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**WHAT
FORCIBLE
FEEDING
MEANS.**

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ONE PENNY WEEKLY.

WHAT FORCIBLE FEEDING MEANS.

BY FRANK MOXON, M.B., B.S.

In speaking on this serious question of Forcible Feeding I shall avoid anything which might in any way be regarded as of a sentimental nature. It is my wish to present to you a perfectly frank and full account of the medical aspect of this treatment. I feel that this is a very great responsibility for me to undertake, as it is a serious indictment, in my opinion, of my profession. It is my resolve, however, no matter what the consequences be, to protest with all my power, against the hideous torture that is going on in His Majesty's prisons, under the name of medical treatment.

Forcible feeding was first carried out on Suffragist prisoners in Winson Green Gaol, Birmingham, in October of the year 1909, at the time when the present Lord Gladstone was Home Secretary. It was then that Mr. Mansell Moullin, the eminent consulting surgeon to the London Hospital, came forward and expressed his disapproval by writing a letter to the *Times*. And I should like here to express my sincere gratitude for his fearless and

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outspoken criticism of this grave subject. It is one of the few bright spots to illuminate the otherwise disgraceful apathy and silence of the medical profession. In October of this same year, Dr. Flora Murray organised and presented to Mr. Asquith a memorial signed by 117 doctors, protesting against the forcible feeding of prisoners. Since that time two further petitions have been presented, the one in June 1912, signed by 116 doctors, and the other in December 1913, signed by 226. Innumerable protest meetings have been held. The last large one, organised by the clergy, was held in the Queen's Hall, at the end of last year, when the Bishop of Kensington presided, and was supported by four other Bishops and over 500 clergy of different denominations. Deputations by the score, formed of all classes of people, have approached the Premier and the Home Secretary on this subject. A debate was held in the House of Commons on March 18 of last year, when the large majority of the members expressed their abhorrence and strong disapproval of what was variously described as a disgusting, dangerous, degrading, and most objectionable operation. Both the medical and lay press, despite a shameful censorship, have, during these last four and a half years, been compelled to publish countless letters and articles of protest.

Two well-known journalists, Mr. Brailsford and Mr. Nevinson, severed their connection with one of the leading Liberal papers, on account of their disapproval of the support given to forcible feeding.

The Cat and Mouse Act was passed, and became law in April of last year, for the declared purpose of enabling Mr. McKenna to get rid of the necessity for forcible feeding, which he himself described on April 2, 1913, as "a most objectionable practice." Mr. McKenna it is true, on being pressed, admitted that he did not intend to give up the practice of forcible feeding altogether. But, despite his statement on this matter, no one if they have read the debate, can have any doubt that the House voted for this Bill in the firm belief that it would in effect mean the end of forcible feeding. In fact, Mr. McKenna himself said that he thought that that would be the result.

It would not I think be out of place here briefly to discuss the ethics and customs of the medical profession. An article in the *British Medical Journal* for May 4, 1913, entitled, "The Hippocratic Oath," gives a very good idea of the ethics of the profession, as supposed to have been laid down by the celebrated Greek physician, Hippocrates: "The first grand characteristic of Hippocratic medicine is the high conception of the duties and status of the physician." This oath reads: "I will follow that system of regimen which according to my ability and judgment I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary

act of mischief and corruption, and further, from the seduction of females or males, of freemen or slaves."

The following extract of Ruskin's views on the medical profession I also obtained from the *British Medical Journal*: "Whatever his science, we would shrink from him in horror if we found him regard his patients merely as subjects to experiment on, much more if we found that receiving bribes from persons interested in their deaths, he was using his best skill to give poison in the mask of medicine." It is asserted by some that medical etiquette demands that criticism levelled against the conduct of professional brethren should not be conducted in public, or in the lay press; that prison doctors by reason of their position as Government officials, are prevented from entering into a discussion of the truth or falsity of any allegations against their professional brethren. I consider that in a grave matter such as the forcible feeding of sane and resisting prisoners, when one has strong reason to believe, despite ministerial statements to the contrary, that strong pressure is brought to bear on the prison doctors in order to induce them to carry out a procedure for the purpose of compelling prisoners to serve their sentences, that then it is not only permissible, but an obvious duty to protest against what I can only call a prostitution of the profession. It becomes all the more necessary to appeal to the general public when the leading officials of the medical profession are so blinded in their misplaced

anxiety for the maintenance of the law, as to forget the real duties of their calling, as so well defined in the aforementioned "Hippocratic Oath," or, again, when the medical press, like the lay press, does everything to discourage an open discussion. Even if it were true that prison doctors are prevented by their position from publicly defending themselves they are still by no means in such an isolated or difficult position as a general practitioner would be. And this for at least two reasons: first, because of their salaried position they are independent of public opinion, in so far as the earning of their living goes; and secondly, because they have the whole influence of the Home Office, Cabinet, Parliament, and Party Press, together with all the office and title-seeking satellites at their back. This latter fact was well shown in the case of Lady Constance Lytton, to which I shall refer at a later period. Further, to mention but two cases: a late medical officer of the Birmingham Prison, Dr. Helby, did make a public statement in reference to the forcible feeding of Mary Leigh, and more lately Dr. Devon, one of the Prison Commissioners, defended his conduct of these cases in a public lecture.

