

**Inquest on the death of Agnes E. Lottimer before Dr. George C. Ball,  
coroner, Brooklyn, N.Y.**

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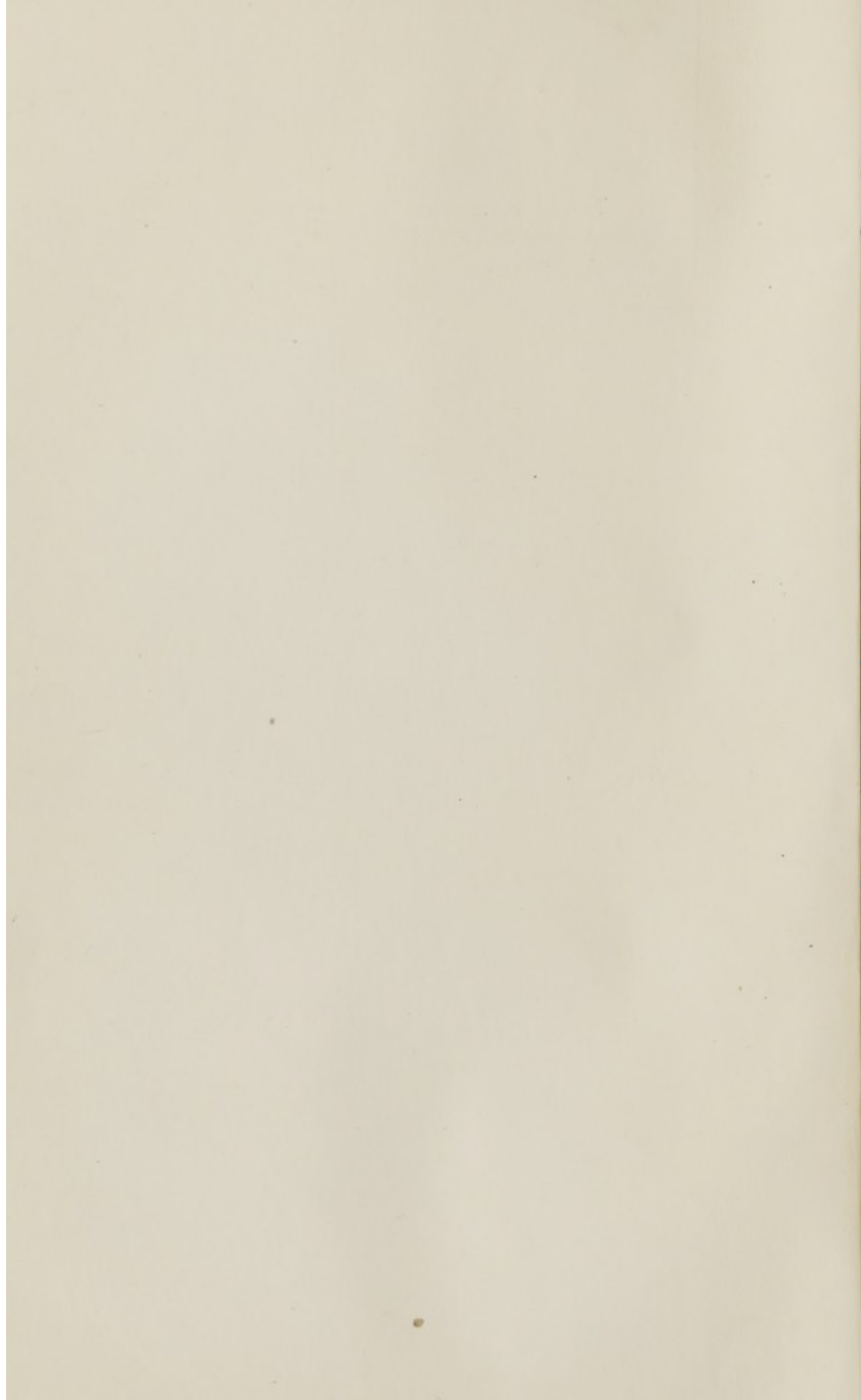
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Inquest on the Death ✓

OF

AGNES E. LOTTIMER,

BEFORE

DR. GEORGE C. BALL, CORONER,

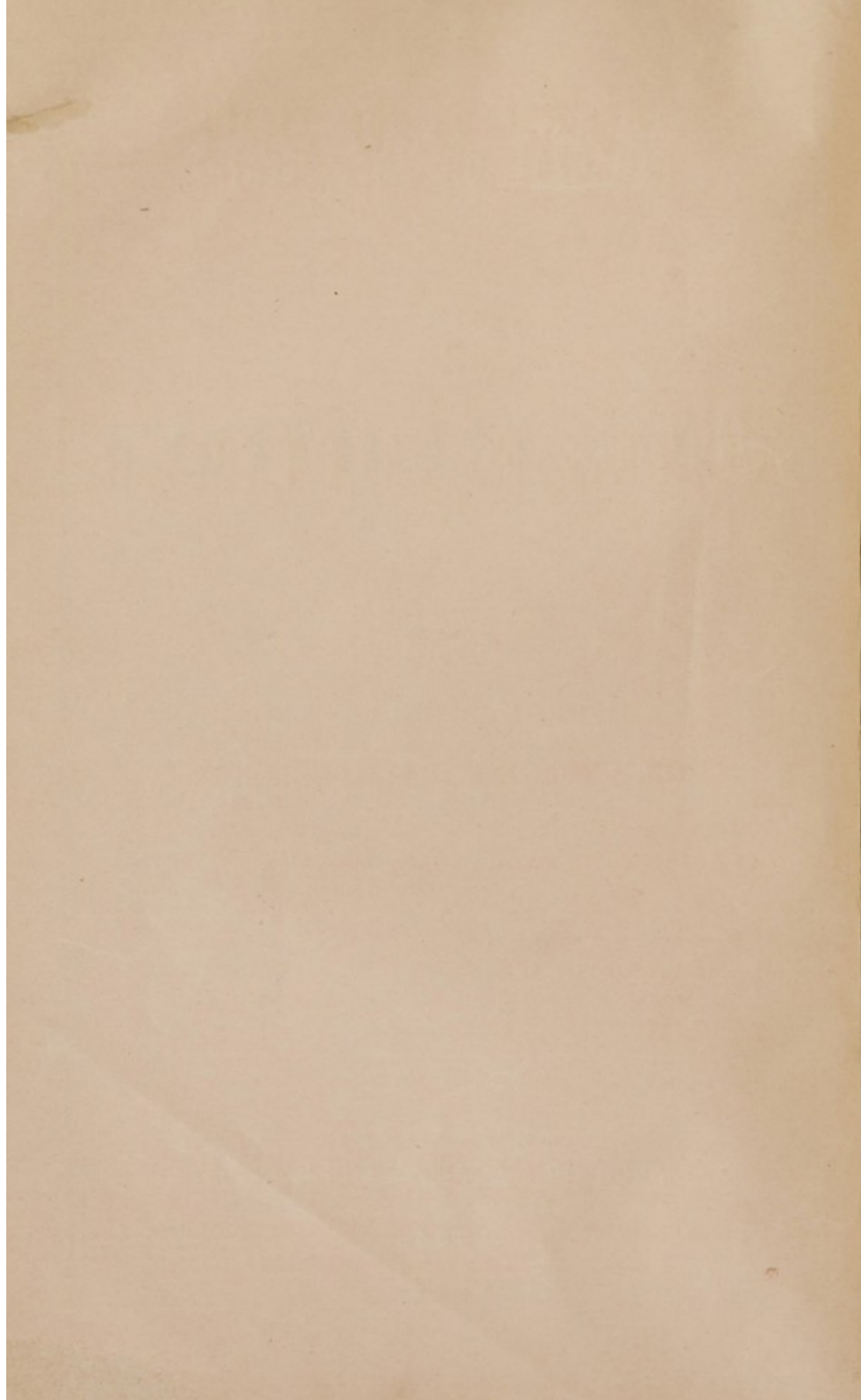
BROOKLYN, N. Y.

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NEW YORK:  
BAKER, GODWIN & CO., BOOK AND JOB PRINTERS,  
CORNER NASSAU AND SPRUCE STREETS.

1854.





# Inquest on the Death

OF

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INQUEST.

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# INQUEST.

