

THE  
RUGELEY SUSPECTED SECRET POISONING  
CASES.

MINUTES OF THE POST-MORTEM EXAMINATIONS  
OF THE

BODIES OF WALTER AND ANN PALMER.

By DAVID HENRY MONCKTON, M.D., Rugeley.

*To the Editor of THE LANCET.*

SIR,—However important it may be, and doubtless is, that in cases like the one now before us, vague rumours and private opinions should be suppressed, and idle comment abstained from, yet it is clear that the same does not apply to ascertained and authenticated *facts*; but, on the contrary, all must acknowledge that the cause of truth and justice will be the better served the more widely such facts are disseminated, and the more freely they are discussed.

It has ever, and justly, been the glory and boast of our profession that in the court of justice, its members, by whomsoever they may have been subpoenaed, are retained by none; it is not for us to torture Nature, or twist facts, to lend support to this or that side or client. We have but to interrogate Nature, and to report her answer, fearless of consequences.

Again, in the further prosecution of this inquiry, much, very much, must depend upon the opinions formed and expressed by the medical witnesses, and as these can be correctly deduced only from facts, and after due and deliberate consideration of them, I believe I am pursuing the course most likely to contribute to the elaboration of the truth, by submitting to the profession, through your columns, such facts of the case as have fallen under my own observation and cognizance. This I do by forwarding to you the reports of the post-mortems in the cases of Walter and Ann Palmer, as drawn up by me immediately after each examination from notes taken at the time, and from which, together with the evidence given by others at the coroner's inquest, I deduced the opinions expressed before that court.

I am, Sir, your obedient servant,

DAVID HENRY MONCKTON, M.D.,

late Hunterian Prosecutor at the Royal College of  
Surgeons of England.

Rugeley, Feb. 1856.

EVIDENCE OF DR. MONCKTON IN THE CASE OF  
WALTER PALMER.

Dr. DAVID HENRY MONCKTON, surgeon, said—I made a post-mortem examination of the body of the deceased, Walter Palmer; the body was shewn to me by Mr. Bergen; I made a post-mortem examination on Friday, the 21st December; the corpse was that of a man of middle stature, broad build, and very considerable corpulence; I had never to my knowledge seen the deceased alive; decomposition had commenced, and had proceeded to some extent, especially about the head and neck, and the whole of the *posterior*, that is, the most dependent surface of the body; the external surface shewed no sign of wounds or other injury; there was no cedema, that is, dropsical condition of the surface, except that of the head and face, which was clearly the result of putrefaction or decomposition; the body was well nourished, much fat being found in all those parts in which it is usually deposited; the blood had almost entirely soaked out of the body; the brain was totally disorganised by decomposition, so that I could form no opinion as to its state at the time of death; the lungs at one or two points were adherent to the walls of the chest; this is by no means an unusual appearance, although certainly a diseased one, but is in fact a very common condition in the bodies of adults; the lungs were somewhat decomposed, but not to such an extent as to prevent my discovering evidence of disease of an organic nature, had such existed during life; the liver was somewhat larger and harder than usual, but showed no other external evidence of disease; the kidneys were rather softer than ordinarily, but I am not prepared to say whether this was the result of putrefaction or disease during life; the

external appearance of both kidneys was healthy, and in making a section of one, it did not present an unhealthy appearance; the other was unexamined by me, because placed with one of the viscera in one of the jars; the whole length of the alimentary canal, including the mouth, throat, gullet, and intestines, was carefully examined, with the exception of those portions enclosed unopened in jars, and throughout its whole extent the tube exhibited no evidence of disease, the only thing remarkable being the unusually empty state of the stomach and bowels, there being but a very small quantity of food or excrement present, and that was in the cæcum, that is, the commencement of the large intestine; near the entrance to the windpipe, far back in the throat, a rather unusual appearance presented itself, and as such must be mentioned. It was a white, oval, prominent substance, about the size of a filbert; I believe it was an enlarged gland, and wholly unconnected with the death of the deceased. So far, therefore, as the condition of the body allowed me to form an opinion, I found no organic disease, no change of structure, sufficient to account for death; the stomach and duodenum, portions of the large and small intestines, kidney, and a portion of the larynx and pharynx, the liver, spleen, heart, and part of the lung were enclosed in three glazed earthenware jars, duly labelled and secured, and delivered by me into the hands of Inspector Ellis Crisp, on Saturday evening, December 22nd, 1855. I have heard the other evidence given, and from that and the post-mortem examination, in the absence of any cause occurring within a short time of death to produce the symptoms described by the witnesses I have heard, I can form no other opinion than that the deceased died in a fit of apoplexy.

The CORONER.—How caused?—brought on by what means?

Dr. MONCKTON.—The habits of the deceased given in evidence would be quite sufficient in my mind to account for such a fatal termination.

Mr. DEANE.—Is there anything incompatible with the symptoms you have heard described with death by prussic acid?