An editorial in the *British Medical Journal* stated: "The prison doctors are faced with a divided duty, that which they owe to their patients, and that which they owe to their official superiors, and that the Home Office has no right to place them in this cruel dilemma." Now if these words imply anything, they imply an admission that the

prison doctors are persisting with an operation, which if their patients were not also prisoners, they would not hesitate to desist from.

In the statutory rules and orders for medical officers of local convict and general prisons, there is nothing which can be construed in any way to suggest that a prison doctor must adopt or carry out any treatment which he as a medical man does not in his own discretion think advisable, or according to strict medical custom. He is not a subordinate officer, and only has to obey the Governor in so far that he must conform to the general rules and regulations of the prison, which also apply to the Governor himself, as laid down in the Prison Act of 1865. On the other hand, the Governor cannot have any punishments carried out on the prisoners, *e.g.*, flogging, solitary confinement, hard labour, etc., unless and until the medical officer certifies those prisoners as fit to undergo it; nor may he refuse to allow a prisoner even tobacco or wine if the doctor thinks them necessary.

Mr. McKenna has endeavoured to show that according to the ruling of the late Lord Chief Justice, in the case of Leigh v. Gladstone, the prison doctor is compelled to forcibly feed prisoners. This is not the case. The ruling referred to was as follows: "He should rule as a matter of law, that it was the duty of the prison officials to preserve the health of the prisoners and *a fortiori* to preserve their lives, and he would therefore ask the jury whether the means adopted were proper for this

purpose." "The means adopted" referred to the forcible feeding of Mrs. Leigh, an action having been brought by the latter, claiming damages for assault against the Home Secretary, Governor and prison doctor for carrying out this operation by force. The jury certainly gave their verdict for the prison officials, but I humbly submit that no lay jury is in the position, as regards medical knowledge, to rule as to whether a certain medical treatment is either right or satisfactory. They certainly are not qualified to lay it down that doctors *must forcibly feed any patient*. It is entirely a matter for the doctor to decide according to each individual case.

The Lord Chief Justice also said in his summing up that "It was said that the treatment had failed. That had nothing to do with the case; for there was evidence that it (forcible feeding) had been successfully continued for two and a half years, and they had heard that two other ladies had completed their full sentence, although fed by force." Now this is not a full and fair presentation of facts: as I shall refer to later on, I also have known of a lunatic that was forcibly fed for two or more years, but that does not prove that it is, therefore, right or possible to successfully forcibly feed a sane and resisting person. As for the reference to cases that had *completed* their sentences although forcibly fed, you will note that no mention is made of the length of the sentence, nor of the condition of health on release of those who had so been treated, and you must agree that these are both most important

factors in considering the question as to whether forcible feeding is either useful or humane medical treatment.

It has been made much of that when a certain eminent surgeon was cross-examined in the above-mentioned action in the High Court, he admitted that should a private patient decline to take food, thereby endangering life, he would not hesitate to order such a patient to be fed by forcible means. To do this surgeon full justice, it is necessary to first examine in detail the actual and full facts in regard to what is called forcible feeding. I shall go into this later on.

I do not think I can do better than now quote the following extracts, taken from a book published in 1912, entitled *The Criminal and the Community*, and written by the former Medical Officer of Glasgow Prison, Dr. Devon, who has since become one of His Majesty's Prison Commissioners: "So far as the Act of Parliament is concerned the treatment of the sick lies wholly in his (the doctor's) discretion, and there is no power granted to any authority to interfere with or overturn his decision. The Act of Parliament refers the sick, not to the Commissioner, but to the surgeon of the prison. If the patient requires treatment the medical officer may prescribe any regimen which he considers applicable to the case, and the Governor has the instructions carried out. In certain physical disease resort to artificial feeding may be necessary, but prisoners suffering from these diseases are not fit for prison discipline, and should

be treated in a hospital outside. If the women" (referring to the suffrage prisoners) "required to be fed artificially, it by no means follows that it was a proper thing to do so in prison. It certainly was indiscreet, and it is difficult to see how, if it were justifiable to resort to this measure" (forcible feeding) "in order to save the life of a prisoner, it would be argued that a medical officer would not be equally justified in cutting off the injured or diseased arm of a prisoner, in spite of his protestations, in order to save his life. It is one thing to place the liberties of men, and another thing altogether to place their lives in the hands of officials. At no time will an honourable man do all that the law permits him to do, for his standard of conduct is higher than, and in advance of the law."