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A GARBLED report of the following inquest was published in one of the evening papers of New York. The misrepresentations therein made, the interest of the profession in the details of the case, and the urgent request of friends, have induced the coroner to consent to the publication of the testimony. This has been given without note or comment, as it was taken down on the spot. It will not lack interest, or fail to edify.

Succinctly stated, the facts were as follow :—

A girl named AGNES E. LOTTIMER, aged 12 years, died suddenly on the 7th of October, at the residence of her parents, in Brooklyn, Long Island. She was taken ill on the 2d of August, but, as was alleged by her physician, had been gradually convalescing for some weeks, and "was about the house" the day before her death. There was no suspicion entertained but that she was doing well, when convulsions set in ; and a few hours after, she died. The unsatisfactory statements that were made concerning the causes of the death, the unexpected and sudden issue, rumors of other deaths in the neighborhood equally inexplicable, and hints at malpractice, which were not contradicted by the results of a postmortem examination, induced the coroner, Dr. GEO. C. BALL, to institute a thorough investigation into the case. No one will doubt, after reading carefully the attendant physician's own account, and the minutes of the autopsy, that the disease of which the patient died was a simple intermittent, which, being entirely neglected so far as any efficient treatment was concerned, resulted in a fatal congestion of the lungs.

A much more rare pathology was suggested by the attendant and consulting physicians. They pronounced it to be "at first an inflammation of the brain ;" then an "ague and fever ;" then "a well-marked and uncomplicated intermittent ;" then "an intermittent, complicated with mumps ;" then the mumps pass by "metastasis" to the brain ; and finally, another metastasis takes place, of the mumps, from the brain to the lungs, which proves fatal !

But the reasons for suspecting the presence of mumps do not strike us as very cogent. There was a slight stiffness and tenderness about the neck,



but no swelling or inflammation of the parotid glands; which is very much like having an epistaxis without any "nose-bleed." The domestics thought "she was getting mumps," the mother having been, as was said, attacked by mumps the week before. But the mother had suffered from mumps *on one side, in her youth*; and so far as testimony shows, there was very great doubt, indeed, whether the swelling of the mother's face were not something very different from mumps.

In the testimony physicians will find, that the metastasis of mumps to the brain and lungs is by no means so uncommon an event as they have heretofore thought; and anatomists, we suspect, will be not a little amazed on learning of a *communication between the longitudinal sinus* and the external air, in certain cases. Dr. WELLS, in explaining the hæmorrhage with which the poor girl's last moments were attended, says, that "*it (the blood) might have come from rupture of the longitudinal sinus, through the ethmoid plate*;" in another place adding, that this could only happen in case of a *softening of the brain*!\*

Particular attention was directed to the treatment of the patient. It was entirely inert from the beginning—probably the most powerful medicine administered being lemon-juice and coffee! Other remedies, and powerful ones, indeed, are named; but the doses were such as an infant inhales into the lungs when a bottle is unstoppered in its presence, and such as we eat with our food and drink with our beverages, yet are not, nor would be if they were scores of times stronger, either harmed or helped thereby. What makes this sad case more aggravating, is the fact that the disease to which this child fell a victim, is one of the most manageable with which physicians have to deal, as in *quinine* they have a specific before which comparatively few cases stand. Yet quinine was not used, at least in no such doses as all experience has pronounced essential for the development of its virtues.

The trial opened on the 13th of October, 1854, in the City Hall, Brooklyn, and, to accommodate all parties, and allow the fullest restatements of witnesses, was adjourned from time to time until, on the seventh day, the 4th of November, the verdict was rendered. The following are the names and occupations of the jurors:

JOHN N. TAYLOR, Attorney at Law.	E. D. TROWBRIDGE, Merchant.
THOMAS D. MIDDLETON, Merchant.	ISAAC H. FROTHINGHAM, Merchant.
ALEXANDER M. GREIG, Stock Broker.	M. F. HODGES, Merchant.

\* No allusion to this monstrous blunder is found in the report of this inquest prepared for publication by a homœopathic witness. Had the young gentleman the grace to be ashamed of the ignorance of his senior?



In their verdict they expressed no opinion of the efficiency of the treatment, or upon the question of malpractice. With their "finding" we have no concern. The public health demanded of the coroner the investigation, and for the fearless performance of his duty he deserves the thanks of the community. Homœopathic physicians of the vicinity have chosen to stigmatize the proceedings as persecution. If we are to believe them and their advocates, this inquest was something strange and till now unheard of. The patient, say they, was attended by a physician, and he prescribed "according to his system; surely, he is not to be held accountable." How has it been in similar cases? It is not very many years ago that a young man named French was attended by a Dr. Frost, who "*prescribed for him according to his system.*" French died, and not only did the coroner hold an inquest, but the grand jury found a bill; Frost was tried and, we believe, convicted of manslaughter! As in the case of Wells, physicians (so called) from all quarters gave their testimony that the treatment had been judicious "according to their system." Yet Frost was convicted. To be sure, Frost's system was Thompsonianism; but is that worse than Homœopathy? In the one system we have Thompson, Lobelia, and Number 7; in the other, Hahneman, Belladonna, and the Thirtieth Dilution. Who shall decide between the Dutch and the Yankee quack? Who will venture *tantas componere lites*? One credit we will allow these Homœopathists; if their knowledge of anatomy is as infinitesimal as their doses, their *esprit de corps* is as high as their dilutions. During the trial they made common cause—high dilutionists and low dilutionists united to assure the jury that the treatment was "judicious;" though it will be seen that they by no means agree that they would have treated it in the same way. How does the "judicious treatment" of some who pass for physicians in the community differ from culpable inactivity—the rashest kind of experimenting with diseases that are entirely amenable to common treatment? Is it unfair to presume that such experimenting has helped to swell the tables of mortality?



# TESTIMONY.

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## TESTIMONY OF DR. WELLS.

PARKHURST P. WELLS.—I am a physician, residing in Brooklyn, and practicing Homœopathy. I attended Agnes Lottimer in her last illness. I was sent for on the 2d day of August; she was at Bath. She had intense pain in the head, great sensibility to light and sound, and to motion of the head; intense heat of skin; flushed face, thirst. Pulse 144 in a minute; hard; urine high colored and scanty. I thought she had inflammation of the membranes of the brain. The amendment progressed from the 2d to the 10th of August, when these particular symptoms of the head disappeared.

On the night of the 10th of August, about 10 o'clock, I was called by a messenger who said she was much worse, and they thought she must die. I found the surface cold, pale, and covered with cold perspiration. Pulse 160 in a minute, small and weak; great thirst, restlessness and anxiety, and much tossing about on the bed, and anxious respiration. She was unconscious. She rallied from this between two and three o'clock, and the improvement continued until between six and seven, when I left for home. My friend, Dr. Dunham, returned with the messenger who brought me up, and remained until 1 or 2 o'clock, when I saw her again. At one o'clock I found the improvement had continued to progress up to that time; and from that time the improvement was progressive, with the exception of returns of the condition found on the night of the 10th. Each return less in severity. Between these attacks she had fever continued; was not free from it between the intervals of cold perspiration. These alternations lasted from ten days to two weeks, when the fever intermitted, and the intermission was complete. This intermission was followed by a chill; that chill by fever, and the fever resolved itself without perspiration. On the third day the chill and fever was repeated. It was a tertian. There were perhaps six or eight of these attacks, while the fever retained a tertian form. These attacks returned three hours less than forty-eight. The paroxysms then became quotidian; still anticipating. This was about the 22d of August, when it assumed the quotidian form. She remained at Bath until the first Monday of September. She had improved from the prostrated condition, so as to be able to ride to Brooklyn. The paroxysms of fever began to postpone shortly after her return. The intervals of anticipation decreased until they came to the same hour, until about ten days before her death when the fever returned about at the hour. The paroxysms were now very light, made up of a very slight chill, and the latter one followed by no



fever. The third day before her death she complained that she did not feel as well; complaining of nothing specific, however, except a slight stiffness of one side of the neck, with slight tenderness on pressure over the upper and anterior part or edge of the cleido-mastoid muscle. The domestic attendants thought she was getting mumps, as her mother had mumps about one week before. There was no swelling of the parotid gland. She had been so as to be up and about the house, both Thursday and Friday preceding her death. The paroxysms of chill were so slight she had not taken her bed. On Saturday morning she waked with headache, which she had not had for some considerable time. The tenderness and stiffness of the neck were gone. She took her chill on Saturday at half past 10 o'clock. I saw her at half past 11 o'clock. The chill had passed off, and there was no fever. The pain in her head still continued, and did through her chill, constituting a difference between this chill and those she had recently. This difference made necessary a change of medicine, which I went home to prepare, and which the family were to send for.

