CHARGES OF RAPE.*

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CHARGES of rape are—like all other charges—some false, some true. But, in the nature of things, although a false charge of rape is easy to make, it is very hard to disprove in a court of law, and leaves a legacy of doubt behind it, as far as the man's friends and his family are concerned, doubt which finds expression in words whenever a domestic squabble occurs. This all men know, and their knowledge leads them to become easy victims of blackmail: for a man will, as a rule, cheerfully pay even a large sum in preference to being falsely charged of having ravished, or at least attempted to outrage, the modesty of a designing woman. He knows that in the people's mind, and, above all, in his wife's mind, exists a firm belief that "where there is smoke there is fire." Blackmailers know this and trade on their knowledge all over the world.

But here in India we have another factor—the desire to get an enemy into trouble. To this end he is accused of a sexual offence. How easily the wish to cause him harm by such a charge may be aroused can be judged from the following case, which was recounted to me by the Magistrate in whose court it occurred. An old woman accused two young men of having come to her shop and insulted her by exposing their genitals. The Magistrate allowed her to tell her tale, then interrupted her and asked her to repeat her story. As she did this he suddenly asked, "How much do they owe you?" "Ten rupees," she promptly replied, being taken off her guard, and then, seeing that she had let the cat out of the bag, she confessed that her complaint had been made merely to get the young men into trouble, as they had not repaid the loan. Obviously this old woman could scarcely hope to have young men convicted of having ravished her, so she chose the next best charge.

A charge of rape requires only *one* person, and may easily be backed up by the presence of injuries on her pudenda. These are not difficult to inflict, and are not necessarily very painful. The punishment of rape being a severe one, even if the injuries cause pain the "victim" considers that this is well worth bearing.

A third factor is the desire of a willing partner in sexual intercourse to save her reputation when surprised in the act by a passer-by—by screaming and accusing the man of having forced her to accede to his wishes.

Where such strong motives may underlie the charge, it is obviously the duty of all who have to do with a rape case to be very careful.

All medical practitioners are likely sooner or later to be consulted in a rape case—and the object of this article is to impress upon my readers the necessity for care—care in examination of the "victim;" care in recording the facts observed; care in drawing conclusions from these facts; and care in giving evidence so that the Court may be able to see the *whole* truth.

The usual case is one in which the girl gives her account of the affair in a hesitating manner. One or two witnesses testify to her having reached home in a very excited state and at once named her assailant. Or, still better, they state how they happened to be near enough to see the act and hear her passionate appeals for mercy, etc.

Then the medical witness deposes to having found the vulva injured, with, it may be, rupture of the hymen, also marks of scratches on the legs and back of the girl. He is asked whether the injuries to the pudenda "could have been" caused by the penis, and replies "Yes." It is a vice of the legal mind to seek categorical answers, and to regard all who are disinclined to give these as "bad witnesses."

Every medical witness should insist on telling the whole truth, and not only as much of it as will serve the purposes of the prosecution or the defence as the case may be. He should pay no attention to the direction: "That will do;" but should continue his answer. In the case above noted he should answer: "Yes; but they could have been caused at least equally easily by the finger, or by a piece of wood of similar shape."

By such an answer he at once opens to the mind of the Court a view which to the lay mind is rarely visible—that injuries to the female genitals may be caused by some thing else than the penis. Unquestionably the public mind (and the mind of a Magistrate or Barrister is not any more enlightened on this subject than is that of the man-in-the-street) is obsessed by the idea that the concomitant of the *pudenda* is the penis. So it is in many cases in every-day life, we may admit; but when a charge of rape comes to be investigated, we must, as experts, throw light into the dark places of the public mind and insist upon the fact that other parts of the body, nay other rigid substances can be, and often are, employed to inflict injuries on the female genitals.

"In dubio, pro reo" is a highly judicious as well as time-honoured maxim—the two predicates do not by any means imply one another. But from the judgments that I have read, delivered in cases in which I have been consulted, I am sure that this maxim is often forgotten by medical witnesses; and sometimes, though remembered, is not acted upon by them in their endeavour to give categorical answers to the questions asked of them.

