directors had been pleased to order in the office below had contributed much to the comfort and convenience of a body of gentlemen whose comfort and convenience deserved to be studied. He again begged to express his sincere thanks for the vote, and expressed his hope and belief that their future meetings would be as satisfactory and pleasant as the past and present.

Mr. FRANCIS having also expressed his sense of the compliment, a cordial vote of thanks to the chairman, moved by Mr. SMALR, and seconded by Mr. BIGG, brought the meeting to a close.

Correspondence.

"Audi alteram partem."

CAPITAL PUNISHMENT COMMISSION: DR. TUKE'S EVIDENCE.

To the Editor of THE LANCET.

SIR,—Knowing the value of your space, I desire to be brief in my reply to Dr. Tuke's letter. He takes exception to my criticism on the ground of its not being based on the "impartial summary" of his evidence appended to the Report of the Royal Commissioners. If I had done as he wished, he might with good reason have complained. It would have been manifestly unjust to have taken as *data* for my remarks a "summary," drawn up, in all probability, by a clerk employed by the Commissioners. If this course had been adopted, Dr. Tuke would have had reasonable ground for saying: "I am not responsible for a 'summary' written by another person, who may or may not have been competent to generalise the important and salient portions of my evidence."

On this account I preferred quoting the *actual words* which fell from Dr. Tuke in evidence when replying to the questions put to him by the Commissioners. By these he must stand or fall. The testimony was fully taken down by an accomplished short-hand writer; and the witness, after his statements were printed, had an opportunity of correcting the proof sheets prior to their publication in the official report.

Dr. Tuke refers in his letter to Mr. Neate's question regarding an "increased vivacity of the moral, especially the religious, sense" being a symptom of insanity. Your readers will recollect that the witness, in reply to Mr. Neate's interrogatory on this point, said "No; I think not." "It seems almost incredible," adds the Doctor, "that Dr. Winslow should think any other answer possible." I maintain that the curt response which Dr. Tuke gave to Mr. Neate's question was in direct opposition to well-ascertained facts. He endeavours to escape from his dilemma by asking whether I consider "lively faith" ("for the increase of which," he says, "we are taught to pray") is to be viewed as valid evidence of insanity. Mr. Neate made no reference to "lively faith." These words were never used in the evidence, or in my analysis of it; and Dr. Tuke, in order to conceal his own ignorance of a universally admitted fact, has no right to travel out of the record and import into the controversy a totally irrelevant issue.

I again affirm that what Dr. Tuke has the assurance to call "nonsense" is an undoubted fact. An exalted condition of the moral and religious sense is, I repeat, "a common and well-recognised symptom" of mental derangement. The merest tyro in psychological science is cognisant of this truth. Dr. Tuke then, most illogically, implies that I believe "religious fervour" to be "an actual index of mental disease." Nothing that I have written in the slightest degree justifies Dr. Tuke in so misconstruing my meaning and perverting my language.

It is true that Dr. Tuke in another part of his evidence admitted that there exists a form of mental alienation termed "religious mania;" but it is obvious that Mr. Neate was not, when he referred to this subject, alluding to "mania" in the scientific acceptation of the phrase, but was alluding to a state of morbid mental exaltation on religious and moral subjects which is so frequently seen to precede outbreaks of acute insanity. Dr. Tuke, with a boldness which verges on the heroic, stoutly affirms, in the teeth of the opinions expressed by every text writer on the subject of insanity, that no such exaltation occurs among insane persons! Mr. Neate was not

satisfied with Dr. Tuke's answer, for he shortly afterwards asked the witness the following question: "Does it not often happen, when the mind is breaking, that people talk more about religion and morality than they did before?" "No, I think not," says Dr. Tuke. If I declare that two and two make *four*, and a cantankerous opponent obstinately affirms that two and two makes *five*, it would be useless to attempt to argue him out of his arithmetical delusion. I feel to be in a somewhat analogous position with regard to Dr. Tuke's statement made to the Royal Commissioners when referring to religious exaltation, and therefore leave him in quiet possession of his opinion.

In analyzing Dr. Tuke's evidence, I felt most anxious to quote with verbal accuracy his replies to the Commissioners. I regret that in one single instance I have inadvertently omitted to do so. Lord Stanley, at the fag-end of Dr. Tuke's examination, observed: "You think it hardly creditable to the medical profession that two of the most eminent authorities who can be found should be brought forward, one, as far as facts allow, to contradict the other?" To this Dr. Tuke responds: "Yes, medical advocacy thus becomes a trade;" in other words, a matter of sale and barter as between attorney and physician. "I have the *money*," says the solicitor; "*you* have the *opinion*;" what is its marketable value? I am prepared to sign the cheque; are you ready to go into the witness-box and do my bidding? It is a mere matter of *trade*, so you need have no compunctions of conscience on the matter." Unintentionally, the word "has" was, in hastily copying my manuscript, substituted for the adverb "thus." But this trivial mistake, in reference to which Dr. Tuke is so indignant, in no way affects the true meaning or animus of the passage.

