary manner :—"Until the last few years

the opinion has always been, that the earliest effect of successful impregnation was the formation of a new membrane in the cavity of the uterus ; which membrane (the decidua) closed the os uteri and the orifices of the Fallopian tubes. As the fecundated ovum descended, it pushed before it that portion of the decidua which was placed over the uterine extremity of the Fallopian tube, and so entered the uterine cavity, covered really with two layers of decidua. The layer of this membrane lining the uterus was called the decidua vera ; while that part pushed forward by the ovum, and closely enveloping it, was termed the decidua reflexa. These hypotheses are now scattered to the winds, by the simple discovery that the decidua is not a new tissue, but merely the congested and swollen uterine mucous membrane ; so that the orifices of the Fallopian tubes and cervix are not closed. When the fecundated ovum, propelled by the vermicular action of the Fallopian tube, enters the cavity of the uterus with its hypertrophied membrane, it is probably about the size of a pea, and hence its progress is soon arrested."

The membrane is thrown off in dysmenorrhœa more or less regularly every month ; it is the epithelial membrane of menstruation in a more advanced stage of development. The Doctor will find that a complete cast of the inner surface of the womb is thrown off much oftener than he states. During and since the trial four or five complete casts have been brought by medical men and by patients to the writer.* It is quite possible that these membranous casts will be found to be much more frequently passed in the colony than in Europe. If he observes a little more carefully what women pass during difficult menstruation, he will be enabled to say at the next trial of a similar character to this one, that he has seen more than one case in which a complete cast of the womb was thrown off. In acute inflammation of the womb, false membranes are often found. There is a mythical story floating about of a person, who ought to be a good judge, mistaking the appearances of the inner surface of the womb after confinement for those of acute inflammation.

* Dr. TURNBULL very kindly, during the last trial, brought the writer a complete cast of the uterus, thrown off by one of Dr. TRACY's hospital patients. The uterine sound entered $3\frac{1}{2}$ inches into the womb.

IV. On sub-involution he holds peculiar ideas. It is rare, and was first pointed out by Sir JAMES SIMPSON in his Essays, in 1852. It is not so rare as he wished the jury to suppose, as he will see if he will kindly read a paper by Dr. SNOW BECK, in one of the March numbers of the *Medical Gazette*. He may satisfy himself that a large per centage of women in the colony who have had children have it, although they may make but little or no complaint of inconvenience. It appears that Dr. HALFORD—who knows little of midwifery—is quite aware that it was not discovered by Sir JAMES, therefore it could not be “a thing that required such a man as Sir JAMES to discover.” Sir JAMES has a happy knack of re-discovering things found out before,* and giving them taking names. It was described several years ago by ROKITANSKY as defective involution, a much more appropriate name than sub-involution. GOOCH, HOOPER, the elder RAMSBOTTOM, and several others must have known the disease—must have known something of this enlarged state of the womb—as will be seen from the next chapter. The old writers called it enlargement of the womb, and flaccidity of the womb. If the Doctor will look at the *Edinburgh Monthly Medical Journal* for 1843, nine years before 1852, he will very likely see the case reported in Sir JAMES’S works as having come under his notice in 1842.† The writer cannot help lingering over the Doctor’s examination and cross-examination. He (the Doctor) had never heard “of ruptures of the uterus except at the full period of pregnancy.” If he will read CHURCHILL’S and RIGBY’S works on midwifery—not very difficult works to obtain—he will find the greater part of a chapter in each devoted to the subject of rupture of the organ in the early months of pregnancy ; and if he will look over the *Lancet*, *Medical Gazette*, and other English journals, he will see that from seven to ten per cent. of the cases of rupture reported are from

* The doctor himself re-invented, some two or three years back, a double-bladed uterotome.

† If the Doctor will refer to Vol. I., page 61, of SIMPSON’S works, he will see that that paper is headed (*London and Edinburgh Monthly Journal*, November, 1843).

the fourth to the fifth month. Knowing nothing of this, it is scarcely to be expected that he would know anything of a state called softening, in which the womb is so readily torn that it will not bear the slightest touch. (See remarks on softening in the next chapter.) He continues to come out with some original ideas on several subjects. For instance, he told the CROWN PROSECUTOR "that congestion of the lungs at the dependent parts *often occurs when decomposition is setting in!*" That the "clot, or piece of slime, or scum" (*vide* history of the case) at the first trial, was a part of the membranes of the foetus; but at the last trial he said "*the amnion was like a piece of skin; sometimes it is very thick.*" He had evidently been looking the subject over, and found that the membranes at the fifth month were not "slime or scum," but fibrous.

He saw, he said, the womb at the University, and strange to say, with all his experience, "it was unlike any other womb I have seen." He examined its tissues, and "they were healthy." Does he know diseased muscular fibres of the womb from healthy muscular fibres? If Drs. PUGH, RUDALL, and himself will call on the writer, he will show them, from the piece which Mr. RUDALL gave Mr. BEANEY—long as it is since it was removed, and although Mr. RUDALL said he could not preserve any part of this organ—that *that womb was in a diseased state*. Is (may the writer ask) thinning and softening, and a deep purple colour, intense near the edges of the rupture, and gradually lessening until near the lower third, and which all the soaking to which it had been subjected before it was seen by Mr. BEANEY's friends had not been able to remove, a sign of a healthy womb. "It was thinned," he observes, as "*if it had been scraped!*" Dr. PUGH had abandoned, the evening before, the scraping theory; he did not think it quite consistent. How did the Doctor think it had been scraped down? Does he look upon the womb as a sole of a shoe, which can be scraped down to any thinness with a piece of broken glass? He admitted to the CROWN PROSECUTOR, when asked how it had been scraped, that "*he did not know how it was done!*"

He comes out strong on the subject of the ruptures being *before* and not *after* death. He says: "*It is easier to tear the womb and*

vagina before death—they are then full of blood and vascular! After death a coldness and stiffness set in.”* If they were full of blood, and torn during life, how is it there was no blood in the peritoneal cavity, or about the ruptures? The want of blood is got rid of in a very beautiful way. At the first trial, when the foetus and after-birth were said to have been removed on the Wednesday night, when the ruptures were caused, it was then the opinion of the medical witnesses that water had been injected by means of a large quart enema syringe (which was not used) *through the rupture in the fundus, and that it had flowed out through the rupture in the vagina, and brought away blood and everything!!* There was another idea propounded, which would have been quite as worthy of our imaginative countrymen, that Mr. BEANEY had drawn down the bowels or removed them, and got Mrs. CRONIN to wash and scrub them, and then replaced them. It was quite as feasible as the washing-out. One of the medical witnesses examined before Dr. TRACY admitted—unfortunately for the washing-out theory with a syringe that was never used—that if blood did get among the bowels the peristaltic action would diffuse it all over them. The Doctor clung a little to the washing-out idea, for he told the CROWN PROSECUTOR: “From the large size of the vagina, water injected would have plenty of scope to flow back; it would entirely depend on the force used whether it could get into the peritoneal cavity, and if a quantity were so injected some of it would not flow out.” [*The syringe (which was never used) produced.†*] “*If that syringe were used for five or six minutes, would it drive water so that it might drain out again?*” “*It ought to!*” But he brings forward the most beautifullest new theory to account for the absence of blood in the peritoneal cavity, which rendered washing out unnecessary.

* The doctor and Messrs. RUDALL and PUGH seem to have been studying CASPAR'S *Forensic Medicine*, translated by BALFOUR. If they wanted the precise meaning on this question he wishes to convey, they should read it in German. There is some difference between healthy tissues and those which are softened from disease or decomposition.

† To produce a syringe that was never used—isn't it very like producing the sword that BALAAM wished for when he felt inclined to cut off his ass's head.

"The belly," he said, "contracts on the womb and tends to stop the bleeding; in a case of rupture" (of the womb) "there is a similar action which tends to close the mouths of the vessels!" He accounts for the absence of any part of the bowels from the womb or vagina by the tendency they have to jump out and jump in again. In reference to the state of the edges of the rupture being neither everted nor inverted, he said—"I have not a personal knowledge as to this, but I should expect it (them) to be inverted or everted at any time it occurred!" Again, he refers to inversion of the womb, speaking of the accident as if it were very liable to occur at the fifth month, while he is describing what is the history of what takes place at the full periods. "If the placenta," he says, "is attached at the fundus, and the cord is pulled, the womb may be drawn inside out. We are, therefore, taught to introduce the hand and carefully peel off the adherent placenta." When asked "as to the appearances found in blood-poisoning," he said "there is generally a deposit of pus in the lungs and in the joints." Has he never seen puerperal women struck down and die, presenting the same symptoms as this girl did, and yet no pus has been discovered in any part of the body? (*See the report of the case, with observations on similar cases, in the next chapter.*) The Doctor's opinion as to how a *post-mortem* examination should be made is perhaps as original as most of his opinions on medical subjects. He considers that a man is "very culpable indeed," if, when he is called upon to make a *post-mortem* examination in a uterine rupture, he does not introduce his arm as high as the elbow and extend parts, which under ordinary circumstances are scarcely more than eight or nine inches in length, to from thirteen to fifteen inches.

The Doctor comes forward to give his opinion as a perfectly disinterested person; in fact, he is quite Pecksniffian in his expressions of virtuous independence. Did he never read any inscription in Trinity College, Dublin, like this—

Mel in ore, verba lactis,
Fel in corde, fraus in factis.

The writer asks any lawyer accustomed to deal with witnesses with a bias, to say, if one who takes from four to five pages to

answer such simple questions as whether a man is justified in passing his hand and arm into the vagina and uterus, and whether he can do so without risk, is a man deserving the name of a straightforward witness.

Dr. MARTIN's evidence is the next to demand consideration, as he comes in to back up Dr. TRACY. This gentleman was called upon to show that what Dr. TRACY told Mr. ASPINALL on his cross-examination, that the hand could be introduced, at the fifth month, into the womb, was perfectly possible.

Q. Supposing any woman in the fifth month of pregnancy—is it possible to get your hand up the uterus after she is dead?

Dr. TRACY.—*It is very difficult.*

Q. Is it possible?

A. It is quite possible.

Q. With any woman, in her fifth month, after her death, could you so far distend the vagina?

A. It would be exceedingly slow and difficult; I know it is possible during life, but I have never had an opportunity of testing whether it were possible after death. I do not see why not in the way described. I understand it was done to see if the parts were so distended.

Q. He (Mr. RUDALL) did it a great deal more quickly than you do?

A. It is a slow operation when the parts are in their ordinary condition. *It could be done during life; I never had an opportunity of trying after death.*

Q. Could the hand be so introduced into a uterus at the fifth month when in this condition?

A. *I am not prepared to say that it could. I never had an opportunity of doing it during life; it can be done, but it is a very difficult matter.*

Q. But with a woman alive, and for some useful purpose—can it be done to any woman if carefully done?

A. At the fifth or sixth month the hand can be introduced to remove the placenta, but it is only done as a choice of two evils.

In the first place, he says "it is *very difficult at the fifth month after death*, but he has *had no opportunity of testing it*." How does he know how difficult or how easy it is? Does he expect to meet the same resistance after death as during life? If he does he is very much mistaken. Does he not know that the os uteri is always open in a womb affected with defective involution, and that it becomes still larger during menstruation? He goes still further, and admits that he "*never had an opportunity of doing it during life*."

On the 10th of June, Dr. FIGG, who had a poor woman dying from flooding from retention of the placenta after abortion at the fifth month, called on Dr. TRACY, and asked him to go and remove the placenta. The Doctor refused to go, but said *that he "had done it,"* and that "Dr. MARTIN had also done it *a fortnight before* by introducing his hand into the uterus."

At the first trial, in answer to a question from Mr. DAWSON as to what "stage of pregnancy introduction of the hand was justifiable?" he said, "I have had no experience before the full period. I believe it to be consistent with safety at about the seventh or eighth month; not without extraordinary violence." Dr. TURNBULL went with Dr. FIGG, and saw the patient. She was placed under chloroform, and both, after attempting for some time to dilate the mouth of the womb, were unable to succeed. Drs. STEWART, ROBERTSON, and TURNBULL were equally as unsuccessful at a case some time back, in an attempt to introduce the hand and remove the placenta in a case of flooding after abortion at the fifth month. Dr. FIGG, who has had as much experience in turning as any man in the profession, has never been able to succeed. The experience of the profession is against its possibility at the fifth month, and so is nearly every writer on the subject, with but very few exceptions.*

Dr. MARTIN said: "A case lately occurred to me. It was that of a woman who was suffering from flooding; she had been suffering from it for more than two months." She had menstruated last in

* There is an article on the subject of introducing the hand in abortion in the third volume of the *Transactions of the Obstetrical Society*, by Dr. PRIESTLY. It is evidently a pet subject of his, and one must therefore expect it to be coddled up a little.

the beginning of December, and she aborted on the 26th of May. The placenta was removed half-an-hour after the foetus escaped. This case, which is represented to be one at the fifth month, is, in reality, at the sixth, or very nearly so—December (beginning of), January, February, March, April, and May 26th. That it is possible to introduce the hand when the womb is flaccid at the sixth month, most medical men are agreed. There are many reasons for this ; the womb has increased quite two inches in length, and from one to one and a half inches in breadth, to what it was at the fifth month ; the size of the child is also much larger, having increased from six to seven inches, and from five to seven ounces (its length and weight at the fifth month), to nine or ten inches and to sixteen ounces (more than double its weight) at the sixth.

The writer publishes this gentleman's evidence, but leaves others to judge as to whether it is of any value, and whether an attempt was not made on the part of the Crown to misrepresent facts. The writer does not think that Dr. MARTIN—whom he knows to be an honourable man—would allow himself to be made, knowingly, to say what he must feel, if he considers the matter duly, was an untruth.

In Professor HALFORD's evidence there are some striking peculiarities. He does not display any of the ignorance which crops up so thickly in Messrs. TRACY, RUDALL, and PUGH ; but evidently wishes to be impartial, like the animal which we see figured in *Aesop's Fables* between two bundles. In the direct examination he is all for the Crown, and in the cross-examination for Mr. BEANEY, as far as he could be consistent with his duty to the clique ; and had his temper not been unfortunately ruffled by asking him "to stake his reputation that the girl was pregnant"—a thing on which even Mr. RANKIN was rather sensitive, as most men are who have none, or only a little to lose—he would have been more so. It was evident that he had not been quite long enough in the colony, and is not dependent on the favour of the clique for his bread, and that his conscience has not acquired the necessary amount of elasticity which either the heat of the climate, or something else, engenders, and enables any man, no matter whether he has the ability or not, to tell a lie and stick

to it.* The PROFESSOR may not think it a compliment, but no medical witness, with the exception of Dr. L. L. SMITH—a gentleman Dr. BARKER once felt such a tender solicitude for in the matter of dress, thinking, no doubt, with that maternal kindness for which he is so distinguished among his professional brethren, that his “tye” was all that was wanting to make him fit company for those he has at one time or another delighted to honour—gave such straightforward evidence. But *place d'une dame a bonne visage*—the twin-like love of the CASTOR and POLLUX of *the days of the trial*—the former *guadet equis*, the latter *ovo prognatus codem pugnis*—must stand over for another time. “I received,” he told the CROWN PROSECUTOR, “the larger portion of the uterus ;” but a little further on he said there was no part wanting ; he made the same statement at the first trial, and he showed Mr. BEANEY’S friends that no part of the fundus (as was at first supposed) was wanting. The writer makes this observation from hearing the Doctor suggest, at the first trial, that “he did not say he had received all the uterus.” “A circular piece,” he continues, “had been cut out of the womb near the rupture.” “This was done,” said the CROWN PROSECUTOR, “by Mr. BEANEY ?” “I believe so,” he replied. At the first trial he said : “*At the back wall of the womb, near the entrance to the right fallopian tube, there was a circular opening, which I afterwards ascertained to be done by Mr. PUGH or Dr. RUDALL for the purpose of examining.* The circular-cut piece through the walls of the womb was of the diameter of a shilling.” Certain persons, the old saw says, should have good memories. The object of this question is evident. The CROWN PROSECUTOR, with that eagerness for a conviction which distinguished his proceedings, put this question with a view of leading the jury and the public to think that Mr. BEANEY had cut away the ovaries on the Sunday, while Messrs. RUDALL and PUGH, the gentlemen employed by Dr. CANDLER to “pot him,” were watching.

* From the admirable way in which he once ordered Dr. BARKER to take off his hat when he came into the room (where he was lecturing) with the Sheriff to demand the latter gentleman’s brains, the writer always felt that he had too much of the Englishman about him to end himself to a clique of men so much below himself in ability.

A very likely thing—he was not allowed to touch the womb. According to Mr. RUDALL's evidence the ovaries were cut away and left in the body. Stand forth, Dr. HALFORD, and say—*Were not those ovaries cut away after the womb had been hardened by spirit?*

You injected the uterine arteries (one you said at the last trial), and “found them to be enlarged.” Did you not tell Drs. TURNBULL and STEWART that you had “injected the uterine arteries to find the placental attachment, and that you had not been able to do so?”

“I did not,” he continues, “examine the tissues of the womb with the microscope. I would not put any faith in it in organic disease of the womb. It does not require a microscope to see it.” In his cross-examination he said, “the tissues of the organ were much too soft to bear handling,” and he repeats it in his re-examination. The great TRACY says, “the tissues were softened by decomposition and hardened by spirit.” Yet the uterine artery “would bear injecting—it *was enlarged*,” because in pregnancy the arteries are enlarged, and that would tell against BEANEY. *Are the vessels never enlarged when there is hyperæmia* (an increased determination of blood to a part)?

The writer, in his humble opinion, believes that the muscular fibres of that woman's uterus were in a state of disease; and if he could discover it with only a fifty-shilling microscope, what might not the Professor, with the Government microscope, costing no one knows how many hundred pounds, have discovered?—perhaps that the muscular fibres of the womb were enlarged to the size of the fifth month of pregnancy—a thing that Mr. RUDALL and Dr. PUGH seem to have quite overlooked, and which, if they had had the sense to look for and discover, and found a *corpus luteum* at the same time in one of the ovaries, and *although they found not another sign of pregnancy*, one trembles when he thinks what the result would have been.

He had had, he confessed, no experience in reference to sub-involution, but between the first and the last trial, as far as his onerous duties permitted, he had evidently read a little about it, for he had probably learned that SIMPSON was not the first to discover it. It was quite evident that he felt that he had discovered mare's nest No. 2 since he

had been in Australia. He naturally felt proud that he could see a little further into a mile-stone than the professor of midwifery, to whose department sub-involution is said to belong. If any one will take the trouble to read page 63, and the foot-note, of Vol. I. of *Simpson's Obstetrical Works*, he will find that he does not claim to have discovered the disease, for he cites HOOPER and several others. He gave it the name of sub-involution, and the mass of the profession of the TRACY stamp, with a tendency to run after any bell-wether that bleats loud enough to attract attention, at once take up the cry.

The Professor depended on the weight, five and a half ounces—"as that cannot be altered" by spirits or no spirits, by decomposition, then restoration by spirit, or by organic contraction—as a strong proof of pregnancy. But when cross-examined by Mr. ASPINALL he admitted that it might have been enlarged from other causes than pregnancy. Of course it might—from gas, water, retained menses, and several other things, described in every manual on diseases of women. He admitted it remained large after pregnancy, and said "I have no personal knowledge on this subject," and yet he "thought that the womb had been a pregnant womb." He goes on, and says: "In my opinion, the distention of the mouth of the womb had taken place during life." "I don't think," he says further on, "that he (RUDALL) could have passed his hand through the mouth in its contracted state—he must have used force. A doctor's fist would not dilate it after death, if it were not a pregnant womb—it would obliterate the neck." "If force were used, it would dilate the mouth." "The absence of the ovaries," he said, "was an unfortunate circumstance," as an examination of them would have determined the question of pregnancy.

"It is a matter," he said, when referring to the propriety of passing the hand up the vagina, "we may differ upon; I should not have passed my hand." Neither, most men in the profession will say, would any other man who had the slightest regard for the most common kind of decency and cleanliness. The great Dr. TRACY, however, would have considered him highly "culpable had he not done so." "He would have done just as he did." He (Dr. HALFORD) would not directly admit that Mr. RUDALL ran any risk, in passing

his hand up, of causing the rupture in the vagina. "I cannot say what force," he told the CROWN PROSECUTOR, "would be required to rupture the vagina after death." "If the vagina were decomposing would he run no risk?" Mr. ASPINALL inquired. "He (Mr. RUDALL) must have known what he was about. *He ran no risk if he did not attempt to overcome any obstacle.*" This was just what he did do; he ran his fingers in attempting to pass them into the mouth behind the neck of the womb, and so ruptured it. He never got the vagina, although Mr. RUDALL said that when he removed it he placed it in a solution of chromic acid, and took it to the University himself. It is like the ovaries, and part of that gentleman's depositions at the inquest—missing in a mysterious manner. He finishes with a little bit of Rudallism, and says—"If I had seen the rupture in the fundus, and had come to the conclusion that it was the cause of death, I should have disregarded the other organs."

In reading over Dr. PUGH's evidence, it is easy to see that he is rather more honest and more consistent than either Mr. RUDALL or Dr. TRACY, for his evidence differs but little at both the trials, with the exception of being more positive than that given at the Inquest and the Police Court. He went to the *post-mortem* examination of the body, not because he had had any experience in making such inquiry, for it is believed that he has not made one for several years (nine or ten), but because it was thought necessary to have some one present besides Mr. RUDALL; and he being mentally purblind, was thought to be a good tool. He was plunged deeper and deeper into giving a more decided expression to his opinions by being coached and read to; while Mr. RUDALL was always edging a little, as if the dread of a charge of perjury was floating across his vision, and he wished to secure a legal chink through which he could escape, and if too closely pressed fell back on "I know nothing of midwifery." The doctor always seemed to go in like a great schoolboy, with his lesson carefully learnt word by word, and while he was allowed to go on—gently led is perhaps the best term—he did very well; but de-perch him and he became as helpless as a hen in a water-hole. The body, he said, was *discoloured in parts and raised in blisters containing gas; the face and genitals swollen*

and discoloured ; the lungs congested, and loaded with bloody fluid ; the cavities of the chest contained about five or six ounces of bloody fluid ; the liver was pale, large, and soft ; the spleen was softened and enlarged, and the blood in it more fluid than usual. The writer asks Drs. PUGH, RUDALL, and TRACY, to show him any work, or any body of a person who has died from the loss of much blood, in which these changes will be found. *These changes were perfectly consistent with death from blood-poisoning, and death from no other cause. (See next chapter.)* He went on, and said—"The face and lips were dark and swollen, and the lips of the vagina were also dark and swollen." The state of the face was due to decomposition ; the state of the lips of the vagina, to violence. Mr. RUDALL, in his examination at the last trial, said he "found extravasated blood in the tissues of the vagina, and also found it in the edges of the rupture of the womb." This was all new, like the length of the womb, the ovaries left in the body, but removed, according to Dr. PUGH. Is it not quite as possible that the alteration of the face was as much due to Mr. BEANEY's having used violence there, as it was to his having used violence on the vagina ? If the vagina were bruised and ruptured, as it is said to have been, why was it not preserved ? The lips of the vagina at the University—the only part of it there—were perfectly free from traces of violence. They, in their ignorance, mistook the dark colour which the vagina presents during menstruation, and the alteration which the blood produces by gravitating to its lips after death, for violence. It was indeed a misfortune that they had not an opportunity of making another *post-mortem*, either real or imaginary. Would they not have bled themselves to the last drop in their veins but that they would have poured blood, and plenty of it, in the cavity of the abdomen ? "After turning back," he said, "the intestines which overlapped the womb and bladder, the womb was seen of a dark purple colour ; and on turning back the upper part of the womb (raising it, we presume he means), the rupture was seen." The rupture, he said, in the course of his examination, was *behind* ; in fact it could not be seen until the fundus was raised. They go to find that she had been delivered ; they see the womb dark coloured ; Mr. RUDALL pounces on it, intending to raise it

(and the organ being *thinned and softened*, as it sometimes is), makes the rupture—*accidentally, of course*—but he makes Dr. PUGH think it existed before death. If he had said it had existed before her birth, the Doctor would possibly have been equally as well satisfied and quite as ready to testify to the truth of the assertion. The edges of the rupture were in contact. They were neither inverted or everted—turned in or out. What better proof is there than this, as they might have seen had they looked into TAYLOR'S *Medical Jurisprudence*, that it was an after-death occurrence? And, again, they say there was no blood in the abdominal cavity, and no fluid of any kind—very strong corroborative proofs. “The chief characters,” says TAYLOR (*P. and Practice of Medical Jurisprudence*, 384-5, ed. 1865), “of a wound occurring *after death* are—1. *Absence of copious bleeding.* 2. *If there is bleeding it is exclusively venous.* 3. *The edges of the wound are close, not everted.* 4. *There is no extravasation of blood in the surrounding cellular tissue.* 5. *There is an absence of coagula.*” What can be plainer than this, and correspond more closely, had it been written for the occasion. “Again,” says the same writer, “the principal characters of a wound occurring during life are—1. *Eversion of the edges.* 2. *Abundant hæmorrhage, often of an arterial character, with effusion of blood into the surrounding parts.* And 3. *The presence of coagula.*”

Mr. RUDALL got an inkling of the necessity, from Dr. PUGH'S cross-examination, of making the rupture appear to have been made during life; he therefore said, for the *first time*, “that there was blood in the edges of the rupture.” How does he know? *He never cut into the edges to see.* It will be seen from Dr. PUGH'S evidence that the organ was discoloured, thinned, and softened. It was of a deep purple colour, and this colour must have been most intense at the edges of the rupture, for with all the different kinds of treatment it had received—of soaking in water and in different spirits, which would have removed it had it not been from disease—it still preserved it. When seen at the University it was very deeply coloured near the edges; but this got gradually paler until it ceased about the point of junction of the middle with the lower third.

“The parts (he says) contiguous to the rupture, half or three-

fourths of an inch on each side of it, were boggy—that is, soft—and contained a thickened deposit.” From the state of the edges of the organ as seen—for Mr. BEANEY’s friends were not allowed to touch it—which were putty-like, irregular, and bevelled off to the point where the peritoneal membrane existed—the description “*that the fundus presented a spongy-like mass, which was ragged, and appeared to be a collection of vessels and muscular substance,*” would correspond very closely with what must have existed when he examined the organ. By soaking, in his endeavours to discover the attachment of the placenta, he saw “*white fibres hanging from the edges of the rupture*—blood deprived of its colouring matter, from the action of the water.” This would show that the blood had coagulated in the parts before the rupture was made, and is confirmative that the blood-vessels were obstructed, and that disease existed.

The uterus and its appendages, he continued, were removed and placed on the table ; the ovaries were then attached. When cross-examined by Mr. ASPINALL, he said—“I am confident I saw the ovaries attached to the womb after the parts were removed from the body ; I am sure they were removed all together.” “I mentioned to Mr. RUDALL that I thought the examination was one of the most delicate character, and that Professor HALFORD was the person most fitted to undertake their examination, as he was accustomed to use the scalpel and the microscope, and that it was important to distinguish between the true and false corpora lutea. I did not miss the ovaries when I received the jar from Mr. RUDALL.” This was on the Monday or the Tuesday, when he received the parts for the purpose of examining the womb for the attachment of the placenta. He saw the womb at the University, and “he then heard for the first time that they (the ovaries) had been cut away.” He did not see Mr. RUDALL “cut away the vagina.”

Never, perhaps, did any medical witness, giving evidence intended to crush a brother practitioner, make such a lamentable exhibition of himself as he did when cross-examined. After trying to make the jury believe that the womb had been thinned—first by scraping, and then by picking—he said he meant that it had split on the hand and so ruptured ; but being unable to

account for the thinning, he thought that if the hand were in the womb, in contracting, the placenta, and the part of the womb in contact with the fingers, would be likely to come away—but immediately afterwards he said if the hand were introduced “he would expect the womb would invert rather than rupture.” Again, he added that the introduction of the finger, or a dose of ergot of rye, would do as well as the whole hand. “Dilatation of the mouth of the womb to a certain point would not necessarily cause the after-birth to be expelled;” but immediately afterwards he said, “dilatation of the mouth of the womb would cause contraction, and cause the organ to expel anything it might contain.” The decidua, he said, “lined the whole of the womb,” yet she was pregnant; but he admitted “that if it did she could not be so.”

In a “transverse rupture he would expect great bleeding, particularly if through the part where the placenta was attached;” yet he could not account for the absence of blood. He did not think that it could be removed, as he said at the first trial, by a stream of water entering through the opening in the fundus, and flowing out through the opening in the vagina. The “peristaltic action of the bowels would diffuse blood all over the abdominal cavity, and render its removal in this way impossible.” His idea at the different examinations before this one was that the rupture took place on the Wednesday—now his idea was that it had been done on the Thursday; and although he had heard that she was up every half-hour on Wednesday and Thursday, yet “he did not think she could have used any exertion after it had taken place.” He admitted, although at first he held that malignant disease of the womb meant cancer, yet that “it was quite as applicable to a severe disease of the womb as to a severe disease of the throat, or a severe fever.” He did not think that a flat belly was consistent with pregnancy at the fifth month, or that falling of the womb could occur so late as the fifth month. He did not know the length or the weight of the fœtus at the fifth month. “It was,” he thought, “nine or ten inches long, and five or six ounces in weight!”

Here the indefatigable Dr. BARKER, who was seated under him, became pantomimic, and Mr. ASPINALL called the JUDGE’s attention

to it. The CROWN PROSECUTOR evidently felt rather indignant at the idea that a witness for the Crown should not be telegraphed to, to learn what to say, as it interfered with his right to get a conviction. "Mr. ASPINALL," he said, "had medical men to assist him." Mr. ASPINALL: "Yes, endeavouring to assist a professional brother, not to ruin him."

The Doctor continued to admit that there were pimples, as a rule, found round the nipples in pregnancy—but they were not found in this case ; that the rupture in the womb looked as if it had happened after death, and not during life ; and that it was difficult to tell the difference (the brown membranous deposit, which he described as being a sign of pregnancy, being found in menstruation) between the womb during menstruation and after abortion. There are still a great many points in his examination and cross-examination undwelt upon, but many of them have been before referred to ; the others the writer must leave, for fear of wearying the reader, to be considered when speaking of Mr. RUDALL's evidence.

He turns to the evidence of Mr. RUDALL with a feeling—not of disgust, but of shame of the deepest kind. Here is a man who is supposed to hold the very high qualification of Fellow of the Royal College of Surgeons of England, obtained by a fair amount of hard work, and who has held a commission in HER MAJESTY's service—which alone would entitle him, setting aside whatever claims he might have by birth or education, to call himself a gentleman—and, therefore, supposed to be incapable of either doing or saying anything that could lead his knowledge or word to be doubted ; yet he deliberately swears :—

First—That a rupture made after death in the vagina and womb occurred during life, and from violence—by a pushing or a pulling force.

Secondly—Mistakes the appearances found in the womb of a woman who died during menstruation for those of abortion ; and the coloured state of the vagina, due to the same cause, to violence ; and to strengthen his opinion says for the first time at the last trial, " that he found extravasated blood in the vagina and in the edges of the rupture in the womb."

Thirdly--Misrepresents the signs of disease, and says they were the result of decomposition ; and fourthly, although unable to find any marks of the attachment of the placenta, deliberately cuts off the ovaries as things of no value in determining whether pregnancy had existed or not, "because they were liable to mislead!"

From a man so mentally obtuse as Dr. PUGH, who at the trials seemed to be always in a kind of misty "crow's nest," ready to cry out "there she blows," or "there she don't," as the man in the hold (Dr. B.) directed ; or from Dr. TRACY, whose motto, at least at the court, seemed to be "*Jabber vincit omnia*," a very slight amount of tergiversation was perhaps to be expected, but not from an educated man.

Like Dr. TRACY, he had a grievance, but of a different kind. He complained that he was not at the first trial called upon to explain how admirably the *post-mortem* examination was made ; about the stomach that was *not* tied, removed, and examined ; the liver that was *not* removed and cut up to see whether it was diseased ; and the undisturbed intestines, into which *punctures* were made to see if the mucous membrane were healthy—not by the CROWN PROSECUTOR, whose object it was supposed to be to elicit the truth, but by the counsel for the prisoner, Mr. DAWSON. He evidently felt hurt that the search for the ovaries—in the body and in the coffin—was not such as to enable the gentlemen who re-examined the body to discover what was not there—was unsuccessful. A good microscopist, on very close inspection, might have seen the Yan Yean glistening in his eyes, as he detailed this wrong.

If any medical man or any lawyer will carefully read through his cross-examination, he will see that POPE's lines of—

"He who now to sense, now to nonsense leaning,
Means not, *but blunders round a meaning*—

are scarcely applicable to this gentleman, for he does not even "blunder round a meaning," or anything like a meaning, for it had to be dragged out of him by, very often, five, and ten, and even fifteen minutes' cross-examination. He even out-Tracyed the great TRACY, who, it will be seen from the following morsel, chosen at hazard, is a good hand at blundering round a meaning.

Mr. ASPINALL--In the case of a transverse rupture, with the intestines tightly packed, what is there to prevent their natural tendency to sink into an aperture ?

Dr. TRACY—I think any number of surgeons must acknowledge that when the intestines protrude it is when the upper portion of the vagina is ruptured, and the intestines get jammed into it, perhaps the most likely thing possible ; but when the fundus is ruptured I think it a most unusual thing for the intestines to get in, because the action of the womb is to close.

Q. Are not the intestines in a state of motion ?

A. Yes, they are always moving.

Q. I understand you to say that the contraction of the womb would close the blood-vessels ?

A. Yes.

Q. Would not the same contraction have a tendency to make it (the rupture) more open ?

A. It would extend the tear but not the gap ; I can only give it you as my opinion.

Q. You say it would extend the tear, but not extend the gap ?

A. It would extend the rupture, but not to a capacity sufficient for anything to fall into it.

Q. But if it extended the rupture the capacity would be extended ?

A. Witness illustrated, by means of a piece of blotting paper, that if the rupture extended, the lips of it would tend to come together.

Q. It would then extend the rupture in length ?

A. Yes.

Q. Then it would tend to make the rupture grow larger in that respect, and make it extend transversely, and that action would tend to draw the sides together ?

A. Yes.

Q. The sides of the rupture being open, would not the weight of the intestines upon them produce protrusion ?

A. The intestines are very buoyant and contain air, and their natural movement is in this direction.

Q. Do not the bowels always protrude if there should be any opening in the belly ?

A. Certainly; that is the very thing needed. The bowels have a tendency to go up again; in hernia the action of the bowels tends both ways. (To protrude and return, the writer presumes, like a JACK-in-the-box).

These ovaries, about which there has been such a bother, where are they? What became of them? Mr. PUGH says they were not replaced in the body; that he remembered distinctly seeing them attached to the womb when it was lying on the table; and Mr. BEANEY saw them connected with the womb on the Sunday, when he went to Mr. RUDALL's house. The body and the skull—which was wide open from the very slovenly way in which the skull-cap had been removed by cutting through the scalp all round the head (instead of across from ear to ear, and dissecting back the flaps), and then sawing through the skull and raising it—and the coffin were most carefully searched by Dr. STEWART and the writer, with Drs. TURNBULL, CROOKE, and FIGG looking on, and ready to direct them if they thought any part had been overlooked.

The question of "Who bagged the ovaries?" will come from every medical man in the world to Messrs. RUDALL and PUGH. Have neither of these gentlemen a spectre, with blackened and swollen face and skull-cap wide open, to show how well he did his work in opening the head, sitting at his bed-head, or going arm-in-arm with him down the streets, gibing at him, and muttering into his ears, "Where are my ovaries?" Spirit seers say such a spectre does exist. *The parts were in Mr. RUDALL's charge*, and it is to him that the Crown—for they were the property of the Crown—must look for them. The poor starveling who steals a piece of iron, worth a farthing, the property of the Crown, gets three months' imprisonment. Why should Mr. RUDALL escape? Are there two laws in the colony?—one for those who have no friends, and one for those who have? The writer does not hesitate to say, that not only were the ovaries cut off, as Dr. HALFORD stated, after the womb was removed from the body, *but that they were cut away after the parts had been hardened by spirits*. But how admirably the CROWN PROSECUTOR and himself try to fix indirectly on Mr. BEANEY the taking of the ovaries. On the Sunday, he said, "Mr. BEANEY came

to my house to examine the womb;" and after observing "that the womb was thin at one part"—and something more which Mr. RUDALL forgot, namely, "Is it not softened?"—"he (Mr. BEANEY) said, 'I will just take a piece of this for microscopic examination.' I don't think I made any remark. I did not offer any objection to his doing so."

Q. Did he take it?

A. Yes; a very small portion.

Q. Did you see where he took it from?

A. I did not see exactly where he took it from.

Q. Did he take it from the inner surface?

A. I am nearly sure he took it from the inner surface of the womb.

Q. What size was it?

A. I could not say accurately; but I am satisfied it was a very small piece.

Q. Did he take it right through the substance of the womb, or a portion of the surface?

A. I believe it could not be right through the substance of the womb.

Q. What did he take it with?

A. Either with a knife, or a pair of scissors, or the forceps lying on the table.

Q. What did you examine while he was there?

A. We looked at the inner surface of the womb and at the rupture. We made a section of a piece, I am nearly sure, before he left, of the inner portion of the womb. I cut a very fine piece of the womb, to put under the microscope.

The insinuation that it was "either with a knife or a pair of scissors" was worthy of the men who concocted it, and perfectly consistent with their conduct throughout the whole case. They first charged him with procuring abortion, and in removing the foetus with his hand on the Wednesday night, *then* rupturing the vagina and womb. Finding this charge untenable, at the second trial they indicted him for doing a perfectly lawful act, as Mr. ASPINALL justly observed, namely, removing the placenta, which cannot be called producing

abortion. This was, the writer believes, the legal aspect of the case, and quite as sensible as the medical one. Mr. BEANEY, whose word is certainly quite as worthy of belief (perhaps more so), informs the writer that Mr. RUDALL cut out the piece of womb himself, and gave it to him in a piece of oiled silk.

He passed, he stated, his "hand through the vagina, through the mouth of the womb,* and made his fingers appear through the rupture in the cavity of the womb." After this, is it surprising that he "estimated" the length of the vagina and uterus at from thirteen to fifteen inches, from four to six inches longer than natural. Men may truly say of Mr. RUDALL—Here is indeed a *utro-vaginal elongator*.

There is so much of this gentleman's evidence referred to in the early part of this chapter, and in the analysis of that of Drs. TRACY, PUGH, and HALFORD, that the writer cannot go over the whole of it without reiterating a great deal of what has been said before.

His cross-examination lasted a long time, not from the questions put to him being either very numerous or very long, but from the cat-like tenacity with which he clung to every point wherever he could fix a claw. He evidently felt that he was not fighting the battle for the Crown or for the clique, but for something that was a thousand times dearer—his reputation. He had not the courage to say, "I was mistaken;" and, therefore, stood hour after hour, admitting little and by little that what he was at first positive about might either exist or not exist, or did not exist at all. He starts by admitting that he had had no experience in midwifery during his arctic expedition, *for* none of the officers or the crew needed the aid of a man midwife. Then he says "that he did not think he had prepared any questions for *this* trial. He had not revised BARKER, PUGH, TRACY, CANDLER, and RUDALL's catechism of "How to 'pot' a fellow-practitioner." He did not know what his friends had done, but, after a good deal of fencing, he confessed that he had stated how he would like his questions to be put, and

* Mr. RUDALL had to grease his hand and arm before he was able to pass them up, but we do not hear of Mr. BEANEY taking off his coat or using grease to do the same thing (as he was alleged to have done) during life.

that he had endeavoured to do his utmost to assist the prosecution. He had, he went on to say, no wish to state any thing but facts; but his evidence at the former trial was thought insufficient, and he had added to it. At this point the CROWN PROSECUTOR got rubrescent, and jumped up to give the lie to his witness (who had been trying to shirk this question for a long time), and offered to put the paper from which he had examined him in as evidence! He continued, that a *post-mortem* examination, to be properly made, would take months! but he took this body out of the coffin and made one which, with his good intentions, might have involved the liberty, and perhaps the life of a fellow-practitioner, in a little more than an hour or an hour and a half.

He believed that the rupture was seen when he opened the abdomen, but he had not a clear view of the womb. It might have been necessary to remove a coil of intestines, although the large intestines were distended with fæces and the small intestines with gas. The rupture was situated on the posterior part of the fundus, and was brought into view by raising the womb a little! "What he did he did correctly," but he could not have sworn there was a rupture had he not put his hand under the womb and raised it. The womb was dark-coloured, but this might exist independent of pregnancy. He would not admit, later in his cross-examination, "that it was diseased," but only "that it was not in its ordinary condition." His ideas about a healthy state were peculiar. Any alterations that were found he considered were due to decomposition, and not to disease. The congested lungs—the large, pale, soft liver—the enlarged and softened spleen—the enlarged kidneys—the discoloured state of the lining of the left ventricle, with deposits in its lining membrane and the deposits in the liver,* and the thinning of the mucous membrane, which he admitted did

* The discolouration extended from the left ventricle along the aorta to below the diaphragm. The deposits found in the lining membrane of the heart and in the liver—where they appeared to be situated in the centre of nearly every lobule, so numerous were they—were evidently of a fatty origin—margarine combined with some albuminous substance, and not of an earthy nature, as he wished it to be inferred. They are very well represented in the article on pyæmia in *Holmes's Surgery*.

occur after death, were not signs of disease, as the "brown exudation," and the "fringes"* seen when the womb was soaked in water, were certain signs of pregnancy. He did not think the examination could have gone much further than he carried it. It might have been carried further—he thought he would carry it further another time; then he confessed that he felt that it would be his duty the next time to examine still more carefully.

If a rupture of the womb did occur during life he "would not expect either eversion or inversion of the edges; but if after death, then the edges could be equally inverted or everted."

To the question as to whether he would not see before he put his hand up the vagina, he replied that he did see. Dr. TRACY said that there were many ways of looking up the vagina; and Dr. PUGH seems also to have done so. So that it is quite evident that both Messrs. RUDALL and PUGH looked up a distance of nine or ten inches, and saw the rupture in the vagina. He saw no risk, he said, of rupturing the vagina by introducing his hand, for according to CASPAR, it is very difficult to rupture or tear dead parts. The parts in this case, he said in another part, when cross-examined, were decomposing (rotten it may be said).

He gave a glance at the liver, stomach, and intestines, and thought this sufficient, but he admitted that if any one raised a prosecution against him he would require a careful examination.

He knew that an application was made by Mr. BEANEY's friends to see the womb at the coroner's inquest, and although he took it out for others to see, yet every difficulty was placed in the way of their doing so. He did not know if they would have got permission to re-examine the body, had not Judge WILLIAMS granted an order for it.

He did not tie and remove the stomach and examine it, because he made an incision into its anterior wall, and saw it was empty. She might, he admitted, have been poisoned for what he knew, although the state of the stomach could not be known unless it

* It is very probable that these "fringes," of which he speaks as if they were the decidua, were nothing more than the capillaries, laid bare by the removal of the brown exudation by soaking.

was cut open. As to the question of thinning, he said, in answer to Mr. ASPINALL, "if he knew about the stomach"—

A. It appeared to be perfectly healthy.

Q. Was it thin?

A. Not so much thinned as to appear to be affected with disease. I did not observe that it was thin?

Q. What do you mean by so much "thinned?"

A. Some stomachs are thinner or thicker. There are variations in stomachs.

Q. What do you mean by "so much thinned?"

A. Not too thin to be within the limits of health.

Q. Do you mean to say it was thin?

A. No, I do not; the stomach was healthy.

Q. It could not be healthy if it was extremely thin—was it thin?

A. I did not observe that it was thin.

Q. Did you endeavour to observe one way or the other?

A. Yes; I know it was within the limits of health.

Q. Was it thin at its great curvature?

A. I know it becomes thin at the great curvature after death.

He "did not measure the length of the womb, he *estimated* it;" but he "thought that actual measurement might be more accurate." Neither did he cut it open, "he saw as much as was necessary;" yet he admitted that "if he had done so, he might have gained some additional information, and he would have gained more." "It might have been well," he added, "to have examined the interior of the womb sooner than he did, as decomposition was setting in."

After stating that he placed no reliance on the *corpus luteum* as an evidence of pregnancy, and that he had heard what Dr. PUGH said about sending the ovaries to Professor HALFORD, "he did not intend to do so." Nor did he intend to examine them, as for many years they had been a source of considerable error. But when asked "if he meant to say that they did not exist in pregnant women?" he admitted that "he would expect to find them."

He found no marks of the placenta, and he did not preserve any of the deciduous membrane, nor any of the womb—"he could not do it!"

He "did not say it was milk he found when he cut into the breasts, but only a milky fluid." "He might," he said, "have known more about it, had he taken more trouble."

He did not consider rupture of the womb a proof of pregnancy, and that there were certain conditions of disease in which it might rupture, but such a thing was among the rarities.

He cut away the vagina because it was decomposing, placed it in a solution of chromic acid, and took it to Professor HALFORD himself. (That gentleman never saw it.) He cut it off, he continued *through the rupture*, which he believed occurred during life, and might of itself have caused death; and his reasons for doing this were that he could not get a jar large enough to contain all the parts together, and that "*it was better* to sacrifice one-half of the evidence for the sake of preserving the other half." He did this although he knew Mr. BEANEY's friends had applied for permission to see the womb and its appendages, and admitted "that it would have been of great advantage to the medical men to see all the parts together rather than separate."

He left the ovaries and the Fallopian tubes in the body, but he gained, he admitted, no object in doing it. He did "not know what was finally done with the ovaries." He did not see everything that Dr. PUGH did.

He differed from Drs. PUGH, HALFORD, and TRACY as to the value of the ovaries, and "*wanted to know upon what they founded their opinions.*" The profession differed, and among others Dr. TAYLOR.*

* This gentleman, page 771 of his *P. and P. of Medical Jurisprudence*, after referring to a case in which Dr. LEE and Mr. WHARTON JONES were at issue as to whether a *corpus luteum* was a true or a false one, quotes Mr. W. JONES and Dr. KNOX's opinions that one may be found in the ovaries independent of conception, and says, "that in the present state of our knowledge the discovery of the foetus could alone warrant an opinion that conception had taken place."

NOTE.—A *corpus luteum* is very often found, and yet there are no signs of a foetus. *The presence of one is no proof of pregnancy*, but the absence of one is a nearly certain sign that it did not exist. In MARY LEWIS's ovaries there is every reason to think that no *corpus luteum* existed, otherwise they would have been produced.—C. E. R.

In a transverse rupture like the one he found he "would anticipate that there would be more or less bleeding;" generally he would expect considerable bleeding. He "would expect it to escape externally if there were no obstruction." "There might be a chance of its getting into the peritoneal cavity," but he "found no blood there." It would be difficult to wash out blood if coagulated; "the use of warm water would favour a greater flow of blood; cold water is generally used to suppress bleeding."

With such a rupture in the womb, it did not necessarily follow that the bowels would descend through it; "either the mesentery or *something* (?) else prevents them." "The bowels may go into the rupture; they come down when the patient is lying on her back." There would be a probability of their coming down when she was sitting up, and "straining would add considerably" to the chance of their doing so. The womb, he admitted, may enlarge without pregnancy. He had probably seen the deciduous membrane in hospital museums. He did not put the parts into spirits immediately, but into paper, with the view of enabling other people to see them. He admitted that the womb was the last organ to decompose, but he found this one was decomposing—more so than he could expect. He had found the womb several weeks after death undecomposed.

CHAPTER II.

OBSERVATIONS—HISTORY OF MARY LEWIS'S CASE—CASES OF A
SIMILAR NATURE, ETC.

THE history of the case, as given to the writer by Mr. BEANEY, and the symptoms detailed by MARGARET CRONAN and the other persons who were brought in contact with her, show that she was not pregnant, or if she had been, that it must have been before she came under his care. The suppression of the ovaries, which seem to have been cut away after the womb had been hardened by spirit, is a very strong proof that she was not pregnant; for no one can for an instant believe that if a *corpus luteum* had existed in them, that they would not have been produced to strengthen the case for the prosecution. On the other hand, there was evidence produced—that of Dr. RANKIN, Mr. JOHNSON (the chemist), and Dr. L. L. SMITH—to show that she might have possibly thought she was pregnant, for it can be readily understood that the poor thing, leading the life she no doubt did, thought that the suppression of her menstrual discharge might be a sign that she was so. Dr. WILKIE was brought forward to say that a person of the name of LEWIS came to him on the 6th of December, to consult him about her child; asked to speak privately with him, and requested him to procure abortion for her. The Doctor was in doubt if she were the person, but it was one of two women who came to consult him about that time about a child. It is evident that the Doctor must have been mistaken, for Mrs. CRONAN and Miss MARGARET CRONAN accompanied her, and both of them state that MARY LEWIS did not speak to the Doctor but in their presence. Again, when she went to Dr. RANKIN, on the 9th of January (one month later), she complained of leucorrhœal discharge, and that she had seen very little of her monthly discharge lately. About the 7th of February she told him that she had not been unwell for six weeks; and when she went to Dr. L. L. SMITH on the 3rd of March, he, from an examination, considered her to be three months advanced in pregnancy. It would not—if these four wit-

nesses—Drs. RANKIN and SMITH, and Mrs. and Miss CRONAN—are to be believed, be wrong to think that Dr. WILKIE really was mistaken in the person. If the proofs adduced by Dr. RANKIN and Dr. SMITH of her pregnancy are considered, they are nearly as valuable as those of Dr. WILKIE as to her being the person who applied to him. When she consulted the former on the 9th of January, he did not take the trouble to determine whether the discharge was copious or not, thick or thin, white or yellow, tinged or not with blood, or offensive or not. He seems to have treated her as a gratuitous patient, for he kept most irregular notes of the times he saw her; and it is rather to the prescriptions in the possession of the chemist than to his memory of any details as to what he prescribed and when he saw her, that any coherent history can be made out. In the first or second week of February “she had not seen anything” for six weeks, and then wished him to prescribe something stronger for her. He said—“‘I hope you have *used no means for suppressing the discharge!*’” She laughed. I then told her what I thought of her symptoms, and I proposed to examine her breasts; this she refused, saying, ‘It did not matter.’ I then said, ‘I cannot prescribe for you any longer, and I hope you will not continue taking the medicines I prescribed for you’ (aloes and myrrh with oil of savin).” Dr. L. L. SMITH saw her on the 3rd of March. “She asked me,” he said, “to determine whether she was in the family-way or not? To the best of my belief she was. I examined her partially (*i.e.*, introduced his finger and felt the mouth of the womb). She appeared to be three months gone. I did not examine her with the speculum.* She asked me if I could procure abortion for her. I told her I could not. I saw her subsequently about a week after. She came to persuade me to reconsider my judgment. I dissuaded her from it.” At the close of the first trial a very important witness, of the name of ESSE, called on Mr. DUFFETT, Mr. BEANEY’s solicitor. He informed him “That he went to live as barman at the hotel in which MARY LEWIS was barmaid, on the 2nd of February last, and remained there until April, when the landlord left. He noticed soon after he went that

* This gentleman considered that an examination with the speculum was the only means by which the existence of pregnancy could be determined. He had, he said, at the last trial been prosecuted for using the speculum, and had therefore abandoned it.

Mr. Aspinall. Dr. Barker got up that prosecution? [The witness only smiled seraphically, and looked at the worthy doctor.]

she looked pale, and frequently changed from pale to red. She often sat down as if very much exhausted, and on many occasions put her hand to her stomach and complained of pain, and said that she had never been well since her last confinement. After he had been there a fortnight she asked him to take up boiling water to her bedroom, which he did on seven or eight occasions. The last time was about the end of February or the beginning of March. At her request he took up a foot-bath and three bucketsfull of boiling water. She appeared on that morning to be very weak and restless, and went up to her bedroom after the water had been carried up—about eleven o'clock—and remained there until between one and two. When she came down she still appeared to be weak, and frequently sat down. The bath with the water in it was not removed on the following day. His attention was then drawn to it by the housemaid, who complained that it smelt very badly, and on going near it he noticed that it was dark coloured and very offensive. About this time the water-closet on the same floor as her bedroom became stopped up. A plumber was sent for, and he saw him remove several towels from the pipe." There were two persons—the housemaid and the plumber—capable of corroborating or disproving this witness's testimony. How is it, the writer asks, that they were not, with this witness—who was constantly with her from the time he went to the hotel until she left—produced by the Crown law officers? Everything that could aid the case for the persecution—it would be an insult to justice to call it a prosecution—was carefully brought forward, but anything that could place it before the public in its true character was carefully suppressed or misrepresented. A syringe was produced that was never used; the prescriptions written for her and taken to a chemist to be made up, were called by the CROWN PROSECUTOR forgeries; Mrs. BENNETT, who was examined at the Police Court, was not produced at the trial, because her evidence favoured Mr. BEANEY; and Mrs. and Miss CRONAN were called hostile witnesses, because they happened to answer one or two questions in a way that did not aid the case for the Crown. Mr. BEANEY's house and movements, and no doubt the houses of his friends, were watched by men detailed for the duty. In fact, the system adopted throughout rather resembled that adopted in France than that pursued in an English colony, and among men whose great boast it has always been that secret *espionage* has never disgraced England, or any of her dependencies. Throughout the case there has been the grossest dereliction of

duty. Who is to blame for it—the Crown law officers or the police? Is an individual to be ruined in pocket, incarcerated, and his life endangered, and the country put to an enormous expense, because a few men choose to band together and get up a charge to gratify private animosity and put money—which might have been tainted with blood, for what they would have cared—into their pockets, without fear of any after-consequences? If no one is to be held responsible for the proceedings pursued in this case, the law is but a farce, and the law officers but puppets for men to twist and twirl as they think best. This state of things cannot continue; it is contrary to the Divine injunction of “Thou shalt do no wrong;” and if those in whose power it is to do justice forget to do their duty, the people, whose duty it is to obey the law, and trust to it to see any wrongs they may suffer rectified, will cease to respect both the law and those who administer it, and fall back on the knife and pistol as the best arbitrators.

The evidence of this witness, the barman, seems to show that there is still something in this case that demands investigation. There is an interval of a month between the time she was last seen by Dr. RANKIN, February the 10th or 12th, and the time she went to Mr. BEANEY on March the 12th. Who saw her during this interval? For it is evident that if she did abort, that she must have done so in the latter part of February or the beginning of March.

Is it possible that this poor girl thought herself to be pregnant, and consulted some one who believed that she was, and who introduced an instrument into her womb, gave it a turn or two, to separate the membranes containing the foetus from the womb, and in doing so injured the fundus? This witness says she experienced pains, for she “*was very restless*” in the morning, before she went upstairs and used the hot bath, and after she came down “*she appeared weak and often sat down.*” Did she use the bath expecting a child to come away, but instead, a slough was discharged, leaving the part of the womb whence it separated thinned?

The writer has seen very severe symptoms produced in a case in which the uterine sound was introduced with a view of producing abortion, and also in a case in which it was used under the idea that the patient had a tumour in the womb; symptoms of acute inflammation set in, and the patient died. Valuable as the uterine sound is in diagnosing growths in the womb, and the length of its cavity, yet it cannot be used carelessly, or in chronic inflammation of the lining membrane and the body of the organ, without some risk.