I only wish that the writer of these noble sentiments had stuck to them; for he is reported to have answered when asked if he thought he could keep Miss Ethel Moorhead in prison until the end of her sentence: "Frankly, no! but I will keep her until she is in such a condition that she will be unable to do anything."

To settle the question as to whether the prison medical officers have really any divided duty, as suggested by the Editor of the *British Medical Journal* and others, I wrote on November 5 of last year (1913) to Mr. McKenna asking the following question: "Is it the duty of the prison doctor to obey the command of the prison officials or yourself in regard to medical treatment, *e.g.*, forcible

feeding, if he" (the doctor) "considers it useless from a medical point of view?" He replied through Sir Edward Troup as follows: "The question whether any individual prisoner who refuses food should be artificially fed or allowed to continue to starve *is purely a medical one* for the medical officer of the prison in his discretion to decide. No 'commands' are given him upon this subject by the Secretary of State, or the prison authorities. If the medical officer thinks that continued voluntary starvation would be more beneficial, or less likely to cause death than forcible feeding, he is under no obligation to adopt the latter alternative."

You will, I think, agree then that this letter does in fact most explicitly state that the prison doctors have no divided duty; that the responsibility for the continuance of forcible feeding does, in fact, rest on their shoulders.

I have said that there is strong reason to suppose that ministerial pressure is brought to bear on the medical officers to carry out forcible feeding. If you read the debate on forcible feeding held on March 18, 1913, you will find in paragraph 886 that Mr. McKenna said: "Without an amendment of the law as it now stands, *it is the duty* of the medical officer of a prison to feed a prisoner who starves, unless an attempt to feed such a prisoner is likely to be seriously injurious to the prisoner's health." Again, in paragraph 887 he says: "If the prisoner's health were normal it would be *the duty* of the medical officer, when they starved, to keep them

alive by forcible feeding." In paragraph 903, Mr. Ellis Griffiths said: "As I understand, what Mr. McKenna said was, that if there were prisoners who abstained from food, and who could, according to medical advice, be safely forcibly fed, in those circumstances if he neglected to forcibly feed them and they died, he would be liable to be charged with manslaughter." And further on he says: "What Mr. McKenna said was, that if a prisoner died while being forcibly fed, the then Home Secretary would be liable."

On October 10, 1913, the Home Office issued a statement to the Press, in which were the following words: "Instructions have been given to the prison authorities to take all proper precautions, *including, if necessary, artificial Feeding*, to prevent prisoners from endangering their lives or health by this voluntary starvation." You see that the Home Secretary's contention, or his version of the law is that if a prisoner is certified medically as fit to be forcibly fed, then the doctor would be guilty of manslaughter if he refused to carry it out, and the patient died. If on the other hand, the prisoner died as the result of forcible feeding, then he, the Home Secretary would be responsible. Sir A. Cripps, now a Law Lord, said in the House that "he believed that (Mr. McKenna's) notion that he is bound to have recourse to forcible feeding in those cases is absolutely without foundation." Sir A. Cripps was most emphatic on this point. Now I say that a false ruling of the law is held over the doctor's head as a virtual threat; the Govern-

ment, and the law officers endeavour, for the sole purpose of upholding and maintaining the efficiency of the law, to make the doctors believe that not only is it their duty to forcibly feed prisoners who starve, but that they would be liable to punishment and dismissal if they refused to do it. The Government and the law officers pursue this policy because they know that the alternative to torture is that the law would utterly break down before the just demands of the women. Now it perhaps does seem a difficulty to some that men like these prison doctors should be placed in such a position, but their duty is perfectly clear. They have nothing whatever to do with the Government's difficulties. They are, or should be, solely concerned with the health of their patients, and I am perfectly convinced that if they would but remember that their patients are patients before they are prisoners, and that if they had not been encouraged in their wretched work by physicians to Royalty, they would not hesitate to admit that an operation which produces such disastrous results, and which so utterly fails in its expressed purpose, can only be considered as a torture. As medical men, whether prison doctors or not, we must consider this serious question in its relationship to health. It is no part of our function to consider whether our patient is or is not guilty of an offence against the law, neither are we justified in using or suggesting any treatment which cannot be upheld or applied on medical grounds and medical grounds only. That is to say, it must be proved to be of use

for the purpose of curing disease, preventing ill-health or alleviating pain. Ours is a noble profession and we must see to it that if the State calls for our aid, our independence in medical affairs is not invaded. We are the protectors of the body: it is our honourable lot to see that the vessel if marred or damaged is repaired, or at least made clean for the better protection and passage of the spirit.