Dr. MONCKTON.—No, certainly not.

Mr. SMITH.—Neither Dr. Taylor nor Mr. Day was asked that question.

The CORONER.—Dr. Taylor was.

Mr. DEANE.—Mr. Day had not heard the evidence.

By Mr. SMITH.—The adhesion of the lungs had taken place to the ribs, and it was more by strings of adhesion than by the surface. The heart was perfectly empty. This is not inconsistent with death by prussic acid or any other poison, because the blood had flowed from the heart while in the coffin. I cannot tell what condition the heart was in at the time of death. The heart was collapsed. I examined the kidneys, one internally and both externally, as I have said. They were softer than usual, but I cannot say whether from disease or decomposition. There was no appearance of disease on the surface.

Mr. SMITH.—Dr. Taylor said, I believe, that the kidney was diseased.

The CORONER referred to Dr. Taylor's deposition, and said that what the doctor had stated was, that he found the kidney congested.

By Mr. SMITH.—The blood would drain away from the kidneys to some extent. I believe there would be more congestion at the time I made the examination than if the body had been examined shortly after death. I found no congestion in the kidney but such as might have resulted from post-mortem changes. I should say the liver was in a state of disease. I did not see any unnatural appearance on the external surface of the liver.

By the CORONER.—Prussic acid has a smell, but it would not be perceived by the person making the post-mortem examination after this lapse of time. A person bending over a body, the death of which had been caused by prussic acid, immediately after death, might perceive a smell of the prussic acid, but it is of a very volatile nature, and soon passes away.

The CORONER.—Would medical men be able to detect it?

Dr. MONCKTON.—They would, probably, immediately after the death of a person.

The CORONER.—Supposing prussic acid was mixed with brandy?

Dr. MONCKTON.—Then the brandy would overpower the prussic acid completely.

In reply to another question from the Coroner, respecting the brain of a deceased person, Dr. Monckton said that even the apoplectic clot would soak away. In this case there was no serum in the brain.

By Mr. SMITH.—If a post-mortem examination of a body were made immediately after the death of a person by prussic acid, which had been given mixed with brandy, a medical man would smell the prussic acid, unless the quantity of the brandy predominated over that of the prussic acid. I have not been present at a death by prussic acid, but I have been present at the opening of a person who died of prussic acid.

By a JUROR.—After three months it is not possible to tell whether a person died of prussic acid or not.

By the CORONER.—I never saw a post-mortem examination of a person whose death was caused by drinking, nor of one who died of *delirium tremens*.

Mr. SMITH.—Is not the effect of prussic acid on the brain to empty it, and on the heart to fill it?

Dr. MONCKTON.—I could not say it was.

Mr. SMITH.—Is not that the description given of it in the books?

Dr. MONCKTON.—The heart, I imagine, would be full, but I should rather expect to see some congestion of the brain. I have not read Christison, Dr. Wright, or Orfila on this point.

Mr. SMITH.—Then that will do, Dr. Monckton.

#### WALTER PALMER.

*Report of a post-mortem examination made at the Talbot Inn, Rugeley, Stafford, on the 21st day of December, 1855, by me, the undersigned, of a corpse presented to me by the police authorities.*

It was contained in an outside wooden coffin, covered with cloth, and having a metal plate upon the lid, bearing the inscription following:—"Walter Palmer, died 16th August, 1855, aged 32 years." Inside this coffin was a leaden one, well made, and securely sealed, no odour escaping until it was opened, when offensive gas filled the apartment. Within this again was another wooden coffin, in which the corpse lay enshrouded in shirt and flannel. The lining of this shell, pillow, &c., were saturated with a bloody fluid, which was present in sufficient quantity to have stained the lid of the shell at the feet, probably when the whole had been reared up in withdrawing it from the vault.

*Body.*—The body was that of a man of middle stature, broad build, and considerable corpulence.

*Skin.*—The cuticle was universally separate from the dermis, coming off with the stockings when these were withdrawn. The hair also came readily from the scalp with its epidermis. There was but little discoloration of the anterior surface of the chest, abdomen, arms, thighs, legs, or feet, but the posterior—i. e., most dependent parts of these were lived, moist, and in a state of incipient decomposition, especially about the loins.

*Head.*—The whole head was intensely livid, enormously bloated and swollen, and of a very dark colour; the eyes bulging prominently, the lids half closed. Features much disfigured by swelling and lividity.

*External Organs of Generation.*—The penis and scrotum were still more livid and discoloured than the head and face.

*Fat.*—Beneath the integuments of the thorax was a thick layer of fat; over the sternum this was an inch in thickness. Over the abdomen there was a layer of fat half an inch thick. No œdema here.

*Injuries.*—There was no sign of injury by external violence. Gas escaped from the pleural cavity when incised.

*Thorax.*—There was much fat deposited in front of the pericardium, in the anterior mediastinum.

