

Medical History

“Inflammatory” bowel disease

J F FIELDING

In 1828 Dr Thomas Smethurst, then aged 27, married the 52 year old Mary Durham at the Church of St Mark, Kennington. Thirty years later the Smethursts were living in “a very respectable lodging house” at 4 Rifle Terrace, Bayswater, when a Miss Isabella Bankes, a lady in her early 40s, came to reside in the same house. In November of that year the landlady, “considering there was too great an intimacy existing between Dr Smethurst and Miss Bankes,” spoke to Miss Bankes, who left the house and went to live at 37 Kildare Terrace, Bayswater. On 9 December 1858 Dr Smethurst and Miss Bankes were married at the parish church, Battersea. On the same day they hired lodgings at 27 Old Palace Gardens, Richmond, and they took up abode there two days later.

An unexplained illness

Late in March 1859 Isabella, “who had ordinarily enjoyed good health” (though occasionally subject to “bilious attacks,” in common with a “good many” members of her family), began to complain of vomiting, diarrhoea, and a postprandial burning abdominal pain. (It subsequently transpired that Dr Smethurst had consulted Mr Pedly, a dentist, late in February to inquire into the treating of “foulness of breath.”) Dr Smethurst nursed and treated Isabella himself until 3 April. As her condition continued to deteriorate he called in a Dr Julius, who had been in practice in Richmond for over 30 years. At first Dr Julius thought that the case was one of “simple diarrhoea.” He put Isabella on chalk medicine. Two days later she was much worse and complained of a burning sensation in the epigastrium and soreness (subsequently described as aphthous ulcers) in the mouth. She could not take any solid food and took only arrowroot and slops. As she did not respond to his medicines Dr Julius concluded “that something of an irritant character was being administered.”

On Saturday 13 April Dr Smethurst called on Mr F B Senior, a Richmond solicitor, and persuaded him to go the following day to Isabella’s room despite his objection, “I do not like to do business on Sunday.” In the room Dr Smethurst turned to Isabella and said, “My dear, this is the gentleman who has come to make your will.” She left her entire property with the exception of a brooch to Dr Smethurst.

On 18 April Dr Julius had the patient seen by his partner, Dr Bird. Dr Samuel Bird had been attached to the staff of the Omar Pasha during the Crimean war so he had had “opportunities to study bowel diseases to a very great extent.” As the patient continued to decline Dr Bird concurred with Dr Julius’s opinion that an irritant

poison was being administered. On 28 April Dr Smethurst asked “the first Physician of the day,” a Dr Todd of King’s College Hospital, to see Isabella. Dr Todd agreed with the views of the Richmond doctors, though their suspicions were not conveyed to Dr Smethurst. On a pretext a portion of an evacuation was obtained and sent to Dr Alfred Swane Taylor, professor of chemistry at Guy’s Hospital. This proved positive for arsenic. On 30 April a warrant was issued and Dr Smethurst was taken into custody on a charge of administering poison to Isabella. He was released the same day by a Richmond magistrate. At 11 am the following morning Isabella died; Dr Smethurst was arrested and charged with her murder. He was found guilty by both the magistrates’ court and the coroner’s inquisition and was returned to the central criminal court for trial.

The trial

The judge (the Lord Chief Baron) rarely concealed his bias during the trial, which took place in August. Professor Taylor admitted that the result of the test for arsenic, which had been reported as positive to the magistrates’ court and the coroner’s inquisition, had been a false positive. Remarkably, Professor Taylor went on to say, “My tests have been disputed and contested before this occasion but no instance ever occurred where I was proved wrong.” Even more remarkably, the judge said that Dr Taylor had frankly admitted his mistake; and if it had really arisen from a new fact in science, he thought that it would be rather too much to say that on such a ground Dr Taylor’s evidence should be altogether rejected. This was, however, “a matter for the jury.”