It is perhaps not generally known that a prisoner is said to have no liberty, so that if the medical officer considers an operation necessary, he may carry it out without the permission of the patient, with this proviso: that if the operation be a serious one, he must first consult with another medical practitioner. It must be noted, however, that it is not stated whether that other medical practitioner is to be independent or not, of the Home Office.

I do not for a moment believe or suggest that advantage would be taken of this to carry out *any* operation merely for the whim or fancy of doing so, and in point of fact the Prisons are not equipped with the necessary instruments, wards, and nurses to enable the Medical officers to carry out surgical operations efficiently. But at the same time we cannot forget that it has given them the power to carry out the operation of forcible feeding.

Now we have the authority of Dr. Devon, a Prison Commissioner, for saying that when a prisoner is reported sick or asks to see the doctor he is automatically freed from the ordinary rules, and

that "where artificial feeding may be necessary, prisoners are not fit for prison discipline and should be treated in a hospital outside." Further, this same Commissioner has said that "the specialist can perform no operation without the consent of the patient or his friends, even though he believe that operation is necessary for the saving of life."

Now these Suffrage Prisoners *are* reported sick, and *are* transferred to the prison hospital (which, as a matter of fact, is not a real hospital, for there are no fully trained hospital nurses in charge), and therefore, according to this Prison Commissioner, are automatically freed from the ordinary rules as applied to prisoners. Then in the name of all that is just how can it be considered right to perform an operation without the consent of the patient, even although that patient be in prison hospital? I do submit in all sincerity that it is an iniquitous thing that a sane and conscious prisoner should be forced to undergo any operation against his will, and when you consider that in regard to this operation of forcible feeding as carried out in His Majesty's Prisons, an assault is made on the prisoner by the prison officials to enable the doctor to carry it out, it is then even more unpardonable. In some cases it takes from four to eight wardresses and two or more doctors to accomplish this degrading and revolting procedure. I am quite prepared to agree that the medical officers would be guilty if they took no measures in an endeavour to prevent their patients dying from starvation. I am even prepared to admit that it

was excusable, and perhaps natural at first, that artificial feeding should be tried as one of those measures. I cannot, however, agree that an assault may be made on a prisoner, and an operation carried out which practically in every case proves useless, and only makes that prisoner's condition more serious, and suffering immeasurably greater.

There seems to be much misunderstanding as to what is the true definition of forcible feeding, for the terms forcible feeding, and artificial feeding, are frequently used in a synonymous sense. The Home Secretary is ashamed of, and fights shy of the word "forcible" preferring whenever possible to use the nicer sounding word "artificial." The Bishops, too, prefer to speak of artificial feeding.

There are various means of carrying out (what would be rightly called) artificial feeding. They are (1) By a feeding cup; (2) By means of a spoon or bottle, as with a baby; (3) By a rubber tube with a funnel attached, the tube being passed through the nose; (4) By a larger rubber tube, with funnel attached, passed through the mouth; (5) By means of enemata. By forcible feeding we mean any of the above procedures, when in addition the patient actively resists their being carried out, thereby necessitating the use of attendants to overcome struggling, and a gag to force open the mouth.

Artificial feeding is a comparatively easy operation in skilled hands. It may be required when a patient is too ill to eat, or swallow, or when as the result of injury or of disease of the mouth or gullet, the power of swallowing is either difficult or

impossible. I knew and used to feed an old demented man in an asylum. He had been fed by means of a tube passed through the mouth into the stomach for several years. He was unable to swallow because as the result of an attempt at suicide, he had severed his gullet. But then *he* offered no resistance; in fact, he used to welcome the approach of the doctors at the hour of feeding. Other cases I have known of in hospitals, where as I have said, the patient is too ill, but both willing and anxious to have food administered in this way. You will remember that both Mr. Masterman and Mr. McKenna stated in the House, that forcible feeding was an ordinary medical procedure as frequently carried out in our hospitals. We will suppose it was ignorance on their part. It certainly was not true. On the other hand, forcible feeding is carried out in lunatic asylums; both the maniac, and the melancholic may have to be so fed, but the resistance here, though it may be sometimes violent in the case of the maniac, is nevertheless *purposeless* and variable.

Peterson says that "it is only in rare instances that feeding is not effected in some other way, before the use of the tube becomes imperative."