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The consequence is that the Court, highly valuing the medical evidence *as presented*, may form the opinion that a rape has actually occurred when nothing of the kind has really been the case.

In some cases the evidence as to the origin of the bloodstains on the woman's clothing has fortunately been sufficient to throw doubt on the truth of the case, *in spite of* the too categorical evidence of the medical witness who examined the "victim."

In a case in which a girl accused three men of having ravished her—and described how in turn two held her down while the third performed coition, the medical evidence was strongly in her favour. But although all three men were supposed to have ejaculated, no seminal stains were found on her clothing. Further, though the clothing bore evident bloodstains, these were found to be due to the blood of a bird.

In another case the medical evidence made so strong an impression on the Court that, although the stains on the "victim's" clothing were found to be due to the blood of a sheep or goat, the doubt thus raised—and admitted by the Judge—was not sufficient to save the man, who was sentenced to three years' imprisonment. Can any of my readers doubt that, if the medical witness in this case had been less cocksure and less categorical in his statements, an innocent man would have escaped?

Fortunately in some cases the medical man consulted is able to prevent a grossly false case from coming into Court, and in a few cases to bring about the just punishment of the author of a false rape case.

Many years ago I was consulted in a case in which an aged man was charged with having ravished a young girl. Due consent having been obtained, I examined the girl who had a slight trickle of blood from the vulva down her thigh. She volubly described what had happened. As is usual in such cases she detailed the proceedings, even to the withdrawal of the penis and the emitted semen. The blood I found to come from a small linear wound *inside* the vagina. The vulva was not injured in any part, and I suspected that the story that she told was false. So I asked her to repeat it, which she at once proceeded to do *verbatim*. Suddenly I interrupted her, then asked her to continue. This she did by beginning at the beginning again. My suspicions having been thus strengthened I asked her whether she had observed the penis. She replied that she had carefully observed it. I then asked whether she knew the difference between a Hindu's and a Mussalman's penis. She replied that she did, and showed that she understood the effects of circumcision. Then I asked her whether the penis of the old man was like that of a Hindu or Mussalman. She replied that it was of the latter type. Asked whether it was in erection she said that it was very hard. So far, so good. I then examined the old man—a European—and found that he had congenital phimosis; a large tumour of one testicle caused, he said, by an injury sustained some years before; and neither ilio-inguinal nor bulbar reflex could be elicited, showing that his powers of erection were feeble in the extreme. Returning to the girl I asked her who had scratched her. She at once replied: "My mother, with her finger nail."

STUDIES IN MALARIA.

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(Continued from page 135.)

ORAL QUININE IN MALARIA.

THE THERAPEUTIC USES OF ORAL QUININE IN MALARIA.

THE rôle of oral quinine in malaria falls under four more or less distinct headings:—(I) as a prophylactic against malarial infection, (II) as a temporary curative agent in an attack of fever, (III) as a preventive of relapses, and (IV) as a sterilizer of the blood in a chronic feverless carrier.

The first of these actions has already been studied in the first two parts of this work. As regards the fourth, so far as my own limited experience goes, it has been in support of the generally accepted teaching that of all forms of the malarial parasite, the sexual varieties are those most resistant to quinine. With regard to the second and third actions, however, there is more to be said and these will be now considered.

ORAL QUININE AS A TEMPORARY CURATIVE AGENT.

Given a diagnosis of malaria, one of the first questions which arise after treatment has commenced is, what is likely to be the amount of quinine required to reduce the temperature to normal and maintain it thereat until discharge? In answer to this question, an analysis of the 1,019 cases I have treated, and of which the temperature charts are still in my possession, is shown in Table I.

Table I, showing the average number of ten grain doses of quinine required to bring a fever diagnosed as malaria to normal and maintain it thereat until discharge.

Column C. were diagnosed as cases of P. U. O. (malarial), there being insufficient evidence on which to base a full diagnosis if malarial. It