The messenger came between half past 1 and 2 o'clock, saying she was in convulsions. I saw her about ten minutes before 2 o'clock. The domestic attendants had already placed her in a warm bath, and she was enveloped in blankets, on the bed, in a profuse hot perspiration. The muscles of the eye-lids, the eye-balls, the neck, and those of respiration, were much convulsed—of the extremities, less slightly convulsed—of the arms, more than the legs, and at times not at all convulsed.

There was frothing at the mouth; respiration irregular and convulsed, much embarrassed by mucus in the throat, the gurgling of which was loud; these convulsions were *clonic*. Under the administration of remedies, about 4 o'clock they changed and became tonic, and were now principally confined to the wrists and respiratory muscles; at a quarter before 5 they ceased and she fell into a natural sleep for ten minutes; the pulse, when I first found her at ten minutes before 2, was exceedingly rapid and feeble, they could not be counted; as the severity of the convulsions ceased, the pulse diminished in frequency and increased in force; perhaps they were about 150, as I conjecture, at 5 o'clock, when she was asleep,—when she awoke, opened her eyes, moved her head and hands, and fell asleep again and slept quietly. She had two or three of these short sleeps and wakings, when she seemed to manifest a semi-consciousness. She moaned a good deal. Her tongue, which was much lacerated on the right side, seemed to annoy her. I left her between 5 and 6, and Dr. Dunham remained by her. I saw her again between 7 and 8 o'clock. Her improvement had continued to progress very satisfactorily during my absence, and continued until about ten minutes before 8. The discharge of a gun startled her, and she moaned violently, seemed very much distressed; and her improvement ceased from that point. Between 8 and 9 her pulse increased in frequency and lost in force, though she slept quietly with intervals of moaning more protracted and louder. Shortly after 9 o'clock I left; the patient remaining under charge of Dr. Dunham, an arrangement having been made with him to stay during the night; he was so kind to oblige me, as I was in feeble health. I left a few minutes past 9. Was absent until a few minutes before 11. I was called between 10 and 11, by a messenger, who said she was again in convulsions. As I passed through the door of her



room I saw very dark blood and thick, flowing from her nose and mouth. She gasped once after I entered the room and was gone.

When I first saw her, I prescribed for her *aconite and belladonna* in alternation ; they were the thirtieth centesimal. This is the thirtieth remove from the crude tincture in the proportion of one part to one hundred, dissolved in water, a powder of course containing sugar of milk. About thirty or forty of these pellets were put in four tablespoonfuls of water, and a teaspoonful given every two hours. I expected to effect an abatement of the inflammation of the brain. I give these because they have cured very many cases of similar disease in my own experience, and also in the experience of very many other men.

It has been found to be a fact by very extended experience, that drugs will cure diseased conditions similar to those they have the power to produce. This is proved by the experience of some two thousand practitioners on this Continent, as many more in Europe ; and the experience has extended over a period of half a century or more ; so that, if the jury will recur to the group of symptoms mentioned in the commencement of this case, I gave these remedies, the *aconite and belladonna*, because they create the same symptoms in a person in health.

There was great excitability, intolerance of light, sound, and motion ; a great susceptibility to exciting agencies of all kinds, and hence a strong susceptibility to the agencies that produce conditions similar to those in a sick person. If there be an intense susceptibility to general exciting agencies, there must be a stronger susceptibility to those which excite similar conditions to those existing in the sick ; and hence the necessity for the smallness of the dose, and hence its efficacy. Both remedies were given for the whole condition. These remedies were continued about thirty-six hours. *Rhus toxicodendron* was then given in the same doses as the other. The disease would pass by the same name though the condition had changed, and hence the folly of naming diseases. The fever had abated, and the susceptibility to exciting agencies had abated to a considerable extent ; the prominent symptoms now were heaviness in the head, and pain, inability to raise it from the pillow. The *Rhus* was given because they produce the same effects in a well person. She received *Rhus*. *Pulsatilla* and *Sulphur* were given up to the 10th ; and for the same reasons a mixture of cold water and alcohol had been applied to the head of the child, and that had been permitted to be continued.

At the time I was sent for, on the 10th, at night, I gave her *arsenic* and *carbo vegetalis*, in the same doses and in the same form, once in fifteen minutes. I suppose this occurrence, on the night of the 10th of August, was an attempt at an ague chill, which was imperfectly executed. She had no ague until the 10th. Whether the previous attack of the brain was a miasmatic attack, or not, I do not pretend to say ; I did not view it as such at the time I was first called to her. I esteemed her dangerous that night, when I first went in. I had seen her that day, previously. She was not dangerous when I saw her in the day. I did not state to any person in the house that she was no worse than when I saw her in the morning. I do not remember going down stairs, and being sent for in a short time and finding her much worse. I do not remember ordering bottles of hot water, &c., to be put about her. I remained until between 6 and 7 in the morning. The next day, at 1 o'clock, the arsenic



was dropped and the *carbo vegetalis* was continued. I cannot tell what changes had occurred to cause me to drop the arsenic. The prostrated vitality of the individual caused me to give the *carbo vegetalis*, because it produces symptoms like those which accompany prostrated vitality, and its use, in a great many instances, has relieved prostrated vitality in others. Up to three days before her death, I considered her disease intermittent fever; and she had paroxysms of intermittent fever during the last three days. With the exception of a very troublesome itching of the vagina, she had no other trouble. On and after the 10th, she got *arsenic*, *carbo vegetalis*, *veratrum album*, *ippecacuanha*, *nux vomica*, *pulsatilla*, *cinchona*, *calcareo carbonica*, *cedron*, *arsenic*, and *carbo vegetalis*. The ague of *veratrum* is made up more of chill than fever, the chill also accompanied by a cold perspiration—this she got after the night of the 10th. The ague of *arsenic* has so many varieties that I could not repeat them without getting the book and reading. *Ipecac* produces vomiting, perspiration, cramps in the stomach, &c. Ague and fever without thirst, *ippecac* will very likely cure. Probably at that time her fever and ague was unaccompanied with thirst. I judged it to be the very best thing she could take when I gave it, because the symptoms she had corresponded with the symptoms the *ippecac* would produce. I do not remember them now. All the symptoms produced by *ippecac* are not found in the same person; they are modified by age, temperament, sex, &c.

*Nux Vomica*. Thirst from the beginning of the chill, continuing through the chill, also through the fever, pains in the head through both chill and fever; it is also applicable to paroxysms occurring any time within the twenty-four hours; thirst ceases at the cessation of the fever. It is probable that this was the form of fever at the time this was prescribed; this was given in the one-third centesimal, and in the same form, every two hours, repeated during the intermission.

*Pulsatilla* produces fever, leucorrhœa, amenorrhœa, dysmenorrhœa, nausea and vomiting, diarrhœa, &c.

I do not remember exactly why I gave this, farther than the general statement already given. The same dose as the others.

*Cinchona*, the same dose. I do not remember the form of ague in this particular case.

*Calcareo Carbonica* was given in the same dose, and for some other form of the fever which I do not recollect.

*Cedron* is a kind of bean that grows in tropical regions; the properties are not proved, or fully understood. I took it myself in health, and got chills affecting the left side of the body, and in the afternoon, pains in the stomach and in the forehead and over the eyes; darting pains in the right arm first and in the left the second, along the ulnar, and also in the right hand. I do not remember the particular state of the patient for which this was given; her paroxysms were very much mitigated by its effects, so much so that I expected every day she would pass her chill. She continued its use perhaps ten days; nothing else given at the same time.

*Cinchona*. It was given during the latter period of her disease; don't remember how long after the use of the *veratrum* or *nux vomica*; she had been taking *cedron* up to these three days, when its use was discontinued because she ceased to improve under its administration; she then got *veratrum album*, on Wednesday and Thursday,—the fourth centesimal, thirty



or forty of these in four tablespoons of water, and a teaspoonful once in two hours during the intermission. The paroxysms were now simply chill; she was not in bed; she had her chills in a chair; her chill was very light, and did not improve under it. I directed on Thursday, that if the chill returned on Friday she was to get half a cup of *black coffee* and a tablespoonful of *lemon juice*, on the accession of the chill. She took that; I saw her on Friday after the chill, and it had been very much mitigated and abbreviated; directions were given to administer a similar dose of coffee and lemon juice one hour before the expected accession, and to repeat if the chill should appear. I saw on Saturday, about half past 11, she had passed through the chill and had headache; I ordered nothing for her; I returned and found her in convulsions, and gave her *Belladonna* and *Opium* in alternation, at first just the same doses as mentioned before, a teaspoonful at the commencement of each convulsion after she received the first dose.