With but a limited number of books at his command, the writer has been able to find two cases recorded which may throw some light on this really mysterious case. In both cases instruments were introduced for the purpose of causing abortion, although no child existed in either case, and both ended fatally. In one there was a large opening—the edges of which were thinned—in the top of the womb, through which three of the fingers could be passed, and the womb, as in MARY LEWIS's case, was of a dark purple colour, and its walls softened, the result of disease previous to the introduction of the instrument. In the second case the internal surface of the womb was ulcerated and its walls were softened.

The first case will be found in the *Medical Gazette* for 1835, Vol. XVI., p. 502. The patient supposed herself to be nearly four months advanced in pregnancy, but her abdomen was as large as it would be at the ninth month.

The elder RAMSBOTHAM, who saw her, felt the uterus *above the pelvis*. It was large and resistant, and generally painful on pressure; at one part on the right side it was particularly so. She had had for five or six weeks a discharge, which was sometimes bloody, and sometimes more or less serous. Her countenance was dejected; she had fever, great irritability of the stomach, and general irritation of the skin.

Both Dr. GOOCH and himself, as well as the other medical men who saw her, had some doubts as to her being pregnant. The mouth of the womb was soft and flaccid, and open enough to admit the top of the finger half an inch. A few days later, as the symptoms had got worse, a catheter was introduced to rupture the membranes, in case there might be a foetus. It passed "high up, and could be easily moved about as if *in vacuo*." A few hours after this periodical pains came on, with a little increase of the discharge; these ceased spontaneously, exhaustion supervened, and she died the same day. The uterus was as large as it would be at the sixth month; it was unusually red externally; when squeezed, some blood escaped with puriform and serous fluid; its walls were softened, and they had much the appearance of the pregnant state. In its fundus there was a large ragged opening, capable of allowing three fingers to pass; the edges of the opening were thinned. The cavity of the womb was enlarged, and capable of holding the head of a child at the full period, but there was no foetus or any of its appendages. The whole internal surface of the organ was destroyed by ulceration, and near the cervix it was nearly eaten through. At the back part there was a shreddy

fibrinous mass,* the size of a large egg, containing coagulated blood and puriform matter.

The second case occurred to Dr. HALL DAVIS, who reported it in the *Lancet* for 1846. The patient was deformed, and was supposed to be pregnant, as she had all the symptoms of pregnancy. Her breasts were large—*they contained milk*. This had not been observed before for six years. A bougie was introduced into the womb on the Saturday, and left there to produce abortion. Flooding followed, but it was arrested by plugging the vagina. She died on the following Wednesday. The lungs were congested, and the liver was small and softened. The womb was large; its walls softened, but not much altered in thickness; internally it was ulcerated, and covered with foetid pus and broken-down clots of blood.

The following is the history of the case of MARY LEWIS, the notes from which it was taken having been made by Mr. BEANEY at his visits on the Tuesday, Wednesday, and Thursday. They were handed to the writer during the time the inquest was being held.

THE CASE.

"This person (MARY LEWIS) came to my house just as I was about leaving on a professional visit, on Monday evening, the 12th day of March, 1866. She said she was the barmaid at the Terminus Hotel, St. Kilda; that she had kept up as long as she could, but had now been compelled to leave her situation. She complained of a feeling of faintness, together with pain in the lower part of the abdomen, and bearing down, with some protrusion of the womb. She said she had vomited on her way in; she said she had a red-coloured discharge, which had an unpleasant smell, and she showed me a napkin, with some red, offensive discharge on it. She appeared pale and tremulous, her pulse was quick and feeble, her tongue coated and dry, and she complained of great thirst. I told her it would be necessary for me to examine her womb, in order that I might prescribe for her properly. As it was night-time, I ordered her a sedative draught, and to inject warm water several times a day, and told her to go home as quickly as possible, and get to bed,

* From the mouth of MARY LEWIS's womb there were two oval-shaped fibrinous slough-like bodies just projecting. Mr. BEANEY's friends, it must be remembered, were not allowed to touch the organ. It was understood that they should make no observations during the time they were inspecting it.

and said I would visit her, and examine her on the following day. I, however, found after she had left that I had omitted to take down her address, and, therefore, had to wait until I received a further communication from her. Between twelve and one o'clock on the following day (Tuesday) I was requested by a woman, who said her name was CRONAN, to call and see the young person for whom I had prescribed the previous night, as she had accidentally omitted to leave her address. I said I would call as soon as I could in the afternoon. I visited her about half-past four o'clock, when she made the following statement relative to her case.

"I am twenty-one years of age, and have always enjoyed tolerably good health until thirteen months ago, when I was delivered by instruments of a female child, which is alive. Since that time I have never been right, especially with my courses. Sometimes I would be very bad indeed for many days, and then they would stop on me for two months or more; and they have had a very disagreeable smell, and my womb also comes down very much. I told Mrs. BENNETT (her mistress) that standing so much behind the bar made my womb worse, and I would like to have rest for a few days. I have taken a good deal of medicine for it. I have been attended by a surgeon, who has, I am sure, done his best.' She also said, in answer to a question put to her by me as to the possibility of her having had a miscarriage, 'Oh, dear, no, Dr. BEANEY, for I should have known if such had occurred; as I told you, I have had a child.' She also said her breasts were often painful.

"On examination, I found the abdomen soft, in fact flaccid; quite free from tenderness or tympany, except at the lower part, immediately over the uterine region, where she said I gave her great pain when I pressed with my hand. The external organs of generation were quite normal, but there was a mucous, foetid discharge escaping from the vagina. On making a digital examination, I noticed that the vagina was capacious; the uterus was low down, it felt large, and was tender to the touch; the os uteri was open, and soft and smooth; I could just pass the tip of the index finger into it. I could discover no signs of tumour, or polypus, or any other body. On examining the uterus with a medium-sized speculum, nothing remarkable could be observed about the os beyond congestion. One or two small clots, of a red colour and offensive smell, escaped from the mouth of the uterus during this examination.

"From the history of this case, coupled with her denial of having been pregnant or miscarried since the birth of her little girl, together with the physical examination, I could not arrive at any other diagnosis than the following—that she had disease of the womb consequent on and in connection with sub-involution of that organ from chronic inflammation since her last confinement. From the enlargement and tenderness of the womb, I suspected there was inflammation of the organ, with, from the foetid discharge, ulceration of its cavity.

"The treatment which appeared to me to be the most rational in this case consisted in prescribing such remedies as would control the pain in the uterus, to support the strength of the patient, and to keep the generative organs well washed out by means of syringing with soap and tepid water, thereby removing all disagreeable discharge from the vagina. The first indication was met with by a mixture containing morphia and chloroform ; the second by a liberal supply of nutritious broths, eggs, and wine, &c.

"On the following day (Wednesday) I saw her again about the same hour in the afternoon. She said she was easier than when I last saw her, but she still vomited occasionally ; she had slept badly through the night, and felt giddy when she sat up in bed ; her tongue was dry ; she complained of great thirst, and her breath had a peculiar foetor. She was pale, with a bluish tint of the lips, and her pulse was rapid and feeble. On examining the napkins there was more offensive discharge upon them. She had failed to procure a syringe ; her reason, she said, for not doing so was that she did not like the people in the house to know that she had any discharge. I therefore sent to my carriage for my leather bag, in which I carry my instruments, and having ordered some warm water to be got ready, I took from it a female syringe and washed out the vagina with soap and water. The medicine and nourishment were ordered to be continued.

"I was summoned to her again about nine o'clock in the evening, by Mrs. CRONAN'S daughter, who said she was in more pain, and that she could not sleep. I put in my pocket a small bottle of chloroform and visited her at once ; she said she had more pain in her womb, and she "would give the world for a sleep." I noticed little or no change in her since my last visit, with the exception of rather more pain in the uterine region. There was no alteration in the character of the pulse, and the abdomen was quite soft ; but the discharge was more copious and very foetid.

"I was exceedingly angry on finding that she had not obtained a syringe. I ordered a draft to promote sleep, for which I prepared her by letting her inhale a small quantity of chloroform, and left instructions that should she awake and complain of pain the draught was to be administered.

"On the following day (Thursday) I saw her again, about half-past four in the afternoon, and found her in a state of collapse. Her lips were very dark-coloured, face dusky and expressive of great anxiety, and her voice feeble; the hands and feet were of a bluish colour, and the extremities were cold; there were sordes around the teeth; the breath was very offensive; pulse rapid and feeble, scarcely perceptible; there was pain of a bearing-down character, which caused protrusion of the vagina, the lining membrane of which was of a deep purple colour; the discharge was so excessively foetid as to lead me to suppose that sloughing was going on in some part of the internal generative organs. I sent again to my carriage for my bag, which I left on the table in the front room, and took from it my syringe, and once more washed out the vagina, from which I removed a small offensive brownish clot and clots of blood (which I threw into the chamber-vessel), and the bearing-down pain then subsided.

"I was very angry with Mrs. CRONAN for not having carried out my instructions with regard to the syringe. I insisted upon her using the one I had with me in my presence, which she did very well.

"I ordered bottles of hot water to her feet, hot brandy-and-water and beef-tea internally, with instructions to send for me if she became rapidly worse. I was sent for about half-past seven o'clock in the evening of the same day, as they thought she was dying. I arrived soon after this, and was told she was dead."

How far does the evidence brought forward at the inquest, police court, and trials bear out Mr. BEANEY's statement?

1st. With reference to the state of her health since her confinement. She told ESSE, Mrs. BURNS, and MARGARET CRONAN that she had not been well since her last confinement; and there must, no doubt, be other persons who could be found to substantiate this.

2nd. With reference to the state of her health before she consulted Mr. BEANEY. Her mistress, Mrs. BENNETT, said at the police court and at the first trial, that "she complained of being ill for a month or two before she left, and on several occasions of her womb being down, and that she was passing blood and slime. She went about her regular work every day, but at times she lay

down—sometimes on the sofa in the bar-parlour, and sometimes upstairs. She never walked, for she complained of not being able to walk far. She always complained of not being able to walk much within a few months of her leaving. When she went away she said she was going to be examined for her womb.” Mrs. BURNS, a person who had known her for three years, and who was often in the habit of seeing her, stated at the first trial “that MARY LEWIS spoke to her about the beginning of March. She told her that her womb was coming down, and that she had an offensive discharge of a slimy red colour. She showed her the napkin she was wearing with this kind of discharge in it. She advised her to go to Mr. BEANEY, as he had cured her ‘of a falling of the womb.’” The testimony of ESSE, before quoted; that of her master, Mr. BENNETT; Mr. HENDERSON, who was a frequent visitor at the hotel; and Mrs. BROWN, who went with her to Dr. RANKIN; and Mrs. O’NEIL, and LUCY GREEN, shows that she complained of being ill before she left.

3rd. Her state during the time she was at Mrs. CRONAN’S. She arrived there on the Monday night, and after eating some supper, drinking with it some porter, and then some brandy-and-water, she went to bed; but before she went to sleep, she vomited up what she had eaten. She seems to have passed a tranquil night. MARGARET CRONAN, who slept in the same room, said that in the morning she complained of being ill, although she did not look so; but she was pale. She said her womb was coming down. Mr. BEANEY came to see her about half-past four. Water and a towel were placed in readiness for him. “I heard nothing while he was in the room. After he left, I noticed some spots of blood on the bed where she was lying. She said she was ‘unwell.’ The water in the basin was not discoloured. I slept with her the next night (Tuesday). She was rather fidgety, and got up frequently to use the chamber vessel, and complained of pain in her back. On Wednesday morning I got up about seven o’clock. She seemed very ill then. Mr. BEANEY saw her at half-past four o’clock. She still complained of pain in her back. I went for him in the evening, and he came between nine and ten o’clock. There was some blood and water (urine tinged with discharge) in the chamber-vessel before he went into the room. He called my mother into the room. I went with her. She was then asleep. He said, ‘I have given her a little chloroform.’ She soon awoke, and seemed easier. She was very bad during the Wednesday night. She was very restless, and got

out of bed very frequently. I observed blood (urine and discharge) in the chamber-vessel the next morning. I noticed a great change in her face in the morning. It was of a dusky blue colour, and her lips were purple. I noticed that her breath was offensive on the Tuesday, that it was very bad on the Wednesday, and still worse on the Thursday, and on the Wednesday that there was an offensive smell about her.* I went to fetch Mr. BEANEY in the morning at her request, and gave the message to the servant.† He came to see her at the usual time—half-past four. After he left, I saw the chamber-vessel. It contained a dark substance, about three-fourths the length of my finger. There were also clots of blood in the vessel.”

The evidence of Mrs. O'NEIL and Mrs. CRONAN, who were in and out of the room, corroborate MARGARET CRONAN's statements. The former noticed the pains on the Thursday, and in reply to an observation by the witness “that it would be better to have twenty children than suffer such pain,” she said “she would rather have forty.” “After the doctor left I went into the room; Mrs. CRONAN went in first. I asked her how she felt. She said easier; her pains were not so bad. She turned herself in bed, and said she would have a little sleep. I left her to put some clothes on the line, and when I returned she was dying.” At one of the examinations she said, “I do not think from what I saw that the deceased lost more blood than a woman who was unwell would.” She describes the clot spoken of by MARGARET CRONAN as “a bit of skin filled with water,” and Mrs. CRONAN describes it as “a piece of scum or skin.”‡ Mrs. O'NEIL said it had an offensive smell.

* Mr. HENDERSON, who visited her on the Wednesday night, noticed this offensive smell. It was so disagreeable that he could not remain in the room.

† This message never reached Mr. BEANEY. The JUDGE commented rather severely on his not going down when sent for. It is a strong proof in his favour. Had he been attempting to procure abortion, he would have neglected other engagements to go and see her.

‡ A great deal was attempted to be made of this “scum or piece of skin.” It will be evident that this was a false membrane, and that the pain she experienced was the same as women suffer when such substances are thrown off. Dr. TRACY, at the first trial, considered it to be a part of the membranes of a fifth-month foetus! MARGARET CRONAN, who took it up between her fingers, said, at the last trial, “that it was soft and slimy, and if she had held it longer than she did, the lower part would have fallen away from the part she held between her fingers.” This certainly was not like the membranes at the fifth month.

Mr. BENNETT, who reached the house soon after she was dead, and was there when Mr. BEANEY arrived, in answer to his inquiry as to what was the cause of her death, replied that "on an examination he found her in a very bad state, and that she could not live very long in the state she was;" and further on he said that Mr. BEANEY told him "that he had found the inside of the deceased and her womb quite rotten, and the stench from it very bad." Mr. BEANEY offered to open the body, but this he (Mr. BENNETT) objected to. The next morning Mrs. CRONAN called on Mr. BEANEY, and said "that reports were in circulation in the neighbourhood that the woman had been delivered of a child, and murdered," and wished him to come down and open her and "clear her house."* He promised to do so, but on mentioning the case to a medical friend, who rather pooh-poohed the idea of going with him to open the body of a woman "wi' nae prospeck o' a bawbee" for doing it—and having some pressing engagements, he neglected to go down, but sent a certificate that she died of "malignant disease of the womb." Had Mr. BEANEY been guilty of procuring abortion, or of mal-practice, how easy it would have been for him to have gone down and removed anything that could have laid the slightest foundation for a charge against him, and laughed at Drs. CANDLER, PUGH, and RUDALL. It is perhaps to be regretted that, from being so confident in his innocence, he treated the message brought by the policeman that there was to be a *post mortem* examination with the indifference he did; and that if he did not care to go and meet Drs. RUDALL and PUGH—men he knew were his enemies—he did not send two medical friends to watch their proceedings, and curb their imaginative imaginations.*

* The writer was once present at the *post-mortem* examination of the body of a woman who was supposed to have died from mal-treatment, or rather, as she had been under a homœopathic practitioner, of no treatment at all. The liver was found, by the two medical men who made the examination, to be green from the presence of bile. They at once pronounced it, although as hard as it possibly could be, to be gangrene. The practitioner would have certainly been committed for manslaughter had there not been some one there to check them. This case of Mr. BEANEY's should be a lesson to every medical man not to allow a *post-mortem* examination of a body to be made—the result of which might affect his reputation—without sending a medical man to watch the proceedings. He must never forget that with a good opportunity, and willing hands and tongues, a man can very easily be ruined, and even hung.

The next to be considered is the state of the body as described by Mr. RUDALL and Dr. PUGH, the state of the womb when seen at the University, and of the body when re-examined at the cemetery by Mr. BEANEY's friends.

"The body," Mr. RUDALL said on the first day, "was a good deal decomposed; *the skin in many places discoloured; the cuticle raised in vesicles, which contained gas; the face, lips, and eye-lids were swollen and dark-coloured, and the external parts of generation were much swollen and discoloured.* In the orifice and the cavity of the vagina there were a number of plugs of *cotton-wool, or lint, which were soaked with bloody discharge.** With the exception of the sexual organs, there were no external marks of violence perceptible. On removing the skull-cap and dura mater, the brain was found to be soft, the result probably of decomposition, as there was no appearance of disease about it. In the chest, the heart and pericardium appeared to be healthy. The heart was almost empty. There was scarcely a trace of blood in its cavities. The pleura on both sides were free from adhesions; there was some reddish fluid in each pleural cavity. Both lungs presented evidence of congestion, but they everywhere contained air. The spleen was quite diffuent, no doubt the result of decomposition; *the liver and the kidneys, though a good deal decomposed, were apparently healthy; the pancreas also appeared to be healthy; the stomach was healthy and empty; the small and large intestines were healthy; the large intestine contained faecal matter.* The urinary bladder and the urethra appeared to be healthy and sound. The vagina was very much dilated. The uterus was large, and in its fundus was a large rupture, the edges of which were ragged; the opening was large enough to admit of the hand being passed through into the peritoneal cavity. *Behind the rupture now described there was a band of uterine substance, and then another large opening through the walls of the womb of a similar character, and not quite so large, but nearly so.* The colour of the walls of the womb was of a deep reddish brown—blood-stained, in fact. The length from the orifice of the vagina to the rupture in the fundus of the womb was from thirteen to fifteen inches. The thickness of the wall of the uterus varied from about a quarter to a third of an inch. The mammary glands displayed no colour or areola round the nipple;

* These were introduced by one of the women who assisted to lay the body out, and consisted of pieces of wadding and of the towel used for washing the body.

they were quite pale. The milk tubes contained milk, or opaque white fluid. The mouth of the womb was large enough to admit several fingers ; its mucous membrane was nearly healthy, except being of a deep colour. I found no signs of malignant disease of the womb."

On the second day he said—"Since the last day of this inquiry, I have, in conjunction with Dr. PUGH, re-examined the womb of the deceased MARY LEWIS. Mr. BENAËY, who is now present, was present part of the time, during part of the examination of the womb. He left of his own accord, and he took a small portion of the uterus for microscopical examination. Before proceeding with my evidence to-day, I wish to amend that portion of my former evidence relating to the posterior rupture described as existing in the uterus. *I found, on further examination, that the band of uterine tissue included the posterior lip of the uterus, and that the rupture had taken place through the wall of the vagina, and the recto-uterine cul-de-sac of the peritoneum.* I carefully noticed the state of the lining of the uterus. It presented a villous appearance, very distinctly seen when the parts were floated out in water. I also examined some portions under the microscope, especially in reference to the question of malignant disease. I did not find any indication of the presence of malignant disease; the villous appearance of the lining membrane of the womb closely resembles that condition known as the membrana decidua, *which exists in the later periods of pregnancy, and which does not exist under other conditions.* It could not be produced by any form of disease. I believe that the deceased girl was pregnant shortly before her death. I could not trace distinctly in what portion of the uterus the after-birth was attached. I examined the edges of the rupture of the fundus of the uterus. I found that the peritoneum presented a well-defined edge, showing that it was not the seat of malignant disease. That portion of the uterine wall which was the seat of the rupture was somewhat bevelled off and *thinner* than the other portions of the walls. *The wall of the womb, which was the seat of the rupture, appeared to be healthy, and was not softened.* The other rupture was through the wall of the vagina, and into the cavity of the peritoneum." [Before the magistrates he said—"Both lungs were much congested ; the spleen almost diffuent."]

"I estimated the uterus to be between five and six inches in length, about four inches or a little more in breadth, and the thickness of its walls appeared to me to be from one-fourth to one-third of an inch.

The lining of the uterus presented a villous or shreddy appearance over a great portion of its extent; near the fundus it appeared to be ragged. These parts of course were somewhat altered by decomposition.

There was no areola perceptible round the nipples of the breasts, but on cutting into the breasts a milky fluid was seen. *There was no blood in the peritoneal cavity.* The os uteri was large, and about the size of a five-shilling piece, and easily admitting of a further distension.

From the appearances I thought it very probable that she had been in the family-way a short time before death. It is quite certain the uterus must have contained some body which had enlarged it; it could not have enlarged itself; the appearance of milk in the breasts is an important appearance. With the exception of the private parts I found no trace of disease.

At the last trial he said the womb was of a deep-purple colour; it was brought into view on removing a coil of intestine; the rupture was situated at the posterior part of the womb, and *it was fully exposed by raising the womb.* The evidence of Dr. PUGH does not differ from that given by Mr. RUDALL, with this exception, that on the first day he said, "*I observed in the vagina a laceration in the mucous membrane between the rectum and the vagina.*" This is no doubt the second rupture described by Mr. RUDALL on the second day in the vagina, and which he (Dr. PUGH) described at the police court as a "tear," at the junction of the mouth of the womb with that part where the membranes are reflected from the surface of the bowel, three inches in length. He said, "I found no signs of violence or bruising about the mouth of the womb." At the police court he observed: "On examining the surface of the uterus it was found to be covered with a reddish-brown lining; this, when examined under water, presented a roughened surface, from which a number of vessels were seen floating out. That part of the lining membrane occupying the seat of rupture at the fundus of the uterus was boggy, and apparently cemented together by bloody exudations." He also said that *the ovaries and the bladder* were healthy. The womb, when seen by Mr. BEANEY's friends at the University, about three weeks after its removal from the body, was of a dark purplish-brown colour externally; this colour was even then very deep for three-quarters of an inch near the edges of the rupture; it then got gradually paler, ceasing at the junction of the lower with the middle third. From the fundus being sunk in, it appeared as if

part of it had been carried away, but the edges, which were ragged, fitted together. From the mouth of the womb two small oval-shaped bodies projected; they looked like sloughs, and appeared to be attached to some part within the mouth by pedicles; neither their length nor their points of attachment could be determined. The inner surface of the organ presented some little dark hair-like fringes, as of capillaries laid bare; the surface of the womb was of a greyish colour, save at the edges of the rupture, where the colour was darker. The texture of the thinned part could not be determined, as neither Drs. TURNBULL, STEWART, CROOKE, nor the writer were allowed to touch the organ. The thinning did not commence suddenly, but gradually, the thinnest part being at the external membrane of the organ—the peritoneum—where it had given way. The surface of the organ, examined with a magnifying glass, presented a regular granular surface; in the centre of each of these granular bodies there was a minute spot; there were also minute spots of a somewhat similar character between them. This appearance was lost near the edges of the rupture.

The appearances presented were very much like those which would be observed in the womb of a person who had died during menstruation, after it had been soaked some time and the exudation removed.

At this time nothing had been said by Dr. PUGH about the womb having been lined by “*a brownish exudation*,” or about the “fringes” or vessels floating out by Mr. RUDALL. The measurements of the womb were very politely given by Professor HALFORD to the writer, and it would be only justice to him to say that he offered every facility for the examination of the organ, with the exception of allowing it to be touched,* as he had just received instructions not to allow any person to do so.

The womb was five inches broad, two inches long in the centre, two and a half inches on the left side, and three inches on the right side. Its walls at the thickest part were half an inch thick; at the thinnest, near the rupture, less than a quarter of an inch; and its mouth two and a half inches in diameter. The ovaries had been removed evidently by a sharp instrument, probably a pair of scissors.

* Dr. GIRDLESTONE, who went to the University earlier than the other gentlemen, had an opportunity of handling it. He arrived at the conclusion that it was diseased, but, not having a magnifying glass, he had not an opportunity of examining the surface, as Drs. TURNBULL, STEWART, CROOKE, and the writer had. This was to be regretted; as his opinion, as well as that of Dr. FIGG, who saw it later, would have been of the greatest value.

The cuts were fresh and smooth, and had been made since the parts had been hardened. An attempt had been made to inject the uterine vessels. The organ, when Mr. BEANEY's friends arrived, had just been taken out of the solution into which it had been placed to dissolve out the substance used for injecting. There was a ragged rupture in the fundus, which extended the whole breadth of the organ, five inches. There was a small circular opening just outside the redness near the rupture, from which a piece had been cut for examination with the microscope.

Dr. PUGH, who was present, showed by a slip of paper rolled up the length the womb was in the centre when it was removed from the body—about three inches.

The body was exhumed on the 21st of April, and re-examined by Dr. STEWART and the writer in the presence of Drs. TURNBULL, CROOKE, and FIGG, and of Mr. RUDALL. The progress of decomposition had evidently been very much arrested, if not altogether checked, by the dryness of the ground. The skull-cap was separated from the base of the skull to the extent of an inch; it was scarcely necessary to raise it to look at the brain, which had evidently been cut up, and had shrunk to one-fourth its usual size; it was covered with a green deposit, and was diffuent. The features were swollen and discoloured, but recognisable.

A considerable quantity of blood, or thick bloody fluid, existed in the cavities of the chest, the largest quantity in the left side; there were no coagula; the fluid in both sides might be estimated at from a pint to a pint and a quarter; a very large proportion of it, particularly in the left side, was evidently blood. The lungs had been cut into square pieces; they were of a bright red colour; they seemed to be somewhat denser than usual, but beyond this no alteration could be discovered; they were not softened. The heart had been cut up; it had evidently been small, and its muscular structure was pale; the lining of the left ventricle was dark-coloured, and *in* the membrane lining it, and particularly near the semilunar valves, there existed a number of sand-like bodies, of so firm a character that they were at first thought to be sand. The discolouration did not affect the lining of the right ventricle, but it extended all along the aorta to below the diaphragm; it was much brighter in colour here than in the ventricle. The discolouration did not affect the common illiac arteries and veins. The vessels of the chest had been cut away, but there appeared to be some discolouration of the pulmonary vessels of the lungs. The liver had evidently shrunk somewhat, for its capsule was in

wrinkles; it was of a dark-brown colour; it had not been removed from its position or cut into; it was softened, and the large hepatic ducts only were recognisable; they contained yellowish-black bile; a large number of the same sand-like particles found on the left ventricle were distributed throughout its substance, and seemed to be placed in or near the centre of nearly every lobule. The stomach and intestines were becoming matted together, and it was with some difficulty that the former could be separated and recognised. The capsule of the spleen was found attached to the great extremity of the stomach; it was of a deep-purple colour, and quite empty. The pancreas was rather small and pale. The stomach had not been tied or cut open; it was separated from the duodenum, and laid open; it was empty, but was discoloured by some blackish-yellow bile; its great curvature was very thin, almost transparent, and it extended like a band from the great extremity to within a short distance of the pylorus, and was about two inches in breadth. The small intestines contained some fæcal matter, but the large ones contained an enormous quantity; they had not been separated from their attachments or cut open; they were removed, and placed on some planks resting on tressels, and cut open; they appeared quite healthy, and were not much decomposed, for they would not tear. Some of the same kind of sand-like particles were found in a few places in the mesentery, close to the small intestines. There was not more than an ounce of bloody fluid in the abdominal cavity. The muscles of the back were of a pale-pink colour, and slightly infiltrated with serum. Those of the abdomen were dark-coloured, and rather dry. The coffin and body were most carefully searched for the missing ovaries. The womb, bladder, vagina, rectum, and the front of the pubis had been removed.

Minute portions of several parts were set aside to bring away for microscopical examination, but Mr. RUDALL, the writer believes, told the officer present not to allow them to pass out of his charge. The parts were brought to Mr. BEANEY'S house, with an order that they were to be examined and returned. It can be readily understood, that with an officer waiting and watching every movement, how difficult it must have been to carry out a satisfactory examination. The structure of the liver could not be recognised; the sand-like particles were soluble in ether, but much better in boiling alcohol, leaving a small quantity of residue, which dissolved on boiling in a little water with a drop of liquor of potash, and was re-precipitated on the addition of a few drops of solution of bi-chloride

of mercury. Acids had no effect on them. It was therefore evident that they were of a fatty character combined with albumen. Mr. RUDALL, at the last trial, talked about these deposits, to which his attention was drawn both by Dr. STEWART and the writer, as being the result of decomposition, and that they were earthy salts ; that he had frequently seen them, and within the last twelve months had read about them. If it were not presumptuous, might the writer ask in what book did he see them described? Did he examine these deposits, or get any person to examine them? He must have had access to them after they were taken away from Mr. BEANEY'S.

The writer, having placed before the reader as accurate a history as possible, under the circumstances, of this poor girl's case before she came under Mr. BEANEY'S care, while she was under it, and the changes found in her body after death, has next to consider whether everything connected with it does not show that she died *from blood-poisoning*, and not *from violence*. He does not bring forward this opinion as his own, but as the opinion of every medical man who has been made conversant with the history of the case. It is scarcely necessary to say that men of such high professional reputation as Drs. TURNBULL, GIRDLESTONE, STEWART, CROOKE, ROBERTSON, FIGG, GILLBEE, THOMPSON, CURTIS, HAIG, BLAIR, and others, would not come forward and say what they did not believe to be true, and expose themselves to the laughter and scorn, not of twelve jurymen, but of every medical man not registered by the clique under MECHI'S act. Those gentle Arcadians—Messrs. TRACY and RUDALL—Australian illustrations of VIRGIL'S

——— Arcades ambo,
Et cantare pares, et respondere parati—

could not see anything like blood-poisoning in the case. The former said at the last trial, in answer to a question put by Mr. ADAMSON—

What is the *post-mortem* appearance arising from blood-poison?

Dr. TRACY. Generally there is a deposit of pus in the lungs, and in the joints. It is always preceded during life (in a case I saw thirty-six hours after the disease set in) with symptoms of this nature ; in that case one finger had decayed, and there was a deposit of pus in the lungs, which were congested from the matter becoming circulated in the blood.* It is generally arrested at the joints, and death will

* The symptoms must have existed much longer than thirty-six hours for puss to be found in the lungs, and one of the fingers to decay.

ensue in a very short time. Delirium is also caused by the poisoned blood circulating in the brain.

Mr. RUDALL, with more reticence, said :—" I saw nothing at the *post-mortem* examination of the case to lead me to suppose that she had died of blood-poisoning."

If any one will compare the symptoms which she presented—namely, the offensive discharge, the tenderness and enlargement of the womb, the foetid breath and exhalation from the body ; the quick, feeble pulse, increasing every day in rapidity ; the dirty tongue, and the sordes round the teeth, the dusky colour of the face, and the blue lips, anxious countenance—with those given by Mr. CALLENDER in his very able paper in *Holmes's Surgery*, he will see how closely they tally. The same symptoms, with softened spleen, congested lungs, and discolouration of the lining membrane of the heart and large vessels, may be frequently seen in colonial fever—a disease depending on blood-poison—which occurs in the low, dirty huts about Collingwood and Richmond Flats. Mr. CALLENDER observes (page 270, Vol. II.) that alcohol taken habitually in excess diminishes the fibrine, and in this, as in most other instances of deficiency of fibrine, the albumen and fatty principles are increased. In this poor girl there were other causes—late hours and irregular habits :—

"The patient, weak and enfeebled by previous disease, or influenced by other predispositions already described, complains suddenly of cold, and is presently attacked with rigors. In nearly all surgical instances—for example, in twenty-eight out of thirty-three of Arnott's reported cases—the patient is described as going on well when the symptoms first become declared. If a wound is suppurating at the time, the discharge often ceases, its surface becomes dry, and the surrounding integument acquires a dusky hue. The rigours, of varying severity, are repeated at brief intervals, or, though this is the exception, twenty-four hours may elapse before they recur, no symptoms arising in the interval. Perspirations, sometimes profuse and causing considerable exhaustion, sometimes scanty, succeed the rigors. The skin soon becomes dry and harsh, but towards the close of the case, if it terminate fatally, there breaks out a cold clammy sweat. The pulse, rising rapidly to one hundred or one hundred and thirty beats in the minute, is feeble, sometimes intermitting, and, though jerking, is easily compressed. *The tongue at first is but little altered from its condition prior to the attack, but soon grows dry on the dorsum, and is covered with a brownish fur. At the same time there*

is a remarkable sense of depression. The countenance is anxious and oppressed, the eyes sunken, and the expression vacant. There is often pain about the head, and the patient, restless and irritable, fails to obtain accustomed sleep. With these symptoms there exists a tawny discolouration of the integument almost characteristic of the disease, requiring, however, to be distinguished from the jaundice tinge with which it is sometimes complicated. * * * * * It is unnecessary to describe the muttering delirium, the parched tongue, the lips discoloured with sordes, which indicate a fatal termination. The symptoms are the same as those of low typhoid fever."

In speaking of the secondary deposits, he says at one stage:—"The microscope enables us to detect amorphous material, fat granules, and a sprinkling of hepatic cells, but no *pus* cells." He speaks of the disease more in reference to its connection with wounds and operations, and not to disease of the womb. In looking over different works, the writer has found the following case in *Andral's Clinique Médicale*, tome I., observation lx.; it presents a very strong resemblance in many points to this case. The lungs were congested, the spleen large and diffuent, the liver pale; the womb was of a livid red colour, and its substance was so friable that it could be crushed with the finger into a kind of pulp. *In no part of the body could pus be discovered.*

"A female had been delivered, and had left the hospital in apparently-good health. She had scarcely reached her home when she was seized with a severe chill, followed by great heat, and at the same time severe pains in the region of the womb. Leeches were applied, but without lessening the pain. On the third day she was received into the hospital of La Pitié. The pain in the region of the womb had then lessened. *The womb could be felt unusually large, and there was a reddish discharge from the vagina. When the finger was introduced the neck of the uterus could be felt swollen, soft, and hot, and it was very tender. The end of the finger could be introduced into its mouth.* She had fever, quick pulse, rapid respiration, and great anxiety, although the pain in the womb was not severe. *The state of the womb gave us less inquietude than the state of her nervous system (nervous anxiety) and the expression of her face. It appeared that severe typhoid symptoms existed, perhaps with inflammation of the substance of the womb, with the introduction of poisonous matter into the blood. The typhoid state increased the next day in a most alarming manner, and on the fourth day she sank into a state of coma, in which state she died.*

“POST-MORTEM EXAMINATION.—The membranes of the brain were not injected; the substance of the brain was pale; the ventricles only contained a little fluid. *There was considerable congestion of the lungs, and the blood in the heart was partly fluid and partly coagulated. The spleen was a third larger than usual, and very soft (diffluent). The liver was pale. The womb was large, projecting three fingers' breadth above the pubis, and its cavity was much larger than usual, and contained muco-purulent fluid, red in some parts and white in others. THE MEMBRANE LINING THE CAVITY WAS OF A DEEP RED, AND COVERED IN SOME PARTS WITH A WHITE LAYER LIKE A FALSE MEMBRANE. The substance of the womb, usually so hard, was so friable that it could be crushed with the fingers, and pressed into a kind of pulp. Its tissue was throughout of a livid red colour. In no part could pus be discovered. There was sero-purulent fluid in the pelvis, and false membranes on both aspects of the uterus.*”

Dr. WILKS, in his *Pathological Anatomy* (page 457), mentions a somewhat similar case to this of ANDRAL'S:—“The body was scarcely cold, but already livid marks of decomposition were commencing to be seen; rigor mortis was not perfect; the appearance was that of a woman who had died in perfect health, robust, and abundance of fat existed both within and without, but the skin had a slight dusky tinge. The lungs had numerous purpuric spots on the surface, indicative of a blood disease, and within, numerous lobules were highly congested, and presented exactly that appearance which precedes lobular pneumonia. The heart was flabby, and all its cavities contained dark fluid blood, and only the smallest loose coagulum on the right side, and the endocardium was already stained of a pink colour; the vena cava was also filled with fluid blood, and similarly stained. The intestines were much distended. The liver had numerous red spots on the surface and interior; and, no doubt, had the patient lived, these would have been followed by local inflammation and abscess. *The spleen and remaining organs were very soft. The uterus was very soft, so that the thumb could be thrust through its walls; its inner surface was covered by a greenish-brown pulp, and this could be scraped off in large quantities, leaving the muscular tissue beneath bare; when squeezed, a dirty fluid oozed from the veins. The ovaries were large, soft, and easily broken down, one containing some coagulum; the ovarian veins distended with dark blood, which flowed out when they were cut; the iliac veins were also full of fluid blood.*” Speaking of cases in

which death is so rapid that no local lesions occur, or at least are discernible, they are clearly pyæmic, he says:—"I think there can be no doubt that an unhealthy state of the surface of the womb will lead to the affection; and this is supposed by many to be induced by portions of placenta being left, or the entrance of air into the cavity, since we know air generally causes decomposition in other parts. On the other hand, the fact of the medical attendant conveying the poisonous influence to his patient is regarded as a proof of atmospheric infection, but even in this case its place of entrance may be the uterus itself. I think one reason why opinions have so varied is, that pyæmia was formerly supposed to be a phlebitis, and the latter condition is rarely met with in puerperal fever. In whatever way, however, the disease is produced, it is looked upon by all as one in which the blood has been affected by a poison, and the *post-mortem* appearances do not differ, I think, much from those of pyæmia, only that rapidly-fatal cases are much more common. In instances where life has been prolonged several days, you may find lobular abscesses in the lungs, or even, as I have seen, local inflammations of the liver or acute peritonitis; in one case there were vesicles of pemphigus all over the body. The appearance of the body at once suggests a blood disease, by the rapid decomposition and staining of the integument in the course of the superficial veins. Within, the blood is fluid, and all the vessels and tissues are reddened by the hæmatine; in some of the pelvic veins you may sometimes find soft coagula, but, as a rule, and according to my own experience, no clots are usually discovered. I mention this because I have already alluded to sudden death occurring in puerperal women from plugging of the pulmonary artery, and it might be thought that coagula were likely to occur in such cases; but I should say the opposite is the fact, remembering that this does not militate against the idea of purulent matter from the uterus entering a vein and so causing a coagulation, a part of which may be carried away. Besides this fluidity of the blood, the organs are all soft, especially the uterus and ovaries."

There are no doubt a very large number of cases recorded of a similar nature, and scattered through the different medical journals and works on diseases of women, and they must have occurred to most men who have seen much of disease occurring among women of drunken and irregular habits in the low neighbourhoods of large towns.

It is not the absorption of healthy pus that proves most fatal, but of putrid pus, or any putrid fluid, as any one may discover for

himself if he will take the trouble to inject a small quantity of each into the veins of an animal. From the first he will find secondary abscesses form in the organs in which the pus globules are arrested ; from the second he will find both secondary abscesses, and alteration of the character of the blood, and more or less softening of every organ ; from the third there will be no purulent formations, but alteration of the blood and softening of the organs. The size of the dose of putrid fluid will greatly influence the rapidity with which death takes place. If a small quantity is injected the animal may recover ; if a larger one it may linger on and make a struggle for life ; but if it has been previously bled, or kept on poor food, or fed on food saturated with alcohol, its chances of recovery are very much diminished ; and if a very large quantity is thrown in, death ensues in a short time.

The same results may be seen in human beings. One will struggle through, either from some constitutional power or from receiving but a smaller dose, while another will sink. Both in man and in animals, no two cases will present precisely the same symptoms, last the same time, or will the same changes be found after death.

The readiness with which the inner surface of the womb absorbs poisons, although constantly observed in the way in which a medical man sometimes propagates puerperal fever from one patient to another, yet it seems to be scarcely understood that the womb, during menstruation, presents precisely the same tendency.

How far in the case of MARY LEWIS the occurrence of menstruation—brought on by the examination with the speculum, as it will often do—tended to favour the absorption of the putrid matter from her womb, or whether it hastened or not the development of the poison which was germinating in her system when she left her situation on the Monday night, “unable,” as she said, “to go on any longer,” is only a subject of speculation.

At the first trial the question was somewhat boastfully put by the Crown side, “*Can you show an instance on record where the unimpregnated womb has ruptured ?*” If they could undertake to show an instance of a *post-mortem* examination made in the way this one was—if they could, then we might find plenty of instances of rupture of the womb after death, recorded ; but as men who are accustomed to make *post-mortem* examinations in womb diseases do not generally *thrust their hands in, and grasp the womb, because it looks dark-coloured, or pass their hands and arms up the vagina, there are but few, if any, cases recorded.* Therefore

it was a very safe challenge to make, no matter whether it came from MIDAS major or MIDAS minor.

There are a host of cases recorded in which the organ has been found so soft as *not to bear to be touched without risk of tearing*. GROSS (*Pathological Anatomy*, p. 713) says that when softening exists in a high degree *it may lead to rupture of the organ*. Dr. KENNEDY exhibited at a meeting of the Pathological Society of Dublin "a softened uterus of a deep-purple colour, taken from a woman who died with but slight symptoms; it would not bear to be touched without tearing." BURNS says: "Sometimes, as a consequence of inflammation, more or less distinctly marked, but occasionally without any *very distinct indication of uterine disease*, we find part or the whole of the womb softened, and its substance *very easily torn*." ANDRAL (*Precis d'Anatomie*, pp. 367-9) further observes:—"Induration of the uterus is a slow alteration, but softening, on the contrary, is a very rapid one; and often in females, *who die in a few days* after the appearance of irritation of the uterus, *its walls are so soft that they will scarcely bear to be pulled*; and when even lightly pressed with the finger, they are perforated. *Sometimes even the friability of the uterine walls is such* THAT DURING LIFE THEY RUPTURE SPONTANEOUSLY, particularly when the organ contains the product of conception, which presses mechanically on its walls without resistance; in this way the softened stomach is perforated spontaneously." Again, at page 683, he continues:—"One sometimes opens the bodies of females who have died of diseases unconnected with the womb, and is surprised to find this organ extremely pale and flaccid. It tears as easily as the tissue of the spleen, and presents the same viscid or half-pulpy appearance as that organ. Sometimes *this softening* is partial; sometimes it is general, and attended with *notable thinning of its walls*." GROSS says:—"What is remarkable, the lesion is occasionally coetaneous, with softening of some other viscera, especially the stomach, spleen, and heart."

ANDRAL goes on to say, at page 681:—"Sometimes even no symptoms of disease are observed in the womb, or its adjacent parts. In an old woman who died of phthisis, and who had never complained of any womb disease, the womb was filled with pus, *and a white membrane, like a false membrane*, lined its cavity. Below this membrane the mucous membrane was deeply infected. In a female who had never menstruated, and in whom no disease of the uterus was suspected, a red organised membrane was discovered, covering the

mucous membrane throughout. It was like the decidua—highly developed, deeply injected, and possessed more vitality than usual. It passed in front of the openings of the fallopian tubes, closing them, and closed the opening in the neck of the uterus. It formed a kind of pouch, and was filled with healthy pus."

It is perhaps fortunate that neither GOOCH nor the elder RAMSBOTTOM are alive, or the English ATTORNEY-GENERAL, after reading of what they do in Australia, might have them indicted on their own confession of having attempted to procure abortion, and either hang or transport them; and Dr. HALL DAVIS must consider himself especially fortunate that there were no RUDALLS and PUGHS near to make the *post-mortem* examination of the body of his patient.

But it is to be hoped that Australia will advance, although Drs. TRACY and BARKER, and their kindred geniuses, may feel that after them "the deluge."

CHAPTER III.

THE OPINIONS OF THE MEDICAL MEN WHO CAME FORWARD TO GIVE EVIDENCE AT THE FIRST TRIAL ON THE CASE AND THE MEDICINES ORDERED.

THE writer feels that no praises that he could utter could possibly do justice to the noble manner with which so many men—several of them not on speaking terms with Mr. BEANEY, or strangers to him—came forward and offered their assistance. Although only five gentlemen were called upon to give evidence—namely, Drs. TURNBULL, CROOKE, STEWART, GIRDLESTONE, and FIGG—yet Drs. GILLBEE, HAIG, CURTIS, and BLAIR were in attendance, and ready to support them. Two other gentlemen, Drs. ROBERTSON and THOMPSON, most kindly tendered their aid at the last trial. The writer has also to thank a large number of gentlemen in the country for offers of assistance, and for many admirable suggestions.

The opinion arrived at by the different medical gentlemen—and it is somewhat singular, perhaps unparalleled, that so many should, independently of each other, speak so conclusively—was that :—

1st—The symptoms which this poor girl suffered from were quite compatible with blood-poisoning, and that the *post-mortem* appearances strengthened this opinion.

2nd—That either the rupture occurred during life, after circulation had ceased through the part of the womb already diseased and thinned ; or was made after death, either by the manipulation of those who handled the body, or by the gentlemen who made the *post-mortem* examination. It is but due to those gentlemen who held the opinion that it occurred during life, to state that they could not believe—as the cross-examination at the last trial seemed to show—that it was done at the *post-mortem* examination, by the bungling of those who made it.

3rd—That there were no proofs of pregnancy ever having existed, the destruction of the ovaries being an unfortunate circumstance, as it destroyed a most important fact in connection with its absence or presence.

4th—The impossibility of introducing the hand into a uterus of the size the one seen at the University must have been during life.

5th—The impossibility of such a rupture occurring during life in a healthy womb, without there being an effusion of blood into the abdominal cavity.

6th—The impossibility of the woman getting up to use the chamber-vessel, and of her having pains like those of labour, after the occurrence of such a rupture.

7th—That the pains were such as women constantly suffer during difficult menstruation.

8th—That the womb seen at the University was a diseased womb ; that the thinning and softening were the result of disease, and not of violence.

9th—That membranes occur in the womb under other circumstances than pregnancy. And

10th—That the medicines ordered were those employed to relieve pain, and which act in preventing the occurrence of abortion.

The following are the depositions of the different medical men. The writer publishes them for the profession to judge whether the opinions formed *were not founded on something more than mere theory*, as the writer has heard it alleged.

WILLIAM MACKIE TURNBULL, Licentiate of the College of Surgeons of Edinburgh, 1840, and M.D. of Edinburgh, 1841, and pupil of Professor SIMPSON in 1839, legally-qualified medical practitioner of Victoria, Examiner in Midwifery in the University of Melbourne, and Honorary Physician to the Melbourne Lying-in Hospital, to prove —

That he has read the depositions and heard the evidence of Drs. RUDALL and PUGH.

That the rapid decomposition of the body of the deceased, raised cuticle (blisters containing gas), the distension of the face, lips, and eyelids, and their dark colour, show that the deceased must have been in a very bad state of health previous to her death.

The enlarged vagina would be accounted for by the prolapsus of the womb.

That he inspected the uterus at Professor HALFORD's rooms on the 9th of April.

The description of the uterus given by Drs. RUDALL and PUGH would indicate softening from inflammation occurring on sub-involution.

That the uterus was ruptured in the fundus through its whole length.

That the edges were very thin—the result, as before said, of disease.

That the edges, on being brought together, showed that no part of the organ was deficient.

That only parts of the broad and round ligaments, and the fallopian tubes, remained, but no ovaries; they had been cut away.

That by the removal of the uterus in the usual way adopted in making *post-mortem* examinations, the ovaries would have been taken away with it. That their absence in a case involving a question of pregnancy is very remarkable, and requires explanation.

That it would not have been possible to have inserted the hand into the uterus during life until after the sixth month of pregnancy; and even then, if it were possible, it would occasion great pain to the patient, and could only be accomplished after prolonged efforts.

That from the size of this uterus it was impossible for a man's hand to have been inserted into it.

That had the rupture taken place on the Wednesday it would have been impossible for the deceased to have got up and used the utensil in the way described in the evidence of MARGARET CRONAN.

That all uterine action must have been at an end so soon as the rupture took place.

That the deceased could not have assumed an upright position after the rupture without the bowels descending into the uterus.

That had the deceased been pregnant, as described by Drs. PUGH and RUDALL, and the placenta removed during Dr. BEANEY's attendance, marks of the attachment of the placenta to the uterus would have been discovered on making the *post-mortem* examination.

That, supposing it possible that the hand could have been introduced into the uterus, the operator would have at once discovered whether there was a foetus or not, and this would have been ascertained before the hand reached the fundus.

That it is proper practice to administer morphia and chloroform as sedatives.

That, had it been intended to produce abortion, ergot of rye, savin, aloes, &c., would have been given.

That, if abortion had been attempted, some of the above medicines would have been prescribed, and not chloroform and morphia.

WILLIAM CROOKE, of Fitzroy, Member of the Royal College of Surgeons of England, a legally-qualified practitioner of Victoria, and formerly Resident Surgeon to H.M. General Hospital, Hobart Town, for three years, to prove—

That he has been actively engaged in practice for twenty-five years, and that he has attended more than four thousand cases of midwifery.

That he has read the depositions and heard the evidence of Drs. RUDALL and PUGH.

That the external parts of generation would be necessarily more decomposed than even the face, from their dependent position.

That the appearances described by Dr. RUDALL of the state of the heart, lungs, chest, and spleen, together with the foetid breath, offensive discharge, bluish-black colour of the lips, and the restless state of the deceased the night before her death, taken in connection with the state of the uterus, are indications of the existence of blood-poisoning.

That the dilatation of the vagina is common in women of loose character, as well as in cases of prolapsus of the womb and in women who have had children.

That witness examined the womb at the University, but was not allowed to touch it.

That, from the size and misshapen appearance of the womb, it had been evidently diseased during life.

That there were no indications of a placenta, or its attachment, in the organ.

That the ovaries were wanting.

That the examination of the ovaries would be of the greatest value in the elucidation of the truth, in such a case, as to whether pregnancy did exist or not.

That it is impossible to introduce the hand between the fourth and sixth months of pregnancy.

That any attempt to pass the hand would have caused great pain, and must, had it been persevered in, have caused laceration of the mouth of the womb.

That subinvolution would occasion such an enlargement as appeared in this organ.

That, had a foetus ever existed in the womb of deceased, the walls would have been much thicker, as the walls increase in thickness as the foetus increases in size.

That, if the deceased had been more than three months pregnant, a well-defined areola would have been found around the nipple.

That in witness's opinion the cause of death was inflammation of the womb of a very malignant character.

That the internal surface of the womb was gradually bevelled off at a large rupture which existed across the fundus.

That this rupture measured quite five inches in length ; its edges were ragged ; the organ was very much decomposed, and appeared to have been softened by disease, particularly at and towards the edges of the rupture.

That the edges of the rupture approximated so completely that no part of the organ was wanting.

That witness only observed one rupture in the organ.

That the internal surface could not be fully examined, as it was not laid open.

That witness examined it as far as he could with a magnifying-glass. It presented a granular appearance.

That the mouth of the organ was dilated—evidently after death.

That, had the rupture taken place during life by the introduction of the hand or any instrument, there must have been extensive effusion of blood into the cavity of the peritoneum, and which must have been discovered at the *post-mortem* examination.

That the rupture of the womb occurred after death, either through some pressure accidentally applied over the lower part of the belly, or from the carelessness of the persons performing the *post-mortem* examination.

That he is of opinion that MARY LEWIS was not pregnant, from the following reasons :—

1st—Absence of areola around the nipples.

2nd—The existence of a mucous and sanguinous discharge, previous to seeking Dr. BEANEY's advice.

3rd—The absence of the usual indications of pregnancy present in the ovaries.

That he dictated an application to the Coroner to permit himself, and certain medical men named therein, to examine the uterus of MARY LEWIS while it remained fresh, and to give evidence upon the same to the jury then assembled.

CORNELIUS STEWART, of Richmond, Surgeon, to prove that he is a Licentiate of the Faculty of Physicians and Surgeons of Glasgow, and a legally-qualified medical practitioner of Victoria.

That he has read the depositions and heard the evidence of Drs. PUGH and RUDALL.

That he is of opinion that the external parts of generation would be more decomposed than even the face is described to have been.

That the weather on the 15th, 16th, and 17th days of March was hot and close.

That the swelling of the external parts of generation is accounted for by decomposition, and by death having taken place during the existence of menstruation.

That the fact of the heart being found empty, the congestion of the lungs, the effusion of bloody serum into the chest, and the diffuent state of the spleen, are, in witness's opinion, evidence of blood-poisoning, taken with the state of the womb—*i.e.*, thinned and softened.

That, in addition to these indications, the offensive discharge from the vagina, the peculiar and disagreeable smell of the breath, the blue colour of the face, and the bluish-black colour of the lips, all indicate blood-poisoning.

That the fact of the vagina being very much dilated is common in women who indulge in promiscuous intercourse, and in cases of prolapsus of the womb, and in women who have borne children.

That witness inspected the uterus at Professor HALFORD's rooms

on the 9th of April; it appeared broad and flat, and very much shorter than in its natural state.

That the walls were gradually bevelled off at the rupture, indicating beyond doubt that disease had existed at that particular part, and occasioned extreme thinning.

That the fundus is generally the thickest part of the uterus in the healthy subject.

That, had the rupture been occasioned by the introduction of any foreign body during life, there must have been extensive effusion of blood into the cavity of the peritoneum, which must have been discovered at the *post-mortem* examination.

That a transverse rupture of the uterus is invariably attended with greater hæmorrhage than a longitudinal rupture.

That had a rupture to the extent described existed during life, the bowels would have entered the cavity of the uterus, and consequently might have protruded through the vagina.

That cases of this kind have frequently happened, and are recorded in the medical reports.

That the internal surface of the uterus presented, on examination with the magnifying glass, a surface of a granulated character.

That the whole surface of the uterus could not be seen, in consequence of its not having been laid open.

That witness is of opinion that, from the granulated state of the interior of the uterus, the deceased must have been menstruating at the time of her death.

That there were not any indications of the attachment of a placenta to the uterus.

That had pregnancy existed, as described by Drs. RUDALL and PUGH, there ought to have been found unmistakable signs of such attachment.

That had the placenta been removed either on the Tuesday or Wednesday before MARY LEWIS's death, there must have been found traces of its attachment.

That the serrated edges of the rupture approximate or dovetail so completely that no portion of the ruptured surface was wanting.

That there was only one rupture in the uterus.

That the vagina had been removed.

That witness is of opinion that the os uteri was dilated after death, and that when this is done it does not retract to its former size.

That it is impossible to introduce the hand into a uterus between the fourth and sixth months of pregnancy.

That any attempt to introduce the hand would have occasioned great pain, and would, had it been possible, have taken a very considerable time—it might be several hours—to accomplish, and, if done as described by Drs. PUGH and RUDALL, must have caused laceration of the mouth of the womb.

That any person introducing his hand into a uterus must use both

hands, placing one on the abdomen to steady the organ whilst inserting the other, so that the person so operating could not keep the patient fully under the influence of chloroform.

That witness considers the deceased was suffering from sub-involution,* and that on this acute inflammation set in, followed by softening and thinning.

That had a foetus of the fifth month been expelled or removed from the uterus of the deceased two or three days before her death, the walls would have been much thicker, as they increase in thickness during pregnancy.

That the ovaries are absent. It is most unusual in a properly conducted *post-mortem* examination involving an inquiry of pregnancy or no pregnancy not to examine and preserve the ovaries.

