In conclusion, I trust that I have satisfied your readers that this celebrated Norwich consultation had nothing to say to homœopathy, and that I am perfectly innocent of the charge of recognising in any way that mode of practice. They will also, perhaps, admit that intentionally or otherwise, I have done Mr. Cooper no professional injury. If my opinion were correct, it could not do so. If incorrect, the only professional reputation injured is my own; and, lastly, I trust that they will acknowledge that you have no just grounds for the charge you have made against me, and that the manner in which my name has been dragged before the profession and the public is perfectly unjustifiable.

I am, Sir, your obedient servant,

EDWARD W. MURPHY.

Henrietta-street, Cavendish-square, June, 1851.

[LETTER FROM MR. GLADSTONE.]

To the Editor of THE LANCET.

SIR,—A letter in your publication of the 31st May, signed by William Bell, M.R.C.S.I., &c., calls for some remarks from me.

In a medical dispute I am not competent to offer an opinion, except as to *facts*, by which the profession will be led to form correct conclusions. After my dear wife's confinement on 11th November, she had an occasional pain in her *left* side, not in her right; and the term "dragging" she never used. Dr. Bell did not wish Mr. Cooper to be called in for *several days* after he had been in attendance. My reason for not at first requesting the attendance of my usual medical adviser, did not arise in the most remote degree from any doubt as to the care, judgment, skill, and success with which Mr. Cooper had attended my wife in her last confinement, as well as in three previous trials of the same kind. "The physician of Norwich was requested to meet" Dr. Bell on the *very same day* in which the "hydatids," &c., were expelled, i.e., on 30th April, not the 27th, as asserted in the letter referred to.

A difference in dates may arise in unintentional mistake, but how Dr. Bell can say he gives "an unqualified contradiction to the use of instruments in any shape or form," and profess to be a "lover of fair play and of truth," I cannot understand; for he *certainly did use an instrument*, which put my wife to such extreme agony that she had an attack of hysteria, which put a stop to its use. I did not of course *see him* use it, but a lady in the room saw it after its use, and he spoke to me of having used it. I have omitted noticing a statement, that, "at nine o'clock p.m. of the 30th, all pain and hæmorrhage ceased;" they had not done so until past twelve o'clock, and partial hæmorrhage continued for a day or two afterwards.

My desire has been, and is, to say nothing calculated to injure any person, and some have thought I have carried the feeling too far; but my belief has been, that whatever might be the difference of opinion as to the necessary treatment, none of those medical gentlemen who have had the case under treatment refused to put forth their best ability, to be, if possible, the means, under God, of preserving my beloved wife to me; but I think I should be chargeable with ingratitude if I did not say, that, next to God, I owe the hope of my dear wife's recovery to Dr. Copeman and Mr. Cooper.

If public utility may be advanced by it, I shall always be ready, as opportunity and convenience serve, to give any evidence before or to properly constituted parties, by which the truth may be established, although necessarily it would have been more agreeable to my feelings had the matter been allowed to drop; nor would I have said one word likely to prejudice Dr. Bell, had he not given "an unqualified contradiction" to that which is certainly true, so written as to lead others to suppose that I had lost confidence in Mr. Cooper's medical skill, and by inference to cast a slur upon his professional character, which I never could quietly sanction.

I am, Sir, faithfully yours,

And the husband of the patient,

Norwich, June 3, 1851.

JOHN E. GLADSTONE.

[LETTER FROM MR. COOPER.]

To the Editor of THE LANCET.

SIR,—I feel myself called upon to trouble you again in the matter of the "Norwich Consultation," in consequence of a letter in your last week's journal from Wm. Bell, M.R.C.S.I., &c. It might reasonably have been supposed, from the commencement of his letter, that indubitable veracity would have accompanied all his statements; how far such has been the

case I will give you an opportunity of judging. He says, in allusion to the patient's previous confinement, "the after-birth was removed by her medical attendant; from that time she experienced a pain and 'dragging' sensation in the right side"—inferring that the *removal* was the cause of the *dragging*, and indeed the cause of the hydatidous disease. I can only assert, and that most positively, that the removal consisted of nothing more than its extraction from the vagina; and surely the "*better*" knowledge of midwifery which Mr. Bell boasts of, might have directed him to this "dragging" symptom as belonging to much more probable causes.