After the first thirty minutes she got the same medicines, by my directions, with the advice of my friend Dr. Dunham, just the same as before, the strength of the tincture I do not know. Dr. Dunham prepared them. This was continued until about 4 o'clock, when the spasms changed their character; *cicuta virosa* was then substituted for *opium*, I think the fourth centesimal, thirty or forty pellets to half a tumbler of water, and a teaspoonful dose given; this was continued up to a quarter before 5, when the spasm ceased. She took no more medicine under my direction until 9 o'clock, when we gave her *belladonna* of the third centesimal, in the same dose. I gave the *coffee and lime juice*, because it has cured agues for me and my friends.

Up to the 10th, the deceased was laboring under inflammation of the membranes of the brain, uncomplicated with any other disease. For ten days after the 10th, it was ague and fever without an intermission, there was not sufficient vital power to bring about an intermission. After that ten days, it became a regular intermittent, and so continued uncomplicated, except with the *pruritus*, up to the three days before her death, and then continued up to her death *complicated with mumps, which was translated to the membranes of the brain*. I suppose that to have been the cause of these spasms. I did not at the time of the soreness and stiffness prescribe any thing for the mumps, simply because they did not appear in their specific form, and there was no fact to call for the change of the remedies which the greater evil of the ague and fever required. I suppose this translation of the mumps to the brain took place on Saturday morning; I did not see her until half past 11, and then went home to prepare medicines for her general sick condition. On my recall my remedies were addressed to this state of her case. I did not consider her at all dangerous previous to Saturday at 2 o'clock, and but for the translation of the mumps bringing on congestion of the brain, I know no reason why she should not have recovered. I suppose the dark, thick blood that issued from her mouth and nose came from the lungs, proceeding from congestion of the lungs. The congestion of the lungs might have arisen from one of two causes; first, the mechanical effect of the embarrassed respiration (I attach no particular importance to this, the probability is the other way); and the other, metastasis of the mumps from the brain to the lungs. The reason why I think this might have taken place is, that the spasms of the muscles of the eyelids, eye-balls, face, and neck ceased while the respiratory organs were still subject to spasm; and



what is a little curious is this,—the spasm became tonic at this point, and was confined to the wrist, scarcely, if at all, reaching the leg. The nerves of the arm and of the lung are derived from the upper part of the body, and the reflex influence of the nerves might have affected the arm in this way. She died from suffocation, by the accumulation of this blood in the throat. There must have been a rupture of the blood vessel, to occasion this flow of blood, and that would not have taken place but for the convulsions. She had no symptoms of congestion of any organ, even with her chill, that particularly attracted my attention, other than accompanies all paroxysms of ague and fever. She uniformly answered, during the last two or three weeks, that she had no pain at all. Fever and ague is a congestive disease. It is not considered usually a dangerous disease. Persons of bad constitution, aged persons, &c., in them the danger is increased. I never made or saw a postmortem examination of a person dying of ague and fever, and never saw a person dead of ague and fever. The liver and spleen are more particularly affected than any other organs. I have no recollection of ever having been told that she complains of pain and soreness in any part of the body on being handled.

The reason why I supposed she had mumps, and they were translated to the membranes of the brain, is because, 1st, for the two or three weeks preceding her death she had no brain symptoms whatever, not even a pain in her head, and I questioned her every day on that point; 2d, the attack came on just at the time mumps will come if she had taken it from her mother; 3d, the slight stiffness and tenderness of the neck, as mentioned; 4th, the character of the convulsions; 5th, the termination by hæmorrhage. *The hæmorrhage might have come from rupture of the longitudinal sinus, and coming through the ethmoid plate;* and it is only conjecture that it came from the lungs. If hæmorrhage of the longitudinal sinus had occurred so as to escape by the mouth and nose, it must have been at the anterior part of the sinus; and then you would have found blood at the base of the brain. There were no phenomena during life that would account for that as a product of disease from beginning to end. Postmortem examinations are of much less value than is generally supposed. I decline accounting for the appearance of this bloody serum in the chest, on account of the uncertainty which attends its origin. Whether it took place before death or after, the origin of the serum is all uncertain. I have made postmortem examinations of persons who have died from diseases of the lungs, and have found serum in the cavity of the chest. I have seen it of all amounts, from as much as the chest was capable of holding down to a very little. Some died of pleurisy, some of phthisis. I have opened persons who have died of other diseases, such as dropsy of the brain, jaundice, with considerable serum in both pleural cavities, and no disease of lungs or pleura. I am not aware that I ever saw bloody serum in any case that I remember.

I was asked about the 10th, if I did not think it was best to have additional advice. [This was put by one of the jurors.] Mr. or Mrs. Lottimer never at any time spoke to me about having additional advice, up to the three days before her death. It was the impression of the family that she had *mumps*. On Thursday, it being a pleasant day, and their being *no swelling of the parotid gland*, she was permitted to ride. I have no recollection of either Mr. or Mrs. Lottimer asking me if I was going to cure her child or if I was going to let nature have its course. The child had this



peculiarity, she would not take the diet prescribed, which was gruel, and took nothing until her father told her she must take it. This was for some two days or more. She then took arrow-root or gruel and gum water. She took it after the disease assumed an intermittent form. She took no meat until the intermissions became complete, and then took delicate game birds, &c., and when she became further improved, mutton chop, &c.

Some of the medicines, the *nux vomica*, *arsenic*, *veratrum*, *rhus toxicodendron*, &c., are active poisons. I have never experimented with any of these medicines, except the *cedron*, on persons in health. The dose of any medicine, which produced the symptoms recorded, is not retained in the materia medica I use. The tincture of *nux vomica* is prepared by putting twenty parts of the powdered bean to one hundred of the alcohol. To twenty grains of the powder I would put one hundred drops of alcohol. I do not know what a high dilutionist means. It is not our theory of disease that all diseases have one of two origins, either syphilis or itch.

[To a juror.] I am regularly educated for the practice of medicine. I was educated at the New Hampshire Medical College, and practiced seven years as an allopathic physician.

I do not know whether it is uncommon for a child who has chills and fever to die of convulsions. This is the first case of the death of a patient where chills and fever were in progress at the time of the death. There was no evidence of disease of any of the internal organs during the progress of the fever and ague. I always examine all points that show disease. The correct homœopathic practice is based upon a knowledge of all the facts that constitute the difference between the sick and the well.

I arrive at those facts by the use of my senses, and by inquiries of the attendants and of the patients themselves. Sometimes I feel the patient's pulse; sometimes I look at his tongue. A metastasis of mumps to the membranes of the brain would produce congestion of that organ in a very short time; and other organs may be suddenly congested by the mechanical obstruction of the circulation of the blood through the lungs, as happens in violent convulsions—all this might take place from the mumps. *Quinine is not a specific remedy for the ague and fever*, it is only specific for such forms as it produces—it will not cure all forms. The form of ague that quinine is appropriate to, is not very frequent here. I have given it a few instances, and it only cured one. I gave it a powder, either the first or third centesimal, in a dose of about a grain or a grain and a half, and the ague did not appear after the first dose.

The headache appeared on Saturday morning, as the coffee and lemon juice was given on Friday. I think the effect on venous congestion would be to relieve it by the law of contrarieties.

### DR. DUNHAM'S TESTIMONY.

CARROLL DUNHAM, sworn. I reside in Clinton street, near President; I am a physician practicing in the city, and practicing what is known as Homœopathy. I graduated at the New York College of Physicians and Surgeons. I pursued the regular practice in hospitals, but never in private practice on my own responsibility.