That in removing the uterus from the body, the fallopian tubes and the ovaries come away with it, so that they must have been cut off; and from the appearance of the cut surface, it would seem to have been done since the *post-mortem* examination. That had the ovaries been examined their condition would have furnished conclusive evidence of the pregnancy or non-pregnancy of the deceased.

That in all probability, if the deceased had been pregnant beyond the third month, the areola round the nipple would have been seen.

THORP MOUNTAIN GIRDLESTONE, Fellow of the Royal College of Surgeons of England, by examination; a legally-qualified practitioner of Victoria, and for seven years a Coroner of Victoria; to prove—

That he has read the depositions and heard the evidence of Drs. PUGH and RUDALL.

That decomposition would account for the swelled condition of the parts of generation.

That the heart being found empty, the lungs congested, the effusion of bloody serum into the chest, the softening of the spleen, the foetid state of the breath, and the rapid decomposition of the body, are in witness's opinion compatible with blood-poisoning.

That prolapsus of the womb is combined with an enlarged state of the vagina.

That witness inspected the uterus at Professor HALFORD's on the 9th April.

That the uterus was preserved in spirits. The broad ligaments were attached on each side; the vagina was cut off at its mouth. The uterus measured five inches across the fundus; its length in the centre was

* This gentleman, when cross-examined, was exposed to a good deal of badgering, because he said that he had seen a paper by Professor SIMPSON, on sub-involution, in 1843 or 1844. The writer has already referred to the subject at page 25. Dr. STEWART, he is proud to say, belongs to that country, the sons of which have so often proved—

Non ille pro charis amicis;
Aut patriâ, timidus perire.

only two inches, length at left of centre did not exceed two and a quarter inches, the right side from mouth to fundus measured obliquely three inches. There was a laceration in the fundus extending its whole width. The os measured two inches; thickness of the walls irregular—near the os half an inch, near the fundus a quarter of an inch, thence bevelling off to the edge of the laceration. The broad ligaments contained the fallopian tubes, which were attached to the uterus in their natural situations at each side of the fundus, hence proving that the fundus of the uterus was not removed. There were no ovaries. That their absence in a question involving pregnancy or no pregnancy was a most extraordinary circumstance.

That they are invariably examined in such a case as the present in every properly-conducted *post-mortem* examination.

That witness examined the external parts of generation.

That they presented no remarkable appearance.

That the vagina was cut off at the nymphæ.

That there was not a particle of the vagina produced.

That, from the examination of the parts described, and from the evidence generally, witness is of opinion that there is no proof of abortion having taken place.

That the peculiar shape and thinness of a portion of the walls of the uterus are proofs of disease existing of at least six or seven days' duration.

That, allowing for some dilatation of the uterus, caused by the introduction of the examining surgeon's hand during the *post-mortem* examination, the shape of the uterus is still remarkable, and the thinness of the walls is only accounted for by the existence of disease, and this thinness could not have been produced by violence.

That, supposing it possible to force the hand to the fundus, the force employed would drive the uterus upwards out of its place.

That it is not possible to rupture the fundus of the pregnant uterus by the hand before the sixth month, because the organ is not large enough to admit the hand.

That any attempt of the kind would leave signs of injury at the os, discoverable after death.

That the symptoms of disease described by the witnesses are consistent with inflammation of the uterus, but not with rupture; the constant getting out of bed to pass water, pain, and irritability are present in inflammation of the uterus, but are not likely to occur in rupture.

That the rupture of the uterus could only have occurred just before death, or after death, because, from its large size, had it taken place on the Wednesday or Thursday before the deceased became moribund, there must have been an escape of blood, or clots of blood, and discharge into the cavity of the peritoneum, if not of inflammation of the peritoneum; but these were absent.

That as the deceased passed blood when she got up and used the chamber utensil, some must have escaped into the cavity of the peritoneum when she was lying in bed, had the rupture been in existence.

That on the syringe being used more blood and some of the water would have escaped also into the peritoneum, and been found there after death.

That had there been such a laceration of the vagina as described by Mr. RUDALL during life, the injection used on Thursday, shortly before death, must have escaped into the peritoneum with blood and discharge.

That any foreign body introduced into the cavity of the peritoneum would cause immediate suffering, and the patient would cry out.

That had the rupture taken place during life the bearing down pains which she is described to have had could not have taken place.

EDWARD GARLAND FIGG, of Williamstown, Sub-graduate in Medicine of the University of Edinburgh, Member of the Faculty of Physicians and Surgeons of Glasgow, and a legally-qualified medical practitioner of Victoria, to prove—

That he has been in practice more than twenty years; that he was for some time assistant to Sir JAMES SIMPSON, Bart., Professor of Midwifery in the University of Edinburgh, and Accoucheur to the Queen; that he has attended over six thousand midwifery cases.

That he has read and heard the evidence of Drs. PUGH and RUDALL in this case.

That it is his opinion that the labia and external parts of generation would be more decomposed than the face is described to have been, from the fact that they are lower, and would be likely to be congested by blood gravitating, and that there is nothing remarkable about such appearances.

That such appearances are accounted for from the incidents connected with the last hours of the deceased.

That the heart being found empty, the lungs congested, the effusion of bloody serum into the chest, the softening (in conjunction with chlorosis) of the spleen, the foetid state of the breath, and the rapid decomposition of the body, are, in witness's opinion, proofs that the deceased died of blood-poisoning.

That the large size of the vagina is accounted for by the deceased suffering from prolapsus of the womb, and from other causes which could be enumerated.

That he inspected the uterus at Professor HALFORD's rooms on the 9th April.

That the uterus appeared to be that of a person who had borne children.

That the uterus was ruptured in the fundus through its whole width.

That the edges were bevelled off down to the verge of laceration.

That the edges, when brought into apposition, showed that no part of the organ had been removed.

That the ovaries were absent.

That witness is of opinion that thinning of the walls of the uterus and a softening of the parts had been going on during life, the result of disease.

That it is impossible to dilate such an os uteri the size this one was during life by a single effort of the hand. That allowing that it had been dilated during life, it could not have acquired dimensions adequate to the introduction of the hand without extensive lacerations of its orifice, which would have been discoverable after death.

That admitting the possibility of so dilating the os uteri, the cavity of the uterus would have been too contracted to contain the hand. That assuming the hand could have been so introduced, it would have been impossible to have forced it through the fundus into the cavity of the peritoneum without forcing the uterus from its lateral attachments, and carrying it up to the pit of the stomach.

That had it been wished to procure abortion the course described would have been unnecessary, as the object could have been obtained by puncturing the membranes with a small instrument; and in the event of manual interference being required, the introduction of two fingers would have accomplished the object, as the foetus lies across the uterus at the third month of gestation.

That witness is of opinion that the rupture of the uterus took place after death, for the following reasons:—That had it occurred during the life-time of the deceased, that a large amount of blood would have been found in the cavity of the peritoneum at the *post-mortem* examination, and a large discharge of blood would have followed the happening of the rupture. That the intestines would have protruded into the uterus. That the deceased could not have used the utensil, neither could she have had the bearing-down pains up to the period of her death in the manner described by the female witnesses at the inquest.

That the clot described by the witnesses as having been found in the utensil is found in virgin uteri, and constantly passed by women suffering from difficult menstruation. That the rupture in the vagina, through the cul de sac into the cavity of the abdomen, was, in witness's opinion, a *post-mortem* occurrence, as the intestines were not found in the cavity of the vagina, though the patient had assumed a perpendicular position frequently during the night preceding her decease, and the labour-pains would have the effect of driving the intestines through the opening into the vagina, for the intestines will seek an exit wherever there is an orifice, however small. That had the rupture taken place during life, the edges of the ruptured part would have been found thickened, owing to the retraction of the muscles.

That the introduction of the hand into the vagina during life is very unlikely to have occasioned a rupture of its mucous membrane, as it is capable of great dilatation from the office it has to perform. That had the liquid spoken of by the witness MARGARET CRONAN, as being in the utensil on the Thursday morning, been blood, it would have been coagulated, and it therefore must have contained a large quantity of urine, which held it in solution.

That in a well-conducted *post-mortem* examination, involving the question of pregnancy, the ovaries should have been examined for a corpus luteum—the best diagnostic evidence of such a condition. That if they were removed without any statement of the result of their examination, it must be regarded as an unusual and extraordinary circumstance.

That it is not possible to remove the uterus in the ordinary way in which it is removed without taking the ovaries and the broad and round ligaments.

That if the deceased had been from four to six months gone in pregnancy, as described by Drs. PUGH and RUDALL, there would be manifest and easily-detected signs of connection between the uterus and the placenta, and that such signs would have been discoverable for at least a week after. That it would have been impossible for Dr. BEANEY to have introduced his hand into the uterus of the deceased at her supposed stage of pregnancy, and to have kept his other hand on the abdomen to steady the womb, unless she was very deeply under the influence of chloroform; and had she been so, she would not have been as lucid as she was when MARGARET CRONAN entered the room immediately after the doctor left.

That, in all probability, had she been under the influence of chloroform, the deceased, on experiencing pain, would have screamed and made a noise, which would easily have been heard by persons in the house.

That had a sufficient quantity of chloroform been given to produce insensibility, the atmosphere of the room would have been impregnated with the smell of chloroform.

WILLIAM GILLBEE, Member of the Royal College of Surgeons of England, a legally-qualified practitioner, Honorary Surgeon of the Melbourne Hospital for thirteen years, and Examiner in Surgery at the University of Melbourne, to prove—

That decomposition would account for the swelled condition of the parts of generation.

That the heart being found empty, the lungs congested, the effusion of bloody serum into the chest, the softening of the spleen, the foetid state of the breath, and the rapid decomposition of the body, are, in witness's opinion, compatible with death occasioned by blood-poisoning.

That prolapsus of the womb is combined with an enlarged vagina.

That the absence of the ovaries in a question involving pregnancy is an extraordinary circumstance.

That it is essential to the determination of such a question that the ovaries should have been cut open for the purpose of examination.

That the thinness of a portion of the walls of the womb is a proof of disease existing more than seven days prior to death.

That the healthy unimpregnated womb is about half an inch in thickness, and the walls somewhat increase in thickness when the womb is impregnated.

That the thinness of the walls could not be produced by violence.

That without artificial means being used, it would be impossible to introduce the hand into the uterus between the fourth and sixth months without causing laceration of the mouth of the womb, discernible after death.

That if emmenagogues were taken by a patient in overdoses, they would produce inflammation of the womb if unimpregnated, and might possibly, if it were impregnated, procure abortion.

WILLIAM HAIG, Doctor of Medicine, a legally-qualified practitioner, to prove—

That he has heard the evidence of Dr. W. R. PUGH.

That decomposition would account for the swelled condition of the parts of generation.

That the heart being found empty, the lungs congested, the effusion of bloody serum into the chest, the softening of the spleen, the foetid state of the breath, and the rapid decomposition of the body, are, in witness's opinion, compatible with blood-poisoning.

That prolapsus of the womb is combined with an enlarged vagina.

That the absence of the ovaries in a question involving pregnancy is an extraordinary circumstance.

That it is essential to the determination of such a question that the ovaries should have been cut open for the purpose of examination.

That the thinness of a portion of the walls of the womb is a proof of disease existing for more than seven days prior to death.

That the healthy unimpregnated womb is about half an inch in thickness, and the walls somewhat increase when the womb is impregnated.

That the thinness of the walls could not be produced by violence. That, without artificial means being used, it would be impossible to introduce the hand into the uterus between the fourth and sixth months without causing laceration of the mouth of the womb, discernible after death.

That if emmenagogues were taken by a patient in overdoses, they would probably produce inflammation of the womb, and might, if it were impregnated, procure abortion.

HENRY CHARLES CURTIS to prove that he is a Member of the Royal College of Surgeons of England, a legally-qualified practitioner, late Honorary Surgeon to the Melbourne Benevolent Asylum for four years ; Pupil and Assistant-accoucheur to Dr. ROBERT LEE, of St. George's and the British Lying-in Hospitals, London ; and Assistant-surgeon to Harrow School for five years.

That for the last twenty-five years and upwards the witness has had extensive practice in midwifery.

That he has read the depositions of Drs. PUGH and RUDALL, and heard their evidence.

That decomposition would account for the swelled condition of the parts of generation.

That the heart being found empty, the lungs congested, the effusion of bloody serum into the chest, the softening of the spleen, the foetid state of the breath, and the rapid decomposition of the body, are, in witness's opinion, compatible with blood-poisoning.

That prolapsus of the womb is combined with an enlarged vagina.

That the ovaries must be cut open and examined to determine the question of pregnancy.

That they are always examined in every correctly-conducted *post-mortem* examination.

That the thinness of a portion of the walls of the fundus of the uterus is a proof of, and can only be accounted for by, disease existing for more than seven days prior to death.

That a healthy unimpregnated womb is about half an inch in thickness, and increases during pregnancy.

That it is not possible to introduce the hand into the impregnated womb between the fourth and sixth months without lacerating the mouth of the womb, which would be discernible after death.

That that rupture of the uterus could only have occurred just before death or after death ; because, from its large size, had it taken place on the Wednesday or Thursday before the deceased became moribund, there must have been an escape of blood, clots of blood, and discharge into the cavity of the peritoneum.

That as the deceased passed blood when she got up and used the chamber utensil, some must have escaped into the cavity of the peritoneum when she was lying in bed, had the rupture been then in existence ; and even admitting that the laceration of the vagina existed, and that Dr. BEANEY syringed her for the purpose of washing that blood and other matter away, some of the blood would still have remained, together with a portion of the soap-and-water injection, and would, no doubt, have been discoverable after death.

That repeated large doses of savin, and other emmenagogues, might produce inflammation and softening of the womb if unimpregnated, and over-doses might produce abortion if pregnancy existed.

That, no doubt, the deceased, believing herself to be in the family-way, would constantly take these emmenagogues.

That inflammation would produce softening and thinning, and that might account for the rupture either before or after death.

That it is possible for all these symptoms to have appeared between the 7th of February and the 15th of March, 1866.

That if a sponge-tent had been inserted into the womb, and its mouth dilated, labour might come on at any moment.

That the same remark applies to any artificial means of opening the mouth of the womb to produce abortion.

That the state of the ovaries, and the finding of the placental attachment and the tissues in the walls of the uterus, are the only *post-mortem* indications of pregnancy witness would rely on when the ovum was absent.

That microscopic examination would determine whether a rupture of the womb occurred immediately before or after death, or some days previous to death.

That witness has been called in to cases of rupture of the womb three or four times, and been afterwards present at the *post-mortem* examination. That such ruptures have presented enormous extravasation of blood within the cavity of the peritoneum, and also within the womb.

JOHN BLAIR, Member of the Royal College of Surgeons, Edinburgh, and a registered Member of the Medical Board of Victoria, to prove—

That on Friday, the 16th of March, 1866, Dr. BEANEY described the condition of the deceased to witness before giving the certificate.

That from what Dr. BEANEY then said, witness agreed that the deceased died from disease of the womb.

That it is impossible for the hand to be passed through the os uteri before the sixth month, and even then it would be extremely difficult, and would require some hours to accomplish.

That witness has read the prescriptions of Dr. RANKIN, and is of opinion that, from the character of the medicines the deceased took, they might have produced an unhealthy condition of the uterus, causing softening of the tissues of that organ and a relaxed condition of the body generally.

That witness is of opinion that the rupture took place immediately before death, and that had it been otherwise, blood would have been found in the cavity of the peritoneum.

That had the rupture taken place on the Wednesday, the deceased could not have borne the rubbing of the bowels, for the moment the rupture happened acute pain would have set in.

CHARLES EVANS REEVES to prove that he is a Doctor of Medicine, and a legally-qualified medical practitioner of Victoria.

That he has had considerable experience in midwifery cases, and has been medical officer to a large dispensary in London for several years ; and has passed nearly twenty years in investigating diseases

of the womb and other organs in the English and Continental hospitals, and nearly twelve months in the Melbourne Hospital; and has been for several years a medical teacher, and connected with the medical journals, both as contributor and editor.

That he has read and heard the evidence of Drs. PUGH and RUDALL, and that of the other witnesses, describing this case, and is of opinion that the deceased MARY LEWIS died of blood-poisoning, consequent on the absorption of putrid matter by the internal surface of the womb, and not, as it is alleged, from the introduction of the hand or any instrument to cause laceration.

That he grounds his opinion on the probable existence of blood-poisoning from the symptoms during life, namely—the offensive discharge from the womb, the rapid pulse, anxiety of the countenance and foetid breath, blueness of the lips and the great prostration of strength, together with the empty state of the heart, the congestion of the lungs, the fluid in the pleural cavities, the diffuent state of the spleen, and from an inspection of the womb.

That it would be impossible to pass the hand into an organ the size the uterus of MARY LEWIS must have been during life.

That the cavity of the organ during life could not have been larger than a goose's egg.

That from the appearance of the uterus it would seem that a hand had been introduced into it after death, and that it had not returned to its former size.

That during life it would take many hours (if then possible) before the mouth of the womb could be sufficiently dilated to admit the *whole* hand.

That the ease with which the hand can be introduced after death into a diseased womb is no criterion of the difficulty likely to be encountered during life in a healthy one.

Had an attempt been made to pass the hand into a healthy organ it would have been driven up towards the navel, and would have necessitated the introduction of the arm as high as the elbow, and the coat sleeve must have been drawn up or the coat taken off.

That this could not have been done in the short time Dr. BEANEY was with the deceased.

That if Dr. BEANEY had been able to introduce his hand into the womb and through the fundus, the intestines would have followed his hand as he withdrew it.

That witness examined the uterus in the possession of Professor HALFORD.

That the organ in its usual state is pear-shaped, but this was much flattened, measuring, as far as he could judge, about five inches across and about two inches from the mouth to the fundus, certainly from one to one and a half inch less than it should do in this direction.

That witness could see no traces of the vagina, or of the ovaries or rectum, as they had been cut away.

That at the top of the organ there was a rupture of quite five inches in length.

That the surface of the organ externally was of a deep-brown colour near the rupture, showing it had been the seat of inflammation.

That witness saw no remains of blood stains, or of clots of blood, or effusion of blood in its external surface, such as would be found had the rupture been caused by violence.

That the uterus was thinned at and near the edges of the rupture, as if softening had certainly existed there.

That witness examined the inside of the uterus with a magnifying-glass.

That he saw no remains of large vessels, such as would go to the placenta had it existed, and it presented a granular appearance such as is found towards the end of menstruation, after the organ had been soaked for some time.

That the fringes spoken of by the medical witnesses were like the minute blood-vessels which exist in the interior of the uterus, and which are laid bare at each menstrual period from the lining of the cavity being cast off.

That had the deceased been pregnant, as it is supposed she was, the introduction of one or two fingers would have enabled the operator to seize or hook the legs of the foetus, and draw it out, for it is not until the last two and a half months of pregnancy that the child's head hangs down, and it is not until this takes place that the introduction of the whole hand becomes necessary.

That witness is of opinion that had this rupture existed on the Wednesday night before MARY LEWIS's death, she could not have got out of bed and used the chamber utensil.

That the rupture, as described by Messrs. RUDALL and PUGH, resembles ruptures which occur after death, when hollow organs have been softened by disease.

That with such a rupture she could not have had the bearing-down pains described by Mrs. O'NEIL and the other witnesses.

That the injection of the soap-and-water by Mrs. CRONAN would have caused severe pain, from some of it passing through the rupture in the vagina into the abdominal cavity among the bowels.

That had the rupture occurred during life—while the blood was circulated in the organ—blood would have been found in the cavity of the abdomen, and some of the bowels would have entered the womb.

That pains like those of labour are constantly experienced by women during menstruation, while clots or pieces of skin are being passed, and that pains of a bearing-down nature are observed in inflammation of the womb.

That a decidual membrane is constantly thrown off during menstruation, and that the occurrence of a membrane in inflammation of the lining of the womb is observed as well as in pregnancy.

EDWIN ELSALL GRUBER, of Wellington-street, East Collingwood, to prove—

That on Tuesday, the 13th day of March, 1866, he received the prescription No. 1 [produced] from Mrs. CRONAN; her daughter MARGARET was with her.

That he made up that prescription, and also a prescription for the deceased's child, both written by Dr. BEANEY.

That witness gave the medicine to his boy (SAMUEL BANGS).

That witness directed him to take the medicine to Mrs. CRONAN.

That witness received the prescription No. 2 [produced, draught] from MARGARET CRONAN, either that night or on Wednesday, the 14th.

That witness made up the prescription, and gave it to MARGARET CRONAN, who took it away.

That witness received the third prescription (3) on the afternoon of Thursday, from MARGARET CRONAN.

That witness made it up, and gave it to MARGARET CRONAN.

That all the medicines were of a sedative character.

(1.) R Liq. Opii. 3 i. Spt. Ether, Nit. 3 iii. Aqua. Menth ad. $\frac{3}{4}$ ii.
M. ft. Haust. St. Sumend.—J. G. B. E. E. GRUBER.

(2.) R Liq. Opii. Sed. 3 i. Spt. Ether Nit. 3 iii. Aqua Menth. Pip.
ad. $\frac{3}{4}$ ii. M. ft. Haust. St. Sumend.—J. G. B. E. E. GRUBER.
14/3/66.

(3.) R Chloroform 3 iss. Sol. Morph. 3 ii. Mist Acaciæ. $\frac{3}{4}$ i. Essence
Menth. M. xxx. Tinct. Card. Co. 3 vi. Aqua Magnes. ad. $\frac{3}{4}$ viii.
M.P. Mist. Signa. One tablespoonful every two hours in water.—J. G. B.
E. E. GRUBER.

CHAPTER IV.

THE QUEEN V. BEANEY.—SECOND TRIAL.*

MELBOURNE SESSIONS.—BEFORE HIS HONOUR MR. JUSTICE
WILLIAMS.

Monday, 18th June, 1866.

THE second trial of this case was commenced to-day. The following gentlemen were empanelled as jurors:—Thomas Guyatt, Robert Potts, Frederick William Bayles, Matthew William Price, Charles James Timbury, Robert Kent, William Hall, Robert Huckson, Thomas Sharp, William Ellis, John Whittle, and Solomon David Nathan.

Mr. Adamson, Crown Prosecutor, and *Mr. C. A. Smyth*, instructed by *Mr. Gurner, Crown Solicitor*, conducted the prosecution; and *Mr. Aspinall* and *Mr. H. O. Wrixon*, instructed and assisted by *Mr. Duffett*, of the firm of *Messrs. Duffett, Grant, and Woolcott*, appeared for the defence.

The information was read by the *Judge's Associate*, and charged Dr. Beaney with the murder of Mary Lewis on the 15th of March last.

The defendant, upon being called upon in the usual way, pleaded "Not Guilty."

The *Crown Prosecutor* stated the case for the Crown to the jury, which was causing the death of Mary Lewis while in the act of procuring an abortion; which, according to law, was murder—death being caused while attempting to commit an unlawful act.

The first witness called was

LUCY GREEN† sworn and examined on the part of the Crown—I was housemaid at the Terminus Hotel, St. Kilda, kept by Mr. Bennett; the deceased slept in the same room with me; on the Monday before she left she appeared to be in her usual state of health.

Cross-examined—She was neither well nor ill; she went about her business, but she appeared to be suffering; she told me she was not well; she seemed to get through her business; she complained of a pain in her back on the Sunday night.

* The report of this important trial has been taken from the short-hand notes of Mr. A. W. Harcombe, a gentleman of long experience.

† This is not the housemaid who was living at the hotel when the bath was left in the passage. (*Vide* page 53.)

ROBERT LEWIS examined—The deceased was my daughter. She had been three and a half years a barmaid. She was always a strong, wholesome girl. I was at the Terminus Hotel the Saturday before her death. I was there about two and a half hours; she was standing in the bar. I asked her if she was quite well; she said she was; she seemed to be quite active. I thought she seemed stouter than when I saw her before, but I did not imagine anything. She never told me anything about her having children. I saw her on the Monday again; I was there from nine o'clock to half-past one; she was attending to her business, and seemed to be quite active and well.

Cross-examined—I never thought she was in the family-way; it struck me after her death. I never knew she had children. Her mother has been dead fourteen years. She never told me that she had anything the matter with her. There were comers and goers to and from the bar. She went into the bar-parlour to get her victuals.

HANNAH SEYMOUR examined—I knew Mary Lewis ever since she came to Mr. Bennett's. She was confined at my house in December 1864; Mr. Bennett paid the expenses.

ANNE BROWN examined—I am a widow, and live near the Terminus Hotel. I knew Mary Lewis about fifteen or sixteen months. I recollect her going back to the Terminus a few months before her death. I walked out with her about six weeks before she left the hotel; we went to Dr. Rankin's; she was quite well then; she went in and I stopped at the gate. When she came out we went to Mr. Mathews, the chemist. We went into Mathews's; she got medicine, and we returned to the hotel. About a week after I went out with her again to Dr. Rankin's; at this time she sometimes looked very well, and sometimes she looked quite ill. We then went to Mr. Johnson, the chemist; I went in with her; she got the medicine; she had no talk with him. She walked home to the hotel again; she was able to walk. About five or six evenings afterwards I went out with her again to Dr. Rankin's; I stopped at the gate. We then went to Mr. Johnson's; I went in; she got medicine. The last evening she said she did not feel very well; she walked quite freely. About eight days before she left the hotel we went out in the evening to Johnson's, and she got medicine; she talked to him at the counter; she was just the same as usual. I was in the habit of seeing her frequently at the hotel—twice or three times a day, in the bar, serving and washing glasses. I saw her three times on the Monday she left. Some days she looked very well and some days very ill indeed; this was about the time I observed she looked rather pale. I saw her at four o'clock on the day she left, inside the bar. I saw her at half-past six o'clock; she was milking the cow; I never saw her looking better.

Cross-examined—She sometimes looked pale and sometimes flushed. She told me, about three or four days before she left, that her womb was coming down; she complained of a head-ache and a pain in her chest.

Re-examined—It was on the Friday or Saturday that she complained of her womb coming down.

(It being 4 o'clock, the Court adjourned until the following day.)

Tuesday, 19th June.

The Court resumed its sitting.

W. B. RANKIN sworn and examined—I am a surgeon residing at St. Kilda. I knew Mary Lewis for five or six months before she left the Terminus Hotel. I attended the family there. I remember her coming to me on the 9th of January,* between seven and eight in the evening; she said she was suffering from leucorrhœa and obstinate constipation of the bowels. I prescribed for her [prescription here produced].† I gave her a purgative and a stimulant. On the 12th she came again and complained of the same thing, and said she was just the same as before—no better. I asked her what her state of monthly health was; she said she had seen but little for some time. I then gave her this prescription [produced].‡ I

* At the inquest he said: "I attended her about the 7th of February, complaining of amenorrhœa, or absence of the menstrual discharge." On the 12th he ordered her two mixtures and two boxes of pills.

JANUARY 9TH, 1866.

† *The Barmaid, Terminus Hotel.*

R Pil. Aloes c. Myrrh, 3 i.

Divide in Pil. xii.

Two to be taken every second night

R Tinct. Sennæ Co., 3 iv.

Syrup Aurant, 3 ii.

Mag. Sulph., 3 i.

Mist. Camph. ad., 3 viii.

A wineglassful every morning.

W. B. R.

JANUARY 12TH, 1866.

vi.

‡ Mixture and pills repeated.

W. B. R.

B.—JANUARY 12TH, 1866.

R Pil. Aloes c. Myrrh, 3 ss.

Divide in Phil. vi.

To be taken as before.

R Tinct. Rhei. Co.

Tinct. Jalapæ aa, 3 ss.

Mag. Sulph, 3 i.

Aqua ad, 3 viii.

To be taken as before.

For the Barmaid, Terminus Hotel.

W. B. R.

saw her next on the 7th of February. I asked her if any change had taken place; she said no change had taken place; for six weeks she had seen nothing. I gave her a prescription [produced*]. Oil of savin is a stimulant of the uterine organs; it is used for bringing on the menses. I prescribed four drops of savin a day. Savin is used among the ignorant in large doses to procure abortion; it is a very uncertain remedy. When she called on the 7th February she told the same story again, and I gave her that prescription; it is the same as I gave her before on the last day she called. She asked me to prepare something stronger; I did prescribe, but not stronger; this was the last time I saw her. I never saw her after the 7th February. I asked her if she had done anything to bring about this state of things; she gave me no reply, but smiled. I told her that I thought there were signs of pregnancy. I proposed to examine her breasts to test the matter; she said it did not matter. I said I could not prescribe anything more for her. I advised her to discontinue the medicine prescribed. She seemed to be pale, but well nourished. I did not consider that she had any disease of the womb; paleness is consistent with the early stages of pregnancy. I saw her next at the Terminus, on the day she left, about twelve o'clock, at the entrance hall. I asked her how she was, and she said "all right." She ran upstairs quite actively. She appeared to me to be well. Constipation of the bowels is a frequent attendant on pregnancy. On the 1st and 7th February, when I saw her, I prescribed oil of savin. She called two or three days after the 7th February, urging me to prescribe something stronger, and it was then the conversation took place which I, by mistake, put down for the 7th.

Cross-examined—I was confused about my dates at the last trial; the entries in my book only represent four times that I prescribed. My book is not accurate, for Mr. Dawson (one of the counsel for the defence at the last trial) showed me a prescription of which there was no entry; it was a prescription of savin. The prescription of the 7th was for savin, and there is no entry. In the small doses that I gave it, it is a weak, inert body. I give other things with it

* R Aloes c Myrrh, 3 i.

Ol. Sabinae.

M. xxiv.

m. ft. mass.

Divide in pill, xii.

Two as directed.

R Mag. Sulph. 3 i.

Ferri Sulph. 3 ss.

Tinct. Zingib. 3 ii.

Aqua ad. 3 viii.

Fiat Mist.

Two tablespoonfuls every four hours.—W. B. R.

Feby. 7/66.

(Correct copy.) WM. JOHNSON.

to stimulate ; I did in this case ; I gave aloes and myrrh ; they are irritants to a certain extent. In two-drop doses I do not consider it to be a powerful stimulant. Savin is frequently given to procure abortion ; I do not remember a case where it was successful in procuring abortion. Aloes is more commonly used. Savin itself might procure abortion. Savin taken day after day, twelve drops a day, would produce very injurious effects. The medicine was to be "taken as directed." My private order was to take two pills night and morning. I write prescriptions in this way ; I don't do it often ; I do it different ways. I gave this prescription as a stimulant to the uterine organs. I am sure that large doses would induce abortion. I gave salts to increase the action of her bowels. This would assist in producing abortion. On the last visit I warned her that if she took too much it might produce an injurious effect ; I meant that it might procure abortion ; I meant to tell her that if she continued to take the medicine it might kill the child. I inferred she was suffering from uterine leucorrhœa ; I did not examine her ; from what she said, I gave her the prescriptions. She consulted me for a "whitish discharge." If she had had a bad smell, I should have found it out. This was on the 9th or 12th January. Leucorrhœa is only a functional disorder ; I gave her purgatives for this. The treatment for uterine and vaginal leucorrhœa is much the same ; I ordered her injections of cold water, and cold applications. A woman would have a discharge if her womb was in a chronic state of inflammation. I consider that an offensive discharge from the womb would indicate disease. Chlorosis is not always a disease of the womb. I prescribed iron. A woman might have a very grave disease of the womb, and yet go about. I would not pledge my professional reputation that this woman had nothing the matter with her womb.

Re-examined—When I say she was chlorotic, I only mean she looked pale. The tissues of the womb are not healthy if there be ulceration or disease in it. Vaginal leucorrhœa is much more frequent than uterine. The medicinal dose of savin is from four to six drops ; if taken in quantities it would produce the appearance of inflammation in the womb ; it would also, if taken in quantities, produce tenesmus. Ergot of rye is a drug that acts directly on the womb.

WILLIAM JOHNSON sworn and examined—I have seen Mary Lewis once, about three weeks before the inquest.* About eight in the evening she came to my shop ; she had an elderly female with her. She asked me for some medicine ; she said she was not regular in her courses.† I asked her how long they had been stopped. She said she wanted something very strong. I gave her some pills which

* Mrs. Brown said eight days before she left.—*Vide* evidence.

† At the Police Court he said : "She told me she had a suppression of her courses for two months."

contained myrrh, iron, and oil of savin ; I gave the pills without knowing what was in the prescription.

Cross-examined—The pills would not hold the quantity of oil of savin prescribed. Mary Lewis asked my advice on her case ; she asked me for something tremendously strong. She said : “ Give me something strong ; never mind looking for the prescription.” She would have taken anything.

Mr. MATHEWS sworn and examined—I am a chemist at St. Kilda. Mary Lewis came to my shop. (Prescription produced.*) I made this up. On the 12th of January she paid me another visit.

Cross-examined—Any violent purgation would tend to procure abortion in a pregnant woman ; it would clear her out pretty well.

JAMES HENDERSON sworn and examined—About the 2nd or 3rd of March I recollect Mary Lewis coming to town with me. It was about seven or eight in the evening. She said she was going to a doctor. We went as far as the Polytechnic Hall ; I then said “ good evening.” She then turned round and spoke to me, and we went into Dr. L. L. Smith’s place ; I left her alone with him. I saw her next about the time of her going away from the Terminus. I afterwards got a letter on Wednesday, the 14th ; on getting it I went to Mrs. Cronan’s. Mary Lewis appeared to be very ill. I went into the bedroom ; I remained about a quarter of an hour in the bedroom, and two hours in the house. I was in and out of the bedroom. She was very uneasy and rolling about, and took snatches of sleep until disturbed.

Dr. L. L. SMITH sworn and examined—I know the last witness, Henderson. I recollect him and Mary Lewis coming to my place. Mary Lewis asked me to determine whether she was in the family-way ; she told me that her courses had stopped for some time. I made a digital examination, and told her that I thought she was in the family-way. I arrived at that conclusion. I wish to state that I never felt that this was a sufficient test to make me declare on my oath that she was pregnant. [Witness described ballotment.] That was not the process I used. I can’t recollect her asking me to prescribe. She then went away, and came back in about a week ; it was at night. I believe she said she was in the same condition, but she did not speak respecting her health. I did not pay any attention to her. I saw nothing remarkable about her to make me believe she was ill. I don’t recollect finding any evidence of disease when I made the examination.

Cross-examined—I cannot recollect finding any traces of uterine disease ; there might have been. The speculum is the only certain

* Dr. Rankin’s prescription of 12th of January.

means of testing. I could not judge whether the whites were uterine or vaginal without an examination by the speculum. Savin acts as an irritant; senna, by acting on the rectum, would irritate. An overdose of savin would injure the womb. If a discharge was offensive it would indicate disease. I could not say how long a foetus might remain in the womb after it was dead; it might remain for some length of time; it is not settled how long a woman can retain a dead foetus.

[This gentleman considered that an examination with the speculum was the only means by which the existence of pregnancy could be determined; he had, he said, been prosecuted for using the speculum, and had therefore abandoned it. *Mr. Aspinall*—Dr. Barker got up that prosecution?—The witness only smiled seraphically down at the worthy doctor.—C. E. R.]

RICHARD HENRY SMITH sworn and examined—I knew Mary Lewis. I recollect going with her to Rokeby-street on the Monday before she died, about nine o'clock. I carried her parcel. She went into a large house; she waited ten or fifteen minutes; she then came back. We then went to Mrs. Cronan's. I saw nothing the matter with her. I saw Mrs. Cronan and her daughter. A bottle of porter was sent for; Mary Lewis gave me the money. She was playing with the child. Mr. Bennett sent me with a message, a watch, and a £1 note on the Thursday. Margaret Cronan had not come to the Terminus Hotel before I left. I gave Mr. Bennett back the gold watch on the Thursday evening.

Cross-examined—She was always complaining.

MARY CRONAN sworn and examined—I am a widow. I knew Mary Lewis six months before she died. She came to my place on the Monday (the 12th March), about nine o'clock in the evening, in a car, with a black man [the last witness]. My daughter, two children, and her own child were in the house. She told me she was very ill. She had some supper, and brandy and porter. She sat up until about eleven o'clock, when she went to bed. After she had gone to bed about a quarter of an hour, she got the basin in the bed and began retching violently. There had been a bottle of porter and a bottle of brandy between us three. I saw her take the brandy two or three times. I slept with her that night. I got up at six o'clock in the morning; she got up between eight and nine o'clock. I suppose she had some breakfast. After breakfast I went to Dr. Beaney's; I got there at about eleven o'clock. I think she was up when I went. I saw Dr. Beaney, and gave him a note; he said he did not know what it meant; I said I thought it was the number of the house. My daughter wrote the note [produced*]. He said he would come down. I went home, and

* This was her address, which she had forgotten to leave the night before.

found Mary Lewis in bed. She told me her womb was down (this was before I went for the doctor), and that was what she wanted the doctor for. I got back at about one o'clock (this was on the Tuesday); she was in bed. Dr. Beaney came between four and five o'clock; he was on foot. I opened the door. I said I expected him before now; he said, "I never bring my carriage when I am looking for the number of a house." He then went into the bedroom. I don't recollect who was in the bedroom, but Mary Lewis was there. The door was shut, and no one else was present except the doctor and Mary Lewis. I went about the house—in and out. The doctor was about a quarter of an hour in the bedroom. I had no time-piece in the house. I think Mrs. O'Neil was in the house at this time. When the doctor came out, I don't think he said anything about her. After he left, I went into the bedroom. I cannot say, but it might have been an hour or two. I asked her how she was, and she said "nicely." She did not seem anything worse than before. She showed me a couple of stains of blood on the sheet, and said she was getting her courses; I observed nothing of the kind before. She never dressed herself after that night; she got up in the bedroom. My daughter slept with her on the Tuesday night. I went to bed about ten o'clock. About twelve o'clock on Wednesday she did not seem well at all; she complained to me that she was very ill; she said she had bearing-down pains in her inside, and that her womb was down again. I was in and out of the bedroom that day; she seemed to be in pain. The doctor came about four o'clock; I had no conversation with him. He went into the bedroom; the bedroom door was shut from the inside; there was no one in the bedroom but Dr. Beaney and Mary Lewis. No one could go into the room to see any one in the bed without shutting the door. Perhaps he was there over a quarter of an hour, when he came out and asked for water. I was then in the kitchen; I gave him the hot water. I saw Mary Lewis in the bed when I went in; I heard the doctor asking my daughter to fetch the bag; I think this was before he asked for the water. I can't say whether he was in the bedroom when he called for the bag. My daughter fetched the bag in to him. After I had given him the water I went away. He might have been three-quarters of an hour in the house altogether. When he came out of the bedroom, he said she had a false gathering and disease of the womb, and that she would be all right in a day or so. That is all he said. He said he would not wonder if she had a weighty discharge. I said to him, "Is there any fear of her?" He said, "No; she will be all right in a day or so." He then went away; he was not in the bedroom all the while. When he was going away he wrote a prescription.

It being four o'clock, the Court adjourned until the following day.

Wednesday, 20th June.

MARY CRONAN re-called.

The *Crown Prosecutor* applied to the Court for leave to examine the witness as adverse.

Application not granted.

By the Court—At the police-court I said he used the term “false conception,” but I adhere to the statement that he said “false gathering and disease of the womb.”

Examination continued—After the doctor left I went into the bedroom ; she seemed to be in pain—a bearing-down pain. I did not do anything for her ; my daughter attended her more than I did. I might have gone into the room three or four times during the evening. About six o'clock she got worse ; she looked very bad, and black in the face, and her eyes blue-like ; she was restless. My daughter went for the doctor about seven o'clock. I did not go in until between six and seven ; she seemed to be in the same way. The doctor came about ten o'clock on the Wednesday night. Mr. Henderson came and went away before the doctor came. When the doctor came he went into the bedroom ; no one was there but the deceased. He stayed there about a quarter of an hour. I saw him when he came out. He called me into the room ; he said she was in a nice sleep ; he put a towel to her face. She appeared to me to be very easy. I think it was after he said she was in a nice sleep that he put the towel to her face. He said, “she wants it, poor thing.” He then went away. She seemed to be asleep six or seven minutes ; she then woke up and appeared to be very bad ; stupid, like. I don't recollect her saying anything ; she was very quiet. I did not notice her breathing ; she was not moaning. I was in the room about fifteen minutes. She looked very bad ; her face was black and eyelids blue. My daughter slept with her that night. She complained of having bearing-down pains. In the morning she appeared to be in pain ; about seven o'clock she complained of bearing-down pains. She told my daughter to fetch the doctor ; he came at about four o'clock in the afternoon. I was in and out the whole time ; she had empty retching the whole time. She had it all the day till about a quarter of an hour before her death ; she appeared to be getting worse. She got out of bed in the morning for the chamber. I saw it once during that day ; there were a few clots of blood in it. She said her bearing-down pains were very bad ; she told me that her womb was down again more than once. Mrs. O'Neil and my daughter were in the house when the doctor came. He went into the bedroom ; the door was shut. He was about a quarter of an hour in the room, and three-quarters of an hour in the house altogether. He called for some hot water about a quarter of an hour after he went into the bedroom. I had to warm

the water. He asked for a lather of soap. While I was getting the water he was in the front room and the bedroom. I took the soap and water in. He asked me if I could syringe her; I said I was not capable of doing so. He asked me if I had any syringe; I said I had not, but that I could borrow one. I then went into the room; his bag was in the front room; I saw him take the syringe out of it; he guided my hand to syringe her private parts. She said nothing of consequence; her lips appeared to be blue, her face was black; I felt her knees, and they were cold. We were syringing her perhaps six or seven minutes; I had the syringe, but he held my hand; the syringe was in her private parts. He then told me to change her; he stopped a bit in the room. He said she was very bad indeed. He asked me to give her a drop of hot brandy-and-water; he told me to get her beef tea. When I went again she was alive and able to speak. He told me she was suffering from a false gathering and a disease of the womb. She told me she had a disease of the womb. I can't say that I said disease of the womb at the police-court. It was less than a quarter of an hour after the doctor left she told me this. She was very bad and very weak, but I had no thoughts of her death then; her voice was weak. I changed her linen; I noticed some stains of blood on the sheets. I went out then, and Mrs. O'Neil and Mrs. Warby went into the bedroom. When I was changing her clothes I did not feel her body; she turned on one side, and I put the sheets under. About a quarter of an hour after—about five o'clock—she died. My daughter went for Mr. Bennett a little before she died. About seven or eight Bennett came, and in about half an hour Dr. Beaney came. He went into the room. I think Mr. Bennett was inside. I saw the door closed. Before the doctor left, he told me to wash and lay her out. Mrs. Warby, Mrs. O'Neil, Mrs. Webber, and myself did so. I got some pieces of cotton and wadding, and Mrs. Webber stopped her privates. I noticed spots on her side. Her privates were swollen, and a little dark. We then lifted her back on the bed. On the Friday, at about ten o'clock, I went to Dr. Beaney, and told him that there was a report that the woman had been confined and killed in my house. He said, "Send the people to me who report this." I said I could not send all the people who said so, and that if he would not come down and bring another doctor, there would be an inquest. He said he would be down in an hour's time, and I was to have some towels and water ready. When I got back Mr. Bennett came—I think with Mr. Henderson. The undertaker also came that day. I recollect a cabman being sent for a certificate for her burial. I gave it to a constable. The coffin came to the house before I went for Dr. Beaney. I sent for it because the smell was so bad I could not stand it. The doctor did not come there on the Friday. I

recollect going to Dr. Wilkie with Mary Lewis about three months before her death. I only went there once. I never went with any other girl. My daughter was with us when we went. I was never asked about the empty retching, and I did not mention it, nor about the bearing-down pains.

Cross-examined—Mary Lewis's daughter is at my house. [Witness described situation of the bed in the room and the door.] When you open the door it touches the bed. You cannot sit at the bed without shutting the door. There was no latch or lock on the door since I came to the place; no fastening of any kind. A stone porter bottle was under the window on each day; the window was open on account of the smell. The door is a little open above and below; you could put your hand in below. There is an old key-hole in the door on the side next the bed. There is no fire-place in the bedroom. I am not sure whether it was before or after he said she was in a nice sleep that he gave her the chloroform. It was on the Thursday when I said it was a great shame for her to come to my house with such a discharge. She was stuffed with three pieces of wadding, and two or three rags, to keep the smell from coming out. Dr. Beaney wrote prescriptions. On the Tuesday and Wednesday I noticed a very bad smell. I saw her going to use the chamber-vessel on the Thursday.

Re-examined—I saw the chamber-vessel on Thursday, after Dr. Beaney left. I saw in it something like scum, or slime; I threw it out; it was about this size (two joints of finger). My sons slept in the front room—the sitting-room. I heard a noise on the Wednesday or Thursday. I came to the front room; I went to the bedroom. I could not say whether it was in the room or in the street; I thought it was the doctor calling. Mrs. O'Neil was in the kitchen at the time, and saw me going out. I did not see any plugs being put into any other part of her body but her privates.

JAMES HENDERSON recalled—I went to Mrs. Cronan's on the Wednesday evening. I asked the deceased how she was. She said she was in great pain. I had a message to inquire how she was. She said she wanted her skirt, and her watch and chain. She seemed to be very ill. I felt her hand; it was cold. I left a quarter before ten o'clock. I never saw her alive again. I was there on Friday, at about half-past one; the undertaker was there; I went in and saw her for a moment. She told me the doctor had used an instrument; she said nothing more about it.

Cross-examined—I found the room very close, and a nasty smell in it on the Wednesday evening, though the door was open. I had observed her to be weak and poorly a month before her death. I have heard her say once or twice "that beastly physic," and make a nasty face. She complained of a weight in her belly, and a pain in her chest.

DAVID E. WILKIE sworn and examined on the part of the Crown—I remember Mary Cronan calling upon me with a person who called herself Mrs. Lewis. I believe it was Mary Lewis. I believe she asked to see me privately, but am not certain. No two other persons called with a child at that time. The girl asked me if I would procure abortion for her.*

Cross-examined—I have always considered Dr. Beaney to be a very skilful surgeon. [Witness here detailed operations where he had attended to assist him to prove this]. A doctor either carries a bag or a case for his instruments. It is difficult to administer chloroform and to operate alone.

It being the hour for adjournment, the Court adjourned until the following day.

Thursday, 21st June.

NATHANIEL BENNETT sworn and examined on the part of the Crown—I was the keeper of the Terminus Hotel. Mary Lewis had been in my employ as barmaid for about three and a half years; during that period she had left me twice; the first time, about two and a half years ago, when she staid away about six weeks. She went away again about eighteen months ago. On these occasions she went to be confined. I have had connection with her; the first time, about three years before her death.

Mr. Aspinall objected to this evidence, as being quite irrelevant.

His Honour admitted the evidence, to show that deceased was capable of child-bearing.

Examination continued—I have not had connection with her within six months of her death. She returned to the hotel seven or eight months previous to her death. During her absence she stayed in St. Kilda with a Mrs. Brown. Her duty as a barmaid was to serve the customers and keep the bar clean; I had no other barmaid but her. We opened at eight in the morning, and sometimes remained open until three in the morning. She was a sober girl. Dr. Rankin had been our medical attendant. I saw her on the evening of the 12th of March, about eight o'clock, as she was leaving the Hotel. On Thursday, the 15th March, Margaret Cronin came to the hotel very excited, and crying. I went with her to Rokeby-street, Collingwood, where the deceased was, and found her dead. I saw stains of blood on the bed. Several women were there. Dr. Beaney came in about half an hour, and I was introduced to him. I asked him how it was she died so suddenly? He said he had examined her, and found her in a bad state of health, and suffering from a

* Both Mary and Margaret Cronan were with her, and state that she did not ask for a private interview. If Drs. Rankin and Smith and Mr. Johnson's evidence is to be believed, she could not have been pregnant at this time.

disease of the womb. I asked him why he had not paid more attention to her ? He said that when he last left her she was in a nice sleep, and doing well, or something of that sort.* I cannot recollect all that passed. He said if I wished he would open the body. I said I had no wish to have the body disfigured. He said it would not disfigure it, as it would be merely to make an incision into the stomach ; he said he would like to do it, as it would be more satisfactory to her friends. I heard from the women that he had neglected her, and I think I stated that to him.† I did not know the name of the doctor who was attending her until I got to the house. He went away shortly afterwards. I then went to the undertaker's and ordered a coffin. I subsequently sent a note by a cabman to Dr. Beaney for a certificate of death, as the undertaker would not put the body in the coffin without it. He brought back a certificate ; I think that is it (put in evidence). It was given to the undertaker, and he put the body in the coffin.

Cross-examined—The bar was open at night until the arrival of the last train ; it was generally her business to serve then. There was no assistance but what Mrs. Bennett and myself rendered. I never employed Dr. Beaney ; I was introduced to him on the occasion I have mentioned in Rokeby-street. He told me that she had a disease of the womb. One of her children had died, and the other was at this house. She complained of a smell of death under her nose a fortnight or so before she left the hotel ; she did not look very well—she looked pale ; I have seen her take Cockle's pills ; she often appeared to be faint. She was in the bar from eight to sometimes two in the morning. There was an arm-chair in which she used to sit down.

Re-examined—She did not ask my leave to go on Monday, nor did I hear her ask any one. I have seen her take pills about a fortnight before she left ; two at a time. I did not smell anything. I am the father of only one of her children—the first one.

MARGARET CRONAN sworn and examined on the part of the Crown—I am the daughter of Mary Cronan. I have known Mary Lewis for about nine months. On the 10th March I met her in Collins-street, and went with her as far as Dr. Beaney's house ; I waited for her. She came out in about five minutes, and told me he was not at home ; I parted with her in Bourke-street. On that occasion she looked very pale ; she seemed to be rather sunk in the eyes. The next time I saw her was on the Monday night, when she came to our house in Rokeby-

* He alludes to the Wednesday night, when a few drops of chloroform were given to her to inhale to relieve pain.

† A message was sent to Mr. Beaney in the morning, but the servant omitted to deliver it.

street. She came in a cab with a black man. She got out in the usual way, and handed me a parcel. She came into the house, and sent for a bottle of porter, of which she drank a glass. She brought a bottle of brandy; she drank a nobbler after the porter. She looked very pale, and rather blue about the lips. She went to bed about ten or eleven o'clock. My mother slept with her. I slept in the same room, but not in the same bed. The deceased vomited twice, and afterwards went to sleep. I got up about seven or eight o'clock. Deceased got up about nine; she dressed herself. She looked pale; otherwise she seemed to be well. She complained of her womb being down, and went to bed again about eleven o'clock. The parcel contained some napkins* and underclothing. Dr. Beaney was sent for, and came at about three or four in the afternoon. He went into the bedroom; the door was closed; water and towels were sent to him. I heard nothing at all during the time he was there; I was about the house, and in the front room. He remained there about half an hour; he then came out, and went away. I then went into the room; I saw some spots of blood on the sheets, near the place where the middle part of her person was lying. She complained of her womb; she said she had something wrong with her womb—she said it was down, and that there was something wrong; she also said she was unwell, just after she had pointed out the spots of blood. She appeared to be the same as before; she changed suddenly from red to pale. I remained in the room about half-an-hour. She did not seem so well in the evening; about six o'clock she complained of pains in her back and head, and of her womb, which she said was down and affected; she complained of pains in her stomach and bowels. I rubbed her bowels or belly; at that time she said she was unwell. I went to bed about nine or ten o'clock, and slept with her; no other person slept in the room. She was rather fidgetty. I noticed she had a bad smell from her breath; I noticed that on the Wednesday, when I went for the doctor; I noticed it when I went near her. On the Tuesday night she got out of bed very often to use the chamber-vessel; she was up and down nearly the whole of the night. I got up about seven in the morning; she then appeared to be very bad. I saw a few stains of blood on the bed; I did not see much blood—stains of blood on the sheets under her. There was a little blood in the chamber-vessel; I am sure it was a little blood. She complained of pains in her back and belly; she appeared to me to be very ill. I think I went for the doctor, at her request, about nine o'clock; I left a message for him. I reached home about ten or eleven, and she then appeared to be very ill. Dr. Beaney came at about four o'clock; she seemed then to be in the same state, and she complained of pains in her back. The bedroom door was closed; he remained in the room a few

* Only three were used.

minutes before I saw him again. He then asked for his bag; he asked me to fetch it from his carriage. I got the leather bag, and gave it to him, and he went into the bedroom, and shut the door; he came out again in about twenty minutes.* I cannot say I heard any sound from the room; I remember hearing a sound from some part, but could not say where it came from; it was like a voice; I could not say what kind of sound it was; I could not say whether it were a woman's or a man's voice. When he came out, he asked my mother for hot water, which she gave him; he again went in, and shut the door; he remained there about a quarter of an hour after he got the hot water; at the end of that time he came out and went away; he took the bag with him. After that I went into the room, and the deceased appeared to be very ill; she said she felt very bad; she said she had been examined. I don't remember anything else; I don't remember her saying anything about a hand being used. [Depositions shown to witness, to refresh her memory.] Yes, I think she said the doctor had used his hand to put her womb back.

The *Crown Prosecutor* said he desired to show that the witness was adverse.

His Honour (to the witness)—You are bound to tell the whole truth, and not conceal anything.

Witness.—I am aware of that, your Honour. I cannot recollect anything more. She pointed to a portion of her person; she said the hand had been used for the purpose of putting her womb back; she pointed near her side. I don't know what else she said.

Q.—Did she say anything about her courses?

A.—She said she was unwell on the Tuesday. I remained with the deceased about half an hour, and was in and out of the room until about seven o'clock; she then asked me to go for the doctor. She sat up in the bed, and complained that her womb was down again.

By the Court—She asked me to go for the doctor; at about seven o'clock I went. I saw him about half-past seven, and told him that Mary Lewis was very bad, and requested him to come immediately, and not to mind the expense. I told him this by direction of Mary Lewis.† He said he would come; he came. I found her still in the same state when I got back.

By the Court—Between nine and ten o'clock he came, and went into the bedroom; I don't think any one went in with him. I saw

* There was no clock in the house.

† On the Tuesday, after examining her, seeing the state she was in, and the poverty-stricken place, he advised her to go into the Hospital, as she would receive better care there, and offered to get her admitted. She objected to enter the Hospital, and told him that she was in a position, as she had wages to receive to pay him if he would attend to her. Hence the message—a very common one—of not to mind the expense.

afterwards a little blood in the chamber-vessel. He remained in the room about ten or fifteen minutes. I think he called some one into the room; I don't know who—I think it was my mother; she went in; I went in with my mother. He said she was in a nice sleep; I saw her sleeping. He said: "She is in a nice sleep; I have given her a little chloroform to compose her." I think he left then. He took a little bottle out of his waistcoat pocket, and put some of its contents on a towel, and put it over her face, and said, "I will give her a little more before I go." He then left. I think he took the towel off her face before he left. She continued in her sleep about five minutes after he left; I think she seemed a little easier. I did not observe the chamber-vessel then. I slept with her that night; she was very fidgety; she was up and down all night using the chamber-vessel; she said she was very bad. I got up about six o'clock and pulled the blind back; she was very bad; her face and lips were blue. I saw a little blood and water in the chamber; I saw nothing else; there was not much blood; it was not a quarter full; I don't know that it had been emptied during the night; I may have emptied it. I went for the doctor about nine o'clock; I left a message for him; he came about four o'clock; he went into the bedroom; the door was shut. Mrs. O'Neil was in the room at the time he came in. He stayed there about half-an-hour or twenty minutes; he took his bag with him; he left it on the front table. I heard him say to my mother, "Have you a syringe?" She said "No." He told her to borrow one, and she said she would. He told me to ask for a Glyster syringe; I got a syringe from Mr. Gruber's, the chemist. [A syringe produced.] I think it was as large as that; I brought it back; I found him in the front room; he said he had used his own syringe; he then went away; he took his leather bag with him. I think this was about half-past four or five o'clock. I went into the bedroom; I found her very bad; her face and lips were blue. She spoke in her usual way, and asked me for the chamber, and I handed it to her; after she had used it there was some blood in it, and a few pieces of clotted blood; it was taken out of the bedroom into the kitchen. I remained in the room with her; I saw stains of blood on the bed-clothes. She said to my mother, "Did the doctor tell you what was the matter with me?" My mother said "Yes." "Well," she said, "I have a false gathering." I did not tell this before, as I was never asked the question. Q.—What else? A.—And a disease of the womb. I was examined at the inquest and in the police-court.