Mr. Bell says he proposed my being called in on the second day of his attendance—but this I am informed is palpably untrue; it was not until he found himself in perplexity about the case that he mentioned my name; and as he had previously taken pains to reflect upon my management in the lady's last labour, it was scarcely probable the husband would have willingly sought my aid. The party alluded to as being absent from Norwich was Mr. Hale, another homœopathic practitioner in this town, who did actually visit the case, and I am told agreed with Dr. Bell in his proposal to dilate the uterus by art. Mr. Hale has just obtained his degree of M.D. at St. Andrew's. With respect to the "use of instruments in any shape or form," an instrument was used, or attempted to be used, by Dr. Bell, and the operation was desisted from only in consequence of the patient not being in a state to bear any longer the pain it occasioned. Perhaps, in your public capacity, you will be able to inform your readers from what source Dr. Bell enjoys the privilege of M.D. In his letter to THE LANCET he does not make use of this title, but I know that he has for years imposed this upon the public; and that in three several public documents he has described himself as a Fellow of the Royal College of Physicians of London, and signed himself M.D.; and unless the college has *accidentally omitted* his name in their recently published list of fellows, the circumstance I have mentioned will not corroborate Dr. Bell's statement of his being a "lover of fair play and truth."

It is much to be regretted, that a gentleman occupying Dr. Murphy's position in London, should apparently have allowed himself to give an opinion which I firmly believe he will find at variance with that of all the best authorities upon obstetrical subjects. I am anxiously anticipating the explanation he has promised to the profession; and, meanwhile, cannot refrain from pointing to an error in his letter in THE LANCET, where he says, Dr. Bell's "treatment of the cure was not homœopathic;" for it is an undoubted fact, that, from the commencement of Dr. Bell's attendance to the period of Dr. Murphy's visit, homœopathic medicine had been administered. Further remarks upon the subject I shall reserve, in the expectation that Dr. Murphy's statement will appear in your next week's journal;—and apologizing for troubling you at this length,

I remain, Sir,

Your obedient servant,

Norwich, June 3, 1851.

WM. COOPER.

DR. SHEPPARD'S CASE OF AGGLUTINATED OS UTERI.

To the Editor of THE LANCET.

SIR,—In THE LANCET of March 22nd, you did me the favour of inserting in your valuable journal a report of a case of agglutinated os uteri, which had lately occurred in my practice, together with a brief history of the case, and the operation which was then performed.

This report has elicited two or three communications, including one from Dr. Henry Bennet, and one from Dr. Fairbrother. It has also called forth private communications, relative especially to the amount of credit which was to be attached to the facts as detailed in the report alluded to.

Now, Sir, as such inquiries involve my personal honour and professional faith and standing, I think I may be permitted to allude to the fact I stated in my communication—that two medical gentlemen were present during the whole case. These gentlemen, Messrs. Whipple and Isbell, I alluded to by name; and as they are both gentlemen of great respectability and high professional standing, I think I am justified in asking the profession to accept my report as strictly and absolutely true.

If, Sir, my report were not correct, is it probable that I should have detailed minutely the circumstances of the operation, &c., and have stated that these gentlemen were present? Indeed, I should say that it was scarcely possible for such a fraud to be perpetrated, in a provincial town, without the

practitioner meeting immediately with the reprobation he would deserve.

I would desire to apologise to those gentlemen who have noticed this report, for not making an earlier reply to their observations; but numerous and various engagements have prevented me doing as I had intended.

Now, I am not disposed to undervalue the importance and interest which attaches to the case I have described. I believe it to be unique in the annals of medical literature, both as to the peculiar character and circumstances of the case itself, as well as to the successful operation which was then performed; nor do I object to fair criticism as to our opinion of the case, or as to the time or character of the operation,—though I do most strenuously object to the facts of an important case being doubted, merely because, as I believe, it occurs in the practice of a *provincial* surgeon.

I therefore freely accord to Dr. Fairbrother a perfect right to form his own opinion as to the merits of this case. I also accede to him a right to ask any explanation which may enable him to form a correct judgment on the expediency, or otherwise, of the operation we performed. I would only preface by one remark: an operation may be "terrible in its character"—it may be "equal in barbarism" to the extirpation of the uterus, or to the division of the symphysis pubis, or the Cæsarian section—still, if the operation be necessary to save human life, if it be the best that under the circumstances can be performed, and if it offers to the patient a *fair chance* of escaping death, I hold that a surgeon is justified in recommending and adopting it. Such I believe to have been the case as regards the operation in question; and on mature consideration, I am convinced that we adopted the only practicable course that was open to us; and if a similar case were to occur in my own family, I would have recourse to a similar line of conduct. I may say that such, I believe, is the deliberate opinion of my colleagues in this case.