I saw Miss Lottimer in consultation with Dr. Wells. I saw her first either on the 10th or 11th of August. I considered her to be laboring



under inflammation of the brain. I was told by Dr. Wells that she had been taking, during the ten days previous to the time I saw her, *Aconite* and *Belladonna* in alternation; these medicines, in the thirtieth centesimal dilution, thirty or forty of the globules, dissolved in half a tumbler of water, a teaspoonful being a dose, I think repeated every three hours. Her symptoms were as follows:—She was pale; extremities cold; the whole body covered with a cool, clammy sweat; thirst almost continual; tossing of the body to and fro; and anxious sighing respiration; heat of the head to the touch; pulse very frequent and very feeble. I do not remember the condition of the tongue. At times she appeared to be conscious of something going on about her. This was in the morning, somewhere about 7 o'clock. Dr. Wells came to my house for me; he did not go down with me; he had been at Mr. Lottimer's during the night, and I went back in the conveyance which brought him up. Dr. Wells said, when he came for me, I have been down at Bath nearly all night; I wish you to go down and care for Miss Lottimer until I return. I had not seen her during her illness before this. At this time he told me, as he gave in evidence, what her condition was, and what treatment he had pursued during the night. Then, being in haste, he left, and I went down. Then I examined her, and found her in the condition I have already described. I prescribed nothing new, but administered what he had prescribed. About 2 o'clock that day we held our first consultation. I agreed with Dr. Wells entirely in his opinion, as expressed,—that her disease was inflammation of the membranes of the brain. We considered it probable that the spell she had the previous night was an attempt to set up an ague chill.

I did not suggest any change in the treatment, at 2 o'clock. I saw her again with Dr. Wells the next morning. There was no change made in the treatment then by my suggestion. I considered that from the night of the 10th of August, up to the day on which she was first free from fever, probably about ten days, there was a series of unsuccessful attempts to set up intermittent fever. I should say she had not entirely recovered from the inflammation of the brain, but was in process of recovery. I did not consider myself in attendance upon her after the time she took the *Rhus*. I considered the emergency for which I had been called to give my advice had passed over. I saw her frequently after I discontinued attending, though only as a friend. I considered, after the lapse of some days (how many I know not), that her disease was intermittent fever. I did not interfere with the treatment at all. I saw her again in consultation with Dr. Wells, about four or five weeks previous to her death. I do not remember seeing her in conjunction with Dr. Wells but once. I do not remember then suggesting any change of treatment. I think I saw her twice after this when Dr. Wells was not present. This was about three weeks before her death. I did not then alter the treatment. I did not see her two or three days previous to her death. I saw her between 2 and 3 o'clock of the day of her death. She was then in a convulsion. I went as a friend. I was there from half-past 2 to half-past 4; then from about half-past 5 to 7; then from 9 to the time of her death. I found Dr. Wells there when I entered the room. I consulted with Dr. Wells as to the treatment. None of the medicines given that day were given at my suggestion. I have no recollection of ever at any time suggesting any remedies. I do not remember expressing any difference of opinion as to



her disease, and do not know that I entertained any. At every, and at all times, I fully concurred with Dr. Wells as to his opinion of her disease and the treatment.

Intermittent fever is a disease generally considered to be due to a miasmatic influence, and manifesting itself under a variety of forms, having the same generic character. The difference between a remittent and intermittent fever is, in one there is an intermission, and in the other a remission.

In an intermission, the symptoms which are said to intermit are no longer present. In a remission, they are present in a mitigated form.

I treat intermittent fever on the basis of the homœopathic law. The homœopathic law is *similia similibus curantur*. The first that I ever heard of enunciating that, was Hippocrates. He was a Greek physician. Sydenham next published this doctrine. Several mentioned it. The chief was Samuel Hahneman. He was a German physician. He arrived at that conclusion by observation conducted by himself, and by observation of medical writers who had preceded. His observations were of various kinds. The first class were involved in the treatment of a large number of the sick, according to the medical methods then in use. *The second* consisted in experimentations with drugs upon himself and others while in health; *the third* involved in the treatment of sick persons with the drugs whose effects upon the healthy he had learned by previous experiments. These same experiments and observations had not to my knowledge been made by Hippocrates or Sydenham.

I am not governed by pathology at all. It is one of the instruments I make use of in getting at an accurate knowledge of the condition of the patient. When called to a patient, I look at him and learn the symptoms. I look for the immediate cause of the symptoms. It is impossible to distinguish between the aggregate of the symptoms and any thing which is called the disease. In the simplest form of the intermittent fever, at some part of the 24 hours, the patient has chill, with various accessory symptoms, which depend upon the organs of the body which sympathize with the diseased condition that constitutes the chill. Headache, pains in the bones, pain in the back, dizziness, gastric derangement, frequently splenic congestion, fever generally follows the chill, headache, thirst, gastric derangement, &c. The fever is followed by sweat, sometimes accessory symptoms, sometimes not. In intermittent fever the paroxysms come on at different periods, called quotidian, tertian, quartan, &c.; they are different types of fever. In a quotidian the chill commences at all hours of the day. I do not know that there is any rule for the time of a chill, commencing at particular time, in a quotidian. The cause of the spasms I suppose to have been congestion of the brain. After hearing the history of the case from the attendants and Dr. Wells, and after witnessing the termination of the case, I suppose a metastasis of mumps had taken place to the membranes of the brain.

I was led to suppose this from the termination of the case; it was by an association of ideas,—it was because *I had seen a case of metastasis of mumps to the brain* run its course and terminate as that case did. One reason why I supposed she had mumps, was from the stiffness and soreness of the neck. The case I alluded to terminated by hæmorrhage from the nose and mouth, precisely the same way as this. I suppose that the blood thrown up by Miss Lottimer came from the mucus membrane of the



bronchia, or else from a ruptured vessel of the lungs. I suppose this was caused by the intense congestion of the lungs. I suppose the congestion of the lungs was mechanical, resulting from the spasm of the muscles of respiration. I state this upon conjecture, as I did not see the patient until she had been in the spasm an hour; and I do not know if there was any evidence of her lungs being in a congested state at the moment she went into a convulsion. Mumps is a disease the characteristic symptom of which is swelling with tenderness of the parotid gland. I do not know that mumps ever runs its whole course without swelling and tenderness of the parotid gland. There are preliminary symptoms which precede the swelling of the parotid gland, and these may be considered as a part of the course of the disease.

Those symptoms are lassitude, partial loss of appetite, a somewhat quickened pulse, sometimes headache, and a greater or less degree of stiffness and soreness in the side of the neck, and occasionally difficulty of mastication. When metastasis of mumps takes place, it generally goes, in the male, to the testicle; and in the female, to the ovary, or mammary gland. It sometimes goes back from these to the parotid, and sometimes to the membranes of the brain. It goes sometimes directly from the parotid to the brain; more frequently before the age of puberty, and in subjects who had previously had head affections, than in others; on the whole, not unfrequently. I think in this case it went directly to the brain. My authority is Shoenlein, an allopathic writer of very great distinction.

At the time she had this spasm, the last medicine she received previous to my arrival, was *belladonna*. The tincture of opium was the second centesimal, and the *belladonna* was the first centesimal. Two drops of the preparation in  $\frac{3}{4}$  of a tumbler of water, and a teaspoonful of that, making the dose about one ten-millionth part of a drop.

Miss Lottimer died of suffocation by means of this blood, and this brought about by the mechanical congestion of the lungs, that brought about by the convulsed condition of the respiration, and that owing to congestion of the brain.

The high dilutionist is one who uses high dilutions; the low dilutionist is one who uses low dilutions, or, the one who uses more of the medicine and less of the solvent. [To a juror.].

#### TESTIMONY OF DR. HULL.

A. COOKE HULL, sworn,—I am a homeopathic physician, practicing in this city. I was called by Mr. Hodges in a very urgent manner, to go and see this case, on Saturday, the 7th day of October, at 4 o'clock in the afternoon. I learned the history of the case, a little previous to my getting there, from Mr. Hodges. I mean the circumstances attending the case, and why I was sent for; upon arriving at the house I did not see the patient immediately, but waited until I saw the attending physician, Dr. Wells. He gave me, in the meantime, the previous history of the case, and partly of his treatment. I went up and found a young lady, apparently about twelve years old, nearly at the termination of a convulsion. I found her in a hot sweat, flushed face, difficulty of respiration, the muscles were then mostly relaxed, with the exception of the wrist; pulse very rapid and feeble,



I could scarcely count it; she was insensible. I remained for a very short time, some ten or fifteen minutes, and then went down stairs with Dr. Wells, where I found Dr. Dunham.