The *Crown Prosecutor* asked the Court to be allowed to treat the witness as an adverse witness.

His Honour declined.

By His Honour—I was never asked the question before; I might not have remembered it.

Examination continued—She seemed very weak when she spoke;

this was about a quarter of an hour after Dr. Beaney left. I said "Polly, you are very bad; shall I go for Mr. Bennett?" She said he would "come to-morrow." After that she said two or three unintelligible words. I went to St. Kilda, and Mr. Bennett came back with me; I reached Rokeby-street about eight o'clock, and she was dead. Mrs. O'Neil and I examined the contents of the chamber-vessel, which had been taken into the kitchen. I saw two pieces of clotted blood, and a little piece of something, but I don't know what it was; it was the colour of clotted blood; I took it in my fingers; I could not make anything of it; Mrs. O'Neil saw it.

His Honour—Was it like a piece of skin?

A.—I could not say; it was most like clotted blood.

Q.—Was it like skin, or what?

A.—It was like clotted blood, but larger; I don't know what its length was; it was like clotted blood, but it was larger.

Examination continued—It hung about two inches from the fingers; it hung from my fingers. I think I could feel my fingers through it. I could not say it was like a piece of skin; I don't think it was like a piece of skin. I think it was thrown out. There was a child's petticoat in the chamber-vessel. She appeared to be worse on the Thursday.

By a Juror—This piece of stuff was not a fleshy substance—it was slimy and soft.

By the Court—It all hung together. Q.—One part would not drop from the other? A.—I think it would drop; I could not tell what it was.

By a Juror—It did not drop when I held it up in my fingers. I asked Mrs. O'Neil what she took it for; she said she did not know.

By a Juror—It was slimy.

Cross-examined—I have lived as a servant at the Terminus Hotel. I had a conversation with Mary Lewis about her last confinement; she said she had been delivered by instruments, and that her womb had never been right since then. [The *Crown Prosecutor* objected that this was not evidence, and did not go to the case.] She told me this about three months before I left; about six months ago altogether. I went with her on two or three occasions to Dr. Rankin, and on two occasions to Mr. Mathews, the chemist.* She got off the cab when she arrived at my mother's on the Monday night in the usual way; it was rather dark. She vomited twice that night. It was by her wish that I rubbed her stomach on the Tuesday night; I rubbed it all over to ease her pain; I pressed lightly upon her—her belly was hollow. On the Wednesday she used the chamber-vessel; she used it after the doctor

* Mrs. Brown went with her about the same number of times.

had left on the Thursday. I recollect her having a very bad retching on the Thursday. She complained of suffering from bearing-down pains on the Wednesday and Thursday, up to the time I was going for Mr. Bennett. At times she would flush, and at others look pale. The doctor brought his bag on the Wednesday and Thursday. On the Thursday I am not sure whether he brought it in himself; I saw it in the front room on the table. It was there when I went to the chemist's and when I returned. I saw him put his syringe into the bag; the bag was then on the table. I did not see him put anything else into the bag. On the Wednesday, Mary Lewis said she would take me to see Dr. Beaney's house when she went to pay him. I recollect going to Mr. Gruber, the chemist, with some prescriptions given by Dr. Beaney.

[The *Crown Prosecutor* objected, as no prescriptions had been proved.]

Mr. Aspinall—Well, then, you took some pieces of paper, and received bottles in exchange?

Witness—Yes. The door opens back against the bed, at the head of the bed; before you can get up to the bed-head you have to close the door; the bedroom faces the street.

Re-examined—The room is not very large. There are the usual panes of glass in the window; there was a short curtain. I saw Mr. Henderson then sitting in a chair near to the bed. That bag [produced] is like the bag I saw; I thought it might be a little larger. The bearing-down pains continued until I went for Mr. Bennett. She used the chamber-vessel on Thursday. Her belly was hollow; it was more hollow than flat. There was some clotted blood in the chamber-vessel—this something I don't know what; on other occasions there was blood and water. I did not say this before; I was not asked. I was not asked about her being delivered with instruments.

Mr. PINNOCK, of the Bank of Australasia, proved Dr. Beaney's handwriting.

Mrs. WEBBER sworn and examined on the part of the Crown—I recollect the Thursday on which Mary Lewis died. I was called in to Mrs. Cronan's by Mrs. O'Neil about five in the afternoon, after Dr. Beaney had left. The deceased was then dead. I assisted to wash the body. The private parts appeared to be swollen; there were some stains of blood on the bedclothes and on a napkin; there appeared to be a piece of thick slime or thin skin on the napkin, about the size of this piece of paper [two inches by three-quarters wide]. I did not take it in my hand. I went away, and came back when Dr. Beaney was there. I assisted to lay out the body; it was lifted out of the bed, and laid on the floor on the carpet; four of us took her by the shoulders and feet. After this I put some small pieces of wadding into her private parts to prevent discharge, as I had seen it done before. There was no discharge, but a bad smell. The body was then put on the bed and covered over with a sheet.

Mrs. O'NEIL sworn and examined on the part of the Crown—I knew Mary Lewis about six months at the Terminus Hotel. I took her child to wet-nurse. I saw her on Tuesday morning at Mrs. Cronan's, in bed; she told me her womb was down, and that she was going to send for a doctor. I did not pass any remark upon her appearance; I saw nothing remarkable about her. I saw her again on the Wednesday; she looked very ill, and pale in the face. I did not notice her lips or eyes. She said she felt very ill. She seemed to be in pain and restless all day. I saw Dr. Beaney come about four o'clock; he went into the bedroom. He was in the house about three quarters of an hour. After he left I went into the bedroom, and she appeared to be very bad. She was able to speak. She told me the doctor had put her womb back; she talked about his using his hand to put the womb into its place. I gave her nothing but a small drop of tea. I saw marks of blood on the napkin and bedclothes before the doctor came in, and the same after he left; I can't say whether more or less. She told me on the Tuesday that her courses were coming on her—were just coming on. I heard no noise on the Wednesday when I was there. I saw her again the next day, and she appeared to be worse than on the previous day. She looked pale, and black round her lips. In the evening I felt her feet; they were very cold. I believe that was before the doctor came. She said her womb was down, and that she felt very bad. I don't think she said anything further. I saw marks of blood on the sheets the previous day. She was able to sit up in bed on the Thursday, and was able to use the chamber-vessel. She did not get out of bed. I handed it to her. It was about half-past three o'clock when I gave her the chamber-vessel. I remained there all the time on Thursday, she was so bad; I was in and out constantly during the day; she seemed to get worse as the day went on. After she had used the chamber-vessel I noticed the blood in it. She said, "There is nothing in it but blood." This was at half-past three o'clock. I gave her a clean night-dress and two napkins, which she placed herself. I gave her a little brandy-and-water. I saw the doctor come on Thursday afternoon, and go into the bedroom. I came out, and left him there. I believe the door was shut. He was in the house about three-quarters of an hour. I was in the kitchen most of the time with Mrs. Cronan and her daughter. During the time he was in the room I heard something like a moaning. Mrs. Cronan went out to see what it was. She went to the bedroom door, and came back and said, "The poor girl is out of her mind." The doctor called for some lukewarm water. Mrs. Cronan got it, with some soap, and took it in. I heard him ask Mrs. Cronan to borrow a syringe. I saw him go away. After he had gone I went into the bedroom, and saw her sitting up in the bed, using the chamber-vessel. Margaret Cronan was attending her. She looked very bad. Her feet and hands were cold.

I went into the kitchen for about ten minutes, and when I returned she was just like dying ; this was about twenty minutes after the doctor left. I saw a substance in the chamber-vessel ; it looked like clotted blood. I thought it might be a bit of skin or something. I did not handle it. I saw Margaret Cronan lift it up out of the chamber-vessel ; she just looked at it. It was about that length [witness pointed to her finger to the extent of two inches]. I thought it was a bit of skin or something. I believe it was turned into a tub of water. There was also a child's petticoat in the chamber-vessel. I have never seen such a substance before. It looked like a bit of thin skin. This was before she died. About a quarter of an hour before her death I asked her how she was, and she said she was a little better ; she did not say anything more. [*By a Juror*—Mrs. Cronan and her daughter were with me in the kitchen when I heard the moaning.] On Thursday evening I assisted in laying out the body. When the doctor came there that night I had just gone home.

JAMES LEDWITCH sworn and examined on the part of the Crown—I am a cab-driver. On the Friday after the death of Mary Lewis I drove Mr. Bennett to Mr. Henderson at Kirk's Bazaar, and then both to Mrs. Cronan's house. I remained outside. I was sent with a note to Dr. Beaney ; he was not at home, but I shortly afterwards saw him on the opposite side of the street, and gave him the note. He told me to go over to his place. The note was for Dr. Beaney to come down. He gave me this certificate. [Certificate of death, "Died of malignant disease of the womb," put in.] I took it back, and handed it to Mr. Henderson.

Cross-examined—Dr. Beaney was speaking to some one on the other side of the street ; he came over immediately, and went into his house and gave me the certificate.

Mrs. PETERS sworn and examined on the part of the Crown—I live next door to Mrs. Cronan. I knew Mary Lewis by sight. I saw her come to the house on the Monday night in a cab, a few minutes after ten o'clock ; there was sufficient light to enable me to see her ; a black man was with her. Margaret Cronan came out. Mary Lewis jumped off the car, and they shook hands. I could not see her face.

Cross-examined—She jumped out of the car as I would jump myself ; she was very lively. There were lights in the houses, and there was plenty of light to enable me to see her. I was sitting at my door. I saw the black man go for a bottle of porter. I can't remember that I said on the last trial that it was moonlight ; I might have made a mistake.

By a Juror—She might have jumped off the step ; I could not see whether there were one or two steps.

Mrs. WARBY sworn and examined on the part of the Crown—I have seen Mary Lewis two or three times before her death; she looked very well. I saw her two or three months before the time of her death. I saw her at Mrs. Cronan's about five minutes before she died. On the Thursday afternoon I went into her bedroom, about two or three minutes after the doctor had left; her eyes appeared to be turned up; her right hand was outside the bed. I took hold of her hand and spoke to her; as I spoke to her she turned down her eyes and fixed them on me, and gave a slight sneeze and turned her eyes up again; her hand felt very cold indeed. I left her to go into the yard, where they were hanging up clothes; and when I came back, in about five minutes, Mrs. Cronan came and said she was dead, and I got back and found her dead. When I spoke to her I asked her a question, and she said she would to-morrow.

By a Juror—What I asked her was—to look up, and pray to God; she said she would to-morrow. She died in about five minutes after that.

Examination continued—I assisted to wash the body. Four of us took her up. I noticed three or four spots of blood on the left side; her private parts were very much swollen. I saw stains of blood on the sheets, but not much; I saw a good deal of blood on a flannel petticoat; Mrs. O'Neil washed it that evening. I ordered the pieces of wadding used by Mrs. Webber.

Cross-examined—On the Thursday I saw the doctor's carriage at the door, and he was in the bedroom.

EDWARD WARWICK sworn and examined on the part of the Crown—I am an undertaker in Collingwood. I obtained directions from Mr. Bennett on Thursday evening to bury the deceased. I screwed down the deceased in her coffin after receiving the certificate of death; up to that time she was lying on the bed.

Police-constable DANN sworn and examined on the part of the Crown—I was called in on Friday to take possession of the body. I gave notice to Dr. Beaney to attend the *post-mortem* examination. I saw him the following morning; he said he had forgotten the time, but that he would attend. I did not attend the *post-mortem* examination on the following day.

JAMES T. RUDALL sworn and examined on the part of the Crown—*

Q.—You are a Fellow of the Royal College of Surgeons?

A.—Yes.

* The writer has included any new evidence between brackets.

Q.—Were you the surgeon who attended the Arctic Expedition in search of Sir John Franklin ?

A.—I was.

Q.—Did you on Saturday, the 17th March, in conjunction with Dr. Pugh, commence a *post-mortem* examination of the body of Mary Lewis ?

A.—Yes, in conjunction with Dr. Pugh.

Q.—Did Mr. Beaney attend that examination ?

A.—He was not present.

By the Court—It lasted from between half-past nine to eleven or twelve ; it was upwards of an hour and a half. We found the body in the coffin, and had to take it out.

Q.—What was the external appearance ?

A.—We inspected the body externally at once. It was fat and a good deal decomposed ; it was hot weather. *The skin was dark and discoloured in many places ; it was also raised in bladders or blisters containing gas ; and the face, lips, and eyelids were very much bloated and dark coloured. The external organs of generation were very much swollen and dark coloured. This appearance of the organs of generation was not the result of decomposition—it was the result of force of some kind. There was no distinct areola on the nipples. [I don't mean to say they were utterly absent, but they were very slight ;* the breasts were well developed], and when cut into the milk tubes appeared to contain a milky fluid. I saw nothing particular about the nipples. I observed between the lips of the vagina some pieces of cotton wool, or lint, or rag ; these were soaked with a bloody fluid. The first piece was visible from the outside, and the others were lodged within the cavity. I cannot recollect exactly the number. [None of them were near the upper extremity of the vagina ; they were all removed with a pair of forceps, while the lips of the vagina were held apart by the fingers ; the whole number of these pieces was not nearly enough to fill the cavity.]*

Q.—Can you tell how far they were up ?

A.—*I should say a couple of inches of the upper extremity of the vagina did not contain any.*†

Q.—What was the next thing done ?

A.—We laid open the cavity of the chest and the abdomen. [*On looking into the abdomen the womb was seen to be considerably enlarged. We had not disposed of the womb while in situ ; it was seen to be considerably enlarged. A rupture or laceration was observed in or near the fundus of the womb. The rupture was seen on opening the body ;*

* At the Police Court he said there was no areola perceptible around the nipples.

† This question seems to have been put with the view of fixing on Mr. Rudall the making of the rupture in the vagina when he passed his hand and arm, and exonerating Mrs. Webber, who introduced the plugs.

it was plainly brought into view by slightly raising the upper part of the womb.]

Q.—Could you see it without raising it?

A.—[*To the best of my recollection it was seen without raising it at all. It was about four inches in length. I did not measure it—I guessed it.*]

A.—I believe it was transverse, from side to side, and *very near* (it was behind) the top of the womb. *Its edges were ragged*, presenting a torn appearance; *they were neither decidedly inverted nor everted*—neither turned inwards nor outwards. The anterior and posterior walls of the womb were lying in apposition.

Q.—Laid together, in fact?

A.—Yes. *There was no blood in the cavity of the abdomen*, nor was there any foreign body in it.

Q.—There was no coagulum, exudation of lymph, fibrinous matter, or of serum in the neighbourhood of the rupture?

A.—None visible to the naked eye.

Q.—Was there any extravasation?

A.—[*There was an extravasation of blood into the tissues of the womb in the edges of the rupture.*]

Q.—Did you take any further steps to ascertain whether any substance remained in the passages?

A.—[In order to ascertain whether there were any substances remaining in any part of the sexual passages, and also in order to determine what was their condition in regard to size and tensibility, *I thrust* (very good word) *my hand into the vagina through the external opening, and, finding that it met with no resistance*—my hand had been previously greased—I carried my hand in through the mouth of the womb, until my fingers appeared through the rupture into the cavity of the belly. I adopted this course before I removed the womb and vagina from the body; had I done otherwise any substance loose in the utro-vaginal passage must have been displaced from the position it occupied when I inspected the body; and further, the vagina might be dislodged by looseness or the tensibility destroyed if it depended for support upon the surrounding parts, and if its surrounding structure had been taken away.] (Very clear and very satisfactory.)

Q.—Can you tell the distance you passed your hand?

A.—*I estimated it at about from thirteen to fifteen inches from the mouth of the vagina to the rupture in the womb.*

Q.—With respect to the facility with which your fingers passed through the rupture?

A.—[*They passed readily through* (no one expected him to say they did not). *I am quite sure I did not cause any rupture in this or any other part of the body.*]

Q.—What was the next thing you looked at as the body was lying *in situ*—did you look at the broad ligaments?

A.—[*I saw the broad ligaments; they were free from injury or disease. The broad ligaments, and the parts contained in them, were free from injury or disease; also the fallopian tubes and the ovaries. The fallopian tubes are the ducts through which the ovule passes from the ovaries into the womb; these parts were free from injury or disease.*] After that had been seen, I divided the bones on each side—the pubic bones, also the *round ligaments*—they always end at the intestines (?)—and the soft parts composing the pelvis, and I think the womb, vagina, lower portion of the rectum, and the *urethra*. I took them altogether from the body. The urethra and rectum were found to be healthy, and no foreign body was found in either. *The vagina was very loosely dilated; it was very deeply coloured—the lining membrane.* The mouth of the womb was about the size of a five-shilling piece; ordinarily it would not admit the passage of the little finger; at the fifth month it would not be that size. At the junction of the vagina with the womb at the back part there was a rupture; its length was about three inches; it was transverse, or from side to side; the rupture led from the vagina into the cavity of the belly. The lips of the womb were healthy; the mucous membrane did not appear to be injured.

Q.—Could you examine the inner surface of the womb

A.—The inner surface of the womb could be well seen without making an incision into its walls. *It was of a brownish-red colour, and presented a villous or shreddy appearance. It very much resembled the deciduous membrane of pregnancy.**

Q.—Could you see anything as to the state of the bloodvessels of the womb—did you observe whether there were any signs of disease or not?

A.—*Near the rupture the walls of the womb were thinner than elsewhere. They gradually thinned off close to the edges of the rupture. The surface was ragged. There was no appearance of malignant disease, nor of any other disease. I estimated the length of the womb to be about five inches, the breadth about four inches, and the thickness of the wall I estimated at from one quarter to one-third† of an inch, except in the immediate vicinity of the rupture. It was thinned off towards the edge of the rupture. I should mention that decomposition had already affected the body. [These appearances were less distinct than they would have been but for decomposition.] I ought to have stated that there was no extravasated blood in the cavity of the womb. The walls of the womb were flaccid or flabby.*

Q.—Did you observe the edges of the peritonæum?

A.—Yes, and there was no thinning or ulceration about them.

The Court here adjourned until the following day.

* This villous, shreddy, or fringe-like appearance was not seen until after the womb had been soaked in water. (See page 47.)

† When measured, the walls were half an inch in their thickest part, and near the rupture less than a quarter of an inch.—*Dr. Halford's evidence.*

Friday, 22nd June.

The Court met pursuant to adjournment.

Mr. Rudall's examination continued.

Q.—What was done with the parts after you had made an inspection?

A.—They were set aside until a vessel to receive them could be prepared; they comprised the womb, the urethra, the lower end of the rectum, and the vagina.

Q.—Were they under your eye?

A.—Yes.

Q.—Did you pursue your investigation?

A.—I then proceeded to examine the head.

Q.—Did you observe the pelvis?

A.—It was well formed, and had no deformity, or contraction. I found the brain and its membranes healthy, but soft from decomposition.

By the Court—There were little white lines on the belly, customary after pregnancy.

Q.—(*By Crown Prosecutor*)—They indicate that a person has been delivered of a child?

A.—Yes.

By the Court—They indicate that a woman has had a child previously. The areola is an appearance round the nipple of the breasts.

Q.—What was next done?

A.—The heart was next examined. It was nearly or quite empty; it was healthy in structure; the pleuræ (membranes lining the chest) were free from disease, *but in each pleural cavity there was an effusion of reddish serum—a few ounces of serum, or remains of blood. Both lungs were congested in about the same degree. The congestion affected the dependent or lowest parts of the lungs;** the blood had gravitated to this part; the texture of the lungs was neither indurated nor softened; every part of them contained air. *The spleen was very soft, probably from decomposition. The kidneys were also somewhat decomposed, but appeared to be healthy. The pancreas was cut into, and found to be healthy. The liver was rather pale and flabby. [An incision was made into its right lobe. I made an incision into the right lobe, and I looked at the blade of the knife, which I ascertained was not greased; that shows as a rough test whether the liver is fatty or not. I of course handled the liver in the act of taking out the kidneys.]*

Q.—Was the liver healthy?

* At the police court he said the lungs were generally congested; and they were found to be so at the exhumation.

A.—On the whole the liver appeared to be healthy, although somewhat decomposed. I mean to say it was somewhat altered by decomposition. The stomach was distended with gas. It contained no food of any kind. It appeared to be quite healthy. *I made an incision into the anterior wall of the stomach.* The small intestines were distended with gas. *They were cut into at several places by me.* They were quite healthy. The large intestines were also healthy, and contained perfectly healthy faecal matter. I have mentioned all the organs?

Q.—What was done with the womb and the other appendages?

A.—I placed them in a jar.

By the Court—They remained under my eye while making the examination of the other parts.

Q.—What did you do with them?

A.—[I kept them under lock and key. When they arrived at my house *I washed the parts with water and replaced them in the jar with vapour of chloroform.* This of course was done in order to prevent their rapid decomposition.] On the following day I made a further examination of these parts together with Dr. Pugh. Dr. Beaney was present part of the time during this examination. He went away of his own accord.

Q.—Did he say anything particular?

A.—Yes.

Mr. Aspinall—You did not thrust him out?

Witness—I mean that the examination was continued after he had gone away. We were about to make a microscopic examination of the parts at the time he left.

Q.—What passed?

A.—[*He asked me—“Did I not think the womb thin at one part?”**

Q.—What part?

A.—Near the rupture. *I declined to express any opinion at that time, and said I would prefer not expressing any opinion just now. He also said—“I will just take a piece of this for microscopic examination.” I don't think I made any remark. I did not offer any objection to his doing so.*

Q.—Did he take it?

A.—Yes; a very small portion.

Q.—Did you see where he took it from?

A.—*I did not see exactly where he took it from.*†

* He also said, “Is it not softened?”—C. E. R.

† Mr. RUDALL cut the piece, and gave him a piece of oiled silk to put it in. He said at the last trial, when he was asked by Mr. DAWSON—“Is that the piece of the womb Mr. BEANEY took away with him for examination?” (Shown the piece, size of a silver penny piece.)

A.—I cannot say.

Q.—Would that resemble it?

A.—It might resemble it, but I cannot say.

Q.—Did he take it from the inner surface ?

A.—I am nearly sure he took it from the inner surface of the womb.]

Q.—What size was it ?

A.—I could not say accurately ; but I am satisfied it was a very small piece.

Q.—[Did he take it right through the substance of the womb, or only a portion of the surface ?

A.—*I believe it could not be right through the substance of the womb.*

Q.—What did he take it with ?

A.—*Either with a knife, or a pair of scissors, or the forceps lying on the table.]*

Q.—What did you examine while he was there ?

A.—We looked at the inner surface of the womb and at the rupture. [We made a section of a piece, I am nearly sure, before he left, of the inner portion of the womb.] *I cut a very fine piece of the womb to put under the microscope.*

Q.—Was that right through ?

A.—The first one was not.

Q.—Was the first one made while he was there ?

A.—I am not certain ; but the microscopical examination was made before Mr. Beaney left.

Q.—How long was he there altogether up to the time that he left ?

A.—I don't think more than ten minutes or a quarter of an hour.

Q.—What did you then do ?

A.—*I cut two portions from the womb—very minute, of course ; one from near the rupture to the rupture, and one from the walls of the womb at a distance from the rupture. I examined these under the microscope, and they appeared to me to be healthy. I found no traces of malignant or any other disease.**

By the Court—These are particular formations (cells) and other appearances that would indicate malignant disease. The cells are of particular shapes ; they are very minute, and can only be seen under the microscope. What I saw was the natural structure of the womb. There were no cellular appearances indicating malignant or any other disease.

Q.—Was there any unusual or abnormal appearance in the tissues ?

A.—No.

Q.—What was done with the womb and the parts ?

Q.—Something like this piece of silk ?

A.—That is like the piece of silk ; I don't think I could say anything more about it.

Q.—You saw the piece he took away ?

A.—Not very distinctly. I think it very likely that this is the piece.

* In the womb at the University there was a round hole just outside the dark and thinned part.

A.—The womb and the other parts were placed in a jar. I may have washed them again, very likely in order to prevent them decomposing. I don't remember it as a fact.

Q.—Was anything put with them in the jar?

A.—Chloroform vapour. As before, I sealed them up; after that I delivered them to Dr. Pugh.

Q.—On the same day?

A.—My memory is not certain whether it was the same day or the subsequent day.

Q.—Were they in your custody all the time?

A.—Yes.

Q.—Did you after that get them from Mr. Pugh?

A.—Yes; he delivered them to me himself.

Q.—When was that?

A.—I cannot tell. They were sealed up.

His Honour—Not with your seal?

Witness—No, not with my seal. [I opened them not very long after I got them from Dr. Pugh, and in looking at the parts I found they were more decomposed and were altered in appearance. There may have been the same amount of chloroform vapour. I found they were softened and spoiling from decomposition, and I separated the womb, which I considered to be the more important part, and placed it in a close-stopped vessel, so as to prevent the evaporation of the spirit. It was diluted spirit.] Some time after that, I believe on the 27th of March, I delivered the vessel with the womb to Inspector Nicolas. I put them in spirit—some time subsequently I added strong rectified spirit—before I gave them to him. [I should state that the womb, before I gave it out of my possession, was very much changed in appearance. The washing, the changes of spirit, and the chloroform, of course does to some extent alter the appearance; *the shreddy appearance of the inner membrane was much less distinct.*] Of course it was less decomposed from these proceedings than if left alone, but it was impossible to prevent appearances from being considerably altered. I observed it was altered in shape.

Q.—What did you do with the appendages—the other parts?

A.—[I put them into a solution of chromic acid, and afterwards delivered these parts to Professor Halford. They were too much decomposed to admit of examination.

Q.—With the exception of what you took from the body, all the rest was replaced in the coffin—you are quite sure of that?

A.—Yes.

Q.—By whom?

A.—By Dr. Pugh and myself. Of course I assume that Dr. Pugh took away no part of the preparation. The minute pieces taken for microscopic examination were not put in.]

Q.—With regard to the appearances of the external organs of generation you described them as being swollen and black?

A.—Yes. That was from the effect of force. [*They were cut into, and there was an extravasation of blood into the tissues.*]

Q.—Was that before or after death?

A.—That, I believe, was before death.

Q.—Did you see the appearances of disease in the lungs or liver?

A.—None.

Q.—Did you hear of the disease called pyæmia (at the last trial)?

A.—*I saw no appearance of it.*

Q.—Did you see any indication of that disease?

A.—No.

Mr. Aspinall—That is pretty leading.

Q.—Were there indications of blood-poisoning?

Mr. Aspinall—I object to that, as leading.

His Honour permitted the question, and pointed out that it could be cross-examined on.

A.—There was no indication of blood-poison in the lungs, liver, or any other organ.

Q.—Can you explain how the lungs were congested?

A.—*Congestion of the lungs is often found in dead bodies. It occurs when the circulation is failing and is getting very weak—when the muscles of respiration are beginning to lose their power; and after death it may go on. It gradually sinks to the lower parts, from the simple force of gravitation.*

Q.—What conclusions do you arrive at with respect to pregnancy or non-pregnancy?

A.—*I believe Mary Lewis was pregnant shortly before her death; within a very short period.*

Q.—What do you mean by shortly?

A.—*To within a few days.*

Q.—Many or few?

A.—*I should not like to say exactly. I think she was in the fifth or sixth month of pregnancy. I could simply say about the fifth month. [I am also led to this conclusion by the symptoms that occurred during life.] I also believe that the rupture was the cause of her death, and very probably accelerated by loss of blood.*

Q.—How would the rupture cause death?

A.—It would operate to produce a shock to the system. *My reasons for believing her to be pregnant are—First, her age—that is, her apparent age—which of itself almost completely excludes any disease of the womb, such as a fibrous or cancerous tumour; secondly, her generally healthy and well-nourished body; thirdly, the absence of any tumour or remains of a tumour, or any structural disease of the womb itself; fourthly, the appearance of milk in the breasts; and fifthly, the production of a membrane resembling the deciduous membrane of pregnancy. This is the membrane which is formed during pregnancy. Rupture of the womb is very rare indeed, except in its impregnated state.*

Q.—*Have you ever heard of it in the fifth month proceeding from natural causes ?*

A.—*I am not aware. I would not go so far as to say. I don't know of any case from natural causes. I give that as an opinion and conclusion, not as a matter of absolute certainty.*

Q.—*Have you anything to say as to the colour of the womb ? Is it, during pregnancy, of a reddish-brown colour ?*

A.—*Yes ; that colour of the womb is generally consistent with pregnancy.*

Q.—*Have you heard it stated by the witnesses* that the woman had her menstrual flow suppressed ?*

A.—*Yes.*

Q.—*Is that an indication of pregnancy ?*

A.—*It is ordinarily consistent with pregnancy.*

Q.—*Of course it may occur without ?*

A.—*Yes.*

Q.—*You say the areola was very indistinct ?†*

A.—*Yes ; very indistinct.*

Q.—*Is the areola some indication of pregnancy.*

A.—*I believe the value of the areola is scarcely anything after the first pregnancy. I prefer not giving a decided opinion on the subject ; it is OUT OF MY LINE.*

Q.—*You don't practice midwifery ?‡*

A.—*I do not.*

Q.—*The size of the breasts ?*

A.—*The breasts were well developed, and a milky fluid exuded.*

Q.—*You do not wish to go into matters of midwifery ?*

A.—*No.*

Q.—*You think the rupture of the womb occurred during life. What are your reasons ?*

A.—*The reasons for my opinion are—the extravasation of blood into the tissues of the edges of the rupture, the bloodless state of the body, and the well-known difficulty of causing a rupture of the organs after death, even when attempted.*

[Q.—*There is a difficulty of producing a rupture of the organs in a dead body ; that is your experience ?*

A.—*To some extent it is ; but it has been investigated by a very great authority—Dr. Caspar has written a book upon it.]*

Mr. Aspinall—*I might call evidence to show that Dr. Caspar is a great quack ; the witness is not to hold up Caspar as an apostle of medicine.*

The Crown Prosecutor referred to *Taylor on Evidence*, page 74,

* Dr. Rankin was the only witness who spoke on this subject.

† At the inquest he said there was “no colour round the nipples,” and at the police court, “no perceptible areola.”

‡ Is not this a mistake of his?

citing a case where the Court said: "I think certain books are received as authorities in the profession."

His Honour—The witness should first recognise him.

Q.—Is Caspar recognised in the medical profession?

A.—Yes.

Q.—Now state what you derive from that.

A.—*It is very difficult to break up the cohesion of dead parts of dead organs.*

Q.—Do you remember (April 20th) attending at the Cemetery?

A.—I remember attending there on the morning of the 20th April.

Q.—What time did you arrive there?

A.—I arrived there about seven o'clock.

Q.—Whom did you find there?

A.—The body was about to be exhumed; the coffin was taken up and the lid unscrewed. I found several medical gentlemen—Drs. Reeves, Stewart, Turnbull, Crooke, and Figg; there were other persons there.

Q.—Was it light or not?

A.—There had been a heavy rain; it was a dull misty morning.

Q.—Was anything done immediately you got there?

A.—The coffin lid was unscrewed, and Dr. Reeves and Dr. Stewart proceeded to examine the body. The body was not taken out of the coffin at any time during the examination, *neither was the skull-cap removed*, although a portion of a piece of the skull was seen quite black.* There was a cloth on the body, and sawdust in the coffin. The body presented the appearance of advanced decomposition; *there was a green mould on the skin, and maggots in some parts, and also a drying up of some other portions by evaporation.* Dr. Reeves showed me the inner surface of the heart,† and I looked at it. *I saw an aggregation of calcareous matters—salts, phosphates of ammonia, and lime.‡* That is an appearance with which I am familiar as the result of decomposition. I have observed that appearance in exhumed bodies. *Dr. Reeves showed me the left lobe of the liver; in that there were small collections of salts. That was merely the result of decomposition, and not an indication of disease.* Although I observed that appearance some time ago, *I never read of it until I found it in a book published last year; that confirms my opinion.* At the exhumation, as to one of the organs, there was a doubt as to whether it was the spleen or the pancreas.||

* The skull cap was raised quite an inch from the skull, from the scalp not having been stitched properly.

† It was Dr. STEWART who did it, at the writer's request.

‡ These deposits were fatty (margarine, with albumen). In what book did Mr. RUDALL see them described?

|| There was no doubt. Some care was obliged to be observed, as the stomach and intestines were, as is usual, becoming matted together.

Q.—What caused that doubt?

A.—There was decomposition in the organ, but *I saw at once what it was!!* it was the spleen.

Q.—What was done with the intestines on that occasion?

A.—*The intestines were collapsed; they were taken out in several different portions by Drs. Reeves and Stewart. Some of these were on the ground, while others were in the body.**

Q.—Were they examined or not?

A.—They were deliberately and minutely examined; they were slit up.

Q.—Do you remember any gas at that time?

A.—There was no gas.

Q.—Did they contain fæcal matter?

A.—The large intestines contained fæcal matter.† I wish to say that in an advanced state of decomposition the tissues of the body become matted together; even the cloth on the body will stick to the skin so as to be inseparable from it. The liver and lungs may be so stuck together as to be inseparable, notwithstanding the circumstance that the diaphragm may come between them. *There were no steps taken by them to determine whether the intestines were cut into.* If it were required to decide as to this with certainty, *I believe it could only be done by using a fluid pressure in some form (and that was not done), to ascertain whether any incision had been made in the intestines.‡* Their being adherent would prevent the punctures being seen. The only mode would be the employment of a fluid pressure of some kind.

Q.—And these intestines were cut to pieces?

A.—*They were taken out in several different portions.*

Q.—*Was there any search made at this examination for the ovaries?*

A.—I saw no accurate search made for the ovaries.

Q.—Did you interfere?

A.—I did not interfere; in fact, I declined to express an opinion upon the appearance. I did not see *a close examination made of every part of the body, including the cavity of the skull; and also an examination of the coffin and the clothes. Bodies of that kind may easily remain concealed; I am speaking of the search for the ovaries after being buried a month. If they had been separated from*

The spleen had been so soft that it had drained out of its capsule, which was of a very deep-purple colour. The writer has been informed by those who were less engaged than himself, that nearly the whole time the examination was being made Mr. Rudall kept as far as possible from the body—twelve feet off.

* They were taken out altogether, and placed on some planks resting on tressels.

† The small intestines contained liquid fæces.

‡ What nonsense. If the intestines had been cut into, the fæces would have escaped.

*their attachments they might have been put at any time with the body.** Supposing they were cut from the attachments, they might have been placed with any part of the body. *I ought to state, in regard to the ovaries, that I think a corpus luteum is no evidence—no reliable evidence—of pregnancy.*

Q.—What is a corpus luteum?

A.—It is an appearance which is found in the ovary, and is dependent upon the escape of the ovules, whether these ovules subsequently become impregnated or not.

Q.—Have you expressed your own opinion?

A.—I have had some experience.

Q.—Do you find yourself confirmed by any medical writers?

A.—Yes, by several. I may mention Bischoff, Bouchet, Racibosky (a very eminent authority), Taylor (*On Medical Jurisprudence*), Guy, and Caspar.

Q.—Then does your own opinion agree with those writers as to a corpus luteum?

A.—I believe the evidence derived from that source is not reliable. Foreign writers are referred to in English books, so that it is not necessary to read all the languages.

Q.—What does the formation of the corpus luteum depend upon?

A.—It is dependent upon the rupture of the graafian vesicles, or little bladders which contain the ovule, or little egg, and upon their escape blood enters the little bladders, and on some further changes which take place.

Q.—When the ovules escape the rupture takes place, although impregnation may not follow?

A.—Certainly it can; the ovule can escape without this appearance occurring, and without the ovule being fertilised or impregnated; and further, I believe that the ovule may escape and not necessarily give rise to a corpus luteum, whether it becomes impregnated or not.

Q.—Can there be an escape of an ovule without coition?

A.—Yes.

Q.—It takes place monthly?

A.—Yes, with each occasion of menstruation.

Q.—Were these ruptures caused by any natural cause?

A.—In my opinion they were caused by a force applied—a dragging of the womb.

Q.—Was it a slight or a great force?

A.—I think it must have been a considerable force.

Q.—Was it a pulling or pushing force?

A.—I think it may have been either a pushing or pulling force.

Q.—In what time would the shock cause death?

A.—It varies.

* The body and coffin were most carefully searched for them.

Cross-examined by Mr. Aspinall.

Q.—You have not made midwifery your speciality ?

A.—I have not ; I don't remember having attended midwifery patients for some years.

Q.—You had experience in midwifery cases during your Arctic expedition ? (Laughter.)

A.—No.

Q.—You are a F.R.C.S., with experience in the Arctic regions. How many *post-mortem* examinations have you attended in the colony ?

A.—From two hundred and twenty to two hundred and thirty in the colony.

Q.—How long does a *post-mortem* examination take on the average, when a thorough investigation is made ?

A.—It depends upon the requirements of the case.

Q.—You have been examined how many times over this case ?

A.—Four or five times.

Q.—I suppose you have met Mr. Pugh, and Dr. Barker, and others, and talked over the subject ?

A.—I have spoken to them, and to numbers of other people.

Q.—You have had a good number of conversations with him (Dr. Barker) ?

A.—I have spoken to him about the case.

Q.—Have not both or either of you prepared the exact questions and answers to be put to and made by you in this trial ?

A.—I don't think I prepared any questions ; if I have suggested any questions, I have not suggested very many.

Q.—Have you or any medical friend suggested questions and answers, and how to give your evidence ? How many rehearsals have you had ?

A.—I cannot answer for my friends.

Q.—Did you not deliver to the Crown Solicitor a list of questions to be put to you, and have you not repeated your catechism on this occasion for the fourth time ?

A.—I have thought over the matter since the previous trial.

Q.—Have you not had your evidence prepared for you ?

A.—I have endeavoured to put my answers in train as correctly as possible. On the last occasion many remarks were made upon my *post-mortem* examination evidence, and I think I have very good reasons to be accurate.

Q.—Have you not prepared a list showing the exact way you would like to be examined ?

A.—I have considered the whole matter over.

Q.—Have you not delivered to the Crown Solicitor a statement as to the way you wished the questions to be put ?

A.—I have endeavoured to communicate my results.

Q.—Have you not stated how you would like to be questioned in this prosecution ?

A.—Yes ; I have informed the prosecution as to that.

Q.—Have you not seen or supplied the materials for question and answer exactly as you wished them to be put to you?

A.—No, I cannot say I have done that.

Q.—Have you not endeavoured to do your utmost to assist this prosecution—I am not saying unfairly—but so as to let the Crown Prosecutor understand the exact kind of examination you wanted to be submitted to, in order to bring out your views on the subject?

A.—Yes; I have supplied my ideas after a thoughtful consideration, so that the Crown may be informed.

Q.—You have supplied what you thought the Crown could advantageously get from you?

A.—I have supplied what I thought ought to be stated by me.

Q.—And to meet the defence made on the last trial?

A.—On the last trial, in reference especially to the question of a *corpus luteum*, I was dismissed from the witness-box without an opportunity of stating what my views were.

Q.—And you have more to say against the accused than you had on the last occasion, and you think the Crown Prosecutor did not give you an opportunity when he re-examined you?

Crown Prosecutor objected to this question.

Mr. Aspinall—But the re-examining counsel could have kept you in the box until you had explained anything, and yet you say you left the box without having had an opportunity of saying what you intended?

A.—I expected to have been examined about the exhumation. There was not a word put to me in cross-examination about that, and I thought the cross-examining counsel would have asked me about the exhumation. There are several things that were not asked me which I have stated now. *I think I was hardly dealt with.*

Q.—You are telling us a good deal more to-day than the Crown might have got you to tell last time—and all this you have added you have submitted to the Crown, have you not?

A.—I have stated that I have put my ideas into form.

Q.—You wrote them out?

A.—I did write them out.

Q.—And these were all framed to meet this last case?

Crown Prosecutor (Mr. Smyth)—This is a charge of murder.

Mr. Aspinall—It seems there must be an interruption every five minutes.

His Honour—It is better not to interrupt if you can avoid it.

Mr. Aspinall—I am grateful to your Honour. The jury will see what they mean.

His Honour—Interruptions had better not take place unless there be something outrageous.

Q.—I understand you to say that somebody has embodied the whole of your examination for you—some doctor?

A.—No one, I believe, has lent me any important assistance.

Q.—Do you mean to say that no doctor has put all your evidence into shape for you ?

A.—I have told you what I have done myself ; there has been nothing done besides.

Q.—Did you not write out the whole history of the case yourself ?

A.—I wrote it down in such a way as I thought the facts of the case would be fairly brought out. I have no wish to state anything but facts.

Q.—I don't say you do. After the last trial you thought your evidence for the Crown was insufficient ?

A.—*I knew it was insufficient at the time.*

Crown Prosecutor—To put an end to this line of examination, I will put in the document from which I examined Mr. Rudall.

Mr. Aspinall—I am not going to be stopped by that *nisi prius* move. Mr. Adamson may as well put in his brief. I am asking the witness if he has not written out an express story for this new trial, which may or may not be true. It is not a question of his veracity, but has the witness prepared a new statement to meet an emergency ?

Mr. Adamson—My learned friend should cease to talk of this written document.

Mr. Aspinall—Is it not a fact that since the last trial you have added largely to your evidence—on this occasion have you not given evidence largely beyond what you gave at the last trial ?

Mr. Adamson—I again raise my objection. Mr. Aspinall is asking as to evidence stated to be contained in a written document.

His Honour—The examination does not trench on a written document at all.

Mr. Aspinall—I now ask you again, have you not added very considerably to your former testimony questions which you wish to be asked you by the Crown Prosecutor ?

A.—I have added to my evidence which I delivered in this Court before, and I think I have stated the reasons why I should do so.

Q.—*You have added to it very largely ?*

A.—*I have added to it.*

Q.—*And you have filled up evidence on matters that you were not asked about last time ?*

A.—I have endeavoured to be as accurate as possible.

Q.—You have endeavoured to give the Crown a considerable addition to your evidence given at the last trial and before the Coroner, and you will no doubt admit, as a man of honour, that *wherever any weakness has been pointed out*, you have endeavoured to fill it up since ?

A.—*Not untruly.* I have added to my evidence because I was not asked the questions I expected, whether right or wrong, by the cross-examining counsel ; and therefore I left the witness-box without having put myself in a fair position.

Q.—*Did you think it your duty towards a professional brother and the public to supply evidence upon which neither side asked you?*

A.—*Yes; I desired to set myself right.*

Q.—*Since the last trial you have provided the Crown, with the utmost care, with every possible thing that could supplement their previous case, have you not?*

A.—*I have stated my opinions and views, but not with any view to keep back anything that may benefit your client.*

Q.—*I am not imputing that you do. There is a doctor in a position in which any other doctor may be placed, and on the last trial you gave so much evidence—are you not now giving so much more that is more or less injurious to Dr. Beaney?*

A.—*I do not consider it to be more injurious; I state the truth. I have stated several points to-day which I had not an opportunity of doing on the last trial.*

Q.—*Is it not the fact that you have supplemented what you said last time? Did you come here without any knowledge that you were going to do it at all?*

A.—*I don't think the Crown had any intimation of what I was going to say until almost the minute I came into court.*

Q.—*Why, Mr. Adamson brandished a paper which you deny you had supplied him?*

A.—*I did not say that I had supplied no paper.*

Q.—*You have considered the case, and you have added what you thought it your duty to do since?*

A.—*I have considered the case, and I have added certain things, which I considered it my duty to add, and my duty to state before leaving this box. I can give good reasons for it. On the last occasion statements were made by other medical men, and I had not the slightest opportunity to explain as to several matters, and I therefore desired to take notice of them on this occasion.*

Q.—*You thought it due to your professional reputation to go into a vindication of what the Crown asked you then.*

A.—*Yes.*

Q.—*Then the case against Dr. Beaney is a totally different one to that tried last month? What do you consider to be a thorough post-mortem examination?*

A.—*It depends upon the purpose for which the post-mortem examination is made; a thorough dissection of the body would take months to do!!*

Q.—*Say a patient dies under your treatment?*

A.—*Then I believe a thorough examination includes the principal organs of the body, and such special attention as the case itself may require. I generally examine the important organs, and specially those particularly affected.*

Q.—*In this case Mr. Pugh was with you—what part did he take?*

A.—*He assisted me generally.*

Q.—What did he do? Did he put his hand on the body?

A.—Yes.

Q.—Where?

A.—I can't tell; on every part; it is impossible to recollect such matters.

Q.—It is important to know when you found these ruptures.

A.—We neither of us put our hands inside or removed the plugs from the vagina until we had seen indications of the rupture in the uterus.

Q.—Opening the abdomen would not give you a view of the uterus?

A.—*That may or may not be. I believe the rupture was seen at once.*

Q.—*On opening the abdomen had you a clear view of the uterus?*

A.—No.

Q.—Could you see the uterus upon merely opening the abdomen?

A.—I believe we did, but I am not absolutely certain. It may have been necessary to remove a coil of the intestines. I cannot say whether it was done or not, but the disturbance of the parts was almost nothing.

Q.—Is it not the fact that when you open the abdomen, and until you have done something further, you cannot see the uterus at all?

A.—I believe we either saw it immediately or by a very slight movement of a coil of the intestines, but you are pressing me so much upon it that I don't like to say.

Q.—You cannot tell the jury whether you did pass your hand into the abdomen before you got to the uterus. You don't know. Can you tell whether you put your hand into the abdomen in order to disclose the uterus, and by removing its coverings (the intestines)?

A.—No further covering than possible—a coil of the intestines.

Q.—Then you may have put your hand between the intestines and the uterus in order to remove a coil?

A.—Not necessarily; I should probably slide them back.

Q.—Then there are two things of which you have no distinct recollection. You might have drawn them back or raised them up?

A.—That is probably what I should have done.

Q.—But which you did you don't know?

A.—Whatever I did I did correctly.

Q.—But you have no distinct recollection which you did?

A.—My impression is that the uterus was seen without removing the intestines at all, and that upon slightly raising up the womb I saw the rupture.

Q.—You say the bowels were distended with gas and fæces?

A.—The smaller bowels were distended with gas.

Q.—Then if that was so, there would be still greater difficulty in seeing the uterus on opening the abdomen?

A.—The smaller intestines were distended with gas, the larger intestines contained healthy fæcal matter.

Q.—Then in that case would they not more effectually cover the uterus and prevent its being seen ?

A.—No ; because the uterus displaces the intestines.

Q.—Then the uterus is not necessarily covered by the intestines ?

Mr. Smyth objected to this line of examination.

Mr. Aspinall protested against the continual interruptions on the part of the Crown, and appealed to the Court to protect him in the discharge of his duties. Such proceedings would not be allowed at the English bar.

Foreman of the Jury—These interruptions on the part of the Crown completely confuses the case to the jury.

His Honour said he had checked them before. If they were continued he had no alternative but to leave the bench and return again ; that was an extreme course for a judge to take, but it was the only one left him.

Q.—When this state of things exists, the probability is that in opening the abdomen you would not see a rupture in the fundus if it were there ?

A.—It would probably be less plainly seen than if the intestines were not so distended.

Q.—Had you any occasion to turn the intestines on one side at all ?

A.—I don't like to say positively whether I turned the intestines on one side, or whether I slid them a little upward.

Q.—Did you not tell us that the rupture was brought into view by slightly raising the upper part of the womb ?

A.—The impression on my mind is that I saw indications of the rupture without touching it. By putting my hand underneath I believe I saw indications of the rupture. My impressions gave me some idea that there was mischief at that part. The rupture was in or near the fundus.

Q.—And was not that covered so as to preclude a view ?

A.—Not an entire view.

Q.—You mean to say you knew it was a rupture before you had pulled something up ?

A.—There was something that attracted my attention to that part of the womb.

Q.—Yes, there might have been gossip. Suppose you had gone no further, could you have sworn to any rupture ?

A.—I don't know whether I could have sworn to it or not.

Q.—From the parts you saw before you went further, could you have sworn there was a rupture ?

A.—I could not say. I am not absolutely certain.

Q.—Then at that point you could not give a certain answer ?

A.—I don't know that I could give a certain answer.

Q.—You were sent there for the purpose of seeing whether an abortion had been procured ?

A.—Yes ; I was cognizant of that.

Q.—Did you say the womb was dark coloured ?

A.—Yes.

Q.—Was that a sign of disease or of pregnancy ?

A.—It may exist independently of pregnancy.

Q.—Did you examine the head and brain at all ?

A.—I did ; I took off the scull-cap and examined the brain.

Q.—Did you examine the chest, lungs, and heart ?

A.—Yes.

Q.—To what extent ?

A.—As far as I considered it necessary.

Q.—Suppose there had not been this rupture in the uterus—did you examine the other parts with care enough to know whether there were anything in them to cause death ?

A.—Yes.

Q.—Then in an hour and a half you can examine every cause of death.

A.—No.

Q.—Well, but there is the head, lungs, liver, and so forth. We will suppose there was a rupture of the uterus—what would be the extent of your examination of the other parts ?

A.—I don't think the examination could have gone much further ; it might have gone a little further.

Q.—Supposing there had been no rupture of the uterus, would you not have gone further and examined all the causes of death ?

A.—I should have searched for every information.

Q.—Could you do so in an hour and a half ?

A.—Sometimes less than that.

Q.—Did you pursue your investigation any further than this rupture.

A.—Yes. I examined the other organs, with the exception of certain organs, for instance the spinal chord, and other organs rarely examined. Having found the rupture, I was impressed as strongly as possible that that must be the cause of death.

Q.—Were not the organs decomposed ?

A.—There was a certain amount of decomposition about the organs ; any very direct pathological changes resulting from decomposition must interfere, but they would not be such changes as would be likely to cause a rupture.

By the Court—The other organs were probably not so minutely examined.

Q.—Is it not the fact that you had gone there having been previously told of the charge against Dr. Beaney, and that having found the rupture you described you did not look at anything else to a considerable extent ?

A.—No, it is not the case.

Q.—If you had not found the rupture there, would you have gone

to all the other parts for *post-mortem* purposes, and investigated them more carefully? Would you not have examined the liver, for instance?

A.—I believe there was only one cut made in the liver, and that was an adequate examination in this case; but, as a rule, it would not be an adequate examination.

Q.—As a rule—but Mary Lewis's case was an exception?

A.—Where there is an injury such as this was, and which appeared to be a fatal injury, it is laid down in the text books that there is no such necessity for going minutely into other organs, and especially when they are decomposed?

Q.—Did you comply with what is laid down in the text book?

A.—Yes.

Q.—And you neglected to go further?

A.—No; I did not neglect to go further. I did go further.

Q.—Then you did not go by the text book?

A.—I did not limit myself to the text books.

Q.—I understand you to say, that having found this cause of death (the rupture) you did not feel any obligation to proceed further, as you thought that sufficient?

A.—I did proceed further; and after having found the rupture, I examined all the other organs.

Q.—In an hour and a half?

A.—I don't say that. I can't tell you how long; I think it was more than an hour and a half, and between an hour and a half and two hours and a half. I believe it was fully an hour and a half.

Q.—Are you quite certain?

A.—I can't say I am quite sure; my impression is that it was more than an hour and a half.

Q.—You said the edges of the rupture were neither inverted nor everted, the sides neither in nor out?

A.—I believe they were not decidedly inverted nor everted, so far as my impression goes.

Q.—In ordinary cases of rupture during life must there not be inversion or eversion?

A.—In ordinary cases of rupture during life I should expect neither inversion nor eversion, but that is not an absolute condition, because the edges may have altered.

Q.—If a rupture had occurred after death?

A.—Then I think equally the edges would be neither inverted nor everted.

Q.—You mean to say that the same circumstances would exist after death as before?

A.—Probably, to a slighter extent. I think there would be some amount of eversion or inversion, according to the direction of the force applied. In cases where a blunt instrument had been used, I should expect to find the edges inverted or everted.

Q.—Do you mean that it would be likely to occur either after or before death?

A.—I think that even after death if the uterus were ruptured there would be some amount of displacement of the edges.

Q.—In this case there was not?

A.—I found there was no decided inversion or eversion.

Q.—*You say it might occur after death?*

A.—To some slight extent.

Q.—It would probably occur before death?

A.—Yes.

Q.—In this case it did not exist before or after death?

A.—Not in any decided way. I saw no decided eversion or inversion; a slight amount of it may have been there without my noticing it.

Q.—Would you conduct a *post-mortem* examination without noticing it?

A.—If it had been considerable I should probably have observed it. It did not attract my attention as a matter of evidence.

Q.—Did you not say that the anterior and posterior walls were lying in apposition?

A.—Yes, they were lying together. The womb was flabby.

Q.—Would that be the case if the rupture were done during life?

A.—Yes; I don't think the time of the occurrence of the rupture would influence that; the tissues are like a wet bladder, and would collapse. I don't think a case of rupture after death, or during life, would have anything to do with the position of the walls, so far as apposition is concerned. I can't understand why it should.

Q.—I suppose the muscular power of the womb continues to contract during life?

A.—Decidedly it does.

Q.—Is not the womb a muscle?

A.—It is a muscle, in one sense; but it is very different from the ordinary term of muscle.

Q.—It does not always contract?

A.—We know very well that it does not sometimes.

Q.—Then it does at other times?

A.—Yes, certainly.

Q.—What is the general rule, and what is the exception?

A.—It is hardly fair to ask me, without putting some sort of a case. I have endeavoured to state the difference between a muscle and the uterus; the uterus may contract, and other times it may not. I have found the uterus three weeks after delivery enlarged; ordinarily it does contract after the child is expelled—that is the rule after delivery.

Q.—Could it not after this rupture?

A.—I would not say after the womb was ruptured.

Q.—When you had a woman to cut open, would you pass your

hand up the vagina? Would you not see, and not go exploring in the dark?

A.—I explained that I did that in the first place. There might have been some body loose in the vaginal passage, and it was desirable to ascertain that. If I had cut out the womb and vagina in the first place, I might have displaced something in the passage.

Q.—You could have removed the uterus, the ovaries, the vagina, and the fallopian tubes to a place where they could be examined?

A.—Certainly.

Q.—Then what advantage did you gain by passing your hand through this place in the dark?

A.—I have already endeavoured to explain. In the first place, that there might have been some substance loose in the passage, and that I might have displaced it; in cutting into it (the body) the womb might have been raised, and any body in the passages might have been displaced; there was nothing there, but I did not know that at the time.

Q.—But you took the plugs out with the forceps?

A.—Yes.

Q.—But would you not have been in a better position if the body had been laid open before your eyes, and especially in removing these plugs with the forceps?