That forcible feeding as carried out on the Suffragist Prisoners is something different to that in asylums is I think very clearly shown by a letter dated October 12, 1912, in the *British Medical Journal*, written by a physician to the Bethlehem Royal Hospital for the insane. He

said that there "must be something wrong if so many have to be released" for "more than 2,000 instances of tube feeding every year take place in the Bethlehem Hospital without any untoward symptoms." I would suggest that when this physician speaks of 2,000 instances a year, that "instances" does not mean separate cases. It means that several patients were forcibly fed, the number of operations collectively totalling 2,000. Other doctors with experience of forcible feeding in asylums have written in a similar strain. Dr. Charles Mercier, an eminent mental specialist, said in a recent letter to *The Times* that "every one agrees that the measures hitherto adopted are futile." I presume that he will agree that forcible feeding is here included. He suggests "that the authorities are mistaken in supposing there would be any considerable outcry if any of the criminals in prison were allowed to die." I ask what is this callous suggestion but an admission that forcible feeding in his opinion, is a failure, and if it is a failure, what is it but a torture? I consider that this is a great admission for one whom I should not be surprised to hear, was the "medical expert who had very wide experience of forcible feeding in lunatic asylums" to whom Mr. McKenna referred in paragraph 894 of the Parliamentary Debates for March 18, 1913. Apparently these mental experts cannot grasp the difference between insane people with their purposeless and variable resistance to the taking of food, and sane people such as these noble and

heroic women, whose resistance is a matter of conscience and principle, and is persisted in to the end, women who are imbued with a deep moral and unbending spirit and are prepared to face death in fighting for a cause which they hold as dear as life itself. That even these mental experts have not much faith in their pet hobby, is shown in a book on mental diseases written by Dr. Clouston, for he gives as unfavourable indications in the prognosis of melancholia and mania, "the persistent refusal of food, requiring forcible feeding."

The dangers and effects of forcible feeding have been greatly minimised, but here again the deductions have been mostly drawn from the results of artificial feeding, as I have described it, and from the forcible feeding of lunatics. That there are dangers and very serious effects I shall show by first quoting from authorities on this subject, and secondly by detailing some of the actual fatalities that have happened as a direct result of the forcible feeding of Suffragist Prisoners. In Quain's *Dictionary of Medicine* we are told that "if a patient is shouting during the passage of the tube, it readily goes into the mouth or larynx." "Nasal feeding if long continued may lead to ulceration of the mucous membranes of the nose." "The jaw may be dislocated or fractured if force is used to open the mouth too rapidly against the powerful muscles of the jaw." "That a patient with a small pharynx may become very cyanosed during the feeding (that is mouth-feeding) and that regurgita-

tion can be easily effected by the patient." "If a patient vomits fluids into the mouth by the side of the tube, food may be drawn into the air passages and asphyxia result."

In an *Epitome of mental diseases* by James Shaw, we are told that "by the nasal method an alarming amount of dyspnoea, discomfort and cyanosis is produced even when the tube has not passed into the larynx.

In a book entitled *Mind and its Disorders*, we read, "If the patient regurgitates gastric contents by the side of the tube into the pharynx, the tube and gag must at once be withdrawn for it is impossible for him to swallow the fluid under such circumstances and the only other way of disposing of it is to inhale it."

Professor Oppenheim of Berlin says, "We cannot be too emphatic in advising avoidance of forced feeding. Some of the worst cases of neurasthenia which I have seen have developed as the direct result."

Sir Richard Douglas Powell, late President of the Medical Society, who, nevertheless, supported the forcible feeding of Suffragist Prisoners, stated that "forcible feeding was not wholly free from possibilities of accident with those who resist."

Heart trouble, indigestion, and insanity, to mention but a few are some other results of this abominable treatment, and it must be remembered that pain and suffering, by their influence on nutritional processes tend directly to prevent the return of tissues and organs to their normal state.

The first case I shall refer to is that of Miss Farmer who was fed in Winson Green Prison on June 23, 1909, after fasting for 36 hours. Miss Farmer stated on oath that she was fed through the nose, and *did not struggle or make any resistance*. "The food, however, did not seem to pass into my stomach, but rose in my throat, choking me so that I coughed and spluttered all the time. I was in great stress and torment. When the tube was withdrawn I was violently sick, and for a long time afterwards coughed uncontrollably at intervals, making a very extraordinary whistling, screaming, crowing sort of sound, and bringing back quantities of the fluid with which I had been fed. The medical officer in the evening said, 'Well, I will not feed you to-night.' I was unable to lie down or sleep that night, owing to the pain in my chest and side, and shortness of breath. The next day the Governor told me I was to be released. I arrived at my mother's home in Wales in the afternoon of that day. A doctor was at once called in, and I was found to have a high temperature, and to be suffering from pneumonia and pleurisy." (Publicly sworn to on February 19, 1914, at Richmond, Surrey.)