Then we talked the matter over; I remarked that it seemed to be a fatal case; I asked the doctor what she was then taking. He told me *cicuta* of the first dilution. I remarked I thought it was indicated by the symptoms; I believe I then spoke of opium as a remedy. The doctor said it had been given before, but that it had lost its effect. I then remarked I thought the case seemed a desperate one, unless the patient had vitality enough to sustain the shock of the disease; and I said I could suggest nothing more than what he had been doing. I had not seen the patient before. From the statement of Dr. Wells, I should think the disease was primarily intermittent fever. I have heard Dr. Wells' testimony as to his treatment of the case, and as far as his history of the case goes, I approve of it. Judging from the history of the case, I do not think the intermittent fever was the cause of the death. When Dr. Wells gave me a description of the case, I remarked I thought it might be an inception of mumps, and that brought on these convulsions by congestion of the brain. I suppose the cause of throwing up blood was the congestion of some organ producing rupture of a blood vessel; I do not know what organ it was; my treatment of intermittent fever ordinarily is with quinine. I vary my dose of quinine from the  $\frac{1}{16}$  of a grain to a grain and a half, and two grains. I generally find that treatment successful; none of my patients have died under that treatment. I have followed this treatment ten years. In the paroxysm of fever I use aconite and belladonna. I use the crude tincture, about from three to five drops in a tumbler two-thirds full of water, and give a teaspoonful or two teaspoonfuls, and sometimes a tablespoonful, from two to four hours. The cases under this treatment sometimes last two or three weeks. I have cured them the second chill. I don't relinquish the treatment: sometimes the cases will return. There are many other remedies which I give besides aconite and belladonna. I have healed them without quinine, but generally use quinine.

I do not know that I can recollect any peculiarity in the convulsions arising from the metastasis of mumps to the brain, from any other convulsions arising from congestion of the brain. I saw one case where there was hæmorrhage from the mouth. I should think there was at least ten or twelve ounces of dark, thick blood. The patient died almost instantly. There was no postmortem examination made. It was a young man, about eighteen or nineteen years. He had mumps some three or four days. There was swelling of the glands on both sides of his neck. The disease commenced with swelling of the glands, and very few premonitory symptoms. I suppose, in this case, the blood came from the lungs. My opinion was, that there was a rupture of the blood vessel somewhere, from mechanical action.

[To a juror.] I have heard the history of the case, and, in my opinion, this treatment was according to the best and most improved methods of homœopathic treatment. I have no experience in the use of coffee and lemon juice in such cases. I have heard of its use in intermittent fever. There are authorities for its use, and I have heard of individuals using it empirically. As regards the propriety of its use in this case I cannot say; but I think, from what he told me, he had authority for using it. They are not usual homœopathic remedies. I do not think I should have used it



in this case. I never have used it, and do not think I should. I should not think the use of quinine, as I use it, was orthodox homœopathic treatment. I use it because I find it answers the purpose I want of it. I use quinine on the principle of homœopathy. I have never had, but have heard of, cases when the disease has continued for six or eight weeks where quinine was used. In the case of the child in my own family, the *mumps* apparently commenced in the bowels, and the application of a poultice of angle worms to the parotid gland caused a metastasis of the disease from the bowels to the parotid. The brain was somewhat affected, but not a complete metastasis. The child recovered.

#### DR. WELLS RECALLED.

[To a juror.] That the coffee and lime juice were given for reasons derived from my own experience and the experience of other men. Previous to the administration of the first dose of coffee, the only phenomenon which differed from those of previous days were slight malaise—"I don't feel so well to-day"—and the tenderness and stiffness of the neck, neither of which would have been regarded as a change of disease, or the beginning of a new disease, but for what followed, viz. the convulsions. The coffee was administered three times after I observed this stiffness of the neck. Convulsions originating in irritation of membranes of the brain, affect more those muscles which are supplied by nerves originating in the cavity of the cranium. The blood, if proceeding from a rupture of the longitudinal sinus, might escape, *through the cribriform plate of the ethmoid, into the nasal cavities.* This only in case of softening of the brain and its membranes over this plate. Immediately previous to Saturday, she had been *under the effect of veratrum album.* The brain and the membranes being thus softened, I see no difficulty of a certain amount of pressure forcing the blood through the openings in that bone. This was not intended to explain the hæmorrhage in this case, but only as a possible occurrence. My opinion now is, that the hæmorrhage came from the lungs. Shœnlein states that previous to puberty, and having suffered previous inflammation of the brain, mumps will attack the brain, and not the parotid gland.

#### DR. WILLARD PARKER'S TESTIMONY.

WILLARD PARKER sworn.—I am a Physician and Surgeon, and Professor of Surgery in the College of Physicians and Surgeons, New York.

I was present at and assisted in making a postmortem examination of the body of Agnes E. Lottimer.

The inspection of the body as a whole, was such as to present a rather unusual appearance. The body was fleshy, dirty pale. Expression of the face remarkably placid. Eyes more lifelike than I ever saw in a dead body. No injection of the conjunctiva, or of the eye itself. Section was made through the scalp, and no blood followed. The top of the scull, or calvarium, was removed, and very little blood or fluid escaped during the process. The dura mater or outer membrane remarkably dry. Beneath the arachnoid, in the grooves of the brain, there was some serum. This membrane, raised, was slightly opaque and thickened; no recent lymph.



The pia mater was thickened, congested, and separated from the substance of the brain in large portions by traction with more than natural ease. The substance of the brain was natural. At the base of the brain a small quantity of fluid was found; about three ounces of serum in all was found in the skull. The blood vessels of the pia mater were congested.

*Thorax.*—The lungs collapsed very imperfectly, and crepitated slightly throughout. The pleura, or covering of the lungs and ribs, was red and much congested, especially on the left side; in the left cavity of the chest, there were four ounces of bloody serum highly charged with blood, one ounce of the same kind of fluid found in the right pleural cavity. Both lungs were so much congested that, when they were cut and placed in water, they were nearly of the specific gravity of water, containing sufficient air to make them barely float in water. There was a slight old adhesion between two of the lobes of the right lung, the middle and lower. In cutting through the bronchial tubes, the mucous membrane was found thickened, very much congested, and nearly mahogany in color, the tubes containing bloody mucus. The heart, normal in size, containing very little blood. *Abdomen.*—The muscles of the thorax and abdomen exceedingly small; the fat over the abdomen very thick, measuring one inch and an eighth. The organs of the cavity, when laid open, presented nothing unusual, except the omentum was bloodless, and the intestines also, and moderately distended with gas. The liver was about normal in size, too dark, and when cut into, bloodless—unusually so. Spleen was now removed; weighed one pound, was of ordinary consistence, eight inches long, four inches transverse, giving out no blood on incision, the spleen being between three and four times its natural size; the pancreas and gall bladder natural. The stomach removed for further inspection. The kidneys, together, weighed eight ounces, about one-third larger than they should be in a child of this age. The capsule thickened, and easily separated from this organ; on making a section into the kidney, it was found diseased, in the first stage of granular kidney. Submitted to the microscope, there was evidence of the commencement of fatty degeneration. The intestines healthy. The mesenteric glands swelled.

There was slight evidence of disease of the brain, shown by the effusion and thickening of the arachnoid membrane. I should think the evidence of disease in the brain was not as recent as within a day or two, but must have been of some weeks' standing; more probably connected with the commencement of her disease than the termination of it.

The lungs were in an unusual state of congestion, involving the covering and substance of the lungs and lining of the air tubes.

The effusion of the bloody serum goes to show that there was very great congestion of the lungs. This excessive degree of congestion could not have been occasioned by these spasms alone; I presume the congestion of the lungs was very recent, but was the result of preëxisting disease of the general system, of longer standing.

*Abdomen.*—The spleen between three and four times larger than it should be; in firmness and color natural, and constituting what is commonly called an ague cake.

The liver and other organs remarkably bloodless, owing to the blood being in the thorax. Kidneys about one-third larger than they should be, the condition in which they are found after repeated congestions, and a moderate amount of inflammation, the result of such congestions. The



kidneys were in the first stage of granular disease, itself a very grave affection; this probably the result of a succession of congestions occurring for some weeks.