A.—All I can say is, that your opinion is a different one from mine. There is another reason—I thought it desirable before these parts were displaced to ascertain in what sort of condition they were.

Q.—At the time when you put your hand in did you know of the rupture?

A.—Yes.

Q.—How did you get your fingers so far—did you not run a risk of making the rupture larger?

A.—No, I think not.

Q.—You ran no risk of extending it?

A.—I think there was no risk about it.

Q.—How could you tell when to stop?

A.—I could see my fingers.

Q.—Not until they came through?

A.—No.

Q.—And you could not see them until they were through? You did not know they were there until you saw them?

A.—Yes, I know they got there.

Q.—You passed your hand through the os uteri—did you know that you might not enlarge it?

A.—I calculated to get my fingers through, and found no resistance. I carried my hand up until I found my fingers at the rupture.

Q.—If you put your hand through, you ran the risk of extending the rupture?

A.—I do not admit that I ran such a risk.

Q.—If you did not know how large it was, you ran that risk?

A.—My opinion is that I ran no risk; I put several fingers through.

Q.—Did you know whether your fingers would go through or not?

A.—No; not with certainty.

Q.—Well, that is what I call running a risk?

A.—No; I have stated that it is very difficult to break up the natural adhesion of dead organs; and with regard to the amount of force applied during life it is not nearly so difficult as to cause a rupture after death.

Q.—Your impression was that you could pass several fingers through the mouth of the uterus?

A.—I could pass my hand; in order to get my fingers through I might have passed a great portion of my hand.*

Q.—Was not your original impression that the mouth of the womb was large enough to admit the fingers?

A.—I may have said so, but it does not follow that it would admit the great portion of the hand.

Q.—What was the matter with the os uteri?

A.—It was not ruptured.

Q.—It is considerably less in width, is it not?

A.—Yes; in that case the os uteri was very large in proportion to the rest of the uterus.

Q.—Do you mean to say that if you can pass your hand through the os uteri, which is of less size than the uterus, without rupturing it, could you rupture the wider part without rupturing the narrower?

A.—Suppose you take an india-rubber ball (pear-shaped) and stretch its neck of sufficient size to enable you to get to the top.

Q.—I understand that the os uteri was in such a state of extension that you could pass the hand without rupturing it; then how could you rupture the uterus at the top where there was more space?

A.—I would rather not give an opinion upon the matter; it is not in my line of practice. I can give you authorities.

Q.—Then that is a subject upon which you cannot give an opinion?

A.—I do not wish to give an opinion upon the production of the rupture.† So far as I found anything in the dead body I shall be happy to answer, but upon these points I don't feel myself competent to give an opinion.

Q.—You cannot offer an opinion upon that with certainty?

A.—I don't wish to do so. I would rather not unless you press me.

* This is a strange expression, and would seem to show that he passed his four fingers through the mouth of the womb, and made them appear through the rupture. This would show that the womb *never was five inches* in length.

† And yet he gives a very strong opinion—"A pushing or a pulling force," he said, caused the rupture.

Q.—But would such a force as you have alluded to tend to make an opening larger or wider?

A.—We don't know the force; it may have been a graduated one.

Q.—The force required would not be more than sufficient for getting into a wider place.

A.—Of course the force required to get into a narrower place would be greater than into a wider.

Q.—In the case of examining the belly, should you not have first examined everything *in situ*?

A.—You generally, when a body is opened, turn back the intestines, and you generally cast a glance at the parts.

Q.—You can see sufficient at a glance?

A.—I mean to say, that unless you saw some appearances to arrest your attention you would not make a long examination.

Q.—When the reputation, and perhaps the life, of a brother professional man are at stake, is a cursory glance at the belly all you take?

A.—No; it is not all. We give more than a glance. There are some things we see at a first glance as on a further examination.

Q.—If any one raised a prosecution against you, would you not require a careful examination?

A.—Yes.

Q.—Not a glance. Should you not examine everything *in situ* to begin with, and remove and examine them further afterwards?

A.—Such an examination was made.

Q.—Cursorily, you said. I don't call a glance an examination. Should you not make a careful examination when you knew that a charge against anybody was intended?

A.—Such an examination we made.

Q.—Should not the parts be subjected to a careful examination *in situ* in a case of such importance as this?

A.—They should be subjected to an examination *in situ*.

Q.—Do you think the parts could be better examined *in situ* than after removal, and that simply giving a glance was sufficient?

A.—Of course there should be a proper inspection.

Q.—Is a glance a proper inspection?

A.—It may be. I believe the examination was quite adequate.

Q.—Was it a glance?

A.—It was a look into the abdomen.

Q.—How long did that look last?

A.—I cannot say.

Q.—Was it more than that at the intestines?

A.—I don't wish to state. I cannot tax my memory.

Q.—Then having glanced at the intestines, you proceeded with your investigation elsewhere?

A.—I proceeded to make such an examination as I considered necessary.

Q.—Is not the proper course, after examining everything and noticing the position of the uterus, to remove the suspected organs from the body ?

A.—It is as a rule, and they were removed by Dr. Pugh and myself, on our view that it was desirable that other people should have an opportunity of inspecting them. There was no necessity or obligation for Dr. Pugh or myself to take out the uterus or vagina, or any other part, but with the view that any one might see them. There was no other object.

Q.—When you talk of other people—was not an application made to the Coroner by Dr. Beaney's friends to see these parts ?

A.—I believe there was.

Q.—I suppose that had it not been for His Honour's order, the body would not have been exhumed at all ?

A.—I do not know.

Q.—Do you know the result of the application to view these parts (*i.e.*, the womb) ?

A.—Yes, I have here a letter, which I will show.

Q.—When you speak of the length and breadth of the uterus—did you measure them ?

A.—No, I did not.

Q.—Did you cut the stomach out ?

A.—No, I did not.

Q.—Why not ?

A.—Because I did not find it necessary to do so. I found it distended with gas. I made an incision into the mucous membrane, and found it healthy.

Q.—Assuming that it was a case of suspected poisoning, do you not think it would be deserving more than a glance ? Would not the course be to tie, remove, and then cut the stomach open ?

A.—If there were any grounds for suspicion I should be disposed to take out the stomach.

Q.—Apart, therefore, from any grounds of suspicion, if you wanted to exhaust every means of ascertaining the cause of her death, would you not cut the stomach out and lay it open ?

A.—Not necessarily.

Q.—In a case of poison you would open the stomach ?

A.—Yes ; undoubtedly.

Q.—If you wanted to see any disease of the stomach you would cut it open, would you not ?

A.—Yes, to an extent to enable me to examine the mucous membrane. It would be a waste of time to go further in such cases as that.

Q.—Then such cases are decided before you go ?

A.—In cases of poison our attention would be directed to opening the stomach.

Q.—Would you not make a more careful examination than you did ?

A.—It depends upon the case.

Q.—If you had not come to this rupture in the uterus, would you not have taken more pains !

A.—If there had not been that rupture of the uterus, and all the other appearances, I should have taken more.

Q.—Finding so many appearances, would they not have induced you to carefully examine the stomach, intestines, and liver ?

A.—I did.

Q.—Fully ?

A.—Sufficiently.

Q.—For what ?

A.—For all practical purposes.

Q.—Do you mean to say that you examined the liver as carefully as you would if you had found no rupture of the uterus ?

A.—Well, I don't know that I should have examined it more or less. It is very likely I should have opened the stomach in such a case.

Q.—If a dead woman were placed before you, and there was a question as to what caused her death, would you not open her stomach ?

A.—I may or may not at that stage of the proceedings.

Q.—Do you mean to say you would not consider it your duty to look at the stomach ?

A.—Not at that stage of the examination.

Q.—As a scientific man, could you go into an investigation as to the cause of death without looking for it ?

A.—It is my custom to look into the stomach.

Q.—Without speaking of custom, is it not your duty to look into the stomach ?

A.—In a medico-legal case it is part of the duty to open the stomach, but in many other cases it is utterly unnecessary.

Q.—For the highest purposes of science, and for the purpose of satisfying yourself of what a woman died, with the corpse on the table, would you not want to make an elaborate examination of the stomach ?

A.—No.

Q.—When a person is poisoned, and you conducted the *post-mortem*, would you not look at the stomach ?

A.—I should examine the stomach in a case of poison.

Q.—Then your examination is according to the indications you get beforehand. How would you know it was a case of poisoning until you had examined the stomach ?

A.—For instance, a man shot through the head ; there would be no necessity for examining his stomach.

Q.—Could you swear that a woman had poison in her stomach if you did not examine her stomach in such a way that you could say there was no poison in it.

A.—I considered there was no appearance of poison.

Q.—With such an examination as you made can you say there was no poison ?

A.—There was no appearance of poison.

Q.—Did you make such an examination as would enable you to swear that there was no poison in that woman's stomach ?

A.—I wish to explain that there are certain poisons which leave no appearance on the stomach.

Q.—If you had not seen the rupture in the uterus, and you had gone farther and examined the stomach, might you not have found more than you looked for at this time ?

A.—I believe not.

Q.—Why ?

A.—Because I made a sufficient examination for all ordinary purposes.

Q.—What did you do ?

A.—I made an incision in the anterior wall, and ascertained that the stomach was empty.

Q.—Was that enough to satisfy you that there was no poison ? Suppose Mr. Candler had sent a policeman to you, saying that you were to examine the stomach if you thought it was poison ?

A.—I might not have examined the stomach at all at such a stage.

Q.—At any time since the deceased died until now have you made an examination for poison ?

A.—I am satisfied that there was no appearance of poison.

Q.—If the Coroner had informed you that a *post-mortem* was to be held upon the woman, because it was suspected she had been poisoned, would you have treated her stomach as you did on this occasion ?

A.—No.

Q.—Then it was not a complete examination for this purpose ?

A.—I don't admit it.

Q.—Was the examination you made of the body of Mary Lewis such a one as you would have made if you had been told she had died of poison instead of from an abortion ?

A.—It was not. In such a case I should not have conducted an examination in that way. In some cases it is necessary to remove the stomach from the body, and to apply certain tests at the moment the stomach was opened, and to make arrangements with a chemist.

Q.—In *post-mortem* examinations is it not the rule to remove and examine the stomach ?

A.—It is not a rule.

Q.—Is it a general practice ?

A.—I am not prepared to say it is a general practice.

Q.—Is it of use for a scientific man to know the contents of the stomach ?

A.—Yes.

Q.—You only know this when you examine it ?

A.—Sometimes you get indications from the outside.

Q.—Can you tell if a person is poisoned from the outside?

A.—I don't say so. The stomach may be inflamed inside, especially by arsenic.

Q.—Can you know for a certainty what are the contents of a stomach until you open it?

A.—Not generally.

Q.—Do you ever know for a certainty?

A.—Sometimes the stomach is empty.

Q.—Can you tell a case of poison whether it is empty or not?

A.—You cannot always tell whether it is a case of poisoning by the feel. It is impossible to tell always the state of the stomach inside without opening it.

Q.—Do you know anything about the stomach?

A.—It appeared to be perfectly healthy.

Q.—Was it thin?

A.—Not so much thinned as to appear to be affected with disease. I did not observe that it was thin.

Q.—What do you mean by "so much thinned?"

A.—Some stomachs are thinner or thicker. There are variations in stomachs.

Q.—What do you mean by "so much thinned?"

A.—Not too thin to be within the limits of health.

Q.—Do you mean to say it was thin?

A.—No, I do not; the stomach was healthy.

Q.—It could not be healthy if it were extremely thin. Was it thin?

A.—I did not observe that it was thin.

Q.—Did you endeavour to observe one way or the other?

A.—Yes; I know it was within the limits of health.

Q.—Was it thin at its great curvature?

A.—I know it becomes thin at the great curvature after death.

Q.—Was this stomach so?

A.—I can only say that I did not see it.

Q.—Did you make an observation then or not?

A.—Yes.

Q.—What was the result of your observation?

A.—That the stomach was not unnaturally thin.

Q.—Was it thinner than usual, or not?

A.—Your Honour, I have endeavoured to answer this question.

By the Court—I think I may safely say it was not thin.

Mr. Aspinall—I won't say how careful your observation was, but I want to see how far you observed symptoms which I think of importance. In point of fact, whether it was thin or not—do you know?

A.—It was not thin.

Mr. Aspinall—I have been examining you a long time, and you would not come to that.

Q.—Why did you not measure the length and breadth of the uterus?

A.—Because I had no measure.

Q.—Was it impossible to get a measure?

A.—It was not impossible.

Q.—Was it not important to know the length and breadth in a scientific point of view?

A.—I think an estimate by a person qualified to judge is sufficient.

Q.—Don't you think an actual measurement would be better?

A.—An actual measurement might be more accurate.

Q.—Don't you say that this womb was thinned off towards the edge of the rupture?

A.—Yes, it was.

Q.—Properly speaking, ought that not to be the thickest part?

A.—No; from my own observation I have usually found that part of the womb under the fundus, between the fundus and the neck, thicker.

Q.—Was it thickest at the fundus or at the os uteri?

A.—At the os uteri.

Q.—Take the neck of the womb or the lips—is it thicker there or at the fundus?

A.—The lips and the portion of the womb adjoining are usually found to be the thickest, and not the fundus. Where there has been any difference in pregnancy, it is generally the same thickness all over.

Q.—At the fifth month is there a difference?

A.—I do not remember examining a uterus at the fifth month.

Q.—Do you think, for scientific purposes, if you wanted to arrive at a just conclusion about the size, that you had not better measure the length and breadth of the uterus and vagina?

A.—It is not usually done.

Q.—For a scientific purpose would you not measure it?

A.—I probably should.

Q.—If you were going to write a paper for a medical journal, or to speak before a number of scientific men on the subject, would you not take the exact measurement?

A.—It would be desirable.

Q.—I suppose it would be also desirable to have done so when a man is to be tried for his life?

A.—It would be desirable.

Q.—Don't you think that to make a complete examination it ought to be done?

A.—It is not usual to do it.

Q.—Could you not have sent a short distance for a measure?

A.—I don't think so. I had even a great difficulty to get a jar.

Q.—Do you mean to say that the means were beyond your reach? How far off was a chemist's shop? You were in Rokeby-street.

A.—I don't know whether we could or not.

Q.—Could you not have used a pocket-handkerchief, and afterwards applied that to a measure when one could have been obtained ?

A.—I might have done that. We took the womb itself.

Q.—You have not measured it up to this time ?

A.—I have not measured it.

Q.—Does it not change after death in shape and size ?

A.—It does.

Q.—Then you may have easily measured it had you liked ; there was nothing to stop your getting a measure. How long would have elapsed before you could have measured it ?

A.—Perhaps three-quarters of an hour. I estimated its size very nearly.

Q.—You did not take the exact measurement because you thought it unimportant ?

A.—I thought it more important to take the womb itself. The measure has been stated as nearly as I can estimate it.

Q.—If the members of the jury were doctors, would you not think it desirable, in order to enable them to form a conclusion in this case, that they should know the measurement as accurately as possible ?

A.—It would be desirable ; but I don't think it necessary to do so.

Q.—Did you cut the uterus and vagina open ?

A.—We cut the vagina open.

Q.—The uterus ?

A.—No, we did not, because we saw sufficient of it without.

Q.—Could you see the inside without opening the whole of it ?

A.—Yes.

Q.—Could you examine the texture as well as if it had been cut open ?

A.—The tissues were examined by the microscope.

Q.—Could you examine the uterus as well without opening it ?

A.—We could see the whole of the interior surface.

Q.—Quite plain ?

A.—No ; if we had made a section through the walls of the womb we should certainly have damaged it so far as keeping it was concerned for the inspection of other people. I thought at the time that the womb would be more damaged if we made an incision through the walls, and it was not done ; more than that, I did not consider it necessary to do it.

Q.—If you had opened it would you not have been better able to judge than if you had not opened it—would you not have been able to speak with more confidence ?

A.—I don't think I could have spoken with more confidence.

Q.—Then you know as much of it as if you had opened it ?

A.—Very nearly.

Q.—Could you have gained any additional information?

A.—I might have gained some additional information.

Q.—Could you scientifically have gained more by proceeding further with the examination?

A.—I might have gained more; I would have gained more.

Q.—Then what was the use of saying you “might?” Now tell us the additional advantages of cutting it open?

A.—I might have seen the large vessels in the walls.

Q.—Which opportunity you lost by not opening it?

A.—I did not open it, and therefore did not see them.

Q.—You lost that opportunity?

A.—I lost that opportunity.

Q.—What more might you have seen?

A.—That is the only material thing; I don’t remember anything more in the case.

Q.—If you had proceeded with a further examination of the uterus, as a scientific matter, what more would you have found?

A.—I stated that I might have seen the enlarged vessels, which I quite believed were there. I thought it was better not to cut the uterus, so that other people might inspect it as it was, and form their own judgment.

Q.—Did you foresee that decomposition might soon set in?

A.—Yes.

Q.—Don’t you think it would have been as well that you should have seen the interior parts yourself before decomposition, than that other people should see it after decomposition?

A.—The examination might as well have been made.

Q.—Would it have been equally as well after as before decomposition?

A.—It depends upon the extent.

Q.—Was it put into water?

A.—Yes.

Q.—Did you not foresee the decomposition?

A.—Yes, and I used every means I could to prevent it.

Q.—How many hours passed before it began to decompose?

A.—It began to decompose before I saw it.*

Q.—Therefore the process of decomposition was going on.

A.—It was.

Q.—Did you prevent any one seeing it?

A.—No; I took care that if any one wanted to see it they might.

Q.—When decomposition was already setting in, could you have formed a better opinion on the day it was presented to you than twelve hours afterwards?

A.—I don’t think I could have formed a better opinion.

* This is a strong proof that it was softened from disease. The womb is the last organ in the body to decompose.

Q.—Would decomposition not then have affected it?

A.—Not very much.

Q.—Would it at all?

A.—It would affect it to some extent. I did not cut it in order that other people might judge of it.

Q.—Every hour it was more difficult to examine on account of its decomposition?

A.—Yes.

Q.—Before the Coroner every means of investigation was not exhausted, and more light has since been thrown on the matter?

A.—It is impossible to say that. I do not know that I have thrown more light on the case.

Q.—Could you have thrown additional light on the cause of her death—I am speaking of what you left unnoticed?

A.—The cause of death was ascertained as far as I could possibly know.

Q.—Would you in a similar case be more careful in conducting a *post-mortem*?

A.—I hope I should be so on every occasion.

Q.—Do you not think that there were some things to which you ought to have addressed yourself?

A.—There were some things to which I might have addressed myself, and which I think are overstrained.

Q.—Would you not think it your duty to make a fuller examination than you did at that time?

A.—I should make a fuller examination.

Q.—Then you feel that you did not exhaust everything, and that you have learned something from this case?

A.—Yes.

Q.—Have you not learned to make a fuller examination another time?

A.—I should be more careful in a future case.

Q.—You are confident you would?

A.—I would.

Q.—Don't you feel that because in the last case you did not do enough?

A.—I don't think I should ever do enough.

Q.—Do you not now feel that if another woman were to be examined by you, under exactly similar circumstances to those of Mary Lewis, you would make the examination more complete?

A.—I have already said that I would endeavour to do more.

Q.—Don't you think it would be your duty to do more?

A.—I would think it my duty to do the most I could; I don't think I should ever do enough.

Q.—Would you not in future so conduct a *post-mortem* examination as to enable you to answer all these questions?

A.—I would endeavour to do more than I did on this occasion.

Q.—Would you not feel bound in justice to any one connected with the death to do so?

A.—I would feel bound to do the most I could.

Q.—Would you feel bound to do more than you did last time?

A.—Yes.

Q.—Did you cut the edges of the rupture?*

A.—Yes.

Q.—When?

A.—The following day; a microscopical examination took place at my residence.

Q.—Was the microscope yours?

A.—It was mine.

Q.—What is its power?

A.—I cannot tell you.

Q.—Did you cut the lungs to pieces?

A.—I cut them into several portions.

Q.—As to the congestion of the lungs?

A.—The congestion of the lungs was of a passive character; both were congested.

Q.—When you removed the uterus and its appendages, how much did you remove, and how much did you leave behind?

A.—I removed the uterus and the broad ligaments.

Q.—What did you do with the ovaries?

A.—I believe I did not take the ovaries out of the body at all. In taking out the womb it is possible they may have been cut in such a way that they were loosened from their position.

Q.—You mean to say that the ovaries are not retained with, or properly related to, the uterus?

A.—I do not think it is at all essential.

Q.—They are originally attached to the uterus, of course?

A.—To the ligaments.

Q.—Did you ever find a woman pregnant who had not a corpus luteum in her ovary?

A.—According to my own experience, I do not consider it necessary.

Q.—In every case of pregnancy, does the corpus luteum exist?

A.—To the best of my belief, not.

Q.—In what proportion of cases?

A.—It is impossible to say, because the cases are not so very numerous.

Q.—What is the rule, and what is the exception?

A.—I cannot say.

Q.—Do you know which is the rule and which is the exception—how are the majority of instances?

A.—I believe that in the majority of instances it exists. I must also make another statement. I believe in the menstruation period

* The edges of the rupture did not appear to have been cut into.

that you very seldom open an ovary without finding a corpus luteum.

Q.—If you had cut open the ovaries of this woman at the *post-mortem*, would an inspection have assisted you in arriving at a conclusion as to her pregnancy?

A.—It would not be worth while looking at them. I should form no opinion upon it.

Q.—Do you mean to say that it would not assist you in forming an opinion?

A.—My opinion is that it is not material; there are authorities that differ, and on the other hand I am not without support.

Q.—In what proportion of cases does conception happen without the production of the corpus luteum?

A.—I cannot give any proportion.

Q.—Do you mean to say that it is all important, or of only slight importance, that you should see a corpus luteum?

A.—I do not think it is of importance at all.

Q.—Is it of any use?

A.—I think it is more likely to lead to error.

Q.—What do you mean by “likely to lead to error”—did you look for yourself?

A.—I did not look for myself.

Q.—Did you hear what Dr. Pugh said in his examination as to this?

A.—I know Dr. Pugh was asked, and I believe he did say that it was an omission. It was not intended by me. I did not intend to examine them. For many years past this corpus luteum has been a source of considerable error. I have made observations on a dead body, which I can give. I am led to the conclusion that the corpus luteum which is found in pregnancy is not always capable of being distinguished from the corpus luteum found in the virgin female.

Q.—Did you ever find a pregnant woman without a corpus luteum?

A.—I believe it to be perfectly possible.

Q.—Is it an exception?

A.—Some authorities state it is an exception. I have no ground for forming an opinion upon that point. I cannot give an opinion. My belief is that the corpus luteum may be present or absent in pregnancy or without pregnancy.

Q.—Would its presence be inconsistent?

A.—The absence is consistent with pregnancy; there may be pregnancy without a corpus luteum.

Q.—How often—which is the rule and which is the exception in pregnant women?

A.—In pregnant women I should expect to find it there, and also to find it there without pregnancy.

Q.—Just as often?

A.—I cannot express an opinion.

Q.—Do you believe that one would be just as likely as the other?

A.—[Witness understood to say that he would form no conclusion upon it.]

Q.—Would not its absence be an indication of non-pregnancy?

A.—I cannot admit it as an indication; it might be absent or present either with or without pregnancy; it is more likely to be present. I think few ovaries would be examined without finding it.

Q.—Is a corpus luteum the effect of impregnation?

A.—Not at all. It is the effect of an escape of an ovule.

Q.—Then you may expect as much in a virgin as a married woman?

A.—I have found it in a virgin myself.

Q.—Then if you found it in a married woman would you believe her to be pregnant?

A.—I could not form an opinion from its absence.

Q.—Do you mean to say that it does not exist in pregnant women?

A.—I would expect to find it.

Q.—In what proportion of cases?

A.—I cannot answer.

Q.—Do you know whether it is equally likely?

A.—I know that some observers say so and some the contrary.

Q.—Can you give an opinion?

A.—It is more probably found in pregnancy. I should expect to find a corpus luteum, and you may find it in the virgin.

Q.—Then in a case of abortion would you look for it as a balance on the subject of pregnancy?

A.—I don't see there is any balance.

Q.—Then you mean to say it may be as often present as not?

A.—I should expect to find it usually in the category, and also in females who were not pregnant in whom the ovules are discharged.

Q.—On this occasion you knew that a charge of abortion was preferred?

A.—I did not.*

Q.—Would you not expect to be asked by a society of medical men whether you had noticed the ovaries, and where was the corpus luteum?

A.—They might ask the question. I have been asked the question several times.†

Q.—Can you take the womb out without taking out the ovaries?

A.—Yes.

Q.—Did you?

A.—I believe that I did.

Q.—When a person takes out the womb does he take out all its parts together?

* In the early part of his cross-examination he said: "I was cognizant that abortion had been produced."

† There is no doubt but that he has been asked the question.

A.—Of course there is a reasonable limit to stop in the matter; you may as well take the whole pelvis.

Q.—But in a question of pregnancy, and a number of medical men wanted to decide for themselves, would you, in taking the uterus and also the vagina for the inspection of your scientific brethren—would you not take every bit, including the ovaries?

A.—No.

Q.—It was more trouble to cut them off than to take them out with the uterus?

A.—Not at all. The uterus is a considerable portion of the pelvis, and in taking the attachments it was almost impossible to see exactly.

Q.—Would not a number of doctors be better able to judge as to pregnancy if all the parts connected with the generative organs had been taken out?

A.—My opinion is that they would not be better off. At the first stage they are directly connected, but after I believe that they are of no use as evidence.

Q.—Do you know the opinion of the majority of your professional brethren?

A.—There is a very great difference of opinion.

Q.—Then when some lean one way and the others another, should you not have given a fair chance for both sides?

A.—Guy and Taylor say not.

Q.—But would you do so or not?

A.—I don't think that it is safe.

Q.—In conducting a *post-mortem* examination, would you not think it necessary to preserve all the evidence, that other people may judge whether it may be of use as evidence or not?

A.—I do.

Q.—What did you do with the vagina?

A.—The vagina was more decomposed than the uterus, and I conceived it would bring the other into decomposition quicker, and I separated it.

Q.—Did any of Mr. Beaney's friends see the vagina?

A.—It was taken with the other parts to Professor Halford. My attention was directed to the uterus; the ovaries to me were quite unimportant.

Q.—Why, Mr. Adamson told us that the ovaries were the female testicles?

A.—At one period they are no doubt important. The corpus luteum may be present or absent.

Q.—Would you believe a woman to be pregnant if you found no corpus luteum?

A.—I could not say she had not been pregnant.

Q.—What is your impression?

A.—I should form my opinion from other sources.

Q.—Did you hear Drs. Pugh, Halford, and Tracy state that the absence of the corpus luteum was evidence of non-pregnancy.

A.—I should like to see upon what they formed their opinion.

Q.—The ovaries could have been taken out ?

A.—In taking out the uterus from the pelvis there is a good deal of dissection to be done ; it is possible.

Q.—Do you think you could easily have left the ovaries behind ?

A.—Easily ; my attention was directed not to damage the uterus.

Q.—Did you cut them from the uterus ?

A.—They were cut from the uterus, I believe, before the uterus was removed.

Q.—What makes you believe it ?

A.—After a portion was taken out I may have divided some portions, and put them into a jar.

Q.—You don't know where you left them ?

A.—Everything that was not put into the coffin was delivered by me to Inspector Nicolas, and the rest was taken to Professor Halford.

Q.—Did you take out the uterus, ovaries, and all that, or take out the uterus, leaving the ovaries ?

A.—I do not know ; I have a strong belief, but am not positive ; I did not see them at the exhumation.

Q.—Did you then attach importance to them ?

A.—I heard various statements ; I took no part in that examination.

Q.—Did you observe any marks of the placenta ?

A.—I observed no marks of the placenta.

Q.—Did you observe the decidua ?

A.—Yes, I did.

Q.—How much ?

A.—It covered a portion of the uterine cavity.

Q.—Where was it wanting ?

A.—It was wanting very near the rupture.

Q.—Did you do anything to preserve it ?

A.—I believe there is a way of preserving it, but I think it is incapable of being preserved very thoroughly. I don't think it can be entirely preserved ; you could not well keep it in spirit, because the spirit would alter its character.

Q.—You might have put a portion under the microscope, and kept a portion for Dr. Beaney's friends ?

A.—It would be of very little use. I did not wish to examine it until Mr. Beaney had an opportunity of seeing it.

Q.—Would it be of use ?

A.—It would be of use ; a portion might have been examined by the microscope.

Q.—Did you adopt that course ?

A.—I did not think it desirable.

Q.—How could a thing be of use and not desirable ? It might have

been useful to a man accused, but it was not done by those who had the power to do it.

A.—It might have been of use.

Q.—It might have been of use, but it was not done? Did you observe in the decidua any mark of the placenta?

A.—I could not say that; I saw no mark of the placental attachment.

Q.—With regard to the milk in the breasts, would not uterine irritation cause milk? May not a man have milk?

A.—I believe there are some wonderful cases of men having milk.

Q.—Don't you know that milk is a proof of pregnancy?

A.—It is no proof of pregnancy.

Q.—Is it not consistent with uterine disease?

A.—I should not like to answer that question. I told the Coroner that I had not for some time practised midwifery. I can state that the presence of milk in the breasts is no proof of pregnancy; but if you ask as to the uterine irritation, I cannot answer.

Q.—Would a microscopical examination enable you to see, with certainty, whether it was milk?

A.—No. I used the term "milky fluid." I cannot positively say it was milk.

Q.—You could have known better whether it was milk or a milky fluid if you had taken the trouble to investigate the matter?

A.—Yes; if we could have taken more trouble we could have known more about it.

Q.—I understood you to say that there was an indistinct areola, and at other times that there was no distinct areola?

A.—I think there was a very indistinct one. There was no marked areola.

Q.—What do you mean by that? If there were no marked areola there was no areola?

A.—I mean to say it was extremely indistinct. I believe there was the faintest shade. It is a question as to which three or four people may hold different opinions.

Q.—Do you expect an areola in cases of pregnancy?

A.—It is generally found in the living subject.

Q.—How soon after death does it cease to be visible?

A.—I can't say accurately.

Q.—How long ordinarily?

A.—I do not know.

Q.—Do you know in a case of natural death how long the areola remains?

A.—It would depend upon the condition of the decomposition.

Q.—This woman's was very indistinct?

A.—Yes.

Q.—Has the colour of the hair or complexion of a woman anything to do with it?

A.—The areola is generally darker in a dark-haired woman.

Q.—She was a dark-haired young woman—then you expect to find it more strongly marked?

A.—Yes, as a rule.

Q.—You speak of an enlargement of the womb, and a milky fluid in the breasts, and a deciduous membrane; what other proof did you see of pregnancy in the history of the case?

A.—Rupture of the womb is not a proof of pregnancy.

Q.—Could the womb not rupture just as much if it were not pregnant by violence?

A.—No.

Q.—Not if diseased?

A.—There are certain conditions of disease. It is very rarely ruptured except in cases of pregnancy; such a thing is among the rarities.

Q.—Do you mean to say that it does not frequently occur otherwise?

A.—It very unfrequently occurs. I never saw a case, and I have examined a great many dead bodies. I have been present at a great many other examinations, and I never saw a case.

Q.—Did you attend coroners' inquests on persons who have died of every disease?

A.—I don't claim an exemption on the subject of dead bodies.

Q.—Is it usual for a gentleman who has not made midwifery his study to be called on to testify upon such cases as these?

A.—It would of course be very desirable to have witnesses who would testify on these points, and they would no doubt be called in. I don't wish to testify as to very delicate points; but so far as the dead body is concerned, I don't claim any exception.

Q.—Your knowledge extends to the two hundred and twenty-six cases in the colony?

A.—Not at all; I must have had a competent knowledge to obtain my diploma; but I have stated that there are some peculiar points as to which I do not wish to be examined minutely upon. I passed my examination twelve years ago.

Q.—During that time you have not practised midwifery—then your knowledge on the subject is what you have obtained at these coroners' inquests?

A.—Not all; they are not the sources of my information.

Q.—Why, you have not been in the habit of attending upon women?

A.—I have not practised midwifery.

Q.—Do you conduct *post-mortem* examinations upon subjects of which you know the least?

A.—I conduct *post-mortem* examinations upon any branch.

Tuesday, 26th June.

Q.—You cut the vagina away—for what reason, do you say ?

A.—I stated that the vagina and other parts were decomposing, and that in order to preserve the womb I separated it and placed it in a closely-stopped bottle with diluted spirit.

Q.—What was done with the vagina ?

A.—The vagina and other parts were put into chromic acid.

Q.—With regard to the rupture in the vagina, can you form an opinion as to whether it was done before or after death ?

A.—I believe it was caused before death. I form that opinion.

Q.—Are you positive about it ?

A.—In my own mind I am satisfied.

Q.—Do you feel positive ?

A.—Yes, I do.

Q.—Have you told persons that it did not occur until after death ?

A.—I am not aware ; I have no recollection.

Q.—Have you had your doubts ?

A.—I don't remember having had doubts.

Q.—Your opinions have altered considerably ?

A.—They have altered slightly.

Q.—To what extent was the vagina decomposed ?

A.—I cannot describe the extent exactly.

Q.—Much or little—had it gone some way ?

A.—The decomposition had not gone very far. I am speaking of the time when I examined the body.

Q.—I am speaking of the time when you cut off the ovaries ?

A.—Then it had gone further.*

Q.—The reason you cut off the vagina was that it was decomposing other parts ?

A.—That is one reason.

Q.—Was that the only reason you have given—have you given any other ?

A.—I don't know that I have. I will give one now. The vagina and the pelvic bones, and the lower end of the bowels with the uterus, formed a mass of considerable size. Thinking that it would be desirable that the womb should not be spoiled, and not having any vessel closely covered in which I could put them, and not being able to procure one, were the reasons why I thought it desirable to separate the womb from the vagina.

Q.—Are you quite sure there was no other reason ?

A.—I am quite sure.

Q.—Did you mention this at the former trial ?

A.—I have mentioned it somewhere.

* This is an admission that the ovaries were cut away after he had taken the womb and other parts home.

Q.—Have you mentioned it at any inquiry affecting this case, or merely among the profession ?

A.—I cannot be certain whether I mentioned it on a former inquiry.

Q.—How long would it have taken you to have got a jar and to do what you wished ?

A.—I don't know.

Q.—Did you try ?

A.—I did.

Q.—To what extent ?

A.—I sent out to a butcher's shop for a bladder, and could not succeed in tying the jar down. I tried all I could.

Q.—Did you send to the hospital ?

A.—No.

Q.—Did you not think it important ?

A.—I thought it most important to preserve the womb itself.

Q.—Did you think it important to preserve the rest ?

A.—I did preserve the rest.

Q.—Did you think it important to preserve it altogether ?

A.—I thought it important to preserve it in good condition, and I endeavoured to do so.

Q.—Do you think their preservation for the purposes of this trial would have been more useful than to have them severed ?

A.—No, not under the circumstances.

Q.—Would it not have been better for the purposes of investigation in a case of this kind to have kept the parts in their original relations with each other as far as possible ?

A.—It would be better to allow me to explain. It would be better to keep one part that was essential preserved rather than run the risk of spoiling the whole.

Q.—Do you mean to say that it was not in your power in this case to preserve the whole. Was the difficulty about the top of a jar ?

A.—That was not all the difficulty.

Q.—What more ?

A.—I have stated that I considered it to be of some advantage to separate the womb, and to preserve the parts best able to be kept.

Q.—Were they not all equally capable of preservation ?

A.—No ; because the vagina and those parts would decompose quicker than the uterus, which is one of the latest organs to decompose in the body.

Q.—What did you do with the vagina ?

A.—I took it to Professor Halford.

Q.—What became of it then ?

A.—I do not know.

Q.—Did it present any signs of rupture after being cut off ?

A.—*I cannot say* ; it was very much decomposed.

Q.—Did you cut it in such a way as to leave any evidence of rupture?

A.—I believe it was cut off through the rupture.

Q.—That is the first rupture, which might have been fatal?

A.—Yes.

Q.—And you cut it off through the rupture?

A.—Yes.

Q.—This rupture of the vagina, which of itself might have been the cause of death, you cut through?

A.—Yes; at a time when it could be hardly recognised.

Q.—Could you not have removed the vagina without cutting through the rupture?

A.—Not entirely.

Q.—Could you not have removed enough of it to prevent decomposition going further?

A.—I thought not.

Q.—Are you certain?

A.—It is the best opinion I can form.

Q.—Could you not cut through the vagina without cutting through the rupture?

A.—I could not have separated the vagina without cutting it.

Q.—Then when you separated the vagina and kept the uterus, you cut away evidence of the rupture in the vagina—such evidence as it might afford?

A.—To some extent I did.

Q.—What advantage was there in preserving one-half of the evidence and destroying the other half?

A.—I destroyed one part of the evidence to preserve the other part.

Q.—One-half?

A.—I don't say a half.

Q.—Don't you say that either rupture may have been fatal?

A.—The rupture in the vagina might have been fatal.

Q.—It is impossible for any one to say what injury you did in order to preserve the uterus. You selected your own time to cut off the parts?

A.—I thought it better to preserve them as long as possible.

Q.—Would it not have been better to have preserved them as long as possible before decomposition had set in, if they were wanted for future investigation?

A.—Decomposition had set in when I saw the body in the first place.

Q.—Assuming there was no decomposition, if the parts were to be submitted to a medical examination, would not the entire parts afford more information than if they had been severed from the others? You say you obliterated the first rupture and cut the parts off there—would it not have been an advantage to medical men to have all the parts submitted at once rather than to have them separated?

A.—It would be desirable to have them all together.

Q.—At one time it was possible to remove all the parts and place them in a jar for people to see?

A.—It was possible.

Q.—I understood you to say yesterday that you did not know whether you had taken out the uterus with the ovaries?

A.—I could not answer.

Q.—I understood you to say that you took all out?

A.—Then I must have misunderstood your question.

Q.—I asked you if you took all out, and you said "Yes." Would it not have been better for the purposes of science that you should have removed all the organs of generation after examination *in situ* for inspection?

A.—It would have been desirable to remove as much of the womb as possible.

Q.—Did you do so?

A.—We did not remove everything; it would have been desirable to have had the pelvis removed.

Q.—Did you do it?

A.—We did not; we could not very well.

Q.—Could you not have removed the ovaries?

A.—We could have done it at one time.

Q.—Could you not have removed the ovaries?

A.—We could have done so at one time; we did not. I directed my attention especially to what I considered the most important parts.

Q.—Would it not have been better, and more satisfactory, to remove the whole, after you had properly examined them in their position?

A.—It would not have been more satisfactory, so far as my opinion is concerned, to have removed the ovaries.

Q.—You said it would be better to have removed all together?

A.—Yes, but not the ovaries, so far as my individual opinion goes.

Q.—But if you had to satisfy a number of medical men, would you not just say to them, "Here is the whole of the uterus, the vagina, and the ovaries, all removed as carefully as possible, and all still connected as when inside the body"—would you not remove the whole for the consideration of a medical jury?

A.—If there were a medical jury, the better plan would be for all of them to see the body.

Q.—But if they could not, would it not be desirable for them to see as much as they could?

A.—Yes.

Q.—Would not medical men be in a better position to form an opinion of all the parts connected, as they appeared in the body, than cut up and disconnected?

A.—I took them out with the view of preserving most carefully those parts which I considered to be of most importance.

Q.—Would it not have been more desirable to take them out as they stood in their original relations ?

A.—I don't think it would be possible to take them out in their original relations. I took them out with care.

Q.—If you had wanted to report the history of this case, or to lecture upon it, would you not have endeavoured to show how the parts stood connected—as they would be *in situ* ?

A.—I should endeavour to let them see as much as I could. In this case I was under no obligation to take out any part of the body at all.

Mr. Aspinall.—The jury will see about your obligations. It is not for you to define them.

Q.—Did you remove the womb and part of the fallopian tubes, and leave the ovaries in the body ?

A.—I have already stated that I may have made many incisions with the view of saving the womb. I certainly disregarded the ovaries, which play such an important part in the process of generation.

Q.—Would there have been any difficulty in removing the fallopian tubes and ovaries together ? Is not the difficulty increased when you cut them off ?

A.—No.

Q.—Why could you not have taken them out altogether ?

A.—I have mentioned already that I endeavoured to save the womb, and I may have sacrificed some other parts.

Q.—The womb is in the centre, and the fallopian tubes are on the outsides—how would it affect the womb taking out the other parts ?

A.—The womb and vagina occupied a large space, and were much dilated. It was not like taking out an unimpregnated womb, or the womb of a virgin. The womb was considerably enlarged. The vagina less so.

Q.—What danger could there be to the uterus by performing an operation further from it ?

A.—There would have been no additional injury.

Q.—Then you could have brought it all out with the same ease that you brought out the centre ?

A.—No ; because my attention was directed to the uterus, and I had to move it about in various positions.

Q.—Do you mean to say that by operating at a little wider space from the uterus you would have endangered the uterus itself ?

A.—My attention was drawn to the uterus.

Q.—And you neglected other matters ? Now your attention being directed to the uterus, to the fallopian tubes, the ovaries, and the rest—how do you explain that you did not give a wider scope to

your operations, and obtain the balance of the testimony which the ovaries would have given ?

A.—I can only say that I had to use my hand, and had to use the knife as well, and that I had to regard the uterus. The parts are surrounded by bones. I could hardly see every stroke of the knife.

Q.—Did you cut off the whole of the fallopian tubes ?

A.—I did not observe whether I had cut the whole of them off or not.

Q.—Did you keep as near to the uterus as you could, or did you sever it just where the ovaries are attached ?

A.—I don't know at this moment.

Q.—Did you cut off the broad ligaments, or any of the fallopian tubes—did you bring them away in the middle ?

A.—I cut them off at some little distance.

Q.—Did you hear Professor Halford examined about this ?

A.—I did.

Q.—Do you know whether the fallopian tubes and a portion of the ligaments were left behind ?

A.—I believe Professor Halford stated so.

Q.—Had you any knowledge of it ?

A.—I did not notice.

Q.—Do you know whether you left a part of the ligaments and ovaries there ?

A.—I might have left some part of the ligaments and ovaries there—it was almost impossible to do it without.

Q.—The broad ligaments ?

A.—Yes.

Q.—You left nearly the whole of the round ligaments ?

A.—I cannot say.

Q.—What was the object of cutting off those parts in which the *corpus luteum* might or might not have been discovered. What was the object to be gained ?

A.—I gained no object by leaving it out. I have stated that my attention was directed to the essential parts, and the other parts were to some extent disregarded by me.

Q.—Then the ovaries were to some extent disregarded by you ? Are you not aware that a large class of the profession attach great importance to them in questions of pregnancy ?

A.—I don't know the proportion. I know there is a wide difference of opinion ; what the numbers are I don't know.

Q.—You know that the large mass of men respected in your profession do attach importance to the evidence you left behind ?

A.—Not to my own knowledge. I know there is a wide difference of opinion, and I have learned from works on medical jurisprudence that it is desirable not to produce evidence on these points. The profession differ on the subject, and among others, Dr. Taylor.

Q.—Do you not know that a considerable number of men in the profession, whose opinions are entitled to the greatest weight, differ with you with reference to this particular subject?

A.—No; I do not know that there are men whose opinion would be of great weight who do.

Q.—Men whose opinions are entitled to as much weight as your own. Don't you know that Dr. Pugh, Dr. Tracy, and Dr. Halford (the Crown witnesses) expressed a contrary opinion?

A.—I know they did.

Q.—Are their opinions entitled to weight?

A.—I want to know upon what they formed their opinions.

Q.—Do you know that Dr. Pugh stated that he wanted to keep the ovaries, and examine them at a future period?

A.—He did say so.

Q.—You had not the slightest idea of keeping them for that purpose?

A.—I had not.

Q.—You don't know whether or not you left them in the body?

A.—I don't know whether I left them in the body. If they were not taken to the University, they were put into the coffin by Dr. Pugh and myself.

Q.—How can you state that positively, if you don't know which?

A.—Because there was no third physician present. I know nothing else was taken away by me.

Q.—Do you know that Dr. Pugh did not?

A.—I am satisfied in my own mind that he took nothing away.

Q.—Do you know what was finally done with the ovaries at all?

A.—I did not see everything that Dr. Pugh did?

Q.—Would not a transverse rupture of the womb during life cause a terrific bleeding?

A.—I can only answer from my reading. I should say it would not always.

Q.—Then having no personal experience, and only answering from your reading, do you believe there would be great bleeding?

A.—I should anticipate there would be more or less bleeding.

Q.—In the case of a transverse rupture of the womb, would you not expect considerable bleeding from it?

A.—Generally I would.

Q.—Then what would take Mary Lewis out of the general rule?

A.—The general rule is that a rupture takes place when the child is there, and the consequence is that the blood cannot escape externally, and therefore it escapes internally.

Q.—You would expect blood from a rupture in an unimpregnated womb?

A.—That is a very rare accident indeed. Some bleeding may take place.

Q.—In such a rupture of the womb as we have heard of at this

trial, would you or would you not anticipate a considerable bleeding, impregnated or unimpregnated?

A.—I would feel a difficulty in answering that question. I would expect bleeding to some amount whether the womb were impregnated or not.

Q.—But pretty freely?

A.—It depends upon the condition of the womb, and a variety of other circumstances. I believe, as a rule, there would be bleeding.

Q.—Where would the blood get to?

A.—If the passage externally were free, and the mouth of the womb free, I should expect it would escape externally, which would prevent it going into the peritoneal cavity.

Q.—Would there be any chance of its getting into the peritoneal cavity?

A.—There might be a chance. The uterus would be lower than the vagina.

Q.—What other escape would it have except into the peritoneum?

A.—It would have to escape externally.

Q.—The level of the fundus being below that of the vagina, where would the blood escape?

A.—Into the peritoneal cavity, because the position of the uterus would be under the vagina; in my opinion it would not necessarily escape.

Q.—I understood you to say that the walls of the womb were in apposition?

A.—Yes.

Q.—Would that affect the flow of blood at all?

A.—If they were in close apposition it would affect the flow of blood; the apposition prevents the blood flowing into the cavity of the belly, everything being closed, but not from the edges of the rupture.

Q.—Do you mean to say that the walls being in apposition, that would prevent the blood flowing from the rupture above?

A.—I don't understand the question.

Q.—With this rupture at the top of the womb—

A.—The rupture was towards the upper part of the womb.

Q.—In what part of the fundus?

A.—It was a little posterior.

Q.—Do you not recollect at the last trial about the blood escaping through the vagina? You heard the opinion of Drs. Tracy and Pugh, that a syringe might have washed the blood out of the peritoneal cavity?

A.—I recollect the opinion expressed.

Q.—Do you not know that part of the case for the Crown—that the blood had gone into the peritoneal cavity—was withdrawn?

The *Crown Prosecutor* remarked that there was a double sup-

position—first, that the blood had not gone into the cavity of the peritoneum at all; and secondly, that if there had been any the water which had been injected had washed it out.

Mr. Aspinall—It was part of the case for the Crown.

The Crown Prosecutor—Not one to the exclusion of the other.

Q.—Was there any blood in the peritoneal cavity?

A.—No.

Q.—At any rate, there was a chance of its going there?

A.—There was a chance.

Q.—That in the case of a rupture the blood might be expected to flow into the peritoneal cavity?

A.—It might flow into the peritoneal cavity.

Q.—Did you turn your attention to that?

A.—Yes; and I found no blood in it at all.

Q.—If blood had been effused into the peritoneal cavity, would it not have coagulated?

A.—That would depend on a variety of circumstances whether it was coagulated or not.

Q.—But ordinarily speaking?

A.—Ordinarily speaking, it would be coagulated.

Q.—Would not that add to the difficulty of washing it out, if it had coagulated there?

A.—If it were coagulated, it would not wash out so readily. It would depend upon the amount of coagulation.

Q.—But assuming it to be partly coagulated, that fact would render washing it out more difficult?

A.—Yes, it would be difficult. It depends upon the place where you wash it out of.

Q.—In some parts of the peritoneal cavity, would it not be difficult to wash it out?

A.—Yes, it would be.

Q.—If the blood were coagulated, would not some of the soap and water remain there?

A.—If the blood escaped, the soap and water would also escape.

Q.—If the blood were coagulated there, and if water were introduced, would you not expect to find some of it there?

A.—The soap and water would, of course, flow out easier than coagulated blood.

Q.—With reference to any hemorrhage there, would warm or cold water tend to suppress it?

A.—Warm water usually causes a greater flow of blood; cold water is commonly used to suppress it.

Q.—With this rupture in the fundus, four inches in length, and of sufficient size to admit the hand, would you not expect the bowels to press into the rupture?

A.—Not necessarily.

Q.—But even if such a rupture happened, not after death, but

during life, would you not expect the pressure of the bowels to cause them to fall into the aperture?

A.—The bowels might fall into the rupture, but it does not follow that they would.

Q.—There would be the liability of distending it, at any rate?

A.—The bowels are supported by the mesentery. As a matter of fact, they sometimes will protrude, and very often they will not.

Q.—When an opening has been made and continues?

A.—It does not necessarily follow.

Q.—But the bowels would take advantage of the opening, and descend?

A.—Not always; there is no cavity or space.

Q.—By a natural law, would they not descend by their own weight through the aperture?

A.—I should not be surprised if they did; but it does not at all follow that the intestines would descend.

Q.—They lie over the opening during life?

A.—But they are supported by an attachment at the back part of the belly, called the mesentery.

Q.—Well, that supports them so far as its power goes. You mean to say that there is no descending force—that when the strength of the uterus is gone that is sufficient to prevent their descending, to a certain extent, into the opening?

A.—Either the mesentery or something else will often prevent their descending. There is no cavity or loss of space. There is also a natural force which tends to keep things in their position.

Q.—In ordinary cases of hernia in man or woman, do not the bowels descend?

A.—Hernia is a descent of the bowels.

Q.—But the mesentery does not hold back the bowels with such a force so entirely that the tendency to descent does not remain?

A.—I say that the bowels may go into the rupture.

Q.—The mesentery, then, prevents them going so far as they otherwise would, but does not prevent them going a certain distance?

A.—It does not prevent them going a certain distance.

Q.—But if a woman should be sitting up, or using a chamber-vessel, and straining, would that not have a tendency to throw the bowels into a different position, and running an additional risk?

A.—Bowels come down when the patient is lying on the back.

Q.—If she were in a sitting posture, would there not be another additional prospect of their coming down?

A.—It would add, probably.

Q.—Would straining?

A.—Straining would add considerably.

Q.—If a woman had a discharge of blood and slime from her womb, and complained of it coming down, and of pains in her back,

and headaches, taking oil of savin, Cockle's pills, and these prescriptions, which you have probably seen—pregnant, or not pregnant, would not her womb be in an unhealthy condition?

A.—I would rather not express an opinion on that subject. So far as the dead body is concerned, I will state anything I know.

Q.—Take this girl—pregnant some years ago, and then delivered by instruments—is there not a danger of something the matter having been left in her womb?

A.—It may leave something the matter with the womb, but not necessarily.

Q.—You heard that she complained of her womb?

A.—People complain without reason.

Q.—Perhaps there is no scientific reason. Do you disbelieve a woman when she makes a statement?

A.—When there is no scientific reason for disbelieving.

Q.—You have seen these prescriptions—I suppose that increased doses would tend to injure the womb, pregnant or not pregnant?

A.—I don't believe that any of these medicines would have a direct tendency to do so.

Q.—Is not savin used for purposes of abortion?

A.—Savin is used for abortion.

Q.—Has it not an irritating effect?

A.—Yes, on the stomach and on the bowels, more than on the uterus.

Q.—Do you object to the use of savin?

A.—I don't remember having prescribed savin; but my practice is no argument for other people. I know that savin is used for the purpose of procuring abortion. I know it is an irritant of the uterus. It would be an irritant of the stomach and intestines, and might cause some irritation of the uterus.

Q.—Then there is danger when savin is used in large quantities?

A.—Yes.

Q.—What is the effect of aloes?

A.—They are a purgative.

Q.—Any effect on the uterus?

A.—It acts on the large intestines.

Q.—And is supposed to have a stimulating effect on the womb?

A.—My opinion is quite undecided on that point.

Q.—Is savin an irritant of the uterus?

A.—I don't know that it is an irritant of the uterus.

Q.—You know that is the general belief?

A.—[Not heard by the shorthand writer.]

Q.—If a woman is taking these things and otherwise physicing herself, would not her general health be affected as well as her womb?

A.—I should think, if taken in sufficient doses, its effect would be purgative, and would not materially affect her health.

Q.—I presume the womb may be enlarged without pregnancy having existed ?

A.—The womb may be enlarged without pregnancy.

Q.—I understand that membranes, false as well as true, may exist ?

A.—A membrane like the deciduous membrane may exist.

Q.—You sent the vagina to Professor Halford. Do you recollect his stating last time that he never got it ?

A.—I don't know what Professor Halford stated. I stated it was so much altered by decomposition that it was difficult to state what parts were there, or what were not.

Q.—I understood you to say that you had sent the vagina to Professor Halford ?

A.—I took it myself. Everything except the womb was delivered to Inspector Nicolas. I took all the rest to Professor Halford.

Q.—After such a rupture as has been described, would a woman be likely to complain of bearing-down pains ?

A.—I cannot answer from my own experience. There would probably be pains of some kind.

Q.—Would not muscular action be at an end ?

A.—It would be considerably limited after that. I am not prepared to say it would end. It would tend to depress muscular action.

Q.—Would not the pain attendant upon such a rupture be considerable ?

A.—I think there would be pain at the moment of rupture, but I have no experience myself. I think there would be pain ; I should expect considerable pain.

Q.—You have often seen the deciduous membrane preserved in the museums at hospitals ?

A.—I probably have seen it—I don't remember any special case. I have observed it myself so far as I can.

Q.—Is it capable of being preserved ?

A.—I don't know any way of preserving it, especially after decomposition has set in. There was decomposition present when I saw it first.

Q.—Spirits arrest decomposition ?

A.—Yes.

Q.—Did you put these parts into spirits ?

A.—Not immediately ; I put them in paper with the view of enabling other people to see them.

Q.—Yourself and Dr. Pugh were the only two persons engaged to make this *post-mortem* examination ?

A.—Yes.

Q.—How long did you keep the parts before putting them in spirits.

A.—Within an hour or two after I received them back from Dr. Pugh. He desired to make some further examination, and he took them himself from my house.

Q.—Was there any restriction by the Coroner or the police as to how you were to hand the parts about ?

A.—I got instructions from the Coroner.

Q.—Did you give Dr. Pugh any directions as to how many people were to see them ?

A.—I had no right to do so.

Q.—Dr. Pugh carried them away ?

A.—Yes.

Q.—Were they sealed up ?

A.—Yes.

Q.—How soon after her death did you see her ?

A.—In about forty hours afterwards.

Q.—Had decomposition set in then ?

A.—Yes, very decidedly.

Q.—Does decomposition set in so rapidly ?

A.—It occurs rapidly in pregnant women.

Q.—Would not an unhealthy person decompose more rapidly than a healthy one ? Which would decompose more rapidly ?

A.—I cannot say.

Q.—Suppose a person in good health to be suddenly killed ?

A.—The conditions you have given me would not enable me to form a conclusion.