"A rose by any other name would smell as sweet."

Two experts give evidence on one side and two on the other (a common practice, says Lord Stanley, in courts of law). "Is this creditable to the medical profession?" asks his Lordship. "No," says Dr. Tuke; "it thus becomes a trade." What becomes a trade? Why this opposing testimony of psychological experts. Is this not reducing medical witnesses to the level of dishonest tradesmen?

In order to estimate the true expression of the word "trade" as used by Dr. Tuke, it will be necessary to couple the offensive epithet with the observation previously made in relation to the subject. When questioned by Mr. Bright as to the possibility of medical experts thinking alike on disputed points of insanity, Dr. Tuke said: "I am afraid that the *present* system of *hiring* medical men on two sides of the question will always prevent their coming to any agreement."

Dr. Tuke cannot easily escape from the only legitimate construction that this remark is susceptible of. Is it not as clear as the sun at noonday that Dr. Tuke's object was to disparage the character of scientific witnesses in the estimation of the Royal Commissioners? He first talks of a body of experts who are required to give evidence *upon oath* being "hired" for the purpose (and therefore he proposes their entire *abolition*); and subsequently asserts that "medical advocacy," owing to a conflict of opinion amongst psychological physicians (referred to by Lord Stanley), "thus becomes a trade." The word "thus," instead of "has," does not affect the meaning of the passage, or remove the sting from Dr. Tuke's grave imputation. The disgraceful slur which is thus cast upon *alienist* physicians remains (as far as Dr. Tuke's vindication of himself is concerned) unaltered, unexplained, and unapologized for.

There are only one or two more portions of Dr. Tuke's letter to which I shall refer. With a view of establishing that the "present system of *hiring* medical witnesses" is most objectionable and should be abolished, Dr. Tuke asserts that "the leading medical witness for the defence [of Townley] *suppressed* all mention of an interesting and extraordinary document *placed in his hands by the prisoner*, detailing minutely every word of his two hours' conversation [which, by-the-by, never occurred] with his victim immediately before he cruelly murdered her." I should be guilty of false modesty if I were to close my eyes to the fact that the words "leading medical witness for the defence" have a distinct reference to myself. I declare this statement of Dr. Tuke's to be a scandalous and untruthful imputation. It is a very serious and gross charge for any man to make against a professional brother. To accuse a physician with any pretension to moral character, social and professional position, of "suppressing" the truth when in the witness-box, in order to serve the interests of the party who has professionally consulted him, is (unless the charge can be substantiated) a most disgraceful proceeding. I unhesitatingly affirm

that there is not a shadow of truth for Dr. Tuke's assertion. I never received from Townley a scrap of paper referring to his conversation with Miss Goodwin prior to his "cruelly murdering" her. He placed no written document of any kind in my hand, and during my repeated interviews with him he never alluded to the details of the conversation which Dr. Tuke alleges took place between himself (the prisoner) and Miss Goodwin in the garden prior to the murder.

Admitting for a moment that Townley had placed confidentially in my possession a statement of the kind, it was not my duty, as a witness for the defence, voluntarily to refer to it in order to establish his mental and legal responsibility, and thus to secure his being hanged. During my examination in court, I heard no reference made to this "interesting and extraordinary document."

But apart altogether from this view of the question, it would have made no difference in my evidence if the prisoner had put into my hands such a confession. I gave no direct evidence as to Townley's state of mind at the time he committed the murder. I distinctly told Mr. Macaulay (Townley's counsel) the evening before the trial, when we had a consultation on the subject, that he must not examine me on this point, for I could be of no assistance to him. Having, as I believed, found that Townley had become insane after his six months of melancholy confinement in Derby Gaol, I stated as much when under examination. It was after this that Mr. Macaulay put the following question to me:—"Supposing that Townley was in a state of mind similar to that in which you found him in Derby prison on the day he committed the murder, would he have been responsible for his actions?" I could only answer this question negatively. If I find a man suffering from symptoms of gout on the 1st of December, and am asked, if the same condition of inflamed foot was observed in the preceding month of October, whether, according to my judgment, gout then existed, I could only give one reply to the question. The evidence I gave on this remarkable trial has been so systematically and grossly misrepresented by a certain portion of the public press, that I gladly avail myself of this opportunity of setting myself right in the matter.

Finally, Dr. Tuke accuses me of being influenced in what I have written by feelings of "professional jealousy" and "personal rancour." I distinctly repudiate these imputations. The charge of "jealousy" is of too ridiculous a character to merit on my part even a passing notice; and as to being swayed by motives of "personal rancour," I should be wanting in self-respect, and lower myself in your estimation, if I were to defend myself from so serious an allegation.