The appearances are such as we would expect to find in a person who has been laboring under the poison of intermittent fever. This disease has become very common in this region within the last two or three years. The treatment of this disease is well understood. There is no single disease of which the treatment is more unquestioned than this. The cause of the disease is supposed to be a poison invading the system, to which the name of miasma is given. Quinine has taken precedence of all other remedies,—arsenic, salicine, biberine, piperine, opium, sometimes cold water. I do not know how these medicines operate; experiment first establishes the character of a medicine. In uncomplicated cases patients very rarely die; I never have known a case die under the established treatment. The poison when once in the system remains a longer or shorter time, depending upon the amount of the poison and the susceptibility of the system to these remedies. I am somewhat acquainted with the theory and practice of Homœopathy. In my own hands, I have found the high dilutions entirely inert; the low dilutions the profession have long used. Aconite, arsenic, belladonna, &c., are used with great circumspection by the profession, on account of their potency; we make them rather a *dernier resort*. I have witnessed ill effects from the use of these low dilutions in the course of my practice. I have seen phosphorus used; arsenic used until it produced its specific effects; nux vomica used until it produced convulsions. I have seen Rhus toxicodendron used until it produced the eruption natural to it; some of these cases terminated fatally. Intermittent fever is a constitutional disease; and mumps is also a constitutional disease. There is a law, that no two constitutional diseases can coëxist *actively* in the system at the same time. Mumps is a disease, contagious, and has its location in the parotid gland at the side of the neck; it has its beginning and runs its course; it is not stopped; it generally goes through, sometimes accompanied by a very considerable symptomatic fever, at other times not; if interfered with, in the male it attacks the testis, in the female the breast; at times the brain suffers very much during the disease; a metastasis to the brain is spoken of by authors, but it is very rare. I never saw the disease substantially go to the brain, as it does to the testicle. There was no appearance of metastasis of mumps to the breast in this child. The person might have stiffness and soreness of the neck, but he cannot have mumps without swelling and soreness of the parotid gland.

The blood without a question came from the lungs, and not from the head; because there was no blood found in the head, and, in the next place, it could not have made its appearance in the manner described by Dr. Wells. There was no vessel found ruptured in the brain.

Postmortem examinations are looked upon by the profession as of great importance in aiding our knowledge of disease.

The great and first inquiry is, What is the actual difficulty? and that first inquiry cannot be settled except by knowledge acquired by post-mortem examination.

I think this child died from hæmorrhage and the convulsion conjoined,—the result of the intermittent poison which she had imbibed in August, and going on to produce congestion of the internal organs. This congestion and bleeding was an effort of nature to relieve itself.



This was the result of congestion. The treatment is to take the blood from the part that is congested; for the congestion of intermittent-fever poison, quinine is the great remedy.

Patients sometimes die from too active treatment,—that was not the case here,—and sometimes from inefficient treatment. I feel that had I treated this patient in the manner described, I might as well have been a thousand miles off.

[To a juror.]—Intermittent fever is eminently a disease of congestion.

### DR. GILMAN'S TESTIMONY.

CHANDLER R. GILMAN, sworn.—I am a professor in the College of Physicians and Surgeons in New York. I was present at this postmortem examination. On the first appearance of this dead body, the thing that was most striking was the great plumpness of it, and the universal pallor. The lifelike appearance of the eye was also exceedingly and painfully striking. Then the entire bloodlessness of the scalp; a slight thickening in patches of the arachnoid was observed on removing the coverings, also the serous effusion of which Dr. Parker spoke, and the congestion of the pia mater.

I noted also a highly congested state of the pleura; the existence of serum in each cavity of the chest; the serum deeply colored with blood; intense congestion of the substance of the lungs and of the lining membrane of the air passages; there was no blood in the large air passages, or bronchial tubes; abdomen large; spleen quadruple its natural size, and diseased kidney.

The congestion of the pia mater was of very recent origin. The serous effusion was also quite recent; opacity of the arachnoid was a matter of weeks, and perhaps even of months. The congestion of the lung was probably all of it recent. The spleen was a matter of longer time; so of the kidneys. They all might have, and probably all did, arise from the intermittent fever; the congestion of the lungs and the spleen almost in absolute certainty. I do not suppose that mumps had ever any thing to do with this child. Here are mumps spoken of without any swelling or tenderness of the parotid gland. Now, I take it, this is like speaking of small pox without any eruption. The facts as stated in Dr. Wells' testimony, would not suggest mumps to me. The metastasis of mumps is generally to the testes or mammary gland. The immediate translation to the brain, from the parotid gland, is frequently spoken of; but I never saw it, nor ever saw anybody that had seen it. I suppose the convulsions arose from the paroxysms of intermittent fever, producing congestion. I think the hæmorrhage came from the lungs. I cannot conceive of the hæmorrhage coming from the brain in the manner spoken of, any more than I conceive its coming from his brain to the ends of his fingers. It certainly did not come from the brain.

The child died from hæmorrhage. The constant rushing to and fro of the blood caused the lungs to be so congested that they could not stand it any longer; and the flow of blood was an effort of nature to relieve herself, but the system was unable to support the drain. I suppose the child died from the regular progress of her disease, not being interfered with by treatment.



I do not entirely agree with Dr. Parker, that no two diseases can exist actively in the system at the same time. I think he stated the rule too strongly.

#### DR. DUDLEY'S TESTIMONY.

Dr. DUDLEY sworn.—Am a physician, practicing in Brooklyn. Have heard the testimony of Drs. Parker and Gilman; I fully agree with their statement; and have nothing further to add.

[To a juror.]—From the appearance and evidence given, I think mumps did not exist in the child. Had they been present, I think they would have shown evidence of their existence by swelling of the parotid gland on Saturday, 13th, supposing the tenderness and other symptoms named were present on the previous Wednesday. I think the child died from hæmorrhage of the lungs. I attended the postmortem examination. We discovered no traces of any drugs or poisons. If any of the organs had been affected by the medicines given, I think we should have discovered it; the small quantities given could not have produced any effect.

I have experimented, in some cases, the high dilutions, and am of opinion they have no effect; but have obtained good effects from the same remedies in larger doses. For instance, I have used aconite, nux vomica, and belladonna several times, but got no recognizable effect from the high dilutions; never tried them on healthy persons. I do not, of my own knowledge, know that mumps ever directly affect the brain.

#### DR. WELLS RECALLED.

Dr. WELLS.—She had a chill at half-past 10 o'clock, and ended by half-past 11 o'clock, and threw up the blood at 11 o'clock. I have seen, this season, intermittent fever and dysentery in progress at the same time, the paroxysm returning at the same time. This patient had intermittent fever a month or six weeks before, and had been healed by quinine. The quinine checked the fever for the time.

October 20, Third Day.

#### DR. JAS. R. WOOD'S TESTIMONY.

JAMES R. WOOD sworn.—I am a Physician and Surgeon regularly educated, residing in New York. I am Surgeon to Bellevue and St. Vincent Hospitals. I made the postmortem examination of Agnes E. Lottimer. Upon an external view of the body there was nothing peculiar, excepting an extraordinary quantity of adipose matter or fat. The skin was of a dirty white hue. The eye only peculiar from its life-like appearance. Its membranes appeared natural. The eye was normal. I made a section of the scalp; found nothing peculiar, except that not a drop of blood followed my scalpel. On removing the calvarium, the external membrane of the brain, the dura mater was pale and healthy. Upon removing the superior portion of this membrane, the second or arachnoid membrane was brought into view; it was opaque, and thickened at points in the course of the longitudinal sinus; beneath it was an effusion of serum, to the physician known as subarachnoid effusion. This membrane was healthy in other parts of the brain. A third or vascular membrane, the pia mater, was