If I gather Dr. Fairbrother's opinion correctly, it is not exactly condemnatory of the mode of operating, or of the character of the operation, (and if so, the "*barbarism*" of the matter might have been omitted,) but rather, that the operation was performed too early—that we ought to have given opiates, and so have gained time—that, in short, we were in too great a hurry to perform the operation.

Now, I apprehend, that in order to complete Dr. Fairbrother's argument, we ought also to have tried fairly the relaxing system, although he says not one word of warm baths, tartar-emetic, bleeding, &c. Surely, if we had delayed—if we had mitigated—we ought to have adopted some or all of these means, because I conceive, that if we had mitigated simply—which, at the full period of gestation, is not always a practicable course—still, if we had *only* mitigated, we should have gained but little in this case. Even supposing we had arrested labour altogether, nature would have had precisely the same duty to perform, unless, indeed, we had kept our patient (if possible) with mitigated pains, until her nervous system was broken down by fatigue, pain, &c., and so produced the desired relaxation. Now, I have yet to learn that mitigated pains would be more likely to bring on normal relaxation than severe pains of a "bearing-down," "grunting" character, which in this case had already existed ten hours (at the least) before the operation was performed. We did wait to see if any attempt at relaxation would occur, but there was none; and it was the severity of the pains, and my apprehension that some fatal injury to the uterus would occur, which led me, at five in the afternoon, to seek the advice of my friends. Up to this point, at any rate, we were perfectly justified in allowing labour to proceed—to see, indeed, if any relaxation would take place; and then (about six P.M.) it was that the question was again anxiously discussed, as to what our course of proceeding should be.

Now, I apprehend that the correctness of our opinion depended mainly upon the sense of touch and on the judgment formed through the medium of that sense. Hence, necessarily, the medical gentlemen in consultation were the best qualified to form a correct judgment, provided they possessed, collectively and individually, sufficient acumen and experience. And I believe that the propriety or impropriety of our proceeding, resting as it necessarily must do on the judgment and experience of the gentlemen in consultation, cannot be demonstrated to the satisfaction of every member of the profession.

I omitted to state in my first communication that the poor woman was seen, in the early stage of labour in the morning, when the neck was freely divided, by my friend Dr. Hingsten, who fully approved of the opinion we then formed.

For myself, I may say that having attended nearly two

thousand cases of labour, and having had as much or probably more experience in consultation in midwifery, than usually falls to the lot of a provincial surgeon, I am pretty well acquainted with the ordinary conditions of the uterus in labour, and that I was not likely to assume in haste that a crucial division of the uterus was necessary, unless there were circumstances to warrant the assumption. As to the friends who assisted in the operation, it would be presumptuous in me to say more than this, that their medical brethren in this locality know best the weight that attaches to their individual opinions; and also, whether they are gentlemen likely to coincide with such an opinion, and to countenance such an operation, unless the circumstances fully warranted such a line of procedure. Suffice it to say that their names are a sufficient guarantee that even such an operation as the one performed was necessary and justifiable.

Having said this much, which I consider the peculiar circumstances of the case have rendered necessary, I proceed to consider the case more minutely.

This case differs from analogous cases of which I have heard, by the remarkable alteration in the tissue of the uterus itself. This alteration Dr. Bennet alludes to, and I have no doubt that his opinion as to the existence of inflammation previous to conception is correct; but with regard to his idea of the thickening of the uterus, I would desire to direct his attention to the fact that the uterus was not only thickened, but was densely fibrous or semi-cartilaginous; which would appear to indicate that not only was the ordinary process of attenuation, or thinning (if his idea be correct) reversed, but that there must have co-existed severe inflammatory action. Now it appears to me that the inflammatory process is sufficient to account for the symptoms without concluding from this case, at least, the existence of the principle for which Dr. Bennet contends.

Not only was there in this case a very great thickening of the uterus, but the superior orifice of the os uteri was surrounded with a very hard fibrous band.

I remember attending one case in which a thin and yielding uterus was surrounded at its os with a round fibrous band or ring. In this instance the os uteri descended to the os externum before any dilatation could be produced. Until this period of labour, this fibrous ring resisted all my efforts to induce relaxation. At length it yielded and permitted the membranes to form their usual pouch, which it did not previously permit. But in the case to which I refer, our judgment of the impracticability of dilatation was formed principally from the unyielding nature of the tissue of the uterus itself, from the character of the os uteri, and from the fact that after ten hours' labour the uterus had not attempted to descend. Our opinion also was confirmed by the absence of all efforts of relaxation.