One medical witness for the defence, Dr F G Webb, physician, Great Northern Hospital (he was also attached to the Grosvenor School of Medicine, as were many of the medical defence witnesses), said that he would not have “dreamed of poison” if he had attended the case, as dysentery aggravated by pregnancy (discovered at postmortem examination) could entirely explain the patient’s death. To the judge this was testimony “of a very extraordinary character,” but “it was for the jury to judge the value of such testimony.” Dr W Tyler Smith, who had “devoted great attention to cases of midwifery,” supported the view that the deceased had died a natural death; he said that such a death was “known to him in many instances” and that “this was the case with the celebrated Charlotte Bronte who died of vomiting in pregnancy.”

The judge described the medical witnesses for the prosecution as “all men of experience in their profession,” whereas he found fault with much of the evidence presented for the defence. He dismissed the absence of poison in the tissues of the deceased (the main thrust of the medical evidence for the prisoner) as “merely the evidence of scientific men, the result of reading and study,” but “it was to the jury to decide which set of medical witnesses were entitled to credit.” Towards the end of his summing up he told the jury that “the interests of the prisoner were not more involved in this inquiry than were those of society in the protection of life.” He joined with both the learned counsel in their prayer that the almighty searcher of all hearts would guide them (the jury) to a just and safe conclusion.

The jury took 40 minutes to find Dr Smethurst guilty. He was sentenced to "death in the usual form," and the judge directed the judgment to be carried out by the sheriff of Surrey.

Postmortem findings

The next interesting facet of this case is that the postmortem findings leave little doubt but that Miss Bankes suffered from Crohn's disease rather than irritant poisoning or "idiopathic dysentery," the early name given to idiopathic ulcerative colitis. In the small intestine "nothing remarkable was observed until the lower end of the ileum was reached, when at about three feet from its termination in the caecum the mucous membrane commenced to exhibit an inflammatory response." In the large intestine "the mucous membrane was ulcerated from end to end." There were ulcers of all sizes, most commonly the size of a "sixpenny piece," and "mostly isolated though some had run together." In the rectum, descending transverse colon, and ascending colon "this ulceration was tolerably uniform in amount." In the caecum "inflammation of the most acute and violent character was observed . . . the bare muscular coat was seen beneath. The muscular coat itself in the caecum was likewise infiltrated with this exudation . . . and there is no doubt that through this part of the intestine some transudation had occurred which had set up the peritonitis. No actual perforation was discoverable."¹ This is a classic description of transmural disease affecting the small and large bowel, and, moreover, the disease in the large bowel was most pronounced in the right colon. There can be little doubt that Miss Bankes suffered from Crohn's disease and not ulcerative colitis. Moreover, the distribution of the inflammation was distal to that seen in cases of irritant poisoning (this point had also been made by the defence but had not impressed either the judge or the jury).

The next twist in this story was a letter dated 15 November 1859 from the Home Secretary, Sir George C Lewis, to the Lord Chief Baron stating that "all the papers bearing upon the medical points of the case" had been sent to Sir Benjamin Brodie.² Sir Benjamin was of the opinion that "although the facts are full of suspicion against Smethurst there is not absolute and complete evidence of his guilt." The Home Secretary's letter continued: "After a very careful and anxious consideration of all the facts of this very peculiar case, I have come to the conclusion that there is sufficient doubt of the prisoner's guilt to render it my duty to advise the grant to him of a free pardon. . . ." He was careful to add, ". . . which will be restricted to the offence of which he stands convicted," and went on, "it being my intention to institute a prosecution against him for bigamy." He did not blame the judges in any way but assured the Lord Chief Baron that his decision had arisen "from the imperfection of medical

science and from the fallability of judgement in an obscure malady, even of skilful and experienced medical practitioners."

The final twist

Dr Smethurst was indicted for the offence of bigamy at the central criminal court on 30 November 1859. There followed the final and most remarkable twist of all. The first witness for the prosecution was a 54 year old man, who went under the name of Charles Laporte. He was the son of Mary Durham, who, it transpired, also went under the name of Mrs Johnson when she married the prisoner in 1828. Charles Johnson's father, Mr Johnson, also lived as Mr Laporte and had another family with Mrs Laporte. When Mary Durham (Mrs Johnson) married Thomas Smethurst, Charles Johnson became Charles Laporte and lived with Mr and Mrs Laporte. He always regarded Mary Durham (also Mrs Johnson or Mrs Smethurst) as his mother. Indeed, he had been the one who had introduced Dr Smethurst to his mother.