Q.—Take the case of a healthy woman who had never been pregnant, thrown out of a railway carriage, and a woman in the condition of the deceased—who would decompose more rapidly ?

A.—There would be a probability of the healthy woman resisting decomposition longer.

Q.—Would there not be a strong probability ?

A.—I do not think there would be a strong probability. I would say that disease would not necessarily, as such, produce rapid decomposition.

Q.—Did you find the uterus decomposed ?

A.—The parts were decomposing.

Q.—In a healthy woman is not the uterus the last thing to decompose ?

A.—Yes; the cavity of the uterus is excluded from the atmosphere under ordinary circumstances.

Q.—But you found it decomposed the instant you opened it ?

A.—I beg your pardon.

Q.—How could any air get in until you cut her open ? Could it get in through the vagina, so as to produce decomposition before cutting it open ?

A.—I believe so.

Q.—Then you ignore all distinction between a healthy and an unhealthy woman. It would not be more exposed than in any other woman ?

A.—I think so.

Q.—You say it was decomposed?

A.—The inner surface of the womb was decomposed.

Q.—The first moment you saw the womb you found it decomposed?

A.—As soon as I looked into the interior of the womb I found it decomposed.

Q.—And you did that immediately after cutting open the body?

A.—Very soon after—a very few minutes.

Q.—Was it unnaturally decomposed?

A.—It was more decomposed than I would expect.

Q.—Have you not in the course of your examinations found wombs not decomposed after the lapse of a fortnight or three weeks?

A.—I have found wombs after delivery not decidedly decomposed for some time. I have found it, I think, several weeks at any rate.

Q.—In point of fact, you have found it several weeks after undecomposed where there was no disease, and not diseased like Mary Lewis's?

A.—I can't say it was diseased; it was not in its ordinary condition.

Q.—Do you mean to say that rapid decomposition of the uterus is not more probable in an unhealthy than a healthy uterus?

A.—I believe the condition depends upon the process going on in the uterus.

Q.—How far did you examine the heart?

A.—I examined the ventricles and auricles.

Q.—Did you examine the structure of the heart?

A.—Yes.

Q.—To what extent?

A.—To the extent of dividing the ventricles.

Q.—Do you recollect Dr. Stewart pointing out the red colour of the lining of the left ventricle?

A.—I remember Dr. Reeves* pointing it out.

Q.—Did you express a conclusion?

A.—I did not express any opinion.

Q.—Do you recollect what you said?

A.—I don't know what I said. I intimated that I did not wish to give any opinion.

Q.—Did you wish them not to know what were your opinions?

A.—I knew I might be asked at a future time to state my opinion.

Q.—Has it any significance to your mind?

A.—It has a significance, showing decomposition.

Q.—When you examined this womb under the microscope, did you try to keep the parts examined?

A.—I could not preserve them.

Q.—Are they capable of preservation?

A.—I don't think they are capable; if they were, I could not do it.

* This is a mistake; Dr. Stewart drew his attention to it.

Q.—Why?

A.—I am unable to say.

Q.—Are you as capable as any one else?

A.—No.

Q.—Are they not put between glasses?

A.—Yes, but I could not preserve it. Some are preserved to be shown under the microscope, but it is quite an art of itself to preserve them.

Q.—What was the size of the bit that Dr. Beaney took away.

A.—I did not see; it must have been very small.

Re-examined by the Crown Prosecutor—Dr. Pugh rendered me some assistance in the examination. I saw the uterus was a good deal enlarged. I saw indications of the rupture before I took any other steps. We found the rupture before we proceeded to examine the other organs. Eversion or inversion might occur before or after death—some amount of it. There was nothing in the womb; the walls of the womb were in apposition; the anterior wall rested down upon the other. The womb is not a muscle like the heart, which contracts when cut (?); the womb is composed of inorganic muscular fibres; it is strong, and not easily ruptured. I passed my hand and several fingers through the rupture without enlarging it. The breadth of my hand is not so great as that of the rupture; the rupture was four inches in length. I used no force whatever—I mean I did it gently. The mouth of the womb was dilated to the size of a five-shilling piece; it admitted a good part of my hand without anything like pushing. I believe the rupture might have been caused by pulling or pushing. A paper was handed in on Monday at the inquest. I saw no appearance of poison; the mucous membrane of the stomach would show evidence of that; an irritant poison would show itself in the stomach. If there had been considerable thinning I should have seen it. It becomes thin at the great curvature after death. I have been in the habit of measuring organs by the eye. There may be an error of half an inch in four inches, but I don't think it likely it would be to that extent. We could see the inside of the womb through the rupture, and beneath through the mouth of the womb. The rupture was probably larger than an incision I should have made. The womb could not enlarge without the vessels enlarging. It is possible by inspection to see if the vessels had been enlarged. The vessels increase in size in pregnancy. In my opinion there may be pregnancy without a corpus luteum; impregnation cannot take place while the ovule is in the ovary; it is after it has left the ovary. I cannot understand why subsequent impregnation should make a difference. False corpora lutea are found in the ovaries of non-pregnant women; I remember an instance where I discovered a corpus luteum in a young woman who had diseased ovaries, and who had not been pregnant. I disregarded

the ovaries as affording no evidence of pregnancy ; there was no thorough search made for the ovaries at the exhumation. I observed no marks of the placenta. I did not observe the mouths of any vessels at the point of attachment. A false deciduous membrane has been stated to exist in cases of dysmenorrhœa ; it is a shreddy membrane, but I think under ordinary circumstances it could be distinguished, but Montgomery speaks of it as being a very rare thing. I did not wish to examine the womb with the microscope until Dr. Beaney was present ; I did not wish to disturb it until he was there ; he was present at the examination with the microscope. Milk is a concomitant of pregnancy. I think a great loss of blood would affect the appearance of the areola. In cases of rupture of the womb the fibres are subjected to some strain or tension, or some body contained within it, or in cases of disease or rottenness ; there were no appearances of that kind here. I have not heard of a ruptured womb at the fifth month, except in cases of malformation ; there was none here. When I received the parts with the vagina back from Dr. Pugh, they were far more decomposed than at the *post-mortem* examination. When the vagina was severed it was very much decomposed ; it had been laid open. There was no decomposition which led me to believe was the result of disease. Dr. Pugh and myself thought it advisable to so preserve the parts that they could be inspected by other people. The state of a person dying would affect the bleeding, as the circulation would then be feeble. If a person's extremities were cold just previous to death, hemorrhage would be less likely to occur, or to a very much less extent. There would necessarily be an effusion of blood into the peritoneal cavity. I believe warm water would have more effect in promoting bleeding than cold. I saw in court a syringe, that would hold three-quarters of a pint of water, but I could not say how much water could be injected in five or six minutes. I don't think the water would go further than the vagina. The bowels were not necessarily tightly packed. I think straining an important point in the matter ; I think that would be an additional chance for the bowels coming down. I think a "smell of death under the nose" would be perceptible to other people. I found the womb generally very healthy. The womb may be enlarged without being pregnant, from several causes, as from tumours, and sub-involution after child-birth ; in that case the cavity is larger than natural. I think the contractile power of the womb is diminished by sub-involution. I have never seen a case of sub-involution—I believe it is very rare. I could not say that muscular action would be at an end after a rupture of the womb. There might be no pain under the influence of chloroform. I stated to Dr. Figg (who called on him) that I would show the womb to Dr. Beaney's friends, having authority from the Coroner. Rapid decomposition sometimes occurs quicker in the

case of women. The state of the weather would affect a body, and there are other unknown conditions ; it was hot weather. If the womb had been exposed to the air I think it would have soon decomposed. I found the mouth of the womb much dilated. I cannot tell the extent to which the air entered. The appearances pointed out by Dr. Reeves in the heart did not exist when I made the *post-mortem* examination.

Q.—Does anything you have heard alter your opinion as to the cause of death from this rupture ?

A.—It has not altered my opinion.

By the Court—I don't think the rupture could have occurred under ordinary conditions. It was very unlikely to have been done by merely passing the hand through the parts.

Inspector NICOLAS sworn and examined on the part of the Crown—I got a sealed bottle or jar on the 29th of March from Dr. Rudall, and handed it over to Professor Halford in the same state I got it, and on the same day.

Cross-examined—I had only one jar ; all was in one jar.

WILLIAM ROSS PUGH sworn and examined on the part of the Crown—I am a Fellow of the Royal College of Surgeons of Edinburgh,* and a M.D. of the University of Giessen. I was present when the *post-mortem* examination of the body of the late Mary Lewis was made by Mr. Rudall, but took no part in it, as I was instructed by the Coroner to leave it all to him. The body was well nourished but considerably decomposed, the features swollen and distorted, the skin discoloured in various parts, and raised in bladders or blisters, which contained gas. The breasts were swollen and turgid, and there was a *very faint* areola around the nipples. *The private parts were very much swollen and discoloured from violence.* These were the only parts that showed any indications of injury.

[The body was opened, and in turning aside the skin of the abdomen, *and removing a coil of the intestines* overlying the womb and bladder, the womb was seen enlarged *and of a purple or livid colour.*][†]

The lungs were dark-coloured ; and, when cut into, dark bloody

* At the last trial he said that he had been a Fellow of the College of Surgeons ten years. In the *Medical Register* he is returned as a Fellow of 1860.

Note.—The writer has condensed the evidence and cross-examination of this gentleman somewhat ; he proposed to do the same with Drs. Tracy and Rudall, but it was thought advisable—although it has increased the size of the book from the many repetitions—not to do so.

† Any new evidence brought forward is bracketed.

fluid escaped, *particularly from the back parts* lying near the spine. There was some bloody fluid in each side of the chest—about five or six ounces—*which I attributed to decomposition.*

The heart was empty ; it was perfectly healthy.

The stomach was largely distended with gas. An incision was made *into its anterior aspect, which enabled us to see its mucous membrane, which appeared to be healthy.*

[Mr. Rudall then passed his hand between the diaphragm and the upper surface of the liver, and along its under surface, and turned this organ up—it appeared to be free from disease.]

The spleen was *enlarged [the blood in it rather more fluid than usual]*. I think the organs were generally affected by decomposition, and this is my opinion as to the spleen, which was soft. I attributed the state of the liver (which was softened) to decomposition ; *it was free from disease.*

[The intestines were then cut into, incisions being made into several portions of the small and large intestines ; the appearance of the mucous membrane of the intestines was healthy.] The large intestines contained healthy feculent matter.

The pancreas was healthy ; the kidneys [*were a little enlarged*] ; they presented no appearance of disease.

[*On turning back the upper part of the womb, a rupture was seen, extending nearly the whole breadth from near the fallopian tube of one side to the other.* Mr. Rudall then removed from the orifice of the vagina with a pair of forceps] pieces of cotton wadding and pieces of rag. [An ordinary bougie was then passed along the uterus into the bladder, and subsequently through the rupture in the fundus, and made to appear at the external orifice of the vagina.]

[The uterus and its appendages, and the rectum, were removed and placed on a table, and then the brain was examined (it was found softened from decomposition). An incision was made along the rectum, and *by means of an opening in the posterior wall of the vagina we were enabled to see the mouth of the womb, and that part of the vagina adjoining it*] ; the mouth of the womb was dilated to the extent of a five-shilling piece or a dollar. [In the space behind the neck of the womb *we found the lining membrane of the vagina had been torn through*] about three inches in length.

The appearances presented by the internal surface of the womb were noticed ; and having examined it, Mr. Rudall introduced his hand through the mouth of the womb. I cannot recollect Mr. Rudall making an examination until this stage. (He subsequently stated that Mr. Rudall introduced his hand before the parts were removed.) He passed his hand through the mouth of the womb, making the remark that he could pass it readily ; I saw his five fingers appear through the upper part (*i.e.*, through the rupture).

The parts appeared to be healthy. It is my impression that I saw

the ovaries attached to the uterus when lying on the table. The lining membrane of the abdomen was healthy.

The uterus was enlarged; its dimensions corresponded to the fifth month of pregnancy; it was lined *with a reddish-brown membranous substance; the mucous membrane of its mouth was perfectly healthy.* [*The parts contiguous to the rupture, half or three-fourths of an inch on each side of it, were boggy—that is, soft—and contained a thickened deposit, and the membrane there seemed thinner, running off to a sharp edge. The fundus presented a spongy-like mass inside, at the point where the rupture had taken place. This mass was ragged, and appeared to be a collection of vessels and muscular substance; it appeared to be irregular.*] From examination, I am induced to suppose that the cause of the rupture was force applied at several points, tearing through the vessels inside the womb. The impression I formed is that it was likely to have occurred in removing the placenta. From the thinning, my impression is that a considerable portion of the fundus had been removed (scraped away) in removing the placenta. [When the womb was removed from the body, it was six inches in length]. The subsequent changes which took place in its length (*i.e.*, to two inches) induced me to come to the conclusion *that much of that appearance depended upon the contraction of the longitudinal fibres—that it depended upon the organic changes that took place subsequent to death.*

He was again examined as to the cause of the thinning. To illustrate the way in which it took place, he took out his pocket-handkerchief, rolled it up, and held it with one hand, and with the fingers of the other plucked it, and observed—“*If I were to take hold of this with my fingers and pluck pieces of it away, it would be irregular, and present an appearance such as I observed!*” *It would require considerable force if the womb were in the act of contracting. I think it was a dragging force applied to the inner surface of the womb, and I think nothing so likely as the fingers to do it!*

Mr. Smyth—The human fingers? A.—Yes.

[He was then examined as to the signs of pregnancy.]

The swollen state of the breasts indicated pregnancy; it is a usual accompaniment. The nipples were swollen; this is an attendant on pregnancy. When the breasts were cut into a milky fluid exuded; this is an indication of pregnancy, although it may be present in the absence of pregnancy. There was a faint areola; this is also a sign of pregnancy. The enlarged womb—six inches in length by four and a half to five inches in breadth—is a sign, and shows pregnancy of about the fifth month. The deciduous membrane, lining the inner surface of the womb, is another sign. The suppression of the menstrual discharge, a chlorotic appearance, morning sickness, *constipation of the bowels*, and headache, are signs.

I met Mr. Beaney at Mr. Rudall's house on the Sunday. He left in a very short time. He said “He did not see that there was any

occasion for him to remain longer." He asked if he could take a small portion of the womb with him for microscopical examination.

Mr. Rudall placed a small portion of the muscular tissue of the womb under the microscope; it was perfectly healthy. The internal surface of the womb was placed under water, and the small vessels and the membrane floated up and became visible. The membrane presented the appearance of a deciduous membrane. It was wanting at the fundus, and its absence I attributed to the placenta having been attached there.

On the Tuesday following I received the uterus in a jar, sealed, from Mr. Rudall, and after keeping it two or three hours I returned it sealed to him. I obtained it to examine whether I could discover the attachment of the placenta.

I was unable to do so—the parts were so matted together with blood. The torn mouths of the vessels could be seen, with a quantity of white fibres hanging from them; these were evidently the remains of clotted blood—the red colour had been washed out by water.

I am of opinion that the cause of Mary Lewis's death was rupture of the womb.

I do not think that the rupture in the vagina could have destroyed life.

I apprehend that both ruptures occurred during life.

I do not think the ovaries are much to be relied on as evidences of pregnancy.

The inner membranes of the vagina and of the womb were thoroughly cleansed. I think that the syringing before death would account for this cleansed appearance. I don't know if the syringing had any medical object.

I did not see any signs of malignant disease in the womb.

Cross-examined by Mr. Aspinall—I recollect that Mr. Rudall introduced his arm into the vagina before the womb and other parts were removed; he then stated the distance from the orifice of the vagina to the rupture in the fundus to be from thirteen to fifteen inches. It is usual to examine the ovaries in making a *post-mortem* examination, to determine whether pregnancy exists or not before coming to any conclusion. *If I had examined the ovaries, and found no corpus luteum, I should have concluded that there was no pregnancy. There is some difficulty in distinguishing between true and false corpora lutea, but the absence of a corpus luteum, whether true or false, would be conclusive that pregnancy did not exist. I think the absence of a corpus luteum is an exception; I should certainly expect to find one.*

At the *post-mortem* the corpus luteum was not looked for; neither Mr. Rudall nor myself took any steps to discover whether one existed or not; I am not aware that Mr. Rudall examined to see if one could be found.

I went to the *post-mortem* examination to observe what Mr. Rudall

did. I was ordered not to interfere, but as the constable refused to touch the body, I was compelled to render him assistance. I held the intestines back while he examined the spleen, the pancreas, and the liver. It is necessary to remove the bowels on one side to bring the womb into view ; I did this.

It would have been better to have removed the womb, ovaries, vagina, and other parts, than to have proceeded as we did.

I am confident I saw the ovaries attached to the womb after the parts were removed from the body ; I am sure the womb, ovaries, vagina, &c., were removed all together.

I saw the womb after it was in the charge of Professor Halford ; the ovaries were not with the womb ; I did not see the vagina cut away ; the first time I heard that it had been cut away was when the womb was sent to Professor Halford.

Mr. Aspinall—Then it was not done in consequence of decomposition, and not done in your presence ?

A.—No, it was not ; I knew nothing of it.

I mentioned to Mr. Rudall that I thought the examination of the ovaries was one of the most delicate character, and that Professor Halford was the person most fitted to undertake their examination, as he was accustomed to use the scalpel and the microscope, and that it was important to distinguish between the true and false corpora lutea.

I suggested that an opportunity should be afforded of inspecting them at Professor Halford's, for the express purpose to enable a judgment to be formed as to the corpora lutea. I did not see the ovaries at Professor Halford's, and I never missed them from the time they were taken out of the body until he drew my attention to their being absent. When I received the parts from Mr. Rudall on the Tuesday, for the purpose of examining whether the marks of the placental attachment could be discovered or not, I did not miss them.

I examined the fundus for traces of the placental mark ; I could not undertake to say one way or the other ; I cannot say that there was. I should expect to find the placental mark when a person has been recently delivered ; it is usually found. I got the womb for the purpose of looking for these, and not finding any, it deprived us of a link in the chain. Decomposition might prevent the mark from being discovered ; the organ was decomposed. The womb is the last organ to decompose.

Mr. Aspinall—If the placenta had been scratched or scraped off, would not the mark of its attachment have been more distinct than if thrown off as it usually is in the ordinary course ?

A.—It would have been impossible to have seen it, on account of the spongy and discoloured state of the inner surface of the womb, and the state of decomposition.

Q.—Could any man have so scratched away the placenta as to leave none for detection by the microscope ?

A.—The placenta generally comes away in a mass. My impression

is that the womb contracting on the hand, the placenta would come away with the hand, and that the rent occurred at the same time.

Q.—From your illustrations with the pocket-handkerchief, I understood it as a pulling away?

A.—No; *I meant to say the force of the fingers. The uterus contracting upon the hand within it would bring these parts together, and this would explain to me the way the surface was irregularly broken, as I noticed in that uterus.*

Q.—Could you get hold of the placenta? You don't adopt scratching?

A.—No. *What I have endeavoured to impress is, that the placenta being attached to the inner surface of the womb, the fingers were brought into contact with it; and if the woman were in the act of making a violent struggle, it would contract powerfully upon the hand, and, in such a case, it appears to me to be possible that the placenta, with the hand, must be forced out of the womb.*

Q.—Could the placenta at the fifth month be drawn away so completely, if it were attached to the womb, as to leave no traces of it?

A.—No. *I should look for a small piece of it, of course. Very often when the placenta has to be removed, it is not in consequence of any adhesion, but simply from retention! The hand is introduced, and by a slight movement it is dislodged, and comes away without leaving any evidence behind under ordinary circumstances.*

Q.—If its attachment be so slight, would not the finger do as well as the hand?

A.—Yes; one or two.

Q.—Would not a dose of ergot of rye cause the placenta to come away?

A.—Generally speaking, it would.

Q.—Could not a medical man of ordinary knowledge of his profession remove the placenta without running any risk of rupturing the womb?

A.—Yes.

Q.—Every medical man of ordinary skill knows how to procure abortion?

A.—Yes.

Q.—Then, if we are to consider Mr. Beaney as a man of ordinary skill, *would he not have given ergot of rye to bring away the placenta, and not have introduced his hand, to risk rupturing the womb?*

A.—Yes.

Q.—Women can procure abortion on themselves?

A.—No doubt of it.

Q.—If a woman can do it, any female friend can do it for her?

A.—Undoubtedly.

Q.—A medical man can procure abortion in several ways, without risk of such an accident as in this case?

A.—Yes ; I have heard of its being done with a knitting-needle. I concluded that force had been applied to the fundus to extract the placenta. *The fundus is described as the thickest part of the womb, and much stronger than the placenta, which is very soft. There is no tenacity about it.*

Q.—Suppose the hand introduced into the womb to remove the placenta, would it not give before the womb, which is tough and strong ?

A.—*I should expect the womb to be more likely to be inverted than ruptured.*

Q.—Does a piece of the womb ever come away in removing the placenta at the full time ?

A.—In the one (*i.e.*, in full time) the hand is employed, but in the other (in abortion) the finger. The hand when in the womb is almost passive. When the womb ruptures with the hand in, it is from its acting on a solid body.

Q.—*If the womb were to split on the hand, that would not make it thicker or thinner ?*

A.—*If my fingers grasped a body in the womb, and it contracted, and forced my fingers away, they would be likely to bring away the placenta and the parts I might have my fingers in contact with ! If the hand were forced through the walls of the uterus, it would be thinned.*

Q.—Your original theory was that neither breaking nor pulling, but that the hand had been forced through the womb ?

A.—I am not aware that I have expressed myself otherwise than I have done ! I am not aware that I have added views to my original ones.

Q.—How is it that you are able to get through the mouth of the womb—the narrowest part—without a rupture ? Do you think it possible to do so without causing any injury, and yet rupture the fundus—the widest part ?

A.—The mouth of the womb is adapted by nature for dilatation. At the fifth month we can dilate it to a sufficient extent.

Q.—But, being so dilated, would it not still be the narrowest part ?

A.—No doubt it would.

Q.—When the mouth of the womb is dilated to a certain point and the uterus contracts, might it not force down the placenta without anything else being required to be done ?

A.—Not necessarily.

Q.—Would not dilatation of the mouth cause contraction, and cause the womb to expel anything it might contain ?

A.—Yes.

Q.—*You said the membrane decidua lined the whole of the womb ?*

A.—*I probably did !*

Q.—Was not the fact that it did line the whole of the womb inconsistent with pregnancy ?

A.—*I am not aware that I did; if I did, I said what was wrong! I alluded to the fundus.*

Q.—*When you spoke of there being a portion of the membrane detached, do you mean to say that the place where the placenta had been detached was not visible?*

A.—*It was so matted together at that point that I could not form an opinion.*

Q.—*If the decidua lined the whole of the uterus, there could be no pregnancy?*

A.—No.

Q.—*In a transverse rupture, what amount of blood would you expect to flow?*

A.—*I should expect there would be a considerable loss of blood.*

Q.—*If through the placenta or the part where it was attached, the loss would be still greater?*

A.—Yes.

Q.—*In a transverse rupture would you not expect to find extravasated blood in the cavity of the belly?*

A.—*I cannot account for its absence in this case; I did not find any.*

Q.—*I think the position of the rupture explains why no portion of the intestines did not find their way into the womb?*

A.—*I do not think that any strong expulsive pains could continue after the rupture had occurred.*

Q.—*Supposing a woman to be delivered by instruments, would that render her liable to disease of the womb?*

A.—*You generally find a disposition to prolapsus, or falling of the womb; if a woman went about her work too soon after a miscarriage or delivery it would tend to produce prolapsus.*

Q.—*If she had had two children, one of them extracted by instruments, and had had miscarriages, it would induce a flaccid state of the womb, and give rise to leucorrhœa?*

A.—*A weakened womb may be produced by the use of instruments, by miscarriages, and by going about too soon after delivery. I saw Dr. Rankin's prescriptions at the last trial. Savin in small doses may be taken for laudable purposes, but in large doses it is taken to procure abortion. It is an irritant to the mucous membrane. Leucorrhœa arises generally from debility; we sometimes find it necessary to give aperient medicines when we are giving tonics. [Dr. Rankin's prescriptions were shown to him.] Savin taken in any considerable quantity would not merely cause abortion, but death—it would kill by its action on the stomach. If a woman were taking it herself, and added to the quantity, the aperient action of the remedies in the last prescription would lead to exhaustion, and if increased, serious consequences would follow from it. [My original opinion was that a woman with that rupture could not have survived twenty-four hours.]*

Q.—*This was when the case was so shaped that the mischief was said to have been done on the Wednesday?*

A.—*No doubt my impression was so; I then heard nothing of the movements on the chamber-vessel, or anything of that kind. My evidence went to support the idea that she might have lived twenty-four hours; I think I said on that occasion that with such a rupture the deceased would be incapable of any active movements.*

Q.—*According to your previous theory the ruptures took place on the Wednesday, and now we have got to Thursday?*

A.—*I think so.*

Q.—*And having stated that she would have died within twenty-four hours, and would be incapable of any movement after they had occurred, you have now heard of her getting up to use the chamber-vessel every half-hour after the time originally fixed, and you now think that the ruptures occurred half an hour before she died?*

A.—*I think all movement inconsistent with the ruptures.*

Q.—*How long after the ruptures could she use the chamber-vessel and sit upon it?*

A.—*I cannot understand her doing anything after the ruptures occurred. We did not open the head until the last; it is usual to open it first. Our attention was directed to the womb by the certificate, which stated that she had died of "malignant disease of the womb." I have always understood the term "malignant," as referred to the womb, to mean some cancerous disease. In reference to a general constitutional disorder, it is applied to a very grave description of disease. When applied to a constitutional disease it also means intractable. The term "malignant fever," or "malignant sore throat," or "malignant pustule," is used not to convey the idea of cancer, but only severe. The term "malignant," as applied to the womb, conveys the idea of cancerous disease of that organ, but the term "malignant" is as applicable to a severe disease of it as to a severe disease of the throat. The length of the womb at the fifth month is six inches.*

Q.—*This woman complained of falling of the womb. Would a pregnant woman, five months gone, be likely to suffer from it—would the fact of her being so advanced prevent the womb coming down?*

A.—*A sensation of falling of the womb is often experienced, but at a later period they lose that feeling.*

Q.—*Have you any opinion as to how far the womb could come down at the fifth month? Could it protrude externally?*

A.—*No.*

Q.—*If her belly was found flat and hollow when rubbed on the Tuesday, would you expect it to be so at the fifth month?*

A.—*I should expect some prominence. It is the usual condition; it is prominent rather than flat. The foetus at the fifth month is nine or ten inches long. Its weight is five or six ounces. I cannot speak positively.*

Mr. Aspinall—If you cannot speak positively on these points, you had better not come here and swear away other people's lives.

Mr. Aspinall complained to the Judge of Dr. Barker, who was seated under the witness and motioning to him.

The *Crown Prosecutor* remarked that Mr. Aspinall had professional gentlemen to assist him.

Mr. Aspinall—Yes ; they are endeavouring to assist a professional brother, not to ruin him.

Q.—Taking the waters, which you say would range from five to six ounces in quantity, the membranes, placenta, the foetus, and the womb, would the belly be flat, as described by the witness Margaret Cronan ?

A.—I think not.

Q.—It is a very common thing to use a syringe to wash out the vagina when a woman has an offensive discharge—*is it your opinion that soap and water so syringed could get into the cavity of the belly, and wash out any blood, and then flow away without leaving any trace behind ?*

A.—It depends upon the syringe used, and the position in which it was held ; an ordinary syringe would not throw the water so far.

Q.—*Are not the intestines always in motion ; and if blood had flowed among them, would it not be more or less diffused over the whole belly ?*

A.—*The intestines are always moving, and I would expect the blood to be diffused.*

Q.—Would it not be impossible to throw up water in such a manner as to wash away every trace of blood ?

A.—*It is not easy to understand how it could be done without leaving any evidence behind of its existence ; if the soap and water had passed through the rupture in the fundus of the womb it would have caused much pain. The womb was six inches long when it was removed from the body, and when I saw it at the University it was only two inches. I am sure I have not exaggerated its length originally ; I account for its diminution by the contraction of the longitudinal fibres. Its shrinking in this extraordinary way surprised me, and it does so still. It had contracted considerably on the Sunday, but it was twice as long then as when I saw it at the University. It had become thinner—this I attribute to the removal of the blood by maceration in water. The areola were very indistinct—in persons with dark hair the reverse is generally observed. It might have remained from a previous pregnancy. I saw no glandular prominences round the nipple ; they are signs of pregnancy, but they are sometimes wanting.*

Q.—Everything in this case is sometimes wanting, but generally do you find them (the glandular prominences) ?

A.—Yes, as a rule. We found milky fluid exude from the milk ducts when they were cut into. The milk of a recently-delivered

woman presents some peculiar features. We did not take means to examine it to see. We did not examine it with the microscope. I heard Mr. Rudall describe the edges of the rupture—that they were neither everted nor inverted, and that the walls were in apposition. *The inversion or eversion would be greater in a rupture which occurred during life than in one which occurred after death.*

Q.—If you were told the womb was ruptured, and these appearances found, would not your impression be that it was done after death?

A.—*That would be the condition of the parts if the rupture were done after death.* I have heard of the womb being found very soft after death; so soft as not to bear being touched. *I have seen it very soft, and scarcely to be touched without tearing.* I do not recollect Mr. Beaney calling Mr. Rudall's attention to the soft, putty-like appearance of the womb. I heard him remark "*how thin it was at the fundus.*" I did not examine the edges of the rupture with the microscope.

Q.—Then, beyond taking your three guineas, you do not appear to have done anything? What part could you have taken that a policeman could not have taken? What did you do beyond taking the fee?

A.—I was instructed to attend the examination; I had very little to do with it.

Mr. Aspinall—Two claims on the Treasury for one *post-mortem* examination!

A.—We found the womb lined with a reddish-brown membrane. *I know that the womb during menstruation is lined in the same way.* I know that membranes have been expelled during menstruation, and that they bear a close resemblance to the membrane found in pregnancy, but it is thinner. *I know that there is a close resemblance in the appearance of the womb after death in abortion and in menstruation, and that they cannot be distinguished without great difficulty.* *I know of no distinguishing features.* We found the lungs congested, bloody fluid in the cavity of the chest, the spleen large and soft. (I did not see the deposits in the liver.) I attribute these changes to decomposition. I do not think the congestion of the lungs took place half an hour before death (the time the rupture was stated to have been made); it might have existed longer. Chloroform does not very often cause congestion of the lungs.

Q.—Is headache, with constipation of the bowels, yellow skin, and enlarged belly, a sign of pregnancy?

A.—Yes; they are accompaniments of pregnancy. If a patient came to me with these symptoms and leucorrhœa, I should make a further examination. Alone, these symptoms are not sufficient for a medical man to content himself with. Opium is not given to procure abortion. It has a directly opposite effect to ergot of rye.

Re-examined by the Crown Prosecutor—Opium would be given to allay pain. My impression is that the ovaries were removed from the body with the other parts. I never missed them until I was

told by Professor Halford that they were not in his possession. The action of the fingers would bring on the same pains as labour would. Ergot of rye has sometimes the same effect. Opium may supply its place, but we use ergot of rye in procuring abortion; it rarely fails. *In ordinary cases of labour at the full time it is followed by rupture!!* If you wanted to procure abortion at the fifth month you might not find ergot of rye answer the purpose. It would affect the head! No permanent injury would result. Abortion may be procured by rupturing the membranes with an instrument, and the womb dilated by means of a piece of sponge [sponge-tents described]. They are left in the womb from six to twelve hours; when taken out they have a very offensive smell, and there is a smell while they remain in. The foetus is then expelled; sometimes a portion of the placenta may remain—not a very uncommon occurrence. Whenever the placenta is torn away it would present a rupture of the blood-vessels. Efforts should be made to remove the portion of the placenta remaining to prevent any flooding. As to a considerable hemorrhage into the peritoneal cavity from the rupture in the uterus—if the deceased were in an insensible state before her death, it would affect the quantity of the hemorrhage.

Q.—How do you account for there being no blood in the peritoneal cavity?

A.—*A small quantity went into the abdomen, and escaped by the posterior rupture (in the vagina).* We did not find any appearances produced by savin on the stomach of the deceased, or in any of the other organs. Aperient medicines tend necessarily to weaken the constitution. The waters come away by the introduction of and puncturing with instruments.

Q.—You were asked if you had seen a womb so soft that it would not bear touching—was there any appearance of that state of things in the womb of Mary Lewis?

A.—Not at all.

Mrs. SEYMOUR re-called—I was present at the confinement of Mary Lewis about eighteen months ago, at the time of the birth of her last child. Dr. Sparling attended her; I do not know where he is. There were no instruments used in her confinement I am quite certain, as I was sitting by the doctor at the time. After that confinement she appeared to have got very well indeed. She was up on the sixth day, but not out of her bedroom; her health was very good.

Cross-examined—How did you come to give this evidence—did you tell it to a gentleman?

A.—I saw in the paper that Margaret Cronan had stated this to be so; some gentleman asked me about it.

Q.—The Crown Solicitor—this gentleman here, Mr. Gurner?

A.—Yes.

Mr. Aspinall—Ah ! I see he is a countryman. (Laughter.)

RICHARD THOMAS TRACY sworn and examined on the part of the Crown.—I am a physician and surgeon, and have had especial experience in midwifery and diseases of women. I have been connected with the Lying-in Hospital since its establishment, and am lecturer on obstetrics at the University of Melbourne. I have not been present during this trial, but I was here during great part of the previous one.

Q.—With respect to the pregnancy of Mary Lewis—supposing it were proved that a membrane corresponding with the deciduous membrane was found in the womb on a *post-mortem* examination, and that the womb itself was distended to an extent corresponding with the fifth month of pregnancy, and that it was over five inches in length and a little over four inches in breadth ; supposing it were stated that the breasts were enlarged, and on a section being made a milky fluid was seen ; supposing an indistinct areola round the nipple was observed, and that the nipples were prominent ; and supposing a woman in such a state to have complained of a suppression of the menses, and also that the interior of the womb was of a reddish-brown colour, and that the vessels of the womb were enlarged, what would be your opinion in respect to pregnancy ?

Mr. Aspinall—I object to this mode of examination ; it turns a witness into a walking jury. The Crown Prosecutor is stating terms which we do not agree upon, and which the evidence does not support.

His Honour—You have the right of cross-examination.

Witness—At the former trial I was in Court, and was examined.

Crown Prosecutor—I will refer to the weight at the bottom of the stomach, the constipation of the bowels and so forth—what would be your opinion with respect to pregnancy or non-pregnancy ?

A.—I would simply say that from the circumstances developed at the previous *post-mortem* examination, and the symptoms I have heard, I do not think they are in any way inconsistent with pregnancy. I may state that to a certain extent my knowledge is formed from having examined the womb. I was subpoenaed by the Crown, and therefore I cannot dispossess my mind of what I saw of the womb, and the extent to which it was distended ; and it must have contained in it some substance before death, as it would not have grown without a cause ; and the symptoms I heard detailed by the witnesses on the *post-mortem* examination would lead me to form the opinion that they were consistent with pregnancy.

By the Court—I saw this part of the body in the possession of Professor Halford, having received an order to do so. I was absent from the colony at the time the *post-mortem* examination was made.

Having heard what has been stated, I cannot disabuse my mind of what I know of the case. I cannot forget what I heard on the former occasion. I understood, from what was stated by Mr. Adamson as to the suppression of the menses, a *full abdomen*,* and irregular action of the bowels previous to death; and after death the womb was found to be about five or six inches in length and four or five inches in breadth; that the lining membrane was found to be covered with an exudation, said to be like the deciduous membrane; the appearance of the breasts; and there was something said about an indistinct areola and a milky fluid exuding on a section of the breast. If I had read this case I should feel bound to say that this woman had been pregnant, and taking into account that I examined the womb carefully for disease, and so far as I could discover I saw none.

Q.—Pains in the head and chest?

A.—These are generally symptoms quite consistent with pregnancy, and consistent without.

Q.—With regard to any fancies or smell of the breath?

A.—They are not symptoms peculiar to pregnancy, but are perfectly consistent with it.

Q.—Changes of complexion from red to pale and pale to red?

A.—Pregnancy in most women causes a derangement of the digestive organs. This symptom is not inconsistent with pregnancy. I cannot say anything more.

Q.—As to the state of the breath, is it not affected by pregnancy?

A.—A foul state of the breath arises from a derangement of the stomach, and is likely to arise in the case of a pregnant woman.

Q.—What is the usual complexion in a state of pregnancy?

A.—There is no usual state.

Q.—Is paleness a usual thing?

A.—It is not unusual; it is not a marked sign either way; it depends upon the way a woman is living; if confined to the house she would get paler. No two women are alike in this respect.

Q.—How do you regard oil of savin?†

A.—Savin is a medicine, an emmenagogue, and is used to bring on the courses when they are stopped; but according to my experience, it is a most uncertain remedy. It can only bring on the courses by irritating the bowels; large doses would bring on a violent irritation of the mucous membrane of the bowels. I have used it in

* Margaret Cronan, the only person who felt her abdomen, said it was "flat and hollow."

† This is evidently an attempt on Dr. Tracy's part to show that Dr. Rankin was not in any way chargeable with the woman's death. As a fellow-practitioner, the writer does not think that this gentleman would lend himself to do anything of the kind. There is no doubt but that he treated this girl without intending to charge her, and therefore did not take such an accurate history of her case as he otherwise would have done.

what are called full doses, but I can't say with a good result ; it is a most uncertain remedy. Savin is difficult to give in any quantity.

Q.—What is the largest dose ordered for suppressed menstruation ?

A.—From two to six drops is laid down in the books ; you cannot give more than two drops, which makes a large mass.

Q.—You cannot get more into a pill of ordinary size ?

A.—Certainly not.

Q.—Would a large dose display itself in certain works on the membrane ?

A.—Yes, in most cases ; the symptoms during life would be an irritable state of the bowels.

Q.—What effect on the stomach ?

A.—If savin were pushed to a large extent it would cause vomiting, as well as purging ; it is supposed to irritate the womb, and increase the flow of blood and stimulate the courses ; it is what we call an indirect emmenagogue.

Q.—Has it any direct action on the womb ?

A.—It is an irritant of the bowels ; it is used among the herbs to promote abortion, like pennyroyal. If I wanted to bring on premature labour or abortion I would be sorry to depend upon it. I don't know that any medicine could be depended upon without mechanical means.

Q.—In bringing on abortion, how would it affect the body ?

A.—It would act as an irritant on the bowels ; then it would be reflected to the womb, and bring on an action that would expel its contents.

Q.—Would it have the effect of poison, or otherwise, on the foetus ?

A.—I have no means of answering that question. I would not depend upon it for procuring abortion.

Q.—In regard to aloes and myrrh ? [Dr. Rankin's prescription, containing twenty-four minims of oil of savin and one drachm of pill aloes and myrrh, divided into twenty-four pills, shown to witness.]

A.—Aloes and myrrh are generally given to women who have too scanty a flow of courses.

Q.—Are these deleterious doses ? [Witness read prescription.]

A.—They are very ordinary and very useful.

Q.—Suppose a woman to go beyond the instructions, and take three or four times the quantity ?

A.—She would not do it two days running. It would bring on violent purging—not because of the oil of savin, but also the aloes and myrrh—ten pills a day.

Q.—Which is the most common—uterine or vaginal leucorrhœa ?

A.—Vaginal ; half a dozen of that to three cases of uterine ; but they are constantly combined.

Q.—What are the means, and are there more than one, of discovering whether it be uterine or vaginal leucorrhœa ?

A.—The discharges are generally inspected ; but before giving a

definite opinion the speculum should be used, so that it may be seen where the discharge comes from. Uterine leucorrhœa comes from the inside of the womb, vaginal from the vagina.

Q.—Without inspecting the discharge, could any medical man form an opinion as to what it is?

A.—Certainly not.

Q.—We have heard of the deciduous membrane—explain what that is?

A.—It is difficult to do so without being technical. As soon as conception takes place in the ovary, the inside of the womb commences to be prepared for the reception of the ovule which comes into the womb; it throws out an exudation—a kind of membranous matter—all over its inner surface. The real object of this is, that when the ovule comes into the womb, this soft membrane forms a bed of fine vessels for the new being, and attaches itself to the womb to derive its supply, and form, as it were, a soil for the roots of the ovule to strike into; and it is the general opinion that from that part of the womb where they become attached the after-birth is formed.

Q.—When the after-birth attaches itself, does the membrane there continue?

A.—It disappears, and the whole is cast off in the cleansing discharges from the womb.

Q.—How long after delivery does this occur?

A.—Soon after the second or third day.

Q.—Does any part of the deciduous membrane adhere to the after-birth?

A.—It takes the place of it.

Q.—What is a false decidua?

A.—In an unimpregnated womb of the natural size there is sometimes a disease called dysmenorrhœa; when at the monthly periods an inflammatory action takes place, and the membranous shreds exude over the lining membrane of the womb and are cast off, they come away sometimes in large masses; this is called membranous dysmenorrhœa. That membranous lining is said to resemble the decidua, because it is an exudation from the membrane which would form in the womb were the womb itself pregnant.

Q.—Is dysmenorrhœa different from suppression?

A.—Yes; it is not suppression—it comes away with pain.

Q.—Is the pain severe?

A.—In some women it is very severe, and they are compelled to keep their beds.

Q.—Is this probably the case with women in their twentieth year?

A.—It is not probable, certainly.

Q.—Would membranes so produced cover the whole of the womb, fundus and all?

A.—It does sometimes; I have seen it form a cast of the womb.

Q.—Is that a very usual state of things?

A.—No, it is not usual. I have seen a case of a cast of the womb expelled during the menstrual period; there are shreds that generally come away.

Q.—Is pregnancy always accompanied by a deciduous membrane?

A.—Yes.

Q.—Then of the number of cases of dysmenorrhœa you have seen you have observed but one single case of a cast of the womb thrown out?

A.—That was the case of a young girl;* it is very unusual for a full cast of the womb to be expelled.

Q.—What is a false conception?

A.—It is a blighted birth, where the development of the new being is, in some cases, arrested and becomes an uncertain mass, and is expelled at an uncertain period; many women go a considerable period before it is expelled, and it may be expelled by a miscarriage at any period, or in the course of the natural processes.

Q.—Is there any difference in the mode in which it is expelled, or in the treatment from a mere premature birth?

A.—It is treated as if we expected genuine foetus; we act in every way the same whether it be genuine or false.

Q.—Does it demand different treatment?

A.—I know of none. It comes away at different times; it is delivered by the same action of the womb. It is an uncertain-looking mass.

Q.—Would you look upon it as a false conception or a real foetus until you saw what was produced?

A.—In the earlier stages of course not. The way to know whether it is a live foetus is to listen with the stethoscope to hear the natural sounds of the child's circulation; that is the only means of determining whether it be a living foetus or a dead mass [qy., after it is discharged].

Q.—Have you ever heard of a "false gathering" among doctors?

A.—Not by doctors. A gathering means a collection of matter, either externally or internally. I don't know what is meant to be conveyed by the term "false gathering." If a doctor said that to me, I should take it as his peculiar way of expressing to me that a woman had a false conception. I never heard the expression used. A gathering is a *certain* thing, and I don't know what a false one is.

Q.—What is the meaning of the word "malignant?" Are there any differences as to its application among medical men?

A.—So far as my knowledge leads me, one medical man speaking to another, if he desired to express a bad type of typhus fever, he would say a "malignant fever;" or, when used in regard to a state of

* She must have been under twenty, if a young girl.

organic disease, it might be applied to that class of diseases which come under the general term of cancer. But in regard to other diseases, it is used in reference to the intensity or the nature of the disease.

Q.—Pray what would you understand by the term “malignant disease of the womb?”

A.—I would understand it to come under the head of “cancer,” of which there are several forms.

Q.—On the verge of death what is the appearance of the disease?

A.—A woman dying of cancer of the womb presents a very pitiable object. She is very much reduced, and in a low and dreadful state; she would have a most violent discharge, a foul discharge, attended with pain; the whole constitution succumbs to the continued discharge.

Q.—What would be the appearance of her womb?

A.—There would be a substance, and part of the womb would be eaten away and converted into a diseased foul mass.

Q.—Could the tissues of the womb be pronounced healthy?

A.—Certainly not.

Q.—Are you aware of a case of an enlarged state of the womb which has a particular name attached to it?

A.—There are some cases in which the womb of a woman who has borne children does not go back to its original size, but remains enlarged; that is called “sub-involution.” It comes under the notice of the physician as an enlargement of the belly, and it is necessary to ascertain whether the womb contains a tumour, or is simply a distended womb. It was first pointed out by Professor Simpson; it is not every man who can distinguish it, and it is rare; it was first publicly referred to by him in his essays in 1852 [qy., not in 1843]. It is a thing that required such a man as Professor Simpson to discover!

Q.—Are wombs occasionally ruptured?

A.—Unfortunately they are.

Q.—In what period of labour?

A.—I know of no instance except at the full period.

Q.—Can a womb be ruptured without having a substance within it?

A.—In my opinion, certainly not. It sometimes happens in a necessary operation, called “turning.” I have never heard of a rupture of the womb except at the full time. *One case of rupture I knew occurred at the upper part of the vagina, and in more than one case the rupture was close to the vagina, and not at the fundus.* I knew of a case where the bowels protruded through the womb and came out of the body, and that woman recovered. The same force that expelled the child forced down the bowels through the rupture—it was the expulsive power that tended to force everything out.

Q.—Would the bowels protrude because the womb was ruptured?

A.—Certainly not; the bowels got down behind into the vagina.

Q.—When there is a rupture at the upper part, what is that caused by?

A.—Generally in the act of turning, the head being in the upper part of the womb, where the greatest contractile power of the womb exists. Rupture can be caused by direct violence.

Q.—Would a womb not contracted from a previous confinement be more liable to rupture with a foreign substance in it?

A.—A womb suffering from involution would be a weaker womb than another.

Q.—What is the treatment for it?

A.—Tonics, cold bathing, support and bandaging, and other remedies tending to restore the muscular system.*

Q.—Supposing it were necessary to dilate the mouth of the womb, how can that be done?

A.—Whenever we want to dilate the mouth of the womb—it depends upon what you want to do it for.

Q.—Supposing it were necessary to bring on miscarriage?

A.—The ordinary way of bringing on miscarriage is to pass the uterine sound, and, directed by the best authorities, we generally bring it on at the seventh month. If we want a living child, and the pelvis is too small for a child of the ninth month, we separate the membranes and what is called the waters from the inside of the womb by the uterine sound. We then administer ergot of rye, and trust to nature to dilate the womb of its own accord. The best way is to introduce the flexible end of an indiarubber bag into the mouth of the womb, filled with warm water or air; this stretches the womb; you may then leave the case to nature.

Q.—Is there any danger in leaving it entirely to nature, supposing you may not get the after-birth afterwards?

A.—If you find it retained, you will endeavour to get it away with your fingers.

Q.—Supposing a person were trying to procure abortion?

A. Then I would advise them to do exactly the same. I don't see any reason why the ordinary mode of treatment should be altered.

Q.—Sponge-tents?

A.—They might be brought into operation if time were an object. A man may wish to bring it on quicker than ordinarily. The natural course may take two or three days.

Q.—Is the use of sponge-tents accompanied by anything disagreeable?

A.—It causes pain during the process of dilatation, and a most frightful smell.

Q.—At the fifth month, supposing a portion of the after-birth had been left, would the opening be sufficient—would it require artificial distension?

A.—At that period the womb would not dilate unless the hand were used. You can generally get in a few fingers, and do a good

* Simpson advises bromide of potassium to be given.

deal in that way. In order to stop the bleeding you must get away every portion of the after-birth, and the operator gradually goes on until he does, and thus saves the life of the woman. To get away all the after-birth, you may have to use a good deal of force, and you may have to use very little.

Q.—Should contractions arise, he may not get enough of his hand in?

A.—He could get in enough of his hand to move his fingers about and sweep the womb clear of the after-birth. It would take time.

Q.—But if a sponge-tent were introduced it would be more easy?

A. Yes; that is absolutely certain.

Q.—Supposing this state of things to be described—a rupture in the fundus about four inches long, and a rupture in the vagina close to the neck of the womb, the mouth of the womb being distended to the size of a crown piece—what would you say as to the probability of a substance or instrument being introduced through the vagina into the womb?

A.—I should say there was every facility for it. You describe the passages as being in a state of distension at the fifth or sixth month, but that is not usual; at that period the distension is very slight.

Q.—Can you account for the rupture so described at the fifth month?

A.—I can only account for it that the womb had contained something which it had been acting upon and trying to expel. I cannot understand why, if the womb had no obstruction, it should rupture itself, or at that time; therefore, I am forced to the conclusion that I cannot understand the case except as being done by direct violence.

Q.—Supposing the womb were down, what should be done?

A.—Support it with some instrument to keep it in its place, cold bathing, and in bad cases an operation is required to lessen the size of the passages.

Q.—Taking the case of a transverse rupture of the womb, is there any necessity that the blood should flow into the peritoneal cavity?

A.—Generally there would be a probability of such a flow from a rupture of the womb in that particular part, but it would depend upon a variety of circumstances. Such a rupture would not necessarily cause bleeding, *because the belly contracts on the womb and tends to stop the bleeding*; and in a case of rupture there is a similar action, which tends to close the mouths of the vessels, and therefore I believe it to be possible to have a rupture of the womb with very little bleeding. I have seen cases where there was no blood lost in a rupture.

Q.—Suppose there was a state of collapse, and great weakness from blood lost at different times, and other causes?

A.—There would be less tendency to bleed than in a different state.

Q.—Supposing a woman within half an hour of her death, with

her limbs cold and her voice failing, what necessity would there be to syringe her private parts with soap and water?

A.—A woman in the state you describe—almost dying—I cannot see any use in doing so.*

Q.—Is all trace of the placenta necessarily found in all cases after confinement and death?

A.—It is very difficult to form an opinion, there are so few opportunities of seeing, unfortunately. I had an opportunity of seeing a case after the birth of a child, and then the traces were well marked; but on another occasion, on the third day after death, the traces had vanished.† I should say that any well-marked traces of the placenta would be gone within three or four days, or a week.

Q.—What is the usual shape of the placenta?

A.—It is irregularly round.

Q.—Is it necessarily circular?

A.—Not necessarily. It is a large mass. The placenta is generally attached to the fundus of the womb, the most natural and safe position for it, and a little on one side generally.

Q.—Suppose a woman to have discharges of blood and slime, would that be inconsistent with pregnancy?

A.—That would not be inconsistent with pregnancy at all, because a woman may have a mucous discharge, coloured with blood, which may arise from half a dozen different causes.

Q.—Suppose a woman to have an offensive discharge, would that be perceptible to other people?

A.—I should say so.

Q.—Sometimes a foetus may be dead in the womb?

A.—Yes.

Q.—What is the effect of that upon the placenta?

A.—The placenta is shrunk, shrivelled, and partakes of the general character of the thing; we seldom have much discharge after them.

Q.—In what relation does the placenta in that case stand to the surface to which it is adherent?

A.—It is still more or less adherent, and is cast off with the foetus; it must have been obliterated, or the child would not have died.

Q.—Do you make a distinction between a chlorotic appearance and chlorosis?

A.—Certainly. A chlorotic appearance is a very general term among medical men for a woman of a bad colour; chlorosis is a peculiar disease, with many symptoms.

Q.—Is opium used in midwifery?

A.—Yes; to allay pain and produce sleep.

Q.—Would a rupture such as you have described destroy all contractile power in the womb?

* She sat up on the chamber-vessel after the syringing. From Mrs. O'Neil's evidence it appears that she died suddenly half an hour later.

† Were they looked for?

A.—Not at all ; the womb would attempt to contract still.

Q.—Then might a woman retain some little strength after a rupture?

A.—I have known women live twenty-eight hours after a rupture had taken place.*

Q.—Do you arrive at the conclusion that the deceased was pregnant without reference to this rupture?

A.—I have to do so.

Q.—The corpus luteum—is that a concomitant circumstance in a case of this kind which should be taken into account.

A.—*Its absence in a woman would, in my opinion, go to prove that she had never been pregnant.*

Q.—Would you still be of the same opinion supposing you found other symptoms?

A.—Taking into account the symptoms before death and what I heard, I would be sorry to put any man's life or liberty upon a corpus luteum ; it is an uncertain sign. It is not every man who can tell a true from a false corpus luteum.

Q.—How is that?

A.—What is called a false corpus luteum is left from a rupture of the ovule (?) in menstruation ; it occurs during menstruation ; when it becomes impregnated it passes into the womb ; it leaves it in a little while, and it is marked before it leaves. After the ovule has become impregnated and is going to become a living being, it does not quit the ovary at once, but remains there for some time—how long it is difficult to determine, but it is believed to be a couple of weeks ; it grows ; and when it leaves the ovary and enters the fallopian tube, it leaves a scar, which is more permanent than the one which every woman discharges.

Q.—Is a digital examination for pregnancy a reliable one?

A.—It cannot be depended on ; it is a proper test, but not by any means a conclusive one. The object you have to gain is simply to feel the neck of the womb, to feel if it be altered, *but it might be altered by many things besides pregnancy.*

Q.—What are the whole contents of the womb of a pregnant woman?

A.—There are the inner and outer membranes, the deciduous membrane lining the womb, the amnion—that is, the membrane containing the waters ; and there is another membrane lining that. There is, first, the womb lined with the deciduous membrane ; then the membranes containing a quantity of water, the amount differing in every woman. Within that water the child floats, attached to the mother by the after-birth by a cord springing from its navel—the umbilical cord—composed of blood-vessels, conveying the blood from the child to the after-birth. This blood goes to the after-birth, and

* How many cases of rupture of the womb have been seen ? There has not been a case in the Lying-in Hospital.

† Mr. Rudall said impregnation did not take place in the ovary.

comes into contact with the pure blood of the mother, and it passes back by another vessel to the child ; thus it goes round in a circle and comes back again.

Q.—The membrane containing the waters is a kind of skin ?

A.—This amnion membrane contains what is called the waters.

Q.—It is like a piece of skin ?

A.—Yes.

Q.—Is it thick ?

A.—Sometimes it is very thick.

Q.—What is the size of the foetus between the fourth and the fifth month ?

A.—About the fifth month it is about four or five inches long.

Q.—Does it grow after the fifth month ?

A.—Its growth at first is very slow ; after the fourth month it is very rapid ; after the fifth month it would gain an inch and a half, and subsequently it gets rapidly larger ; about the sixth month it progresses very rapidly.

Q.—What is the amount of water ?

A.—At the full time, *about two ounces.*

Q.—Is the placenta of a very great size ?

A.—It is not large at the fourth or fifth month.

Q.—Would there necessarily be any great protuberance of a woman in the fourth or fifth month ?

A.—No. Some women you would not imagine were pregnant ; you would not suspect them to be pregnant up to the sixth month. Others show a prominence, but before the fourth month it would not generally be observable.

Q.—You saw this womb ?

A.—Yes ; I was allowed to examine it while in the possession of Professor Halford.

Q.—State what you saw of it.

