

Correspondence.

FASTING PRISONERS AND COMPULSORY FEEDING.

SIR,—The position assumed by your correspondents on the feeding of the recalcitrant suffragettes, in their letters published in the last issue of the JOURNAL, seems extraordinary. In substance it amounts to this:

1. That the duties of medical officers of prisons are, or should be, confined entirely to the treatment of sick prisoners.

2. That prisoners who wish to injure their health by refusing food are to be permitted to do so.

3. That the suffragettes are political prisoners, and therefore should be allowed to do much as they please.

As regards (1), the duties of medical officers of prisons are onerous and responsible and are conveyed to them in detail on appointment, and are by no means confined to the treatment of disease and injury. They have to inspect each prisoner on admission and discharge and frequently during their incarceration, arrange their diet, ascertain their peculiarities of mind and body, note their capabilities, and sanction any punishment ordered for breach of prison rules, etc. They have to make frequent sanitary inspections, and perform many other duties impossible to tabulate, and incidental to the care of a number of human beings deprived of their liberty.

2. If the suffragettes were permitted to injure their health and defy both the prison rules and the terms of their punishment as inflicted after conviction, and, it is presumed, a fair trial by the responsible officers of the law, why should other prisoners be denied similar liberty? If a prisoner was ordered a life sentence or any other imprisonment, he might defeat the ends of justice and starve himself, or he might take poison surreptitiously conveyed to him. Would the compulsory use of the stomach tube or some antidote not be fully justified under such circumstances? Again, a prisoner might sever an artery or a vein, or break his arm or leg, or inflict upon himself numerous injuries. Would the medical officer be justified in leaving him unattended to because he wished to destroy himself? Take another case—it often happens. Prisoners are admitted to gaol or the lock-up almost poisoned with alcohol. Is the stomach tube not to be used because they resist? In private practice do we not often meet with cases who refuse food and have to be fed? And if this is so, why should not the same method of treatment be carried out with female suffragettes who act foolishly in order to defy the authorities and escape the punishment the law considers their offence has deserved? In lunatic asylums it is well known numbers of patients have to be fed constantly against their wish. Why should these unhappy people have a method of treatment forced upon them which they object to? Why are Christian Scientists punished if injury or death is produced by their failure to call in proper medical or surgical assistance? Are persons who attempt to commit suicide sane or insane? Is not refusal to take food an effort to commit suicide? And if it is lawful to compulsorily feed lunatics and prevent suicide, how can it be contended logically that the suffragettes in prison should not be compulsorily fed? And, finally, if these premisses are conceded, who can carry out the necessary treatment except doctors or skilled nurses under their supervision?

3. If the medical officers of His Majesty's prisons considered it part of their duty to discriminate between prisoners, or permitted their sympathies to interfere with the impartial performance of their responsibilities, what a strange place a gaol would soon become. Does it require further argument to prove the hopeless position assumed by correspondents who boldly assert that one of their chief objections to forcible feeding of the suffragettes is largely based on sympathy with prisoners they consider not criminals. Is a woman, because she has a grievance and wants a vote, to be permitted to throw bombs, assault the police, create disturbance, endanger the public peace, chain herself to railings, etc., and does she not bring herself within the term criminal? In the case of a man who conducted himself in a similar fashion there would not be much room to doubt the verdict of the public. Why should there in the case of a woman?

In conclusion, I wish to say I do not agree with your strictures of the Home Secretary, who seems to me to have carried out his responsible duties with firmness and discretion. I am quite certain Mr. Gladstone has no desire in any way to shelter himself from public criticism, or to throw upon the medical officers of prisons duties which doubtless are extremely disagreeable, but none the less incidental to the position they occupy in the service of the State.—I am, etc.,

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Omagh, Oct. 11th.

SIR,—As an old prison medical officer, perhaps you will be good enough to allow me a few words on the above subject.

In the first place it must be understood that, from the admission of a prisoner until his discharge, the medical officer of the prison is responsible for his bodily and mental health. Neither the administrative staff of the prison, nor even the Home Secretary, can relieve him from this responsibility, which is statutory and personal to himself; consequently, those authorities cannot interfere with any treatment he may consider necessary. If a prisoner starve himself, then he alone is responsible for taking steps at the proper time to supply nourishment either by force or otherwise. If he fail to do so, and the prisoner die or become permanently injured in health, he rightly will have all the blame.

Forcible feeding is a purely medical question, for which the Home Secretary can have no personal responsibility. Were he foolish enough to assume responsibility, as you suggest in your article in this week's JOURNAL, and issue orders as to the administration of the stomach tube, the position of the medical officer would be intolerable. He would then indeed become the tool of the Home Secretary, and might fitly be described as analogous to the "Whipping Warder, or common Executioner." Such a supposition is grotesque. The Home Secretary might as well order the medical officer to excise the tongues of the more voluble suffragettes, in order to keep them quiet, as instruct him to feed them with the stomach tube to enable him to punish them for their misdeeds.

The Home Secretary may, or may not, liberate, just as he sees fit, but, so long as a prisoner continues in prison, the responsibility for his health remains with the medical officer, and cannot be shifted on to other shoulders.

Of course, a medical officer could always recommend a prisoner's release on medical grounds, but it is questionable whether voluntary starvation would be considered a sufficient plea for such clemency.

I am in entire accord with your leader of October 2nd, but, in my opinion, you misunderstand the position of medical officers of prisons when you suggest that they should act, in their medical capacity, under orders from the Home Office.—I am, etc.,

Glasgow, Oct. 11th.

JOHN McNAUGHTON, M.D., I.S.O.

SIR,—“If the whole responsibility is to be thrown on him, he will find himself face to face with a divided duty—that which he owes to the patient, and that which he owes to his official superiors. The Home Office has no right to place him in this cruel dilemma.” This sentence, which concludes your remarks in to-day's JOURNAL on the “contemptible pusillanimity” of the Home Secretary in reference to his treatment of the officers of the prison service strikes one as the most potent argument yet advanced in favour of the women confined in Winson Green being allowed the benefit of an independent medical opinion. It is alleged that compulsory feeding is a mild form of “hospital treatment” undertaken solely for the benefit of the patient.

If this be true, where is the “divided duty”? If untrue, what words can describe the conduct of a Liberal Government that calls on the medical men in its employment to carry out this treatment as a method of coercing political opponents?

I do not speak of expediency; the position of the unfortunate medical officer is obvious, but I emphatically protest against the expression “divided duty” in reference to the professional relations of patient and medical