The defence submitted that there was no case to answer, but this was dismissed by the judge (Baron Bramwell), who knew that he had the Home Secretary (and the public gallery) on his side. The support of the public gallery was demonstrated by the applause that greeted his interruption of the defence counsel with the words that a pardon was "no more a certificate of innocence than a verdict of not guilty."

Though the prosecution never proved that Mary Durham was a free woman when she married Thomas Smethurst, the judge, as biased as ever, told the jury that whereas there was no legal evidence that the maiden name of Mrs Smethurst was Mary Durham, "it might fairly be taken that it was so." After another biased summing up Dr Smethurst was found guilty of bigamy, and the judge decided "that he be imprisoned and kept to hard labour" for one year.

Ah well, Crohn's disease comes more trippingly to the tongue than Smethurst's disease. Moreover, were it not for the trials of Dr Smethurst and other trials of that ilk, that comic operatic masterpiece *Trial by Jury* might never have come to fruition some 16 years later.

Quotes other than those referenced were taken from coverage of the trials by *The Times* between June and December 1859.

References

- 1 Wilks S. Morbid appearances in the intestines of Miss Bankes. *London Medical Gazette* 1859;2:264-5.
- 2 Home Office records. Criminal entry books (HO 12/106). (At the Public Record Office, Kew, Surrey.)

How should dyschezia be treated—or better still prevented?

Dyschezia is a form of constipation in which the rectum is filled with faeces because of reduced rectal sensitivity. It develops because of inadequate rectal stimulation by small volume, hard faeces or by suppression of rectal sensation due to laziness, inconvenience, or painful anal conditions. It may be prevented by avoiding constipation and by not suppressing the call to stool. Once established it is treated by producing soft bulky stools with dietary fibre, fluid, hydrophilic colloids (methyl cellulose, sterculia, etc), and osmotic agents (magnesium salts, lactulose). If this does not produce natural evacuation because rectal sensation is deficient glycerine suppositories or "micro enemas" may be used daily. Once a regular daily evacuation is established medication is withdrawn gradually, a process that may take several months.—J R BENNETT, consultant physician, Kingston-upon-Hull.

What is the definition of Tomaculan's neuropathy, its treatment, and prognosis?

Tomaculum is the Latin for sausage and the correct name for the disorder is tomaculous neuropathy. The term was coined by Bradley *et al*¹ to describe a striking pathological appearance noted on peripheral nerve biopsy specimens seen in patients with various different clinical syndromes. The

changes, thickening of myelin sheaths such that the nerve fibres resembled a string of sausages, were most evident on single teased nerve fibre preparations. Considerable segmental demyelination was also a feature. In fact the changes are almost certainly non-specific and result from faulty remodelling of myelin after a demyelinating insult to the peripheral nerve. Although the term describes a pathological appearance, it is occasionally somewhat loosely applied to the two distinct inherited clinical syndromes in which the appearances were first noted. One of these is called familial recurrent brachial plexus neuropathy, a rare dominantly inherited disorder characterised by recurrent attacks of non-traumatic brachial plexus neuropathy, which clinically resemble neuralgic amyotrophy.² Prognosis for recovery is good, and no treatment other than physiotherapy is required.

The other syndrome is hereditary neuropathy with liability to pressure palsies.³ These patients present with mononeuritis or a mononeuritis multiplex that characteristically follows traction or compression of the appropriate peripheral nerves. In most instances prognosis for recovery is good and symptoms disappear within weeks or months.—N E F CARTLIDGE, consultant neurologist and senior lecturer in neurology, Newcastle upon Tyne.

- 1 Madrid R, Bradley WG. The pathology of neuropathies with focal thickening of the myelin sheath (tomaculous neuropathy). *J Neurol Sci* 1975;25:415-48.
- 2 Bradley WG, Madrid R, Thrush DT, *et al*. Recurrent brachial plexus neuropathy. *Brain* 1975;98:381-98.
- 3 Behse F, Buchthal F, Carlsen F, *et al*. Hereditary neuropathy with liability to pressure palsies: electrophysiological and histopathological aspects. *Brain* 1972;95:777-94.