It is quite true, as Dr. Fairbrother says, that one of the gentlemen in consultation broke down the intervening tissue sufficiently to introduce the "*very tip*" of his finger into the uterus; but we must not forget that it was the "*very tip*," and no justifiable effort he could use would enable him to pass his finger into the organ itself. When he removed his finger, there was the mark of a tight ligature around the tip of the finger, similar to what would be produced by hard pressure on the bulb of the finger with the open end of a moderate-sized pencil-case. This was the reason why the presentation could not then be clearly pronounced. The woman had had regular pains since three in the morning; this was about nine o'clock. I would beg to remind Dr. Fairbrother, that it was not "subsequently," but at this time, after the breaking down of the intervening tissue, that the cervix uteri was developed and destroyed. The cervix uteri was, at its entrance, also surrounded by a fibrous band, which was only divided by using considerable force.

At six P.M., the time of the second consultation, the uterine globe descended firmly on the brim of the pelvis with each pain; and although the pains had been severe for about ten hours, the only effect produced was slight—and but very slight—relaxation of the vagina. Had we mitigated in the morning, we should have lost the experience of ten hours' severe labour. We preferred the latter experience; and with the conviction the morning examination had produced, we preferred not to exhaust our patient's strength, unless there was a probability of producing the desired relaxation. In the evening, with the experience of ten hours before us, we were so convinced of the correctness of our diagnosis, that we did not hesitate to recommend a crucial incision, as the only legitimate chance of saving our patient. I stated in my report, that I considered this case less as a guide for practice than as showing that it is possible for the uterus to bear an almost

inconceivable amount of injury without death, or indeed any serious amount of inconvenience following. But Dr. Fairbrother makes not a very fair use of this admission. I beg to assure that gentleman that the sense in which I meant to use the words "less as a guide to practice," was, that I did not think it probable that such a case would again occur, or that it would occur to but few; but if any gentleman should unfortunately meet with a similar case, I advise him to operate before he has broken down the nervous system of his patient by fatigue, exhaustion, tartar-emetic, opiates, &c. &c.

I cannot refrain from embracing this opportunity of briefly detailing the history of a case which fell under my notice subsequently to the case which has given rise to the above comments. It is a case remarkable for many reasons, but more especially for exhibiting the resources of nature in labour, and the power of relaxations in diseased uterine structure. At the same time there is a marked and strong contrast between the two cases, and arguments which are good with reference to the one are wholly inadmissible if applied to the other.

A young woman, aged about thirty, was in labour for her third child. She had engaged my friend, Mr. Kay, to attend her, but that gentleman being indisposed my attendance was desired. I visited her in haste, and found what I believed a placenta presentation. There being no urgent symptoms, I left, but returned in two hours. I then examined more minutely, and soon discovered my error. I found a large fungoid growth in the exact position of the cervix uteri. It was, in fact, a fungoid degeneration of the neck of the uterus, and appeared to occupy the brim of the pelvis. On passing my finger into the uterus, I found it pass freely between the membranes and the smooth and healthy uterus. The disease was apparently altogether confined to the neck. The os uteri was then dilated to about the size of half-a-crown, and appeared exactly like a hole of that size in the centre of a large placental mass. Labour not coming on, I left her.

I certainly anticipated some trouble in her labour, but I was mistaken. Her labour did not take place until about a month afterwards, and she was then confined before my friend could reach the house. Nothing particular occurred, but she gradually sank, and died about three months after her labour.

On examination after death, it was found that the malignant tumour had ulcerated or sloughed away; that the uterus was not much larger than the normal organ, but scirrhous; and the posterior coat of the bladder was found to be nearly half an inch thick, from the deposition of cancerous matter.

But to return: I have now to thank Dr. Bennet for his polite and kind communication, and I beg to assure him that his suggestion with reference to the speculum will not be forgotten by me. I will also take the first opportunity that presents itself to examine the woman with that instrument, and will with great pleasure communicate the result to him. With regard to his suggestion, I candidly confess I feel greatly indebted to him; indeed, no one who has not operated on the uterus high up in the pelvis can estimate the difficulty in which this part of the operation was involved, nor, perhaps, estimate the anxiety of cutting through the uterine walls without a guard, or without a director.