*Pleurae.*—The pleural cavity on the right side contained no fluid; on the left, about one ounce of bloody fluid, with a waxy material on it, apparently adipocere; similar matter coated portions of the lungs.

*Adhesions.*—Adhesions were present, attaching the middle lobe of the right lung and the upper lobe of the left to the thoracic parietes.

*Lungs.*—The lungs were completely collapsed, shrunk indeed into a very small compass, the thorax being a very capacious one. They were of a uniform dark colour throughout, not decomposed, and presenting on section no frothy fluid exudation nor tubercular deposit.

*Pericardium.*—The pericardium void of fluid, quite dry. The adipocere-like substance partially coated both its visceral and parietal layers.

*Heart.*—The heart lay shrivelled, collapsed, pale, and empty at the back of the pericardium. This being one of the organs sent to Dr. Taylor, its interior was not explored. No deposit of fat on its surface.

*Abdomen.*—The peritonæal cavity was dry, with the exception of about two ounces of a thick, gruel-like fluid collected at the bottom of the pelvic cavity, and decidedly a result of commencing decomposition.

*Bladder.*—The bladder was completely empty and collapsed.

*Stomach.*—The stomach was seen distended with gas, as also to a moderate extent were the intestines; but all were pale in colour, and to all appearance nearly empty. *No odour of prussic acid.*

*Fat.*—There was a considerable quantity of fat deposited in the great omentum, mesentery, fringes of the large intestines, and about the kidneys. The stomach and duodenum were removed, ligatures being placed at the cardiac and pyloric extremities of the former, and at the jejunal end of the latter. The transverse colon, secured at either end, a piece of ileum, and the greater part of the rectum, similarly secured, were likewise taken out and sealed up in jars, to be forwarded to London for analyzation.

The remaining portion of small and large intestine was carefully slit up, cleansed, and examined, and found to exhibit no evidence of congestion, inflammation, gangrene, softening, corrosion, ulceration, or obstruction throughout their course. The portions sent to Dr. Taylor were not opened by me. The small intestines were remarkably empty, as were also the ascending and descending colon; the cæcum contained some, but not much, fecal matter.

*Liver.*—The liver was much larger and firmer than usual, but exhibited externally no other abnormal appearance; it was enclosed entire in one of the jars; its surface was coated with that whitish, greasy material, so commonly noticed in bodies which have been long in the dissecting-room.

*Gall-bladder.*—The gall-bladder was partially full, and was sent to Dr. Taylor with the liver.

*Spleen.*—The spleen presented nothing abnormal in its appearance, and was likewise enclosed in the jars. It was covered with adipocere.

*Kidneys.*—One kidney was sent away entire; the other being cut open, appeared healthy, though somewhat softened, coated with adipocere.

*Mouth.*—Mucous membrane sound; not eroded or corroded. In the left upper jaw, the anterior true molar was wanting; in the right, the post. bicuspid and anterior true molar were wanting.

*Tongue.*—Tongue entire; mucous membrane entire; fauces, pharynx, and œsophagus sound, but reddened by cadaveric lividity, as also was the mucous membrane of the trachea and larynx. No foreign body was found in any of these channels. A white substance, having the appearance of fat, was seen behind and towards the right of the glottis, on the pharyngeal face of the larynx; when cut into, it appeared to be merely an enlarged gland. It was enclosed in the jar No. 2.

*Head, scalp.*—The scalp was gorged with bloody serum, especially at the posterior parts of the head. The skull was uninjured; the dura mater pallid; sinuses empty. The parietal layer of arachnoid was separated from the dura mater.

*Brain.*—The brain was so softened by decomposition as to prevent a satisfactory examination, and nothing positive could be learnt as to its state at the period of death.

*Blood.*—The only blood found in the whole body was that referred to above as found in the left pleural cavity; all the viscera were dry and bloodless. Though large veins must have been cut asunder, no blood flowed, no clot was found; much had found its way out of the body into the coffin as before noticed.

*List of parts removed, and placed in three different jars, duly labelled and tied down successively with bladder, tinfoil, and sheepskin, the last being secured with red tape, attached to the jar with wax, sealed with the seal of the Staffordshire Constabulary, a separate impression in wax being taken and forwarded to Dr. Taylor, to whose care the jars and their contents were to be committed. This examination and enclosure was made on Friday, the 21st day of December, 1855.*

No. 1 contained stomach and duodenum, unemptied, and secured at their several ends.

No. 2, transverse colon; portion of rectum; portion of ileum; one kidney; a portion of larynx and pharynx.

No. 3, the liver, spleen, part of lungs, and the heart.

(Signed) DAVID HENRY MONCKTON, M.D.

EVIDENCE OF DR. MONCKTON ON THE CASE OF ANN PALMER.

DAVID HENRY MONCKTON, M.D., residing at Rugeley, de-  
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