I had but one desire when I took up the pen to analyze Dr. Tuke's evidence, and that was to establish, that in all the opinions he expressed to the Royal Commissioners (with hardly one exception) he had propounded most mistaken theories in relation to insanity. Again I felt I was only discharging a public duty by defending the profession (and especially that portion of the medical body more immediately connected with the treatment of the insane) from one of the most cruel and unjustifiable attacks ever known to have been made upon its honour, honesty, and integrity. I should have been justly viewed as a recreant traitor to my craft if I had not thus come forward in its defence:

"Absentem qui rodit amicum,
Qui non defendit, alio culpante; solutus
Qui captat risus hominum, famamque dicacis;
Fingere qui non visa potest; commissa tacere
Qui nequit; hic niger est: hunc tu, Romane, caveto."—HOR.

I am, Sir, your obedient servant,

Camden-square, April, 1866.

FORBES WINSLOW, M.D.

THE NAVAL MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—As a naval officer of nearly twenty years' foreign service, I hope you will spare a column for remarks I wish to offer the profession at the present juncture of naval medical affairs, when they are eagerly expecting a new warrant, given with a view to remedy the causes that stagnate their branch of the medical service.

It is a matter of some moment, as the resignations for the last fifteen years have averaged nine per annum of men who have served periods extending from ten days to fifteen years and a half, and I am advisedly informed that at least fifty assistant-surgeons are required.

Every well-wisher of the service must desire to know by what measures this want shall be supplied readily, and must be averse to seeing any but adequate concessions made at this juncture; and this is my only motive for addressing you.

The Royal College of Physicians, and the Committee formed at its suggestion, have deserved well from us and the profession at large for the attention they have devoted to the matter; and if the Government should carry out the recommendations offered by it the service would be improved in many points, although not in all of which its members have complained.

But the great object of the inquiry should still be kept in view—to raise recruits; and it deserves attention now, how far the recommendations of the Committee will tend to that end, bearing in mind that the superior attractions of the army have to be counteracted. After careful study of the recommendations, I trace only one direct advantage over the army proposed for the navy—viz., 2s. 6d. per day for five years for the naval assistant-surgeon on first entry. Will this suffice? I judge it will not; as it cannot counterbalance more important disparities felt at a later period of life, when sea-service increases in tediousness.

In my opinion certain lines must be observed to ensure the success of the measure now to be instituted in order to induce and to retain profitable medical officers.

1st. The removal of sources of discontent that have arisen from the non-fulfilment of the Warrant of 1859. Of those the questions of prize money and cabin accommodation are left in an unsettled state. These, and others, constitute the *uncertainty and inequality of position* of which medical officers complain.

2nd. To encourage steady continuous service by—(a) increase of pay, at short intervals; (b) hopes of advancement, as a reward of faithful service, with the certainty of a *decent retirement*, if failing to obtain promotion; (c) early retirement on not unfavourable terms, as a *pis aller*, in the event of not realising in the service the health and contentment which, in the first blush of life, were anticipated.

On these views of our requirements I have analysed the recommendations of the Committee, and as relates to

(a) I find it recommended that "after ten years the pay shall increase at four yearly intervals, up to twenty-two years' service," after which there is no increase, unless the officer has been among the few fortunate ones to obtain inspectorial rank.

Now, Sir, it appears to me that in adopting this principle the recommendation should have been complete, and ought not to have fixed one dead level of pay for the first ten years, nor to have excluded deserving officers from the prospect of increase of pay beyond that given at twenty-two years' service.

(b) The Committee did not fail to recognise the injurious impression which this defect of the "*spur to ambition*" produced on the naval medical service.

In the 13th article of the report it is written—"That in the army, with nearly the same number of medical officers above the rank of assistant-surgeon, there are seven inspectors-general and twenty-six deputy inspectors-general on full-pay, whilst in the navy there are seven inspectors and only fifteen deputy-inspectors, three only of the former and thirteen of the latter being on full-pay, and they request consideration as to an increase of these few rewards for long and meritorious service, either by appointing deputy-inspectors to flag ships, in place of surgeons, or otherwise, as may be thought fit."

It is said that "a small hole will let in much light," and surely here is enough of it to display the hollowness that checks zeal and energy in men above the common standard.

The Committee have proposed to remedy this, not by approximating the number of deputy inspectors-general to that of the army, but by the diminutive alternative contained in recommendation 9th, "That a staff surgeon should be appointed to all flag ships bearing the flag of a commander-in-chief on foreign stations, with an allowance of 5s. a day in addition to his established pay." Thus proposing that, in compromise of a deficiency of eleven permanent appointments of deputy inspectors-general, with present emoluments and contingent increase on retirement, and of pensions to widows and children, the naval medical department should have conferred on its senior surgeons five appointments as flag surgeons, with an addition of 5s. a day to each for three years.

(c) It is reasonable, I trust, to assert that if the above disparities of the army and navy medical services be judged irremediable, it would be a fair compensation to allow a side-