I sincerely thank him for his suggestion, of which I will gladly avail myself, should I ever be placed in a similar or analogous position.

I have the honour to remain, Sir,

Your very obedient servant,

JAMES SHEPPARD, M.D., M.R.C.S.E.,
Justice of the Peace for the County
of Devon.

P.S.—My friend, Dr. Roe, of Plymouth, has informed me that I am in error in considering my case "unique," as he formerly had a case of a similar character; but as he intends publishing the case, I abstain from further observations.

THE MEDICAL PROFESSION AND THE LIFE ASSURANCE OFFICES.

To the Editor of THE LANCET.

SIR,—The usual form of application from the Metropolitan Life Assurance Office was forwarded to me about three weeks since, for the particulars of the health, life, and habits of one of my patients, who had applied to assure his life for £1000.

Understanding the office did not pay the medical referee, I wrote to the secretary, objecting to forward the important information which the directors confidentially demand, for the simple reason of their withholding the just remuneration for the same.

The secretary wrote to inform the patient of my communication, stating that *he* must see me, as it was expressly for his benefit that the medical man forwarded a proper statement of his health: whereupon he requested that I would comply with their demand in answering the numerous queries, for which he would pay me. I did so; they refused to effect his assurance—and, I have strong reason to believe, from the facts connected with his condition of body with which I furnished the directors. My patient is not well pleased with the conviction that he has to pay me for withholding his assurance; he has since married, and is no doubt somewhat relieved of the disappointment; it is almost certain, too, that I cease to be his medical attendant.

Now, Mr. Editor, I have considered for years past, and daily experience proves, that it would be more equitable towards our patients and selves were medical men to decline altogether furnishing insurance offices with their secret yet faithful reports. Let the directors rely upon the tact and scrutiny of their own skilful medical officers.

I am, Sir, yours, obediently,

Mount-place, London Hospital, May 31, 1851.

EMANUEL MAY.

THE MEETING OF LONDON GRADUATES.

To the Editor of THE LANCET.

SIR,—I am not alone in the full belief that the sketch I sent to your journal is not wanting in fidelity. I could easily have completed the picture; it required only a few additional touches still less complimentary to the senate. Granting that we may estimate Dr. Gull's state of feeling by the gentle tone of his commentary on my communication, it will never do to take his word for the sort of "animus" existing elsewhere. But it was never my purpose to question either the "animus" or the "motives" of the committee. If their words or their actions belie their motives, then are they a most misappreciated body of gentlemen; not the less unequal on that account to sustain the cause entrusted to them. It is as well to state that *all*, not two only, who spoke in favour of the scheme of re-election, (it would scarcely be fair, and I do not think they wish it, to regard their opinions so unequivocally expressed in any other light,) in some shape or other strongly condemned the senate.

Having alluded to this learned body, in his opening address, as a set of "men who would do honour to any age, any country, or any university," (I quote a part of Dr. Gull's letter, as I was too late to hear his address), Dr. Gull must have felt his position as president at the meeting rather embarrassing. He may safely assume, however, that the sentiments respecting the senate, prevailing among the 500 out of the 600 of the graduates, from the fact of their having kept away from the meeting, if not quite to the extravagant extent of his eulogy, are not very dissimilar to his own.

I am, sir, your obedient servant,

HENRY SAVAGE.

Gloucester-place, Portman square, June 2, 1851.

Medical News.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, May 29th, 1851.

AYRTON, FRANCIS, Liverpool.

CLEVELAND, EDWARD SOMERSET, Madras.

EDWARDS, GEORGE HENRY, Royal Navy.

RIDLEY, THOMAS LOWNY, Newcastle-on-Tyne.

ROTHWELL, CHARLES, Bolton-le-Moors.

SMALE, GEORGE EDMUND, Plymouth.

THE ORTHOPÆDIC HOSPITAL.—The annual festival of the supporters of the Royal Orthopædic Hospital was held on Saturday last, at the London Tavern, when above 100 gentlemen sat down to an excellent dinner. Mr. Quarles Harris was in the chair. He invited the company to drink to the success of the hospital, which had now for many years proved a blessing to London as well as to the provinces. In the past year the public interest had manifested itself in subscriptions and donations which far exceeded those of the preceding year, but still the amount was not sufficient for the increased and increasing demands upon the funds of the hospital. It had been found necessary to extend the means of accommodation for in-patients, and a building fund