A second case of the inhalation of food into the lungs is that of Miss Lilian Lenton. I use the term "inhale" because of the technical quibble of the Home Office. For when it was stated that food was forced into Miss Lenton's lungs, the Home Office, while being in the position to deny that food was "forced in" were not able and, in fact, did

not deny that food had got into the air passages. According to the prison medical officers, as stated in a White Paper ordered to be printed by the House of Commons on this case, we are told that "the patient was forcibly fed on a Sunday morning at about 11 a.m. by a nasal tube, after abstinence from food for three days," that "about an ounce of food was regurgitated at the conclusion of the feeding, and the tube was withdrawn at once." . . . "at about 1.45 p.m., we (the doctors) were called in and found her in a collapsed condition, and came to the conclusion that her life was in imminent danger." . . . "I (the doctor) came to the conclusion that she was suffering from pleurisy which MAY have been present before. She was removed from the prison about six o'clock."

To complete what I consider as the self-convicting evidence of the prison officials in this case, I must add that Miss Lenton's solicitor had an interview with her on the day previous to her being forcibly fed, and stated that he found her in good spirits and normal health.

A third case of a similar kind is that of Miss Ethel Moorhead, who was forcibly fed in Edinburgh in the early part of this year. Describing the operation Miss Moorhead states that "when the tube was rammed down my nostril and into the stomach I convulsively choked and coughed until it was over. I had an attack of coughing immediately afterwards. I continued coughing, and almost immediately began to feel pain in my side, and had difficulty in breathing. The pain in my side

grew rapidly worse, also the difficulty in breathing. Two nurses sat up with me, and the priest was sent for. Next morning I was examined by the doctors and released." Miss Moorhead's medical attendant certified her as suffering on release, from double pneumonia.

A male suffragist prisoner who was forcibly fed was driven out of his mind and removed to an asylum by the prison authorities. There was no family history of insanity. It fortunately happened to be an extremely good family history on the side of both the father and the mother. I say fortunately, because Mr. McKenna suggested that it might be bad. It was a pure case of the terrible things that may happen.

Any one who has read Lady Constance Lytton's book, *Prison and Prisoners*, will not doubt that the paralysis from which she is now suffering is the direct result of the tortures which she so heroically went through when being forcibly fed as Jane Warton. The denials of the Home Office in connection with the medical treatment under which Lady Constance Lytton suffered are not worth the paper on which they are written. The statements that "the doctor gave her a slap the cheek" and did not examine her heart before forcibly feeding her, are damning evidence for our contention that this is not medical treatment, but torture pure and simple. I feel that the accusation that Lady Constance Lytton's statements are not true ought to be stoutly and strenuously denied. It seems to be a commonly accepted state of affairs,

that when the Home Office finds itself in the wrong, through the misbehaviour or folly maybe of one of its officials, the difficulty is got over by simply telling the public either that the charges have no foundation, or that the individual who accuses is a liar. When will the public rise to the fact that officialdom will never admit itself in the wrong, for an admission of wrong would weaken discipline, so it is said. Therefore, the stronger and more vehement the denial of any accusation which has been made against the Government or its officials, the more likely is that accusation to be true.

I will here, therefore, give a more full account of the treatment that the Home Office officials meted out to Lady Constance Lytton. In regard to the first charge, namely, that the doctor slapped her face, I think it best to quote the actual words as related in the book, *Prison and Prisoners*: "I choked the moment it" (the tube) "touched my throat until it had got down. Then the food was poured in very quickly; it made me sick a few seconds after it was down, and the action of the sickness made my body and legs double up, but the wardresses instantly pressed back my head and the doctor leant on my knees. The horror of it was more than I can describe. I was sick over the doctor and wardresses, and it seemed a long time before they took the tube out.

"As the doctor left he gave me a slap on the cheek, not violently, but as it were, to express his contemptuous disapproval, and he seemed to take it for granted that my distress was assumed."

Any one who reads the obviously true and uncoloured account of Lady Constance Lytton's experiences in prison, will, I think, know whether to believe her or the Home Office, when matters relating to those experiences are in dispute.

As for the second charge, namely, about the examination of the heart, Lord Lytton, a brother, wrote to the *Times* on March 30, 1910, stating among other things, that no account of denial can get over the following facts:—

(1) Lady C. Lytton, when imprisoned in Newcastle after refusing to answer the medical questions put to her, and adopting the hunger strike, received a careful and thorough medical examination, which disclosed symptoms of "serious heart disease," and on these grounds she was released as unfit to submit to forcible feeding.