A.—It was very different from any womb I have seen. It had lost very much of its depth ; it was more depressed at the fundus than it ought to have been. I was led to come to the conclusion that a piece of the fundus was gone, but on examining the edges of the rent I found I could unite them. *It appeared to be partly decayed, and to have contracted ;* but with the exception of a small piece which had been cut out of it for examination, I could find no loss of substance, though it was altered in shape. The rupture occupied nearly all the fundus, *a little beyond the fallopian tubes.* I examined it, as far as I could, for any disease. *The tissues of the womb were healthy,* though partly decomposed ; the mouth of the womb was enlarged to a size *that would allow my hand to pass ;* without straining I passed my hand to where the fingers join the hand.*

* This is another sample of Crown Law Officers' justice ; he was allowed to pull it about, while Mr. Beaney's friends were not allowed to touch it.

Q.—Can you account for its being shortened?

A.—*The spirit contracted it. The contraction of the muscular fibres would help to do it, but it seemed to me that it was the action of the spirit.*

Q.—*The womb was thinner than usual at the point of rupture?*

A.—*It was thinner there. It seemed to have been scraped away; that was the appearance it presented, but the whole lining membrane was so altered by decomposition and by the spirit; it was thin or bevelled off towards the edges of the rupture.*

Q.—*Was it scraped?*

A.—*I don't know how it was done. Some of the mucous membrane was bare there. The contraction of its fibres made it of this irregular shape. Professor Halford showed me where it had been injected, and the enlargement of the vessels.**

Q.—What is the case in regard to the vessels of a pregnant womb?

A.—The womb grows, and its tissues enlarge in proportion to the growth of the substance it contains.

Q.—What was the thickness of the womb—from a third to half an inch?

A.—Yes; it remains so in the unimpregnated womb. There is naturally a new growth in the womb, as well as in the contents of the womb.

Q.—What is the weight of a foetus?

A.—Generally an ounce to the inch; a five or six months' foetus would weigh between five and six ounces.†

Q.—Which is easier to tear—a rupture in the womb or vagina, before death or after?

A.—It is easier to tear them before death; they are then full of blood, and vascular. After death a coldness and stiffness set in.

Q.—Would a similar observation apply to the womb?

A.—Yes.

Q.—What is the thickness of the fundus?

A.—It is said to be thicker in some parts, but it varies; as a general rule it is thicker in that part where the greatest muscular force resides.

Q.—Does ergot of rye effect all that is required in cases of abortion?

A.—You can never depend upon its acting the same in two women.

Q.—The womb is not so accessible for removing the placenta as at the full time?

A.—No.

* Only one vessel—the uterine artery was injected.

† At fifth month—six to seven inches in length, and five to seven ounces in weight. At sixth month—nine to ten inches in length, and sixteen ounces in weight.

Q.—There is such a thing as inversion of the womb. Supposing that to happen, what would a person do in such a case?

A.—To replace it as gently as possible. That is a very difficult operation sometimes, and will be mistaken by the best of men. The womb turns inside out like an indiarubber bottle, and when a medical man goes to push back the fundus he finds a difficulty in getting it back, and he may be obliged to use force and take other means before he is able to reduce it. A womb may be inverted by an irregular action in expelling its contents. In the majority of cases it is caused by too hasty a removal of the after-birth, and sometimes when the after-birth is expelled instead of being peeled off; and sometimes the womb contracts and takes away the surface to which the after-birth is attached, and the womb goes away from the after-birth and is dislodged; and when the womb attempts to do that, it cannot. [Qy.—Very clear.] If a medical man takes hold of the cord and makes an attempt that way, he will—if it is at the fundus—draw down the womb, and necessarily draw it inside out; and that has been done, and therefore we are taught never to extract the after-birth by drawing the cord, but to put the hand up and peel it off.*

Q.—If a syringe were put into the vagina, that rupture existing, would it not cause the water to be forced up into the cavity?

A.—It might and it might not. In this case the vagina was so enlarged and dilated that the hand and arm could pass, consequently the water would have plenty of room to flow out again. There would be plenty of scope for it to flow back, and it would have a tendency to flow out. It would entirely depend upon the force used. It could be got into the peritoneal cavity, and if a quantity were so injected, some of it would not flow out (?)

Q.—[Syringe produced.†] If that were used for five or six minutes, would it drive water so that it might drain out again?

A.—It ought to.

Q.—Is there any difference between bearing-down pains and labour pains?

A.—Bearing-down pains occur during the latter part of labour.

Q.—Would the womb be necessarily liable to disease by having been delivered by the use of instruments?

A.—Certainly not. I have done so over and over again, and not injured the womb.

Q.—What is your opinion as to the inversion or eversion of the edges of the rupture?

A.—I do not really think it would make any difference. I have not a personal knowledge as to this, *but I should expect it to be inverted or everted at any time it occurred.*

Q.—Is there any difference in the interior surface of the womb

* Has he ever seen or read of the womb being inverted in extracting the placenta at the fifth month?

† This syringe was not used !!

during menstruation, and that during a premature labour, in point of colour ?

A.—I have never had a chance of seeing it. *This is a physiological question, and therefore out of my department ! !*

Q.—Is congestion of the lungs greatest at the dependent parts of the lungs ?

A.—*That often occurs when decomposition is setting in ?*

Q.—What is the *post-mortem* appearance arising from blood poison ?

A.—Generally there is a deposit of pus in the lungs, and in the joints. It is always preceded during life (in a case I saw thirty-six hours after the disease set in) with symptoms of this nature ; in that case one finger had decayed, and there was a deposit of pus in the lungs, which were congested from the matter becoming circulated in the blood.* It is generally arrested at the joints, and death will ensue in a very short time. Delirium is also caused by the poisoned blood circulating in the brain.

Tuesday, 26th June.

The Court met pursuant to adjournment.

Cross-examined by Mr. Aspinall.

Q.—You were in another colony when this woman died ?

A.—I was in Tasmania.

Q.—I suppose that, besides merely hearing the evidence on this trial, you have your mind made up to some extent by what you have heard on a former occasion, as well as from what you have heard from other doctors—have you not ?

A.—I have heard very little from other doctors ; I have conversed very little on the matter ; I attended the last trial and heard every word.

Q.—You have a distinct recollection of what you heard at the last trial ?

A.—I have.

Q.—I suppose you have had a talk or two with other doctors ?

A.—I have never spoken a word, except to Mr. Pugh, and that was for about half an hour.

Q.—Not with Professor Halford ?

A.—Except when I saw him at the University, there was nothing spoken between us on the matter.

Q.—There might have been a talk about the case, from which you have formed some impressions.

A.—I have had no conversation. I have had to found my opinion on an examination of the womb.

Q.—Did you examine the womb as you found it at Professor Halford's—that is, where you first saw it ?

A.—Yes.

* The disease in this case must have been of longer duration than thirty-six hours.

Q.—I suppose, as an experienced man practising your department of the profession, that married and single women consult you ?

A.—Very frequently.

Q.—*The last time you said the womb was decomposed and recovered by spirits ? ! !*

A.—I gave my impression from the texture and the feel.

Q.—After decomposition had set in, would spirits have the effect of recovering it ?

A.—*Of stopping it.*

Q.—Have you had experience in making *post-mortem* examinations ?

A.—I have avoided making *post-mortem* examinations ; it is not well for accoucheurs to meddle with dead bodies.

Q.—Have you had extensive opportunities of seeing them ?

A.—I believe I have made as many *post-mortem* examinations within a given time as any man. I have made over six hundred *post-mortem* examinations in six months.

Q.—In the case of a *post-mortem* examination on a woman, where it was suggested that one of the objects of inquiry was whether there had been an abortion, what is the proper course to pursue in the first place ? Would you not take considerable notice of everything *in situ* before you cut them out ?

A.—I should take that amount of notice that would impress it upon my memory.

Q.—Would a glance be sufficient ?

A.—That would depend upon the sort of “glance.” Some men have a very sharp glance ; others, again, would look for the same thing a long time.

Q.—Do you think a “glance” sufficient ?

A.—Looking at the parts *in situ*, with a careful following-up, would satisfy an expert as to how the womb lay in regard to the other organs. It is a matter that must be left to a man’s conscience.

Mr. Aspinall—Well, a doctor must have an eagle eye who would at a “glance” be able to see a rupture in the fundus, situated as that one was in the body.

Q.—*If the rupture were in the posterior part of the fundus, it would be rather difficult to see it until the removal of the over-lying intestines ?*

A.—It would.

Q.—Before this mere inspection, would it be possible to notice whether any of the intestines were in the aperture created by the rupture, if you looked minutely ?

A.—I don’t think it would, because of a coil of the intestines *lying over a portion of the omentum*. I don’t think it would be possible, without removing something, to see whether they had gone into the rent.

Q.—If the rent had been in the posterior portion, would it be possible, the intestines over-lying, to see them ?

A.—I should think you might, with a little movement of the intestines ; you cannot lay down any distinct rule.

Q.—But Mr. Rudall stated he commenced to remove the over-lying intestines, and he observed so and so ; on a *post-mortem* examination of a womb in such a case, is that the way you would commence ?

A.—Quite so ; under ordinary circumstances removing the intestines would be the first step to ascertain in what state the womb was.

Q.—Great stress has been laid upon healthy fæces. Now, the intestines being distended with fæces and gas would make it all the more the fact that the intestines would over-lie what was underneath ?

A.—The fæces would in all probability be in the larger intestines. That is not the way to get at the fundus of the womb. *It is unusual for the small intestines to contain fæces*; fæces are generally in the large intestines; the small intestines are generally distended with gas.

Q.—I suppose the intestines are tightly packed, but that, on an opening or rupture being created, their position is such that they would have a tendency to sink into it.

A.—*No ; because the last action of the womb might gradually close it altogether ; the action of the womb is to contract.*

Q.—In the case of a transverse rupture, with the intestines tightly packed, what is there to prevent their natural tendency to sink into an aperture ?

A.—*I think any number of surgeons must acknowledge that when the intestines protrude it is when the upper portion of the vagina is ruptured, and the intestines get jammed down into it—perhaps the most likely thing possible ; but when the fundus is ruptured I think it a most unusual thing for the intestines to get in, because the action of the womb is to close.*

Q.—Are not the intestines in a state of motion ?

A.—Yes ; they are always moving.

Q.—I understand you to say that the contraction of the womb would close the blood-vessels ?

A.—Yes.

Q.—*Would not the same contraction have a tendency to make it [qy., the rupture] more open ?*

A.—*It would extend the tear but not the gap. I can only give it you as my opinion.*

Q.—*You say it would extend the tear, but not extend the gap ?*

A.—*It would extend the rupture, but not to a capacity sufficient for anything to fall into it.*

Q.—*But if it extended the rupture, the capacity would be extended ?*

A.—*[Witness illustrated, by means of a piece of blotting paper, that if the rupture extended, the lips of it would tend to come together.]*

Q.—It would then extend the rupture in length ?

A.—Yes.

Q.—*Then it would tend to make the rupture grow larger in that respect, and make it extend farther transversely, and that action would tend to draw the sides together ?*

A.—Yes.

Q.—The sides of the rupture being open, would not the weight of the intestines upon them produce protrusion ?

A.—*The intestines are very buoyant and contain air, and their natural movement is in this direction.*

Q.—*Do not the bowels always protrude if there should be any opening in the belly ?*

A.—*Certainly; that is the very thing needed. The bowels have a tendency to go up again. In hernia the action of the bowels tends both ways (to protrude and return).*

Q.—Would not the bowels come through the rent in the vagina ?

A.—They might.

Q.—There would not be any contraction there as in the womb ?

A.—*If they protruded anywhere, I should expect them to protrude there.*

Q.—With regard to the contraction of the uterus, the longitudinal fibres are the strongest ?

A.—*To a certain extent they are, but those that act most forcibly are the central fibres round the cervix.*

Q.—But this is the fundus we are speaking of ; it would not be affected by that ?

A.—I was not saying anything about the cervix ; if I did it was a mistake. *I mean the central fibres round the fundus.*

Q.—How would their operation be affected by the deceased raising herself up in bed and sitting in an erect position ? Would that alter the opening created by the rupture ?

A.—*It would have no effect, except upon the lower one ; I don't think it would alter the one in the fundus at all.*

Q.—Would it not be reasonable to expect, when a woman was sitting erect, that that portion of the intestines should fall into the opening made in the vagina ?

A.—*It might be quite reasonable to expect that they might come down and go back again half a dozen times.*

Q.—But I suppose they may come down, and not go back ?

A.—*They might. It depends upon the degree of force applied.*

Q.—That being so, until all the parts were removed, you could not see, of course, the contents of the vagina ?

A.—*Yes ; you could ascertain that without removing the parts.*

Q.—It means you could not see ?

A.—*No, you could not see ; the touch is what we depend upon.*

Q.—What is the object, under such circumstances, of a gentleman putting his hand up the vagina before taking out the parts ?

A.—*Except the vagina was in a very abnormal state, you could not introduce the hand and arm in that way.*

Q.—What was his object in putting his hand and arm up the vagina ?

A.—The object was to find out whether there was any substance lodged, and to find the size to which it had been stretched, and to find out the relations of the womb with the vagina. I don't think it

would occur to a man to do so unless he saw some facility for doing it—unless the vagina was distended.

Q.—In point of fact, is not seeing better than feeling, in reference to what you might find in the uterus or vagina, in your opinion?

A.—*I should do both ; I should examine the parts by the touch, and look at them afterwards.*

Q.—*Don't you run a risk of making a rupture ?*

A.—*A man must know what he is about.*

Q.—*Would not a man like Mr. Rudall, not experienced in midwifery, run such a risk ?*

A.—*I cannot express an opinion ; a man might do it ; I cannot understand how he could do it. I believe Mr. Rudall has been in the habit of making post-mortem examinations, and no person accustomed to make post-mortems would make an examination of a body in such a way as would cause such a thing as that.*

Q.—You have experience in this department of practice, and what is your opinion ? Do you not think it would be better that an operator should remove as carefully as possible all the organs of generation, and examine them thoroughly, before putting his hand up in the dark ?

A.—*I should be inclined to make a most careful examination with the hand before removing the parts, because I may be asked how they appeared in situ. I think I should be looked upon as very culpable indeed if I had not made a careful examination.*

Q.—But here is a gentleman not experienced in the science of midwifery, and unaccustomed to manipulate the female organs. Now I ask you which is the better mode—seeing or feeling—to ascertain the true state of the vagina and uterus, whatever the merits may be of a post-mortem examination ?

A.—*Neither would be the better ; both may be necessary. It is a man's duty before cutting up the body to examine it most carefully ; he should examine them in situ first. I think it is his duty, before cutting the parts out, to examine them carefully as he finds them.*

Q.—Dr. Pugh was not there to examine, but to witness ; he had no hand in the examination ?

A.—No ; it was left to Mr. Rudall.

Q.—Dr. Pugh never had an opportunity of seeing the vagina and the womb in the same position as he would have done, for the course adopted was to remove them from the body, and then open them. *Would not the introduction of the hand, irrespective of the cause of rupture, alter the appearances when they came to be seen ?*

A.—*No, I don't think so ; not in this case.*

Q.—In ordinary cases ?

A.—In ordinary cases it would not do it.

Q.—In the case of a dead woman, does not a doctor who introduces his hand in the manner described run the risk of destroying the appearances that would otherwise be presented ?

A.—It would not alter the appearance of the vagina or the neck of the womb unless it were used with much force. That is a matter that must be left to the operator himself.

Q.—At that time he knew nothing about this woman?

A.—*He told me that he had seen the rupture in the fundus before he attempted it.*

Q.—Would the introduction of the hand through the vagina, so that the fingers appeared in the rupture above, alter some of the appearances which it would be valuable to observe?

A.—I cannot say that it would.

Q.—*The uterus—will it look just the same after a man had put his hand and arm and fingers into it as it did before?*

A.—*Not in ordinary cases.*

Q.—How did he know that this was not an ordinary case?

A.—*Because he saw the vagina and all the parts distinctly.*

Q.—A man then runs no risk—by insinuating his hand and arm through the vagina, and by putting his fingers through the rupture at the top of the womb—of altering appearances?

A.—He said *he saw the rupture at the top and the parts distended, and that they were like those of women after a protracted labour at the full time.* I should give Mr. Rudall the credit, as a medical man, of having inserted his hand with ordinary tact and prudence, gradually letting it go up and of not forcing it. Doing that, I cannot see how the parts would be less suitable for inspection afterwards!!

Q.—*How could he look up the vagina?*

A.—There are many ways of examining it. The speculum can be used.

Q.—*He did not do that in this case. He commenced with his hand. Did you ever hear of a man using a speculum at a post-mortem?*

A.—*I have.* It is not unusual. In special cases it may be necessary.

Q.—But Mr. Rudall did not use a speculum; he ran the risk of inserting his hand and arm, and possibly removing and disturbing the parts?

A.—He did.

Q.—Then there might have been false membranes removed in the passage of the hand through the vagina into the body?

A.—*They would remain if they were there. False membranes are generally looked upon as the result of inflammatory action—membranes lying on the surface.*

Q.—Are there not membranes there which might be destroyed, and which would alter the appearance to the eye?

A.—I don't think the examination as made by Mr. Rudall would materially affect the parts for further inspection.

Q.—Do you mean to say that if the hand were introduced there would not be a possibility if the vagina threw off membranes?

A.—*Whoever put that into your head is supposing a case that does not exist; the vagina does not throw off false membranes.* I may say

that there has been a great deal of malignity shown to me on these trials. I have no other wish than to express my opinions. I may also say that Mr. Rudall and myself are not on terms, and have not spoken for six months. I should be sorry to use any effort to convict a man on his trial.

Q.—*Is it not very desirable in such a case to take out all the organs and examine them minutely?*

A.—*It is.*

Q.—Do you mean to assert that a man thrusting his hand through the vagina and *os uteri* until his fingers reached the fundus—that he runs no risk of altering the appearances previously existing?

A.—*I would not like to say that he does not run any risk.* I know of no examination which might not be followed up afterwards.

Q.—But if you try to fit a thing into a rupture or tear, you at least run a risk of increasing it; when the fingers get into it, it yields to the pushing of the hand, and there is a risk of making it larger?

A.—*Undoubtedly you run a risk, and you must leave it to the man doing it, to his skill, and his conscience to tell it afterwards if he did it.*

Q.—*You know nothing as to false membranes in the vagina?*

A.—*There are such things as false membranes, but I have heard no evidence of any false membranes.*

Q.—*There may be false membranes in the vagina?*

A.—*A woman may have an inflammation of the vagina as of any other membrane.*

Q.—Does not the hand going through it destroy them or render them less perceptible?

A.—False membranes lie on the surface, not in the cavity; the hand only goes into the cavity. The surface has a mucous membrane on each side. A false membrane would not block his way.

Q.—*Would he not push such a membrane away?*

A.—*He might remove anything in his way.*

Q.—As I understand you, these membranes are in the passage?

A.—*I did not say so, sir.*

Q.—*Then he might have removed these membranes?*

A.—*A portion might have been removed.*

Q.—If Dr. Beaney, in introducing his hand during the life of the deceased, had done all these things, I suppose it must be admitted that any less experienced person must run a greater risk after death of making a rupture?

A.—I believe it was stated that, when the rupture was first observed, Mr. Rudall's examination was made as to the state of the parts leading up to it.

Q.—He would run some risk, having his hand up a dark and small place, and might cause a rupture?

A.—*No; for the reasons I have stated, it would not be so easy to make a rupture then, and he had the corpse perfectly passive.*

Q.—The same effect of the hand which is said to have caused the one would cause the other?

A.—A man competent to make a *post-mortem* examination would know how to properly conduct it. It is not like an operation. He has to examine the organs *in situ*, without displacing them.

Q.—This vagina was cut off at the neck, on account of its being already decomposed?

A.—*I do not remember exactly.* I know the vagina was removed when I saw it.

Q.—*Supposing the vagina to be decomposing at the time, was there no additional risk in his introducing his hand up the vagina into the uterus.*

A.—*There would be a greater risk.*

Q.—If it were the fact that decomposition had set in, would not introducing the hand into the vagina and uterus be more likely to cause a rupture?

A.—*Of course decomposed tissues might give way.*

Q.—Could Mr. Rudall know from a mere momentary glance whether he could safely put his hands up these decomposing parts?

A.—He could form an opinion from the state of the outside of the body; the appearance of the external organs of generation would guide him more than anything else; *if the body were decomposing rapidly you would expect the vagina to be decomposing.*

Q.—That being so, to introduce the hand through it he would run the risk of injuring it?

A.—*Yes, there would be a risk of injuring the vagina; I think it would have been a most extraordinary thing to do except you had first ascertained the existence of the large rupture in the uterus.*

Q.—Assuming that he had seen the rupture in the fundus, what was he to gain by passing his hand up?

A.—He was no doubt trying to form a conclusion as to how the rupture was made, and whether the distension was caused by a man's hand, or whether an operation had been performed before death; *he could not have given proper evidence if he had not done that; he could not have given an opinion upon it in situ.* It would have been a most imperfect *post-mortem* examination if he had not ascertained this.

Q.—Suppose any woman in a state of a fifth month pregnancy—is it possible to get your hand up the uterus after she is dead?

A.—*It is very difficult.*

Q.—Is it possible?

A.—It is quite possible.

Q.—With any woman, in her fifth month, after her death, could you so far distend the vagina?

A.—It would be exceedingly slow and difficult; I know it is possible during life, but I have never had an opportunity of testing

whether it were possible after death. I do not see why not in the way described. I understand it was done to see if the parts were so distended.

Q.—He did it a great deal more quickly than you do?

A.—It is a slow operation when the parts are in their ordinary condition. *It could be done during life; I never had an opportunity of trying after death.*

Q.—Could the hand be so introduced into a uterus at the fifth month when in this condition?

A.—*I am not prepared to say that it could. I never had an opportunity of doing it during life; it can be done, but it is a very difficult matter.*

Q.—But with a woman alive, and for some useful purposes—can it be done to any woman if carefully done?

A.—At the fifth or sixth month the hand can be introduced to remove the placenta; but it is only done as a choice of two evils.

Q.—Between the fifth and sixth months, in the cases which have been spoken of, has the hand been introduced?

A.—In the cases I have described, where a child is born and the after-birth won't come away, it is a matter of choice of two evils. Any man may do it for a legitimate purpose; it is sound practice to try and save the life of a patient.

Q.—Have you had experience in cases before the full time?

A.—I have.

Q.—Of abortion?

A.—I have.

Q.—Do you know as a matter of fact that doctors have frequently to save the lives of their patients, and that they have matters of that kind to do?

A.—When a foetus comes away and the after-birth will not come, a man goes to work first with one finger, and if he cannot reach it with that then with two, and gradually he tries to get in his fingers and scrape it away; in some cases he may get in the whole of his hand. He does as little as he can to effect his object.

Q.—Then at the fifth month you are able to introduce one finger?

A.—Certainly.

Q.—High enough to reach the placenta?

A.—With close manipulation he would get into the womb, and he may reach the placenta or he may not.

Q.—Is it possible to draw the placenta and leave nothing behind it?

A.—Yes.

Q.—How does it come away with the hand?

A.—You keep the hand in if you can until the womb contracts, and it comes away perfectly clean; it comes away in a mass. It may be partly adherent at the fifth month, and you may have to peel it off, and the best practitioner may leave a portion. The bleeding may go on from the womb, leaving portions of the placenta

in it, and you may have to use the fingers to get it out, and you might leave some.

Q.—But at the fifth month is there a stronger probability that he would leave any of it behind?

A.—*It would depend upon whether it was adherent or not; if not, it would probably come away altogether.*

Q.—Take the case where nature does not—then the doctor has to pick it away?

A.—There are such cases where he has to pick it away, and there is a strong probability that he might leave his finger or nail marks, and there might be some portion of the *placenta visible to the eye*. He may very likely scrape away a part of the lining membrane of the womb, and very likely leave a little bit. I have heard a good deal about the inside of the rupture being scraped or bevelled off.

Q.—*Then you would find, upon the womb being cut open, some of the placenta remaining, or a portion of what had been scraped off?*

A.—It would depend upon the manner in which he did it.

Q.—Did you ever bring away a soft placenta? It is not possible, is it?

A.—*It would be possible. I have seen a man bring away a piece of the womb with an instrument.**

Q.—But with the fingers?

A.—*It is quite possible for a man to do so if he chose to be rough; You have nothing to guide you but the sense of touch. The best man may scrape away more than he ought to.*

Q.—It is possible for the best man to do such a thing as that without being charged with murder?

A.—Yes.

Q.—*The placenta is softer than the fundus?*

A.—*Yes; it is a spongy mass.*

Q.—*Then in withdrawing it by pulling down, would it not break away?*

A.—A man in removing the placenta gets his fingers between it and the womb and he pushes it before him, and he may do damage to the womb even if he is most careful.

Q.—*He would thrust up?*

A.—*He ought not to pull down.* He is peeling off and pushing it before him.

Q.—Then the best man may scrape off the lining of the womb?

A.—I have no doubt they often do.

Q.—Is a corpus luteum satisfactory evidence of pregnancy?

A.—*It is one item in the evidence, but it is not satisfactory altogether.*

Q.—Granting that it is only an indication taken in connexion with other circumstances, should you infer from its absence that it is a strong proof of non-pregnancy?

* But never with the fingers.

A.—*It is. If I examined the ovaries and found no corpus luteum in it, I should be very much inclined to think that that woman had never been pregnant.*

Q.—If you were conducting a *post-mortem* examination, you would consider it necessary to direct attention to the corpus luteum, in one respect as desirable, and in another as an important piece of evidence?

A.—*I should do so in connection with other things ; it is not a thing to escape notice ; many medical men may not exercise the same caution as I would. I have no particular department in the profession ; I don't set up for any department.*

Q.—*You said yesterday that it was impossible to distinguish between the uterus of a woman who had died during menstruation and one who had died during abortion ?*

A.—I don't think I did. The question asked me was, whether I was prepared to distinguish between a false membrane cast off by a woman suffering from dysmenorrhœa and that found in women who had aborted ; and I said I believed that it would be very difficult to distinguish it, but in the first case I would find it no larger than natural, and in the other case I would find it larger than it ought to be.

Q.—Should you not think it important to measure the uterus in a case of rupture ?

A.—I should measure it in some way—with my hand, or more accurately, if necessary. I think I should be able to answer a question as to its size.

Q.—But for seeing that you would not leave it without getting an accurate measurement, you would measure it in such a manner as to be able to convey to other people its exact size.

A.—I would.

Q.—With regard to the uterus, is not the os uteri narrower than the fundus ?

A.—Yes ; the womb is pear shaped, the smaller part under.

Q.—Does the dysmenorrhœal membrane resemble the decidua vera?

A.—*I have had no opportunity of comparing them, but from the description I should say it resembled it—it must resemble it to a great extent.*

Q.—*Besides pregnancy, uterine action produces several symptoms which might popularly be supposed to be those of pregnancy, such as the breasts ?*

A.—Yes.

Q.—You may have a milky fluid there without its being milk ?

A.—You may ; the breasts and the womb sympathise exceedingly—a disease of the womb may cause an action in the breasts.

Q.—That is another thing with which you can make yourself well acquainted by an examination with the microscope—the milky fluid—it can be ascertained whether it be real milk or not ?

A.—Even without the microscope a man can tell serum from milk

by the appearance. There is a difference between the two ; serum is more like water.

Q.—*Does the microscope put it beyond doubt ?*

A.—*The microscope would be the better test.*

Q.—If you had a woman before you, is not that a thing you would not find it difficult to satisfy yourself ?

A.—If I found it was milk, I would say it was a case of pregnancy.

Q.—Then you are ready to admit that may not be evidence of pregnancy—but when other people decide that it is ?

A.—They would be wrong in doing so.

Q.—Then if it were milk, there would be a mere probability of pregnancy ?

A.—I think a man's eye-sight, so far as that goes, is as good as a microscope.

Q.—If he had never looked through a microscope ?

A.—For practical purposes on this point I do not think it would matter if he had not.

Q.—You have seen the milky fluid with the naked eye—if you had used a microscope, would you have been more sure ?

A.—More sure ?

Q.—Of course you could answer more positively than if you gave your evidence on a mere eye-sight inspection ?

A.—Yes ; but I don't wish to convey that I should have thought it necessary in such a case.

Q.—But you would have been able to form a better opinion if you had carried your investigation beyond using the naked eye ?

A.—Quite so ; but if it were milk it would not prove pregnancy. Many women at the fifth or sixth month would have no milk in the breasts ; women differ.

Q.—But the Crown brings this forward as part of their evidence ; would it not have “made assurance doubly sure” if the microscope had been applied ?

A.—They could have sworn more positively that it was milk if they had put it under the microscope.

Q.—Is leucorrhœa a sign of a diseased womb—of a weakened womb ?

A.—It is not a sign of organic disease. The tissues of the womb may not be diseased.

Q.—Is it always so ?

A.—*You may have leucorrhœa with organic disease.*

Q.—*Is an offensive discharge an indication of a weakened womb ?*

A.—*It is more an indication of a diseased womb.* These discharges become offensive if cleanliness is not used. The mere retention would cause them to be offensive.

Q.—*May not a careless observer confound the appearances found after death in abortion with those found in menstruation ?*

A.—*He must be a most ignorant and careless observer, because menstruation would not cause an enlargement of the uterus, as there would*

be in a case of abortion.* It was seen to be enlarged on removing the intestines.

Q.—*If a woman have an offensive discharge, is there no reason why she should not be syringed?*

A.—*Certainly not. It is the true way to keep her clean.*

Q.—*Can she have labour pains after a rupture?*

A.—*She might have pains which she might consider labour pains;† she might have pains in the womb. I have had no opportunity of knowing this except at the full time. Those women who are confined complain of pain after a rupture has occurred until the bodily powers tend to fail.*

Q.—*There is a difference between the pains?*

A.—*Yes; they don't do any good.*

Q.—*Did you see the womb at the University?*

A.—*Yes.*

Q.—*Did you examine any part of it with the microscope?*

A.—*No.*

Q.—*Mr. Pugh told me that he had seen a womb so soft that it would scarcely bear touching after death—have you ever seen it?*

Q.—*Before thorough decomposition I have never seen a womb so soft; I have seen wombs broken down by cancer.*

A.—*Do you know what authorities say about the decomposition of the womb?*

A.—*It is said that the womb resists decomposition more than any other organ.*

Q.—*In this case it was soft?*

A.—*Softening exists during life as well as after death; softening of the womb is not an ordinary disease.*

Q.—*If a womb be five or six inches long, do you think the operation of spirits would bring it down to two?*

A.—*It might have stretched in one way and contracted in another, because I am convinced myself that no part of it was gone.*

Q.—*What would you presume the length to have been before it was put into spirits?*

A.—*If I had no other evidence I might come to a conclusion from the size of the cervix that it was fully double as long, and possibly had contracted down. I should think the breadth would be consistent with a womb five or six inches in height.*

Q.—*In what way did the spirit contract it?*

A.—*It was stretched in one direction and contracted in another;‡ there was no loss of substance.*

* If menstruation occurred when the womb was in a state of sub-involution—what then?

† The pain which occurs after a rupture is very different from bearing-down pains.

‡ There was no stretching—it was the same breadth as when it was taken out of the body.

Q.—I suppose that in a case like this it would be desirable to take out the vagina, uterus, and ovaries—there would have been no difficulty in so taking them, and putting them in some place for inspection?

A.—None whatever.

Q.—Is that what you would do?

A.—Yes; the object would be to remove all the organ of generation.

Q.—The object would be to remove the ovaries, uterus, vagina, and all, and keep them as much as possible together—that would be desirable?

A.—Yes.

Q.—It would afford any observer a better opportunity of judging than if they were taken out in fragments?

A.—Certainly.

Q.—*When you are told again that this rupture may have occurred after death, and that the edges were neither inverted nor everted, is that suggestive of the rupture having taken place after death—would that be the state of things if it had occurred while the powers of life remained?*

A.—*I would not expect them necessarily to remain so at all; I would not expect, from the structure of the womb, that its edges would be turned, if done during life. I would expect them to be neither one nor the other.*

Q.—*What, after death?*

A.—*I don't think it would make any difference; I don't think it would be evidence either way.*

Q.—*Then, everted or inverted, it might be the one thing or the other, before or after death?*

A.—*It might or might not have been.*

Q.—*If the hand were pushed right through?*

A.—*I think they would be more likely to remain everted if pushed through after death; the action of the womb, if done during life, would allow them to come together again.*

Q.—*With regard to this prolapsus of the uterus, is that possible in a case of pregnancy—is it not the fact that a large body would prevent the possibility of the womb coming down?*

A.—*Prolapsus occurs in the early months of pregnancy, but not after the fourth month.*

Q.—*If a woman complain of prolapsus uteri, could you say she was pregnant?*

A.—*I would not believe it until I had examined her. I would not take her statement.*

Q.—*If a woman were suffering from prolapsus uteri, would you not be in a position to say whether she was pregnant at the fifth month?*

A.—*It protrudes externally; I have seen it remain until the sixth month low down in the vagina. One woman I saw I would not have believed it unless I had seen her. After the fourth month the womb ascends into the abdomen.*

Q.—*Putting up a womb that is down, is that consistent with pregnancy?*

A.—*Women say their wombs are down and they are not down outside. The womb slips out of place above and pushes the membrane of the vagina, and they think that is the womb.*

Q.—*But assuming that a woman is not mistaken, it follows she is not pregnant?*

A.—*If you mean having the womb outside the body, then I say not; they have prolapsed just inside the vagina, and that may go on till the sixth month of pregnancy.*

Q.—*Then you say that pregnancy and this state of things are incompatible?*

A.—*Generally I should say they were.*

Re-examined by the Crown Prosecutor—I would not expect the bowels to protrude unless it were labour at the full time. In manipulating, a surgeon ought to feel his way. Passing up the hand may remove some portion of the membrane in the vagina, the result of inflammation. If a man were to remove the placenta by pulling the cord he might turn the womb inside out; if a man tried to replace an inverted womb he might thrust his fingers through, unless he exercised due caution. For practical purposes I give the measurement of a womb without being extremely exact. Serum will exude from almost any part of the body, except it is in a state of decomposition, but milky fluid and serum are very different. The syringing in her case could have been of no use. In prolapsus uteri there is a sensation similar to that experienced during the earlier months of pregnancy; during the first three months of pregnancy women complain of the womb being down in the vagina; the shape of the pelvis exercises some influence upon it. It might continue all through pregnancy. In some women it does not go up at all. I have heard nothing in the evidence to show that this woman's womb was down. I never heard of chloroform being administered without any one being present; but I have been obliged to do with the presence of a lay person.* Some women object to have another medical man present. If I have to give chloroform I have a medical man within call if I can get one. I never give it without somebody else being in the room.

By a Juror—At the *post-mortem* examination the top of the womb could be seen, and it could be at once noticed whether it was torn or not. The fissure would be noticed along the top of it.† The fitting together was not so exact as to prevent the eye-sight observing the tear. A "glance" would be sufficient to do it. It must be left to the man who gave a "glance." You would see at once whether it were there at all.

* Only a few drops were given. See Mrs. and Margaret Cronan's evidence.

† The rupture was not at the top of the womb, but behind.

GEORGE B. HALFORD sworn and examined on the part of the Crown.

Q.—You are Professor of Anatomy and Physiology at the Melbourne University?

A.—I am.

Q.—Do you remember receiving a jar from Inspector Nicolas?

A.—Yes, on the 29th March. It contained *the larger portion* of the uterus and its appendages. On the right side there was part of the round ligament, the fallopian tube, a small portion of the ligament of the ovary, and most of the broad ligament; on the left side, nearly the whole of the round ligament, only the outer part of the fallopian tube, nearly the whole or the whole of the round ligament, and a small piece of the ligament of the ovary. The ovaries were absent.

Q.—How did the ligament of the ovaries appear?

A.—It appeared as if the ovaries had been removed by a pair of scissors, or some sharp instrument. They appeared to have been cut off from behind the broad ligament. I should state that I account for the disappearance of the fallopian tubes to the same cause; at the same time the ovaries were removed the fallopian tubes were cut off.

Q.—What was the weight of the womb with its appendages?

A.—Five and a half ounces.

Q.—Did you measure it?

A.—Yes. On the right side, it measured three inches from the mouth to the upper part; in the centre, two inches; and on the left side, two and a half inches.

Q.—And in breadth?

A.—From four and a half to five inches.

Q.—Did you measure the walls of the womb?

A.—Yes. They measured from a half to a quarter of an inch in thickness, and at the margin of the rupture they were thinner than that. There was a large rent in the upper part of the womb; it extended the whole breadth, four and a half inches. The margin of the rupture was uneven; and beyond this, on the right side of the posterior wall of the womb, there was a circular opening, from which a piece had been cut out.

Q.—*That was cut out by Dr. Beaney?*

A.—Yes, I believe so. (At the last the trial he said by Mr. Pugh or Mr. Rudall.)

Q.—What size?

A.—The size of a shilling.

Q.—Was that right through the womb?

A.—Yes. The mouth of the womb was considerably dilated, having a diameter of two inches. *I injected the uterine arteries, and found them to have been enlarged.**

Q.—What is the size of the unimpregnated womb?

A.—Three inches in length.

* Only one artery was injected.

Q.—Width ?

A.—Two.

Q.—And the weight ?

A.—Nearly two ounces ; it was all there but the ovaries, which were omitted.

Q.—Thickness ?

A.—One inch.

Q.—About the fifth month of pregnancy, what is the size and weight of the womb with its appendages ?

A.—About the same weight as this womb. *I believe this womb must have been placed in spirit, and left exposed ; I do not believe the action of the spirit would cause it to alter so, but the absence of spirit, as the womb being placed in spirit and then allowed to remain for twenty-four hours or two days without spirit.* It was in spirits when I got it ; it has not altered much in spirit since it has been with me, but on being brought into court one day in a towel it altered in size ; that was from the absence of spirit. I injected the vessels, and found them enlarged—the uterine arteries ; the inner surface of the womb was too much decomposed for me to pay any attention to it.

Q.—Did you examine it under the microscope ?

A.—*No, I did not. I would not put any faith in it in organic disease of the womb.* It does not require a microscope to see it. (At the last trial he said—“On a microscopical examination I may have modified my opinion, but examining it with the eye (!!) I saw no evidence of disease.”)

Q.—From these appearances what conclusions do you draw as a medical man ?

A.—I should conclude that it had been a pregnant uterus, or containing a fibrous tumour ; I cannot tell which.

Q.—Was there any appearance of a fibrous tumour, so far as you could see ?

A.—No.

Q.—As a medical man, would you expect to see the marks of a fibrous tumour, if it were there ?

A.—No. In the uterus I received there might have been one and not leave its marks ; it might have been attached by a small stalk ! There is another tumour that grows into the walls of the womb.

Q.—Would you expect to have seen the marks of that ?

A.—Yes.

Q.—Can you say whether tumours in the womb are of frequent occurrence at that age ?

A.—No, not at that age.

Q.—As to enlargement of the womb, what do you say about that ?

A.—*It was enlarged from two ounces to five ounces.*

Q.—How would that be consistent with regard to pregnancy ?

A.—*I depended upon the weight, because that cannot be altered.* Its form was so altered that I would not depend upon that ; but as

to the weight, *we cannot err in that*—it corresponded to the weight of a womb in the fourth or fifth month of pregnancy.

Q.—As to the distension of the mouth of the womb, is that a natural distension or not?

A.—I should not think it was, because the mouth of the womb at that time is very small; here it was very large. Here there was an absence of the neck of the uterus; it was obliterated by this great distension. *It was not like the uterus we find at the fifth month that had not been manipulated.*

Q.—Can you say whether that distension took place during life?

A.—*In my opinion it was during life.*

Q.—Did you hear the statement of Mr. Rudall, that he put his hand through the vagina?

A.—Yes.

Q.—From the description he has given of the manner in which he placed his hand, do you think there was an amount of force used sufficient to rupture the vagina?

A.—I did not see the rupture in the vagina.

Q.—After death, you heard the manner in which Mr. Rudall passed his hand—and judging that he did so with ordinary skill, what would you say?

A.—I should not like to speak about that; I don't think he could pass his hand through the mouth of the uterus in its contracted state; with my hand I should have great difficulty after death.

Q.—Is the amount of force required sufficient to cause the rupture?

A.—I don't think, with regard to the mouth of the womb, that he could get his hand well into it; if he did he must have used force.

Q.—You have heard of the rupture in the vagina, and heard Mr. Rudall's evidence of his passing in his hand—do you think the amount of force he used would cause that rupture?

A.—He said the only force was caused by passing his hand in.

Q.—What amount of force would rupture the vagina before or after death?

A.—I could not say.

Q.—Did you get anything else except what you have told us?

A.—*Some time afterwards I received from Mr. Rudall other remains, and which I was instructed by letter not to allow any one to touch; but I gave gentlemen who came every opportunity of seeing them. Mr. Girdlestone examined them before I received that letter, and they were pulled about, and he ought to have seen a great deal.*

Q.—You gave every facility for their seeing this portion of the body, consistent with your instructions?

A.—Yes. *I received other portions—the bladder and part of the buttocks—but they were in such a decomposed state that I paid no attention to them.*

Q.—That was some time after you received the womb?

A.—Yes. I could not form any opinion upon them.

Q.—As to the contraction you spoke of—the hand could not pass ?

A.—I could not pass my hand.

Q.—Was the contraction you speak of caused by the parts being out of spirits ?

A.—I should not like to say that, but most likely the os was so contracted.

Cross-examined by Mr. Aspinall.

Q.—Would you advise a man to pass his hand up the vagina in the way he did, before an inspection ?

A.—I think that is a matter we may differ upon.

Q.—Is there not a risk run of destroying some of the evidence visible to the eye or with the microscope ?

A.—Yes, as regards pregnancy, but not as regards the cause of death ; you could see the cause of death upon opening the body.

Q.—Taking Mr. Rudall's account of the rupture, that might account for death ; but for the purpose of knowing whether death resulted from procuring abortion, the question of pregnancy will have to be decided. But if the vagina were decomposing, did not Mr. Rudall run a risk of rupturing it by doing what he did ?

A.—I should think Mr. Rudall would have known what he was about.

Q.—Did he not run a risk of rupturing the vagina ?

A.—Not at all, if he did not attempt to overcome any obstacle.

Q.—Not if he passed his hand through until he got into the fundus ?

A.—He was very careful in passing, according to his own account.

Q.—Is there no risk, when a man passes his hand through the vagina, of running against anything ?

A.—Unless the woman had been pregnant he could not have done it.

Q.—When he commenced to do it he did not know whether she was pregnant or not. Was it safe for him to do it ?

A.—*I should not do it myself.*

Q.—Was it safe ?

A.—Safe as regards forming a rupture.

Q.—He could not have caused a rupture if there had been no obstacle. Did he run any risk of causing a rupture ?

A.—No.

Q.—Could Mr. Rudall pass his hand up before he knew whether the deceased was pregnant or not ?

A.—He is stopped by the mouth of the womb.

Q.—*If the rupture were in the vagina, would he not be stopped before he got through the vagina ?*

A.—*The rupture is described as being higher up, near the mouth of the womb. He would be stopped by the mouth of the womb.*

Q.—But he did ?

A.—It was dilated ; no man could have got his hand into the womb otherwise.

Q.—Would not a doctor's fist dilate it ?

A.—No; he could not do it after death. *If not a pregnant womb, it would obliterate the neck of the womb.*

Q.—Could he get his hand through it?

A.—No.

Q.—He could not in an unimpregnated womb?

A.—No.

Q.—Can you take upon yourself to swear that it was an impregnated womb?

A.—There is nothing at all inconsistent with it.

Q.—*Will you stake your reputation, and say you know she was pregnant?*

A.—I did not say so.

Q.—Do you not think she was so?

A.—Yes, and I say so now.

Q.—Can you stake your reputation upon it?

A.—Yes.

Q.—Did you on the last trial?

A.—I say the same to-day as I did last time.

Q.—Either one of two things?

A.—I said I think so, and I give you the reasons why I think so.

Q.—Did you not say positively just before?

A.—No, never.

Q.—*Did you not say you would stake your reputation on it?*

A.—*That I thought so.*

Q.—Do you mean to say that passing the hand through the os would not extend it?

A.—*I told you it would if you used force. I told you I could not pass my hand through it.*

Q.—*If you used force it would extend it?*

A.—Yes.

Q.—In conducting a *post-mortem* examination, do you consider it desirable to examine the parts *in situ*?

A.—I should examine the parts *in situ* carefully, and map them out as it were.

Q.—And then remove them altogether as far as you could?

A.—Then I should remove all the parts for a more minute examination.

Q.—The ovaries, the uterus, vagina, and all?

A.—Yes.

Q.—When there was a man's life and liberty at stake on a question of pregnancy?

A.—*Had there been an imputation against the character of a person, I should certainly have taken the whole.*

Q.—As the best means of getting the best possible knowledge?

A.—Yes.

Q.—*With regard to the stomach—in a case of this kind, what should be done with it?*

A.—The stomach would not have needed to be opened!

Q.—If you saw it to be healthy you would put it aside?

A.—[Understood to say "Yes."]

Q.—*In regard to the liver, should not that be examined?*

A.—*Yes; cut up.*

Q.—If the liver were not cut up, the examination would scarcely be complete, I imagine?

A.—No.

Q.—In a case like this, where you have the body before you, granting you had seen the rupture to start with, would you pass your arm up?

A.—No, I don't think I should.

Q.—Would you consider the cause of science better protected by carefully removing the parts and then proceeding to an examination of them?

A.—Certainly.

Q.—When you remove a womb from the body, do you cut away the ovaries?

A.—No.

Q.—Do you attach any importance to them?

A.—Yes.

Q.—What is the effect of their absence to your mind in determining a question of pregnancy?

A.—I think it a very unfortunate circumstance.

Q.—You think a person should turn his attention to them where a question of pregnancy is involved?

A.—Certainly.

Q.—With regard to this question with reference to the corpus luteum, what view do you take? *Suppose you were told that their presence is no proof of pregnancy—is not their absence a presumption against pregnancy?*

A.—Yes, very much. *I should have expected to have found one ovary larger than the other, containing a well-marked corpus luteum.*

Q.—You had never any ovary or corpus luteum submitted to you?

A.—*They appeared to have been cut out after the parts had been removed.* [Witness here explained the situation of the ovaries, and stated his opinion to be that the ovaries had been cut out by a "circular sweep" after the removal of the parts from the body.]

Q.—*You heard Mr. Rudall state that he could not tell whether they were left in the body or not—do you attach importance to them?*

A.—Yes.

Q.—You heard Mr. Pugh state that Mr. Rudall should forward them to you?

A.—Yes.

Q.—Did you ever see the vagina—was it sent to you?

A.—*No; I received a part of the upper portion of the bladder, that was in connection with the anterior surface of the womb.*

Q.—You never got the vagina?

A.—No.

Q.—Neither separately nor with the other parts?

A.—No.

Q.—If it came to you in spirit you would have been sure to have seen it?

A.—Yes. I have heard that chloroform vapour had been used.

Q.—*Would it not be better to have kept it in spirits?*

A.—Yes.

Q.—*It should have been put into spirits at once?*

A.—Yes. I did not see it until a fortnight after; it had been removed from the body.

Q.—Do you know the principal points of difference between a true and a false deciduous membrane?

A.—*I think it requires a good deal of previous observation for a person to determine what is a true deciduous membrane and what is not. The structure of it is doubtful.*

Q.—There is a distinction between the decidua of pregnancy and the decidua of menstruation?

A.—*A great distinction. I think I am now speaking microscopically. As a matter of size the latter would be two inches in length; that of pregnancy at the fifth month would be five inches.*

Q.—Which do you think possible, eversion or inversion before or after death of the margins of the rupture?

A.—I could not speak about that.

Q.—*With regard to the enlargement of the womb, may not a polypus or suppressed menstruation enlarge it?*

A.—Certainly.

Q.—In retained menstruation, does not the mouth of the womb close?

A.—In this case there was no such retention.

Q.—How do you know?

A.—From my information and knowledge (?). The neck was obliterated; it could not have been done after death.

Q.—*Does not the womb remain enlarged after pregnancy?*

A.—Yes.

Q.—You are acquainted with sub-involution?

A.—Not personally; I know it was described before Professor Simpson, who called it by that name.

Q.—Do you think that corpora lutea can be formed at every menstruation?

A.—Not every one. I believe that you can distinguish between true and false corpora lutea?

Q.—Medical men may differ as to that?

A.—Yes.

Q.—*In regard to the contraction of the womb in spirits, would it not contract in breadth as well as in length?*

A.—*I could not answer that. It would contract where it was acted on most. I could not say what had been done with the womb before I received it. I don't agree that the fundus is always the thickest part. I have seen it very thin, and yet a child be born. The thickness of the walls varies from one-sixth of an inch to three-fourths.*

Q.—*I suppose you find the tissues of the womb after death so soft that they won't bear handling?*

A.—Yes, sometimes.

Q.—Would a medical man by a glance at the intestines at the exhumation discover if the proper cuts were made there at a *post-mortem* examination?

A.—I can understand that any one making a *post-mortem* examination for the cause of death in a case of pregnancy might neglect to make a full examination of the intestines; to make a full examination they should be cut up from one end to the other.

Q.—If they had been cut up it must have been observed whether they contained healthy *fæcal* matter?

A.—Yes.

Re-examined—The parts sent to me were all too soft to bear much pulling about; I attribute that to the operation it had gone through—water, vapour, and spirit. The difference in size between an impregnated and an unimpregnated womb is from two to five inches. The vagina might have been in the decomposed parts, which I did not examine. *If I had seen the rupture in the fundus, and had come to the conclusion that it was the cause of death, I think I should have disregarded the other organs and concentrated all my attention on the organs of generation.* [Witness here referred to engravings.] This is the ovary; this on one side is the broad ligament in which these bodies lie, and you see in front the round ligament; you cannot see the ovary, because it is at the back; on this side the broad ligament has been removed—dissected from the side of the uterus in order to show the relative position of these bodies; there is the round ligament, and there is the ovary and the fallopian tubes. Now in this case we have on the right side of the womb the broad round ligament, and a little piece of ligament, and the ovary; here are the broad ligaments and the fallopian tubes, but on this side only the outer part of the fallopian tubes, and not the inner portion; so that, had the ovary been taken away in a circular sweep, it was necessary to take away the uterus and its appendages, and we should have expected the outer part of the fallopian tubes to be cut, but it is the inner part, corresponding with the position of the ovary; so that it would seem that the same pair of scissors that took away that part of the fallopian tube took away the ovary.

LAWRENCE J. MARTIN sworn and examined on the part of the Crown.

Q.—You are a physician and surgeon?

A.—I am.

Q.—You have had many years' experience in midwifery cases ?

A.—I have.

Q.—Do you know whether it be possible to pass the hand into the uterus at the fifth month of pregnancy, and remove the placenta ?

A.—A case has lately occurred with me at the fifth month. The case was that of a woman who was suffering from a bleeding from the womb, and who had been so suffering for more than two months. According to her own calculation, she had last menstruated in the beginning of December, and she aborted on the 26th of May.* She consulted me on the 24th March, and she remained under my observation until the 26th May, during which time I carefully observed the case, because I was not sure whether it was pregnancy or whether the bleeding was caused by a tumour in the womb until after May, when for the first time I was able to hear the foetal heart beat, and then became certain it was a case of pregnancy. Abortion ensued, and the foetus came away on the 26th of May. After the foetus was expelled, I found after the usual time had elapsed that the placenta was not expelled ; the bleeding from the womb was serious, and therefore it was my duty to remove the placenta. I endeavoured to do so in the usual manner by introducing the hand into the vagina and passing the fingers into the womb, and found that they were not sufficient to enable me to command the placenta, because it was necessary to be sure that I extracted the whole of it. I passed in another finger and found that I could not reach the upper edge. In proceeding, I found, owing to the contraction of the mouth of the womb being so firm, that my fingers were cramped, and I could not use them ; but I found after a few moments the mouth of the uterus softened, which enabled me to pass my fingers, so that by degrees I was able to pass them through and get up to the mouth of the womb so as to get my fingers in, and then was able to get my fingers against the upper edge, and was enabled to sweep with my fingers the placenta. My hand was expelled by the natural contraction of the womb.

Cross-examined by Mr. Aspinall.

Q.—Were you present during the last trial ?

A.—No.

Q.—Then this is your first appearance ?

A.—I took no interest in the trial.

Q.—This woman had aborted, you say ?

A.—Yes.

Q.—How long after the expulsion of the foetus did you proceed to take the placenta away ?

A.—Half an hour.

* From the beginning of December to the latter end of May (26th) is not five but six months, within a few days.. A woman may menstruate once or twice after she becomes pregnant.—*Vide* Chapter I.

Q.—How long did it occupy you ?

A.—Twenty minutes.

Q.—Then you could pass the hand through the vagina and the os uteri, and sweep round and bring away the placenta, all in twenty minutes, without injury ?

A.—I did so.

Q.—Then any man could do all that in twenty minutes ?

A.—I would not presume that any man could do it. I know what I can do myself in cases of a similar kind.

Q.—Have you any reason to fear scraping away portion of the womb ?

A.—Not the slightest reason. The woman I attended made a good recovery.

Q.—Do you go and see ladies who abort ? Do you carry a bag ?

A.—No ; I have never used a bag.

Q.—Not to carry your instruments ?

A.—If I had a number of instruments I should do anything that was necessary.

Q.—Have you seen respectable persons carrying bags ?

A.—Yes. I know doctors use bags.

Q.—Bags of this sort (witness shown black leather bag) ?

A.—Yes.

Re-examined—

Q.—Does every case admit of doing what you did ?

A.—I take it to be the duty of every medical man, in a case of abortion—the foetus expelled, and the bleeding going on—to adopt this course.

Q.—Is it possible in every case to insert the hand ?

A.—The time might vary.

Mr. Aspinall then addressed the jury for the defence. He said that in appearing to defend Dr. Beaney he felt a deep sense of the responsibility imposed upon him, for whatever theory the Crown might try to build up on the certificate which had been given that the deceased had died of malignant disease of the womb, he thought they would agree with him that a more malignant prosecution had never been seen in a British court of justice. For the fourth time the witnesses had given their evidence, and for the second time he was upon his trial. The first inquiry arose out of the gossip of the neighbourhood, and on that occasion neither Dr. Beaney nor the doctors who were willing to support his views were allowed to give any evidence. The second investigation took place in the police court, which was only to methodise the evidence and justify the verdict and committal on the first. The last investigation was a trial in this court ; after which the jury, after all they heard, did not agree on a verdict. He (Mr. A.) did not say it was illegal to try him over again ; of course it was not, otherwise he would not be there ; but he begged their attention to the fact that this was the fourth rehearsal by each wit-

ness for the prosecution, who knew where he had failed previously, where he could be detected in an error, where his judgment had been wrong in a scientific matter, or his memory had not supported him. Therefore, if a man were put upon his trial time after time, witnesses would be able to baffle any counsel and defy any cross-examination, for each previous appearance taught them where their evidence was vulnerable.

On this trial also new witnesses had been called to support a new case for the Crown, and to state what other doctors had never stated before. The battle was no longer one in which the life or liberty of his client was concerned, but in reference to these gentlemen's professional reputation. What was the last supplement to the case? He had no time to think upon it any more than the jury; but it struck him as a wonderful illustration of what may happen to a doctor. The prosecution had called a distinguished gentleman—a Dr. Martin—to tell them that for the first time he did—what? Why, the very thing that the Crown accused Dr. Beaney of doing in the case of Mary Lewis. Dr. Martin came there to state that a patient under his care aborted, that he found it necessary to remove the placenta, and that he had introduced his hand for the purpose, and that it took him about twenty minutes; and his patient lives, and he lives, to tell the tale. But what was the difference between his case and Dr. Beaney's? Why, that under the same treatment one patient lived and the other died! In the one case Dr. Martin escaped, and in the other Dr. Beaney is tried for murder! Why had this patient of Dr. Martin's aborted? Why should Mary Lewis not have a miscarriage from similar causes? Dr. Martin heralded his exploit to the world, and was proud of his successful operation, for his client had lived, and he had escaped a charge of felony. That was the improvement which the Crown had made in its case on this occasion. They had called a man who had done the very act they complained of Dr. Beaney doing. To carry out their theory they ought to put Dr. Martin in the dock, for in their view of the case there was as much criminality in the one case as the other.* So anxious was the Crown Prosecutor, on this fourth version of the case, to call witnesses, that when the Court retired for its half-hour's recess he stipulated that if one more witness turned up he should be at liberty to call him. They must have another half-hour to give time to the policemen and underlings, and those doctors who would like to see Dr. Beaney swept from the face of the earth, to fetch another witness to serve their purpose. With this before the jury, he (Mr. A.) felt confident that there were not in this colony, or indeed in the British dominions, twelve men who

* At this trial the Crown case was, that the womb had been ruptured in removing the placenta on the Thursday night.

would condemn the accused. He therefore felt his responsibility lightened, because he believed it was impossible they could do so. There were men who, from the best motives and horror of the crime, may forget to ascertain the criminal, and in their desire to suppress foul practices were not inclined to wait until they were sure they had got the foul practitioner, but would leave Dr. Beaney and his family in doubt and distress as to the result, and send him before the world with an additional stigma. He did not believe it was possible that they as men of the world, be their religion, morals, or habits of life what they may, would do that, or that they would find him guilty.

What was Dr. Beaney's position before them with these repeated prosecutions?—ruin and suffering to himself, and anxiety to his family.* He is a medical man in a position which may be the position of any medical man. A medical man who treated a woman and told what was the matter with her, was unworthy a patient's confidence; could a medical man of honour do such a thing as that? The Crown Prosecutor had told them that there were only two persons who knew how this unfortunate woman died—himself and the patient, whose secrets he was bound to keep; one was dead, and the other had survived to be treated in this way. Did they ever hear of evidence of a similar character ever before presented to a jury? Dr. Beaney, who never knew this woman before she came to him, was to be held answerable for all the chief acts of her life—for her vices and her pregnancies. If a doctor were to be subjected to this responsibility, it would justify any doctor for the future—when a poor girl came to him with the pangs of expected labour, or with sub-involution, or any other disease, and asked him, for God's sake, to attend upon her—if he had a wife and family dependent upon him, saying to her: "Charity dictates that I should attend to you, but while doctors have such minds I dare not do so; for if you have been to this doctor and that doctor, this chemist and that chemist—if you have been delivered with instruments, and physiced until your womb is destroyed—according to the law of evidence, I shall be responsible for all."

That was the position, then, in which a doctor was to be placed. In all other cases hearsay evidence was not admitted, because no opportunity would be afforded of cross-examining the third person who made the statement. In this case there was evidence that she had had children by Bennett, that she had lived under his roof, that she had been delivered in this place and that place, and that she had been to this and that chemist, and this and that doctor; but not a word of cross-examination could be given in regard to these statements, extending over a period of three years of her life, of which Dr. Beaney was completely ignorant. The jury were asked to take for gospel everything the Crown witnesses could say against

* The losses and expenses of the two investigations and the two trials must have been nearly £3000.

the accused, but when they stated anything favourable to him they were asked to disbelieve it. This was especially the case as to the evidence of Margaret Cronan.* The moment she stated anything in favour of the accused, the Crown Prosecutor wanted to treat her as an adverse witness; but when she testified to anything in his favour, why then every word was to be believed. The Crown did not apply the maxim, "False in one thing, false in all;" but tried to shape the evidence to suit their own purposes. When the witnesses stated anything against him, they were treated with amiability and courtesy; but when anything in his favour came from them, then they were treated as villains and perjurers. His Honour, however, refused to allow the witnesses to be treated as hostile under such circumstances. But while the Crown sought to treat some of their own witnesses in this manner, they allowed Dr. Rudall to come into the box and give a new version of his evidence! and the document he had furnished the Crown Prosecutor had been flaunted in the faces of the jury. He asked, was such conduct as this on the part of the Crown Prosecutor fair to the accused?

The first thing they heard of this unfortunate girl, who for fourteen years had not enjoyed a mother's care, was that she had lived with Mr. Bennett for some years at his hotel; whether he was the first to seduce her did not appear, but by him she had had a child. He (Mr. A.) did not see how this fact could be evidence against Dr. Beaney, but it was admitted to show her capability of being pregnant; but he asked them, as men of the world, whether they did not see the real object of the evidence, which was intended to affect their judgments, and to lead them to the conclusion that Mr. Bennett was the father of a third child, the alleged subject of the present charge. Mr. Bennett had testified that he had had no connection with the girl for over a year; therefore, if he were to be believed on that point, whom did the Crown say was the father of this last suppositious child? The Crown had pointed out no one; therefore what became of the case of the Crown, that the deceased was pregnant? Dr. Beaney had never seen Mr. Bennett until he was introduced to him at Mrs. Cronan's house, after the death of the deceased. Were the jury called upon to say that one-half of Mr. Bennett's evidence was true and the other half false? There was no knowledge on the part of any one of any other father. The Crown had had every opportunity of ferretting the matter out; hotel servants, porters, and policemen had been hunted up, but nothing had been elicited to show that Mr. Bennett or anybody else was the father of this supposed child. The Crown had penetrated into every hole and corner for evidence, and had even succeeded in finding a woman to contradict the statement of Margaret Cronan, that the deceased had told her she had been delivered on a previous

* The same was attempted with her mother, Mary Cronan.

occasion with instruments. Why had not Mrs. Bennett been called on the present trial? She was this girl's mistress, and would it have been likely that she would have screened her husband's misconduct?*

Well, they found this girl going—no doubt a monstrous thing in the eyes of the Crown Prosecutor—to the house of Mrs. Cronan, where her child was. An air of suspicion had been attempted to be thrown over that very natural act. On a previous occasion she had been confined there (?), and had returned to her work very quickly afterwards. And what was her work? Standing for hours behind a bar at nearly all hours of the day and night, serving customers who arrived by the latest trains from the city. This sort of thing occurred upon two occasions that are known; but there was no evidence how many more miscarriages she may have had; and they had seen that she herself was not unfamiliar with the use of spirits. Could it be possible that all this could not have an effect upon her health, and that her conduct and life were not such as to bring her womb into a dreadful state? As to her appearance of being fat, or "well nourished," was that not a common thing with persons who had the command of liquor? It certainly could not be accepted in the present case as proof of her being in a healthy condition. Then when she arrived at Mrs. Cronan's house, she came with an offensive discharge. She went to that house in company with a black man-servant. There was no disguise in that. And Mr. Henderson and her other friends knew where to call upon her, and came to see her. What shame had she to hide? She had had children before, and she could not have wished to conceal anything from Bennett, who at least could have found no fault with her. She then sent Margaret Cronan to Dr. Beaney. He knew nothing of the girl—did not even know her address. He was to come, and "not mind the expense." That was part of the evidence. But did not the interpretation of that phrase depend entirely upon the source from whence it was to come? If an opulent man said "Don't mind the expense," that is an unlimited promise. But in this case a poor wretch of a girl, who asked Henderson to get her shawl and £1 out of her wages, meant that the doctor was not to think he would not be paid, but that whatever the expense might be, she would work herself to skin and bone to pay him. And what more did this fact show? Why, that Dr. Beaney had not been paid in advance—that there had been no bargain on the subject by any third person.† One of the gossips who lived next door stated that on her arrival at Mrs. Cronan's the deceased jumped off the cab. But was not that a common feat with everybody? Certainly neither that fact, nor her

* See observations at page 52.

† The writer has been informed that every Bank in Melbourne was visited to see if anyone had paid money to Mr. Beaney for her.

being in company with a conspicuous black servant, was any evidence of concealment or disguise.

He now came to the room at Mrs. Cronan's. If the Crown Prosecutor had been actuated by a spirit of fairness towards the accused, he would have asked as to the size of this room, and as to the situation of the bed ; but instead of doing that he laid immense stress upon the door having been closed. His shutting the door was held to be a most suspicious circumstance. He (Mr. A.) did not think any gentleman of the jury would like to have his wife's nakedness exposed, when undergoing a medical examination, to a housefull of people. Whatever some persons may think, he did not think they would consider that proper. Would any woman like to be thus examined, even in the presence of her own sex ? It should also be remembered that there was a public-house next door, and several young lads close in the neighbourhood of the house. If Dr. Beaney had not closed the door when he conducted the examination, he would neither have been a man nor a gentleman. But the situation of the bed was such that the door could not have remained open, for when open it was not possible to get near the patient's head when she was lying down, and therefore he could hold no conversation with her. He (Mr. A.) treated this insinuation with the utmost contempt, because he could not conceive how any doctor, having any regard for the decencies of life and the proprieties of his profession, could have done otherwise. What secrecy was there ? When anything was wanted, was not Mrs. Cronan or her daughter called in ? If the slightest cry were uttered it could have been immediately heard ; what necessity was there to expose the patient ? It had been stated in evidence that the door had openings at the top, that it afforded no protection against sound ; and the window was slightly raised to admit the air and kept open with a porter bottle ; it was true the blinds were down, but the window was open. If a room had been required for the perpetration of crime, would such a selection have been made—a house surrounded with gossips ? But they were told the smell in the room was very bad, owing to the use of sponge-tents ; but where was there an atom of evidence to show that a sponge-tent had been used ? In fact, every sort of suggestion was made, and every theory exhausted, to force the jury to an adverse verdict ; but with all their detectives and medical witnesses they could not discover that a single sponge-tent had been bought or used.

Then with regard to the prescriptions. When he (Mr. A.) proposed to put those given by the accused in evidence, how was he met by the Crown ? They were peremptorily objected to, and he was obliged to call them "pieces of paper" given by a doctor, sent to a chemist's, and bottles obtained in exchange. Yet they were not to be called prescriptions. (Laughter.) That was a specimen of the tactics of the Crown ; that was the way that information was sought

to be given to a jury ! Then another thing was laid hold of—that he carried a bag for his instruments, instead of carrying them in his pockets. The Crown gave Dr. Rankin every opportunity of showing his prescriptions, and would it not have been more candid to have admitted those given by Dr. Beaney ?

It had been stated that the defendant's visits had been unusually long. Why, on one occasion he had to wait until the fire was lighted and water warmed. How long should a doctor stay ? If he went away in a short time he was a careless, neglectful man ; if he stayed a long time, then he was murdering his patient ! What length of time would suit the Crown ? that had not been stated. Dr. Beaney was in and out of the room on the occasion of his visits. We had been told that this girl had obtained from other doctors a complication of medicines, such as aloes and savin, which some doctors might think not very good things for a girl to take ; then she took senna, jalap, salts, and Cockle's pills. Dr. Rankin had told her what effect this savin would have, and she obtained it at other places and took it. Was it possible she could go on taking almost buckets of medicine without increasing her diseases ? Before she went to Dr. Beaney she had been to Mr. Matthews and Mr. Johnson, chemists at St. Kilda, and she had been to Dr. Smith, Dr. Wilkie, and Dr. Rankin. After this, was it not natural and proper that he should want information from her as to her case ? He might have taken his fee, given her some bread pills, and have then sent her on to Dr. Rudall, Dr. Pugh, or Dr. Tracy. He would then no longer have been in a felon's dock, but would probably have been called as a witness against some one else ; and he could have given a long account of how a poor girl came to him and complained of a disease of her womb, and how he had given her something that would not hurt her, and how he had passed her on to his neighbour.

Another wonderful point had been discovered—the alleged silence of Dr. Beaney to Mrs. Cronan. She used the expressions “false gathering” and “false conception,” as having been mentioned to her by the doctor ; that certainly was a wonderful contradiction for her to make. Was it likely that a doctor would hold an explanatory conversation with an ignorant person, but who, no doubt, in speaking would be precise in his terms ; at any rate, whatever he said she clothed it in her own language afterwards ; and after she had had conversations with nearly all the gossips in the neighbourhood, added to it. A great deal had also been said about his having a bag to carry away a foetus in, as if he could not have easily wrapped it in his pocket-handkerchief, had there been one. On the last occasion the doctors examined for the prosecution had given a new version as to the day when the supposed offence was committed ; they then stated that all this was done on the Wednesday afternoon, and that she died in twenty-four hours afterwards ; now it was altered to Thursday, and if the jury disagreed and a new trial should ensue, they would

find the time would be altered to Friday. (Laughter.) They had heard Dr. Pugh confess that for the same purpose his evidence was directed to Wednesday; then he admitted that the woman would be unable to rise and sit on a chamber-vessel during that day. On the Wednesday he took the bag into the bedroom; but on the Thursday it was left on the table outside, and all he took out of it was his syringe and nothing else. Could it be said that it was used for anything else on Wednesday but for the purpose of carrying instruments? Then as to the use of the syringe—here was a woman who had a horribly-offensive discharge from her womb, and was not that the proper way to cleanse the vagina and prevent the discharge accumulating? It could not have washed out the peritoneal cavity, or cleansed the parts from the great amount of blood that would have flowed from such a rupture as this, had it occurred during life.* Would not traces of the soap and water have been found if the syringe had been used for any such purpose? In this, an old woman under his guidance used the syringe. If there had been any combination between the old woman and himself, would not the first gossip that came in have detected it, and blown it all over the place. That the use of the syringe was proper had been confirmed by the medical evidence. His desire was to give her every chance for her life, and it seemed that the more he did the more guilty it was sought to make him out. It was admitted by Dr. Pugh that syringing was proper treatment under the circumstances of such a discharge, and up to the last moment Dr. Beaney ordered bottles of hot water to her feet.

They now came to the question of abortion, and the jury were asked to say that this woman was pregnant. He did not think the jury could arrive at any such conclusion after hearing the evidence, and the statement of the deceased herself. She had complained of having been delivered with instruments at her last confinement. He asked them to consider that all the symptoms which they had heard described as being symptoms of pregnancy existed also in women who were not pregnant, and no doubt did arise from a diseased and debilitated state of the womb. They had heard medical testimony to the effect that falling of the uterus was inconsistent with pregnancy at the alleged stage—while a womb without a foetus would descend, a womb enlarged by the presence of a foetus would not do so. When they found her complaining of her womb being down, and asking doctors to put it up, that surely could not be regarded as evidence of pregnancy. Then, if pregnant, who was the father? They had heard the evidence of Mr. Bennett that he had had no intercourse with her within a year, but the Crown, as in the case of all the other witnesses, wished him only to be believed up to a certain point, and no farther. But they had the evidence of

* The idea that there should be an opening admitting the introduction of water, and the bowels not to escape, is preposterous.

Margaret Cronan, who rubbed her stomach, and described it as being flat and hollow. If she were to be believed, there was an end of the case for the Crown.

Then they were told by the Crown Prosecutor that chloroform had been used, but where was the proof that it had been; nor was there any evidence that the deceased had suffered any pain beyond the expression of a slight moan, which might proceed from any sick person. Had it been necessary to apply the speculum, there might have been some pain, but the pain of undergoing such an operation as that charged would have been enormous. If he had administered chloroform with the view of performing this operation, would he not have stayed until it was all over?—would he have allowed this woman to have gone in? The whole theory of chloroform and sponge-tents was unreasonable and insensate. Again, would not the intestines, situated as they were, have protruded through the fissures if they had been made during life? Then it must be supposed that he would have bared his arm in such an operation, and that it would have come out all over blood; and there was no proof that he washed his hands, and he could not have cleansed them with a dry towel. But why should he have taken all this trouble, and have used such violent means in trying to effect an abortion, when a knitting needle would have answered the purpose? If bare suspicion, unsupported by evidence, were to have weight, every doctor might be accused of perpetrating acts of this kind. Then they were asked to attach great importance to a piece of clotted blood that had been held up between the fingers. No one could say exactly what it was, but it appeared that if it had been held up long enough it would have dropped to pieces. When Mrs. Cronan complained that the neighbours had taunted her that the deceased had been killed in her house, he told her to send those persons who did so to him; and before that, upon meeting Mr. Bennett at her house, he offered to open the deceased for his satisfaction, and that of her friends. Did that look like trying to make away with evidence? There was nothing a man could do but what would be regarded in a suspicious light if the mind had already been made up to place a certain construction upon his acts.

Well, he gave his certificate that the deceased died of "malignant disease of the womb." Take it for granted that "malignant," in reference to the womb, was generally taken to mean "cancerous;" he had received a statement from her own lips on the subject, and she had told others that she had been delivered with instruments, and was suffering from disease of the womb, and which no doubt led him to form that opinion, or that it was a severe and intractable form of disease which was included under the term "malignant." The offensive discharge, too, was strongly suggestive of a cancerous state of the womb. What was the purpose to be served by giving a false certificate? If he had said simply disease of the womb, it would have

been sufficient for the object of the certificate. Nothing could be gained by giving a false certificate.

They had been told that he was offered an opportunity of attending the *post-mortem* examination; but there was very little use in that, when his friends were not permitted to be present to examine the womb and vagina. He attended a short time, but his attendance not appearing to be necessary, he went away. At the coroner's inquest he was not allowed to advance a single word of evidence. He had thus no opportunity of setting himself right at this stage of the inquiry. He asked to be allowed to give evidence, but he was not permitted to do so.

In reference to the ovaries—what an extraordinary omission that was. Professor Halford stated that, in his opinion, it was of great importance that they should have been examined, and that it was quite possible to distinguish between a true and a false corpus luteum. The evidence went to show that the absence of a corpus luteum was proof of non-pregnancy, but Mr. Rudall, upon whose words it was sought to make the fate of the accused hang, did not know that. He said he thought he might have left them in the body; that he might have left them in the coffin; that he might have left them on the table—that he had no distinct recollection what he did with them, because he did not attach the slightest importance to them. While Dr. Rudall said he recollected nothing clear about them, they had heard the opinions of Professor Halford and of Dr. Pugh, who said that he drew Dr. Rudall's attention particularly to them, with the view of their being sent to Professor Halford for a proper scientific examination. Was such conduct as this fair towards a man to be put on trial for his life and liberty?

What object was there to procure an abortion? What were the motives for such an operation? Who was to reward Dr. Beaney for such an act? No one but the poor girl went, and she went without a shilling, and he never had been paid a shilling. When she said "never mind the expense," she used an every-day expression, and that meant that it was her intention, poor as she was, to pay the accused for his trouble. The Crown had had every opportunity of ascertaining this, and no doubt they had inspected Mr. Bennett's books, and had dived into every imaginable recess to find out some one behind the scenes, but they had found no one, because there was no one. If the accused was about to commit and had committed the crime of abortion, would he not have taken every precaution not only to have got well paid beforehand, but would he not have conducted his operations in secrecy? Would he have allowed Mrs. Cronan and her daughter and all the gossips in the neighbourhood to come in and out of the room? Did he put any restriction upon them or their movements? Where was there an atom of evidence that he had used sponge-tents? Had one been found? What could he have done with the immense amount of blood which must

have flowed? Why, at any moment, another medical man—his rival—might have been called in, and the whole thing exposed. For what was he to run all this risk? Where was the rich father or immoral man of the world to indemnify him for all this?

If Dr. Beaney were found guilty, what safety would there be for any medical man, who might be placed in a felon's dock if his patient died after he had done his best to save her life. Did he go to Mrs. Cronan's house in a skulking manner? Did he not, after having ascertained the address, visit her in his carriage? Was there any secrecy in the girl's own movements? No; she went openly to Dr. Beaney's house in Collins-street—which was probably too good a house to suit some of the doctors in the same neighbourhood, for it was as good as Dr. Tracy's, and much better than Dr. Rudall's, and a great deal better than Dr. Pugh's. (Laughter.) And she told Margaret Cronan that she would take her to see the house when she went to pay him.

Then the jury were called upon to assume that the foetus had been taken away in a carpet-bag; but where was the evidence of there having been a foetus at all? All the doctors admitted that they carried these bags for their instruments; but the case for the Crown here was that it was used to carry foetuses in, when a pocket-handkerchief and a coat-tail pocket would have been infinitely more private and secure from observation. The bag theory was put forward as one of the strongest points in the case for the Crown, but how miserably it had failed to support the case! Had the deceased ever told any one, any of her intimate friends or fellow-servants, that she was pregnant? Why, she went to medical men to ask them to determine what really was the matter with her. The Crown, with all the means of investigation at their command, had been unable to produce a father, for the very excusable reason that there was none.

It was a monstrous doctrine advanced by the Crown, that Dr. Beaney should be called upon to prove his innocence, so as to excuse them from proving his guilt. If he were guilty no doubt he could explain about all it, but not being guilty what had he to explain, except that he might think that Dr. Rudall, when pulling the body about, caused these ruptures in a rotten corpse. Such a doctrine advanced by the Crown was contrary to all law and justice. If he had given an explanation and accidentally omitted anything, it was well known that it would be used against him. Every word he uttered would be used by the Crown, and twisted into every shape against him; and he could not be cross-examined upon it so as to explain the contortions to which his statement would be subjected. It would also give the right of reply to the Crown; his statements would be treated as evidence, and if, through sensitiveness, nervousness, or being unused to the proceedings of Courts, he should omit to state anything, it would be seized hold

of and turned against him ; and it would be asked why did he not explain this thing and that thing, while the jury would not be allowed to ask him a single question that might explain an omission. All the facts of the case went to prove his innocence—there was no rich man to pay him to engage in so hazardous an undertaking ; there was no secrecy on either side ; no proof of pregnancy, for all the evidence went to show that her symptoms were quite consistent with non-pregnancy ; and, in fact, no proof or grounds for belief that he had committed any crime, or been guilty of any maltreatment whatever.

And yet the Crown, feeling the rottenness of their case, had thrown out the monstrous suggestion that the jury might compromise the matter, and find him guilty of manslaughter. Dr. Beaney must be adjudged guilty of murder or nothing—he would accept no compromise. The question was one of murder, and for that he was tried. It could be no other offence ; it was not a question of malpractice ; it was murder to do what the accused was charged with doing, and it was by the verdict of a British jury that he was ready to stand or fall.

It being four o'clock, the Court adjourned until the following day.

Wednesday, 27th June.

The Court having resumed,

Mr. Aspinall proceeded in his address to the jury. He had been called upon unexpectedly to address them yesterday, as he did not know that the Crown would conclude their case. He had confined himself to the circumstances of the case—the facts as developed by the lay testimony. According to the general principle of law the statements made by the deceased were inadmissible. They had been admitted, however, on the ground that it was necessary to show her state of health from time to time ; but even then, they could not fail to perceive how every advantage was taken against the prisoner to lay hold of any expression she might have used. He had traced her history as far as he could, but it was impossible to discover how many men she might have had connection with besides Bennett. There had been no secrecy used in going to the house of the Cronans, and not the remotest complicity has been shown between them and Dr. Beaney ; therefore, what became of the shifting theory of the Crown that the Cronans were unwilling witnesses ? The jury would remember the perpetual attempts to treat their own witnesses as hostile, the moment anything came out in his favour.* Under ordinary circumstances the statements of the unfortunate deceased would not have been admissible ; for no person's statements, how-

* *Mr. Rudall* was an exception.

ever moral and religious a life they might have led, would be received in a court of justice unless they came within the province of dying declarations, which the law allowed, the person in that case knowing that he was about to leave the world, and it being presumed that he would not make a false statement. But judges would tell juries that there were certain statements that must be received with caution and doubt, for many things have to be explained by means of cross-examination. The statements made by the deceased in this case might have been made in her own vindication, or might have been the random statements of a silly girl having no criminality in them; but was Dr. Beaney to be held responsible for them, as well as for her past history and course of life and its results.

According to the evidence for the Crown, Dr. Beaney, while attending the deceased, wrote certain prescriptions as openly as possible, but he (Mr. A.) was not allowed by the Crown to call them such; did the jury believe they were anything else than prescriptions? But he was satisfied that, however much the Crown might desire to destroy the evidence they showed in favour of the accused, the jury would not lose sight of the fact. They might depend upon it that if those prescriptions were for medicines that were used in procuring abortion, they would quickly enough have been produced by the Crown; but as they tended to show his innocence, they were suppressed. If they had been the prescriptions of Dr. Rankin, no doubt they would have been speedily put in evidence. Dr. Beaney laboured under a frightful disadvantage in this case, in having his life and liberty dependent upon the opinions of three or four medical men. He (Mr. A.) could not pretend to master the scientific theories that were presented, any more than the jury, who he thought had heard quite enough already to make up their minds and arrive at a verdict of acquittal; but as they had not expressed themselves, he felt bound to allude to the medical testimony. But it was a most difficult thing to convey matters of science to a counsel and from them to a jury. Besides that, these medical gentlemen had now been on the fourth rehearsal of their parts, and knew exactly where to make their evidence fit to fill up the gaps, and present the appearance of a connected case; and after so many advantages that they possessed, it was not difficult to baffle counsel who had not the advantage of medical attainments. He thought the jury would see that Dr. Beaney had not been fairly treated, for it did not seem to be a question how the prosecution should be properly conducted, and with that moderation and temper that should characterise an important and scientific inquiry of this kind, but to be a desire among certain medical men to sustain their opinions. The jury would no doubt draw their inferences from the conduct they had seen displayed, and they could not have failed to have noticed a medical gentleman (Dr. Barker) in the back row—but who on the former trial had sat at a front seat—engaged in helping the

Crown Prosecutor; and when he (Mr. Aspinall) referred to the matter in the course of the trial, he was told that he was surrounded by eminent doctors assisting him. He was happy to say that that was so; and he would take this opportunity of asking the jury if they thought any one of those gentlemen would assist Dr. Beaney if they believed for a moment that he was not innocent of the charge brought against him? Would they be likely to assist a man if they thought he had brought disgrace upon his profession? If they did so, they would lose their character in this community; for however their opinions might differ as to the cause of death,* they were all agreed that it was not that put forward by the prosecution, and he thought the jury might come to the same conclusion.

He would now ask the jury, had not the scientific part of the case for the Crown entirely failed? How did the Crown start? In the first place they get Dr. Rudall, who confessed he knew nothing of midwifery, to make a *post-mortem* examination of the body. He was selected to perform this duty—a gentleman who was not likely to have had much experience in midwifery in the arctic regions. Well, he performed this part of the operation. Dr. Pugh, it seems, was directed by the Coroner to do—nothing at all. A policeman was also called in to assist, and thus was this dead and rapidly-decomposing body manipulated—a body which required the most delicate manipulation in the world. The policeman was to do the handling, and Dr. Pugh was there for no purpose at all but to get his fee. Then they called Dr. Tracy for the purpose of supplying the deficiencies of these witnesses in their knowledge of obstetrics—certainly a poor compliment to pay him. That gentleman knew nothing of the facts of the case but what he had heard from other medical men; how, then, could he give a practical and valuable opinion upon the case? It was quite evident that Dr. Tracy had been called in as a sort of stop-gap; what Pugh and Rudall did not know Dr. Tracy could supply. Then it turned out that the uterus and other parts were sent to Professor Halford for his examination, because Drs. Pugh and Rudall did not feel themselves competent to do so. The parts were sent to him in a maimed condition, and a fortnight was allowed to elapse before they were sent. Why this delay of a fortnight? Some of the most important portions, as the ovaries, were not sent to him, which he regarded as furnishing evidence upon the question of pregnancy; therefore all that appeared to show a cause of death was this rupture in the uterus. Dr. Pugh, it seemed, attached importance to preserving the ovaries. Dr. Rudall thought they were not worth preserving, consequently they had not been forwarded to Professor

* See Chapter III. The general opinion was that the symptoms were compatible with blood-poisoning from the absorption of putrid matter from the diseased womb.

Halford. Would it not have been more satisfactory to these medical gentlemen if they had examined for every cause of death, rather than have allowed themselves to be led away by supposing these ruptures were the cause? Mr. Rudall admitted that when he opened the corpse he took a glance at the parts, and immediately afterwards saw the rupture; and yet this was the sort of examination upon which it was sought to send one of their professional brethren to the gallows. Was such conduct right, fair, or reasonable? Could the evidence of men be accepted who failed to do all that the case required? One said he took a "glance," and from that "glance" he saw the rupture in the uterus; another said that on opening the abdomen, and removing the coil of intestines, he saw it. It would seem as if the first one saw it through the intestines. [The Crown Prosecutor dissented.] He (Mr. A.) appealed to the recollection of the jury, upon whose mind that impression was left.

The Court—The witness (Mr. Rudall) said he slightly raised the upper portion of the womb, and the rupture was brought into view.*

The Crown Prosecutor—He said he removed a coil of the intestines.

Mr. Aspinall would put it to the jury whether Dr. Rudall had not conveyed to them that he discovered it on opening the body, and that it was brought more clearly into view upon removing the intestines. That was his (Mr. A.'s) recollection of his evidence.

This was the manner in which this body had been treated, and then it appeared in evidence that it had been subjected to the process of plugging shortly after death, and these plugs were extracted with the forceps. It was the opinion of Professor Halford that the ovaries, uterus, and vagina should have been taken out altogether for the purpose of a scientific inquiry; but Dr. Rudall cared nothing for the ovaries, and knew nothing about a corpus luteum, although Drs. Halford and Pugh agreed as to their importance, although Dr. Rudall did not know whether the ovaries had been taken out of the body or not. Thus was treated a great piece of evidence, which would have gone to establish the non-pregnancy of this woman, and which, therefore, would have at once acquitted Dr. Beaney.

Then as to the vagina and the rupture in it, might it not, together with the other parts, have been sent at once to the University, instead of keeping them a fortnight and cutting off the vagina, and that, too, right through the rupture—one of the supposed causes of death. Was that fair conduct towards a man who was going to be tried for his life? To say it was done to prevent decomposition extending, was to say that Professor Halford could not look at it at once; the parts ought not to have been cut until he and others had seen it. But this rupture might have been caused by Mr.

* Mr. Rudall was like Tom Thumb, "Who first made the giants—then discovered them."

Rudall when he passed his hand up the vagina ; the man who passed his hand up the vagina might be the man who cut away the rupture. He (Mr. A.) did not wish to attribute motives, but it was evident that a great wrong had been done to Dr. Beaney. Dr. Beaney's friends never saw it ; he knew nothing in regard to it. With reference to passing the hand up the vagina into the uterus—as had been done by Dr. Rudall—Professor Halford admitted that it might not affect the value of the evidence as to the cause of death, but that it might remove evidence as to pregnancy, which they were looking for ; therefore his (Rudall's) examination was of such a character that it might have removed this evidence, if it had existed. The jury knew how cautious the English judges were in receiving evidence as to dimensions and measurements. When policemen had traced a thief's footsteps by means of his boots fitting the impressions made on the ground, they were invariably asked whether they had taken the measure of the boots and the printmarks before trying to make them correspond—but here they had Mr. Rudall thrusting his hand up the vagina into the uterus in the dark ; and had not the evidence shown that the uterus might have been ruptured at the *post-mortem* examination, and that, with such a rupture, it was next to impossible that the deceased could have risen and sat up on a chamber-vessel ? The jury would remember Dr. Pugh's testimony on these points. Had they occurred during life there could be no doubt but that the intestines, moving as they were, would have come through, but nothing of the sort had occurred. Then it was clear that had the rupture of the uterus existed when she was living, the soap and water injected by the syringe would have found its way through the mouth of the womb and the rupture, and into the adjoining cavities, but not a drop had been found. Thus it was that the whole case for the Crown crumbled to pieces when subjected to a close investigation. Nor had any blood, which must have flowed from such a rupture, been found in the peritoneal cavity. What, then, could be more clear than that the rupture occurred after death ? Did not Dr. Pugh confess that he could not account for the absence of blood, or soap and water, in the peritoneum ? How had the corpse been treated ? First, it was hauled on to the ground and about by several women immediately after death, then plugged, then taken from the bed to the coffin, then taken out again and pulled about by a policeman, and then Dr. Rudall shoved his hand up the exact parts where the ruptures were discovered ; the edges of the rupture were found, too, in that state as would occur in after-death ruptures. Professor Halford stated that the womb was so rotten it would hardly bear handling, and yet they were told that the uterus was the last organ to decay. Blood did not flow from after-death ruptures, and no blood had flowed in this case ; and it was well established that the edges of the rupture were neither everted nor inverted. The jury had heard, too, that the

spleen was in a softened state, and that the liver had not been cut up; and it was clear that no proper *post-mortem* examination had been made; that great pains had to be taken to preserve the uterus, and that the vagina was so rotten that it was cut off. Yes; the vagina was gone, the ovaries were missing, and a corpus luteum had not been discovered. It would be remembered that Mr. Rudall passed his hand and arm up this missing vagina, and the uterus had lessened in size because it had not been put into spirits. Then, as to a foetus—Dr. Pugh could not swear what the weight of a five-months' foetus was, yet in a case of this sort it became of importance to ascertain that fact, as well as the exact size of the uterus, which might have contained a fibrous tumour. He (Mr. Aspinall) again asked why had not the parts, as soon as they were taken out of the body, been sent to Professor Halford? Why were "glances" deemed to be sufficient in this case? Why had not an accurate measurement of the womb been made in Rokeby-street? Was that locality so remote that not a piece of string could be obtained?

With regard to the placenta, it was evident, even from Dr. Martin's account of it, that it must occupy some space. It must be obvious that the decidua could not have been there, for it lined nearly the whole cavity. Dr. Martin, it appeared, removed the placenta by sweeping his hand round; and if Dr. Beaney had done the same thing, or attempted to remove a placenta, he would have made the tear in the uterus wider, thus showing that there was no placenta in this case. The last theory of the Crown was that these ruptures had occurred while in the act of removing the placenta. Dr. Martin's patient had aborted in her fifth month.* He had run the risk of removing the placenta; his patient had survived the operation, and he had lived to glory at the feat, and to see his name emblazoned in all the newspapers and magazines; but if his patient had died then, in all probability he would have been consigned to the felon's dock on a charge of murder, and instead of occupying a witness-box and giving evidence against Dr. Beaney, he might have been on his road to the gallows. He thought the jury had heard enough to compel them to throw the pregnancy theory overboard altogether, but in the rabid desire to supplement their case—to strengthen it by every possible means—they had called a witness who did exactly what they allege Dr. Beaney did, only that their man was successful and Dr. Beaney was not. Assuming their own theory to be correct, was the accused to be tried for murder, convicted, and hanged, because he had not succeeded? That was the last thing the jury had been asked to do. But, according to their own showing, Dr. Beaney was no more guilty than their own witness. Dr. Martin told them that his

* At the sixth month.—*Vide* evidence.

patient had aborted a five-months' foetus, but how did he know that ? The woman herself could not tell, and it was brought out by the evidence that women were constantly mistaken as to being pregnant, and had engaged doctors and nurses under a total misapprehension. But if, according to the Crown, Dr. Beaney did only that which was done by other doctors, why did they place him where he was ?

The jury would bear in mind that no part of a decidua had been preserved or found. That would have been a most important piece of scientific evidence ; Dr. Rudall did not seem to know the value of it.

The symptoms of the deceased were those that were quite consistent with her diseased womb. All the medical evidence went to support that ; none could contradict it. What did her chlorotic appearance, her discharges of blood and slime, and her constipation mean ? And was it not clearly established by the evidence of Dr. Pugh, Dr. Tracy, and Professor Halford that a corpus luteum was of the highest importance in determining a question of pregnancy ? It was certain that without a corpus luteum there could be no pregnancy—that without a true decidua there could be no pregnancy ; these were entirely wanting in the present case. No absolute and certain test of her pregnancy had been made. Supposing Dr. Beaney—admitted by his rivals to be a man of high professional skill—had desired to procure an abortion, would he have been guilty of such blunders as were here charged ? Would he not have done it in a skilful manner ? Besides, the operation was not a difficult one. Would a man of his large practice have gone about such a job without ample compensation being secured to him ? And would he not have taken the precaution to remove and conceal everything ? It was well known that the womb would get enlarged by sub-involution, suppressed menstruation, and other causes. Could not the mouth of the womb have been dilated by Mr. Rudall's arm being pushed through it ? It had been stated in evidence that the womb was found to be soft and flabby, and no doubt could ill bear such handling as it received. Was it not likely that Mr. Rudall strained its mouth to the size required to admit his hand ? Then, again, if the womb were diseased from sub-involution, the mouth would be open. Then, again, he (Mr. A.) was reminded that the womb was thinned by disease. But what had become of the piece of the womb they had cut out for examination ? Had that, like the prescriptions given by Dr. Beaney, been kept back ? What value could be attached to the evidence of men who not only flatly contradicted each other but also themselves ; and that, too, after all the time and opportunities that had been offered since the last trial of supplying their deficiencies. Yet they were as far off from establishing this woman's pregnancy as ever. Had not one of their witnesses (Rudall) admitted that in future he would be more cautious and careful in his examinations ? Then had he been sufficiently

so in the present case? Then, if he were not satisfied with his own examination, how could the jury be expected to be satisfied? Taking the very harshest view of the case against the accused, the whole of the evidence was far more consistent with the innocence than with the guilt of the accused; but in the minds of an impartial jury he (Mr. A.) was satisfied it would thoroughly establish Dr. Beaney's innocence.

Again, he would ask what had become of the immense flow of blood that all agree must have ensued from such ruptures? The blood that had been discharged by the deceased into the chamber-vessel was a very small quantity, and was believed by the women who saw it to be menstrual blood. With regard to the areola, it had been admitted that, although generally strongly marked in women who had dark hair like the deceased, yet it was very faint and indistinct, and was of very little value after a first pregnancy; so much, therefore, for another of the "symptoms" of pregnancy. Dr. Pugh had admitted that the lining of the womb resembled in appearance that arising from menstruation.* [The Crown Prosecutor denied that Dr. Pugh had stated this.] He (Mr. A.) understood him to admit it; and not only could he point out to almost any length the inconsistencies and discrepancies existing between the witnesses for the Crown, but he could call on Dr. Beaney's behalf a number of medical men, whom the jury saw in Court, to rebut their statements and to further establish the innocence of the defendant. Could the jury arrive at any other conclusion but that the accused was an innocent man? He (Mr. A.) could not believe it to be possible that one man in twelve could be found who would not at once acquit him. Did not all the circumstances of the case go towards proving his innocence, notwithstanding all the bag and other theories of the Crown, and the opinions of their witnesses? Not only had the deceased's pregnancy not been established, but the Crown had failed to show even the cause of death, as the ruptures might have taken place (as they no doubt did) after death. What could the jury do? Why they were bound to acquit him, and he asked them to do so promptly, and without leaving the box. If they did not, what doctor could practice his profession in safety?

Not only the medical testimony, but also the lay evidence, went to establish the innocence of the accused. What was there in it against him? Where was the motive or inducement for him to commit such a crime? If he had been a poor starveling in the profession instead of being eminent, and had suspicious interviews with a girl's rich friend, there might have been some ground for suspecting a motive, but in this case it was not possible to discover any. No

* He said he did not know the difference between a womb during menstruation and during abortion.—*Vide* cross-examination.

evidence could be adduced of what this girl said to him, nor of the account she gave of herself, but that there was no pecuniary arrangement was certain from what subsequently transpired. She might have told him what she liked about herself.

The jury had no case before them ; and, therefore, he asked them not to keep the accused and his family any longer in doubt or suspense, but to at once acquit him. These trials had already cost him £2000 ; and he, therefore, asked them to leave the matter no longer in doubt—even, if it were possible, to render a just and prompt verdict. In acquitting him, they would look back upon their verdict with satisfaction ; and they would have protected the medical profession in the discharge of their responsible duties, and, through them, the public. A poor patient, in a critical state of health, would not then be turned from the door when she sought relief, but all that could be done for her would be done ; and it would be shown that professional animosity had no place in the administration of justice by our English jury.

He should not call any witness on behalf of the prisoner ; he considered that none were necessary, and should leave the case in the hands of the jury.

The learned Counsel's speech was listened to with great attention by a crowded audience, and applause was attempted but the manifestation was instantly suppressed. The above report is necessarily, from the limits of this publication, a condensed one.

His HONOUR then proceeded to charge the jury. The prisoner in this case was charged with the murder of Mary Lewis while in the act of procuring an abortion. If a person engaged in the commission of an unlawful act caused the death of another, that was in the eye of the law murder, and that was the crime imputed to him. The whole case for the Crown was, that the prisoner was skilful and well versed in his profession of a surgeon, and therefore it was not probable that the deceased woman had met her death through any unskilfulness on his part. If a woman were pregnant, and a doctor had, through ignorance or unskilfulness, mistaken her case and so caused her death, that would amount to the crime of manslaughter ; and if a surgeon endeavoured to remove the placenta after allowing her to cause abortion herself, and by ignorance or unskilfulness had caused death, that would also be manslaughter. But if a man himself endeavoured to procure abortion, and death ensued, he would be guilty of murder. There was a material difference between such cases and that of Dr. Martin, who was engaged in the lawful act of endeavouring to save the life of his patient, and not in compliance with a criminal intention. No doubt a surgeon was sometimes called upon to exhibit not only prudence but courage and daring. It appeared to him that the case for the Crown was one of murder and not manslaughter, for in order to arrive at the

latter verdict they must be of opinion that the prisoner, being engaged in a lawful act, had, through ignorance or unskilfulness, caused the death of his patient.

A case of this sort depended upon a number of circumstances, and was generally supported by what was termed "circumstantial evidence." Cases of this kind occurred, and were never heard of; and no doubt it was difficult to ascertain the relations that existed between a doctor and his patient. If she lived, her sense of shame prevented a disclosure to the world; and a medical man was also restrained by professional etiquette and selfish motives. The jury would therefore see how difficult it was to prove a crime of this nature; and it was generally only upon the death of a woman, and by a chain of circumstances, that it could be established; and where circumstantial evidence established the commission of a crime, as well as direct testimony, a jury could of course convict upon it.

In cases sought to be established by circumstantial evidence, the jury must pay the strictest attention to the minutest particulars. It was not, as in direct evidence, a mere question of credibility of witnesses, but the jury would have to consider every particle of evidence, and see how the proof was made up. He laboured under the disadvantage of having to deal with a class of evidence—the medical testimony—with which he was not familiar,* and although it was not his practice to read his notes to a jury, but to summarise them, yet in this case he should read them that testimony, from which they would draw their own conclusions.

* This want of familiarity is evident, as will be seen from the subsequent remarks which he made about her visit to Dr. Wilkie on December 6th. Presuming that she did make that visit, she must have been at least between two and three months advanced in pregnancy to be able to feel so. When she went under Dr. Rankin's care—from January 9th to February about the same date—she must have been at least five months gone, and when she saw Dr. L. L. Smith in March she must have been in or near the sixth month, and at a period when the top of the womb is on a level with the navel, and it can be so easily felt that a vaginal examination is not called for. Yet Dr. Smith only examined her "digitally," and found the neck of the womb in the state he would expect it to be were she three months pregnant. Every medical man who has had any experience in diseases of the womb knows how easy it is to confound the sensation yielded when the lips of the womb are touched, in congestion of the organ, with that which exists in pregnancy. The cases reported at pages 55 and 56 are good examples. In these cases men second to none in the world were in doubt as to whether pregnancy existed or not. The writer may again observe that both Mrs. Cronan and her daughter distinctly stated that she did not ask to have a private interview with Dr. Wilkie.

It was scarcely to be expected that the Judge should be able to weigh the medical evidence, and separate the sense from the nonsense; that is a duty which only men could do who have passed years in investigating the different subjects which this extraordinary trial developed. The writer believes that the annals of medical jurisprudence do not contain a case in which so much professional ignorance has ever been displayed as in this one.

Adverting to the objections raised by the learned counsel who had conducted the defence with so much ability and discretion, to the admissibility of the statements of the deceased, there could be no doubt the present case was an exception, and such evidence was admitted on the ground of necessity, there being no other mode of obtaining secondary evidence to show the deceased's state of health. He had considered the law on the subject, and he had found that this class of evidence was admitted on the ground of necessity; he might also remark that he had not read a word of the evidence given in the previous trial, and therefore his mind was perfectly uninfluenced by anything that had transpired before coming into Court to try the case. The evidence that the deceased had had two children by Mr. Bennett was also admitted, to show that she was capable of child-bearing, and it would be in that light that the jury would regard it.

It appeared by the evidence that the deceased went to Dr. Wilkie in the month of December previous, and asked him whether he could procure an abortion for her; and in the months of January and February she went to Dr. Rankin and obtained certain prescriptions which were made up by certain chemists. Upon the occasion of one of her visits to Dr. Rankin he inquired if any change had taken place in her sexual health, and she replied in the negative. She called again, a few days after, and asked for something stronger, and this was the last time he saw her professionally. Upon his asking her if she had done anything to stop menstruation, she gave no reply, but smiled; he proposed to examine her breasts, but she objected, and he then declined to prescribe for her; at that time, and when he met her subsequently, she appeared to be in good health. On cross-examination it appeared that the medicine prescribed was aloes and savin; and it appeared that she had also taken Cockle's pills and various other medicines, and had quacked herself to a considerable extent; there were also symptoms of leucorrhœa and weakness. On the 25th February she went to Mr. Johnson, the chemist, and complained of a stoppage of her courses, and obtained a compound of aloes and oil of savin. On the 3rd of March she went to Dr. Smith; he examined her with the finger, and was of opinion that she was in the family-way. On the 12th March she went to Dr. Beaney, and it was said that she did not know herself what was the matter with her; that she had leucorrhœa, pains and discharges, and all the indications of a diseased womb, as well as of pregnancy; and it was said that it was doubtful whether she was in the family-way or not; and it was also said that death had caused a great change in the body. He thought the evidence of Dr. Rankin of importance as showing her state of health—how she felt; and it would be in that aspect simply that the jury would receive it.

On the Monday night she went to Mrs. Cronan's house, where her child was. It appeared that she had two children, one of whom had

died; and according to one witness (Margaret Cronan) she made the remark that her womb had never been right since she had been delivered with instruments; on the other hand, a witness (Mrs. Seymour) was called by the Crown, who stated she was present at her previous confinement, and that on that occasion no instruments were used.

With regard to this alleged third child, Mr. Bennett had been called, and he had denied having had any connection with the deceased for two years. He appeared to have gone to Mrs. Cronan's on the Thursday night after her death, and to have attended to the arrangements for her funeral. It also appeared that £1 had been sent her, and these circumstances were rather in her favour. Before she went to Mrs. Cronan's persons saw her, and she appeared to be looking well; but it also appeared that she complained of leucorrhœa and a falling of the womb. She was accompanied to Mrs. Cronan's by the black servant. Having arrived at Mrs. Cronan's, she went to bed, having previously had her supper and some brandy-and-water. About a quarter of an hour after going to bed she got up and vomited. Mrs. Cronan slept with her, and got up in the morning about six o'clock; the deceased got up at about eight or nine, and had breakfast; and in consequence of what she said Dr. Beaney was sent for. Mrs. Cronan took a note to him about eleven o'clock. He said he did not know what it meant; the witness said that it was the number of the house and the name of the street. At this time the deceased told Mrs. Cronan that her womb was coming down, and that she wanted a doctor to attend her. He came between four and five o'clock, on foot, and stated he had not brought his carriage as he was looking for the number of the house. The deceased was in the bedroom in bed, and he went in and the door was shut. He (the learned Judge) quite agreed with the learned counsel for the defence that the door should be shut in a case of this kind. Women would naturally rather be thus examined in private than in the presence of other persons. Of course the door would be shut; the door ought to have been shut; it would have been improper on the part of any doctor if the door had not been shut. In about a quarter of an hour he came out. Mrs. Cronan went in, and the deceased told her that her courses were coming on, and that she felt nicely. On the Wednesday, between four and five, he came again, and on that occasion he had a bag with him. It had not been stated how long she could have lived after the rupture in the uterus.

The Crown Prosecutor—The witness (Dr. Pugh) stated that twenty-four hours was the maximum.

His Honour said he could not understand how twenty-four hours could be the maximum. Whatever was done, she said her courses were coming on, which led to the belief that what was done was done then. Mrs. Cronan stated in her evidence that the deceased complained to her of having bearing-down pains, and said her womb was down. The

prisoner came the next day about four o'clock, in his carriage. Mrs. O'Neil was there; Mary Lewis was in bed. The witness (Mrs. Cronan) also stated that she was in and out of the room during the day. The deceased said she was in pain. When the prisoner came he bid Mrs. Cronan good-day and went into the bedroom where the deceased was, and shut the door; the door shut from the inside; Mrs. Cronan then went into the kitchen. [The learned Judge read this portion of the testimony. She (the witness) says, "I think he stayed there a quarter of an hour, and when he came out he asked for some water."]

Supposing that the prisoner had introduced his hand through the os uteri into the womb to take away the placenta in the way described (and this question had not been asked), would it not have produced an enormous pain, and have caused her to scream out; were the operation performed, would not great pain ensue? Women sometimes bore great pain with fortitude rather than suffer exposure, but it appears all that was heard in this case was a slight moan. But if, in tearing away a placenta, this rent were made, the violence must have been so great that there must have been enormous pain; if she had been under chloroform he (the learned Judge) could understand it, but she was not. On a subsequent occasion a handkerchief, said to be so impregnated, was put over her face.*

The Crown had endeavoured to examine Mary Cronan as a hostile witness. Such a proceeding seemed to amount to obtaining by direct examination all that could be obtained from the witness on the part of the Crown, and then cross-examine her as a hostile witness; but unless a witness gave a very different version of her expected statements he did not think this could be done. He thought that this witness had given a very reasonable solution of her variance of statement in having said on one occasion that Dr. Beaney had told her that it was a "false gathering," and her saying on another that it was a "false conception." She stated she had met a woman, and in talking over the matter she had been told she had used a wrong term, and that it should be a "false conception." He therefore did not see anything to disparage this woman's testimony. It would appear that it was on the second visit on the Wednesday evening that chloroform was used. He certainly thought that the deceased had been left too long, and that it was reprehensible on the part of the prisoner not to have visited the deceased oftener than he did; for, although he might have known that he could do no more good than he was doing, yet every one knew how soothing it was to sick persons to have their medical man at their bedside.

It did seem strange that he should have directed her to be syringed during her last moments;* but it was in evidence that

* Chloroform is so constantly given in painful menstruation, since it was first proposed by Sir James Simpson, that men of any sense would not look upon the few drops given her to inhale as anything out of the usual routine of practice.

mucous, blood, and matter came from the private parts of the deceased, and therefore it was not inconsistent to do so as a matter of cleanliness, and it did not seem to be productive of any ill effects, and it might have been done with no improper motives. Referring again to the expression used by Mary Cronan, that the prisoner told her the deceased had a "false gathering" and disease of the womb, which were the cause of her illness—it had been contended that her appearance, her discharges, her flushing, and other symptoms were as much consistent with disease of the womb as with pregnancy, and that having borne children she had returned to her work before her womb had time to get into its ordinary state, and that the medicines she had taken had also affected her womb—all this the jury would consider. It appeared that the prisoner had given a certificate of the death of the deceased from malignant disease of the womb. The jury had heard the witnesses describe a sort of slimy substance.

The Crown Prosecutor—We put it as being part of the membrane which covers the bag of the uterus.

His Honour—It had the appearance of clotted blood. The jury would form their opinion as to what it was, and would arrive at a conclusion from a consideration of the whole train of circumstances. There was no evidence of her having taken any poison. Medical testimony was always open to great objection, and the learned counsel who had conducted the defence had exercised a wise discretion in not calling medical witnesses, for it would have been putting the opinion of one doctor against that of another, and he had rested his case upon a severe cross-examination of the witnesses for the Crown, though he (the learned Judge) did not mean to say that the evidence of Dr. Tracy and Dr. Pugh was not well worthy (?) of consideration. Dr. Tracy had had much experience in these cases, which made him an expert, (?) and his evidence was satisfactory as far as he (the learned Judge) could make it out; but he only saw a very small portion of the case. All the medical witnesses, with the exception of Mr. Rudall, agreed as to the importance of the corpus luteum in deciding on a question of pregnancy, and considered

* His Honour, not being aware that Mr. Beaney had not received the message sent in the morning, was quite justified in censuring his neglect. It is well known that a medical man, in large practice, is often compelled to leave patients longer than he sometimes wishes. The syringing, much as was attempted to be made out of it, was a duty which any medical man, knowing how much nature will do, to keep the parts as clear of offensive discharge as possible, and prevent, as much as possible, the absorption of the poison into the blood. She was not only syringed, but hot brandy and water was given her, and bottles of hot water applied to her legs to restore her from the state of collapse into which she had fallen. If Mr. Beaney did err, *it was on the side of humanity*. Had he walked into the room and out again, perhaps giving her an oath or two, as is the practice of some of the *élite* of the profession here, instead of investigating her case and attending to her as a nurse, the charge could never have been made. *But may those who charged him with a want of mercy to the poor girl, never know what it is to want mercy for themselves.*

its absence as indicative of non-pregnancy ; Mr. Rudall, however, did not believe in its importance. As he (the Judge) understood the matter, when the ovule left the ovary where it was embedded, and when it became impregnated, this corpus luteum was formed—a sort of indentation—the egg went through the fallopian tube into the womb, and he supposed, therefore, that this corpus luteum had an important bearing on the case. That being so, it was essential that a corpus luteum should be seen to show that a woman was pregnant ; it was the bed which the impregnated egg had left ; therefore the absence of a corpus luteum led to the deduction that pregnancy did not exist.

His Honour then proceeded to read through the medical testimony, and in doing so remarked that a most essential part—the ovaries—had been omitted from the examination. He considered there was a great remissness as to this. He left the case in the hands of the jury, and hoped they would come to a definite conclusion on the case.

The Crown Prosecutor stated that Dr. Pugh had said that he had no reason to doubt that the ovaries on Sunday were in the possession of Dr. Rudall.

The Jury then (twenty minutes to four o'clock) retired, and at ten minutes to four o'clock sent word that they had agreed on a verdict.

His Honour then came into Court, and, having resumed his seat on the bench, the names of the jury were called.

The Judge's Associate inquired if they had agreed on their verdict ?

The Foreman—We have.

The Judge's Associate—Is the prisoner at the bar, James George Beaney, guilty or not guilty ?

The Foreman—NOT GUILTY.

Loud applause, which lasted for some time, followed, notwithstanding the efforts of the officers of the Court to suppress it.

His Honour strongly condemned such proceedings, as casting a stain upon the administration of justice, and inflicting an insult upon himself. If the police brought before him any person of education who had joined in such a proceeding, he would commit him for two months. He deeply regretted if there were anything in his conduct that had called forth such a disgraceful manifestation on the part of the populace.

Dr. Beaney was then discharged from custody, and left the Court with his friends. Upon reaching the outside he was loudly cheered (groans being given for Mr. Rudall) by the assemblage of persons who had gathered for the purpose of hearing the result of the trial—one of the most remarkable that has ever occurred in the annals of the jurisprudence of any country.