(2) Three months later "Jane Warton" when imprisoned at Liverpool, also refused to answer medical questions, or to take prison food. On this occasion she was entered in the prison books as having refused medical examination, and was forcibly fed eight times. Such medical examination as took place during the forcible feeding failed, according to the medical officer's report, to disclose any symptoms of heart disease, and she was eventually released on the grounds of loss of weight and general physical weakness.

Now Sir Edward Troup, in a letter in answer to these charges, stated that an enquiry had been made by the Prison Commissioners into the truth of the charges brought by Lady Constance Lytton

against the officers of the prison, and as a result of that enquiry he (Home Secretary) is satisfied that those charges are without foundation, and that there is no justification for Lady Constance Lytton's account of her experience whilst she was in prison; and, further, "that the statement that the medical officer was guilty of slapping his patient's face is *utterly devoid of truth, and can only be the outcome of the imagination.*"

Now I prefer to believe that Lady Constance Lytton was speaking the truth, and that her statements are accurate in every detail, and no denials on the part of the Home Office will alter my conviction that this is so.

This case is an excellent example of the easy manner in which the Home Office so readily dismisses any statements against its officials as being untruthful.

Before I leave this case I wish to draw your attention to several important facts as related by Lady Constance Lytton in regard to the actual procedure of forcible feeding.

(1) She states that "she was sick whilst the throat-tube was in the stomach, and that she was sick over the doctor, etc., and it seemed a long time before the tube was withdrawn."

Now vomiting whilst the tube is in position in the gullet is extremely dangerous, because the food which is regurgitated by the side of the tube cannot escape, and is almost bound to be drawn into the windpipe and lungs when a breath is taken (a danger which, as I have already pointed out,

actually happened in the cases of Miss Farmer, Miss Ethel Moorhead, and Miss Lilian Lenton). Here, then, the tube should have been withdrawn *immediately* on vomiting taking place, and not some time after.

(2) "The doctor lent on my knees." This, too, is a dangerous procedure, and not permissible, according to medical experts, on the question of forcible feeding.

(3) "The doctor gave me a slap on the cheek." It is hardly necessary to voice one's disgust at such a cowardly and ungentlemanly act.

Dr. Price, of Walton, who wrote the report of Lady Constance Lytton's case to the Home Office, stated in conversation with her sister that "he had been obliged to feed her through the mouth up to the date of her release"; he further stated that, "unlike some other Suffragettes, she had shown no violence beyond refusing to take her food, but that in all his experience he had never seen such a bad case of forcible feeding."

When asked what he meant by a "bad case," he said: "She was practically asphyxiated every time." This same doctor also stated that Lady Constance Lytton lost weight at the rate of 2 lbs. a day, and that consequently he had been obliged to advise her being released.

The following facts as given by this prison doctor should be noted:—

(1) Forcible feeding was carried out through the mouth, which is considered by most as more dangerous than through the nose.

- (2) No resistance was offered by the patient.
- (3) The patient was practically asphyxiated every time.
- (4) Despite forcible feeding, the patient lost weight.
- (5) That despite forcible feeding, the patient (who did not serve her sentence) had to be released.

Many cases of death as the result of forcible feeding are recorded, and there is little doubt that many more never reach the public ear. In the past year (1913) two cases were recorded in the press: the one, a man named Ed. J. Taunton, who died at the Cotton Hill Hospital for Mental Diseases, Stafford, the jury found that death was due to syncope accelerated by the forcible feeding; the other, a man named James McGavigan, who died in the Letterkenny Asylum, Co. Donegal, half an hour after being forcibly fed, and in this case it is recorded that the man made no resistance to the operation.

I could fill a book with the grave results of this terrible and vile torture, but time does not permit me to give any more here.

As proof that forcible feeding is not only a dangerous but a useless procedure, I will remind you of the fact that out of 160 cases of forcible feeding, involving about 130 different individuals, up to October of last year, 78 were released before the expiry of their sentences, and the remainder were cases which survived forcible feeding only by the fact of their short sentences.

Mr. McKenna himself had to admit that out of a

total of 60 suffragist prisoners, 12 per cent. had to be released despite forcible feeding, and you must here bear in mind the fact that these numbers only covered a period of less than three months at the beginning of last year, 1913, and that 23 prisoners out of the total of 66, were still in prison at the time of the Home Secretary's statement, many of whom were later on released. Another factor also applies to these 66 prisoners, namely, that many of them were only sentenced for a few days, so that either no necessity arose for forcible feeding, or at the most it was only necessary to carry it out for two or three days. When you consider all these important items, you will readily understand that 12 per cent. of failures was, in fact, a fictitious figure.

We do indeed live in a cruel and barbarous world, a world which is too often ready, nay, eager to abuse and smite those with whom it does not agree, and so it is with this question of forcible feeding. Our opponents indignantly cry out that these women are common criminals, fanatics, or an unsexed people, and having dubbed them thus, they are content to say, "Well, even if forcible feeding is a torture, it is their own fault that they suffer, for they have only to give up their resistance, and all will be well." Yes, so can any one who is a rebel. So could the martyrs of ages past; so could Christ have avoided crucifixion. It only means the giving up of one's principles.

Try and consider the agony of mind when these

women are thrown into the prison cells to await their time for forcible feeding. Think what endurance is necessary to refuse food, knowing full well that your turn for forcible feeding is drawing closer and closer. Try and imagine what it must be to hear the screams and groans of a fellow-sufferer, growing louder and louder as she resists the efforts of the wardresses to hold her down, and then as the groans become weaker and weaker, to realise that at last the resistance has been overcome, and the doctors have done their work, and then to realise that the footsteps of wardresses and doctors were approaching your cell, and that your time had come. Try and imagine the mental agony as the doctor tells you that "unless food is taken in the proper way, very stern measures will be adopted, and you will be kept until you are a skeleton and a nervous and mental wreck, and then you will be sent to an institution where they look after mental wrecks." I say that this is torture worthy of the time of the Inquisition.

To crown, as it were, the iniquities of the Home Office, it would seem that in addition to "mechanical restraint," which means the holding and strapping down of violent patients, "chemical restraint" is now being resorted to, to enable the doctors to carry out the operation of forcible feeding more easily.

Some six or seven weeks since I saw Miss Phyllis Brady, and recorded my agreement with Dr. Flora Murray's suspicion that drugs had been administered to her while in prison.

As a result of these steps an independent pathological laborator reported that bromine was found in the excretions.

Mr. McKenna, in the House of Commons on Thursday, March 19, gave the following reply in answer to a question on the subject: "The statements referred to were entirely without foundation. Neither bromide nor any other hypnotic drug had been given to Miss Brady in Holloway."

Since this Miss Brady has again been in Holloway Prison, and on her release Dr. Flora Murray took steps to substantiate her belief that drugs had been administered.

Moreover, it is now reported that by the same clinical means it has been proved that bromides have also been administered to two other prisoners, namely, Miss Mary Richardson and Miss Kitty Marion. The following is an extract from Dr. Murray's report: "Her doctors are in a position to prove, by means of independent pathological reports, that five days after her release" (Miss Richardson's) "she was still excreting bromine."

I consider that this drugging is a further outrage on these noble women, and it cannot be too strongly pointed out how dangerous and deleterious a matter this drugging is for the health of these prisoners.

By this means their muscular power is weakened, and their senses dulled to such an extent, that resistance to the operation of forcible feeding is reduced to a most dangerous point. The paralysing effect that these drugs have on the sensibility of

the throat, makes vomiting an extremely dangerous thing, for food may be more easily inhaled into the lungs, if regurgitated, and at the same time it would be more difficult to expel the food from the air passages on account of the diminishment of the reflex act of coughing.

Digestion is also seriously interfered with, and the heart and respiration depressed. The mind is dulled, and this latter fact, coupled with the general lowering of nutrition and muscular weakness, is likely to have a serious and permanent effect on the nervous and mental state of the patient.

In closing, I must also remind you of a further serious matter in connection with the forcible feeding of Miss Mary Richardson. Some time since Miss Richardson was released suffering from appendicitis, she was, however, again arrested, and despite the warning of her medical advisers, that the appendix trouble was still existent, forcible feeding and drugging was again resorted to until in the end the prison doctors had again to advise her release, on the grounds that an operation for appendicitis was urgently necessary; it is to be noted that the Home Office have released her for only six weeks.

Now the real facts are that Mr. McKenna has released Miss Richardson not only to have an operation, but because the prison doctors have advised him that to forcibly feed her any longer would mean her death. If this is not so, why was the operation for appendicitis advised after and not before forcible feeding was carried out, for

surely a serious abdominal operation would stand a better chance of success before rather than after four weeks of forcible feeding and drugging.

The authorities have preferred first, to bring Miss Mary Richardson to the point of death, and then to release her on the pretext that it is only because an operation for appendix trouble is required.

The facts I have given you on this question of forcible feeding should leave no doubt in your minds that this operation can only be considered as a torture pure and simple, and this being so, it is your and my duty to stop at nothing which may be thought necessary to put an end to it.

What forcible feeding means

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