thickened, congested, and could be removed in considerable portions by slight traction with the forceps in the neighborhood of the opaque and thickened arachnoid. This tissue in other regions of the brain was healthy. Upon making a section of each hemisphere of the brain, the parts were found healthy. Upon cutting into the ventricles, the organs there contained were healthy. There was a small quantity of serum in each ventricle, which, in my opinion, was postmortem; other parts of the cerebrum healthy. The cerebellum was healthy. Upon dividing the medulla spinalis, and removing the brain, there was discovered a considerable quantity of serum in the spinal canal, also a considerable quantity in the fossa of the occipital bone. This was placed in a tumbler, and estimated to be about three ounces in quantity. On making a section of the integuments from the upper portion of the sternum to the pubis, nothing peculiar, except the enormous quantity of fat, by measurement from the integuments to the tendon of the external abdominalis muscle, one and an eighth inch. On raising the sternum, and looking into the cavity of the left pleura, a considerable quantity of bloody serum was discovered; it was removed and estimated at from three to four ounces in quantity. In the right pleura there was also bloody serum, estimated at about or little more than an ounce. The pleura covering the lungs, and that lining the thorax, intensely congested; the lung barely crepitating throughout. An old adhesion between the middle and inferior lobe of the right lung. Upon examining the heart and its envelopes, they were found healthy; very little or no blood in the heart; a small quantity of serum in the pericardium. Upon removing the lungs from the cavity of the thorax, and making an incision at different points, they were found to be intensely congested with blood. So heavy were they, that they would barely float in water. Upon examining, or laying open the large bronchial tubes, they were found empty, with their lining, or mucous membrane, intensely congested, of the color of mahogany. In tracing down the smaller tubes, they were also congested, but contained bloody serum. In other respects, the thorax healthy. Upon opening the abdomen, parts of the viscera, which presented themselves to view, presented no other peculiarity except that of being almost bloodless, with the exception of the liver, which appeared much darker than natural. This organ, upon being cut into, was found to be almost bloodless. It was healthy, and its appendages, including the gall-bladder, also healthy. The spleen was found to be many times its natural size by measurement; eight inches the longest diameter, and four the transverse; by weight, one pound; very little blood, if any, followed the scalpel. In making a section of it, its color was the color of the ordinary blue plum. Requested by the coroner, I applied ligatures to the two orifices of the stomach, which was taken by him for chemical analysis. The kidneys examined externally, the color very much like that of the spleen. Upon making a section, they were found to be very much congested, and presented to view a pathological condition of this organ known as Bright's disease, or granular kidney, in its first stage. The two weighed eight ounces. The pancreas, large and small intestines, the bladder, and other organs of the abdominal and pelvic cavity, were examined and found healthy. It was my opinion that the opaque and thickened condition of the arachnoid membrane was the result of inflammation, and that inflammation not of a recent date,—perhaps of some weeks' standing. I also account for the patho-



logical change of the pia mater in the same way. The serum was the result of prior disease ; much of it from the congested condition of the vessels of the pia mater. Some of it was postmortem.

The lungs were congested. From the evidence of Dr. Wells, there can be no doubt that this patient was suffering from the poison of marsh miasma. From the postmortem appearances, it is my opinion that they were produced by the effects of that poison on the system. The enormous size of the spleen, the color of the liver, the intense congestion of the lungs, and the history of the case, warrant me in giving this as my opinion.

The blood thrown up undoubtedly came from the lungs. It was in this instance, in my opinion, an effort of nature to relieve the lungs of the superabundance of blood which they contained. From experience we know that when large quantities of blood are thrown into the lungs, and that they are not able to rid themselves of it, the respiration of course is interfered with ; the patient dies either of congestion of the lungs, or of what is called pulmonary apoplexy. Here, as I have said before, I believe that the hæmorrhage was an effort of nature to rid the lungs of the blood they contained, and that the patient died of the loss of blood. The history of the case and the post-obit appearances, lead me to the conclusion that the blood did not come from the brain. If there had been hæmorrhage from this point, it would have been discovered. This plate of the ethmoid bone, in the recent subject, is not cribriform ; and are occupied (the openings) by the olfactory nerves and their accompaniments. Thus it would be impossible for blood to escape in this way, unless there was more or less destruction of the ethmoid. It, and the soft parts in relation with it, were healthy.

The pathology of mumps is as follows :—Inflammation of the parotid gland. The disease is contagious ; that gland is situated at the angle of the lower jaw ; and if there was no pain, no tenderness, no swelling, nor any other symptom to indicate inflammation of that gland, with the exception of the tenderness at the edge of the sterno-cleido mastoid muscle, I could not be made to believe she was suffering from mumps ; because there is no evidence that she was suffering from this disease, other than that the mother had mumps. Mumps is transmitted from one organ to another, more usually to glandular organs, the testes in the male, the breasts in female. It is said by authors to be translated to the meninges of the brain. I have never seen a case. I have only read of it in books. I believe this will be the experience of most gentlemen who are engaged in full practice.

Intermittent fever is a congestive disease : during every cold stage of intermittent fever, the blood leaves the surface of the body, and occupies the great vessels and the organs occupying the cavity of the body. Thus we account for the enlargement of the spleen ; for where intermittent fever is persistent, this organ is congested from time to time, and presents the appearance seen in this case, known as ague cake. Other organs suffer from these repeated congested conditions.

I do not think that any intelligent physician, at this period of the world, would feel that he could practice medicine and surgery conscientiously without understanding the pathological condition of organs, as well as of those organs in a healthy or physiological condition.

[To a juror.] I have applied myself to both medicine and surgery. If the inflammation had been recent, there would have been lymph and



vascularity of the parts. A pathologist can distinguish whether of recent or of remote origin. The membrane which lines the cavity of the chest, and which covers the lungs, is a serous membrane, of the same character as the arachnoid. Mumps usually commence with inflammation of the gland known as the parotid gland, situated at the angle of the jaw. Frequently the first symptom will be a rigor, this followed by more or less febrile symptoms, heat of skin, accelerated pulse, and headache. The patient will complain of stiffness of the jaw, pain on pressure, more or less swelling, until, in many cases, the patient is unable to open the jaw. These symptoms will go on increasing until the disease arrives at its climax, which is in about a week. We do little for it, it must have its course, like small-pox and other contagious diseases. The swelling usually begins to show itself on the second or third day; it is not regular in this. The first thing observed, frequently, is a swelling at the angle of the jaw.

I never have made a postmortem examination of a case that died of metastasis from mumps. I never knew one to die. If there had been translation of this disease to the brain, there would have been symptoms of acute disease; in this brain there were no such appearances. The appearances would have been inflammatory and congestive. An ague cake is an enlargement of the spleen from frequent over-distention with blood, such as this spleen presented. I have known many cases of ague cake in this climate. This is not considered a dangerous disease. I have never known a case of death. The treatment of this disease is well established. The mumps cannot, I think, exist and be translated to the brain, without swelling existing. I do not believe that mumps can exist without swelling. This gland is situated at the angle of the jaw; the gland is deep seated. The translation may take place before you see the swelling. From the symptoms mentioned by Dr. Wells, I do not think she had mumps.

The convulsions can be accounted for by the congested state of the lungs. When the lungs are thus congested, the blood is not decarbonized, it becomes black; and on reaching the brain, will act as a poison upon it. I should think, from the description of the symptoms given,—the difficult respiration, the spasm of the respiratory muscles, that this was the most logical way of accounting for the spasms, viz. by congestion of the lungs. The condition of the spleen was undoubtedly the result of repeated congestions—probably of the kidney; I cannot be decided, because there was the first stage of granular disease. A patient suffering from this disease would have a large quantity of blood sent to it. I have a patient with intermittent fever now, who, with every paroxysm, suffers from convulsions. I never knew this patient to suffer a convulsion at any other time than during the paroxysm. I never knew a case when the convulsion came on between the paroxysms. Convulsions are liable to occur at any time, without an intermittent. I have very rarely seen convulsions with intermittent. I suppose a convulsion occurring two hours after the paroxysm has ceased, might be attributed to the shock upon the nervous system from a paroxysm of intermittent fever. I never knew a case of this kind to occur; it depends upon the nervous susceptibility of the patient. The congestion already existed.

[To a juror.] My opinion as to the coëxistence, *actively*, of two constitutional diseases is, that one being active, the other would be greatly modified; but I could not say that mumps could not exist in the presence of intermittent fever. From the symptoms read by the coroner, I should not in



this case have departed from the established line of treatment. The treatment of homœopathists, in this disease is the same as that pursued by allopathists. Hahnemann held that the principle "*similia similibus curantur*," was fully established in the treatment of this disease. There is no getting rid of the disease without using the antiperiodics.

#### PROF. J. M SMITH'S TESTIMONY.

JOSEPH M. SMITH, sworn. I am a professor in the College of Physicians and Surgeons in New York.

From the evidence of Dr. Wells, I think the disease under which this patient labored, was intermittent fever.

The cold stage of intermittent fever is a congestive state.

The true and legitimate form of intermittent fever proceeds from malaria, commonly called marsh miasma.

The treatment of intermittent fever is usually with that class of remedies called antiperiodics, among which stands preëminent, sulphate of quinine; this as a leading remedy; other remedies may be used as preparatory to this in some cases; laxatives and purgatives are sometimes used, also emetics; they are not as much used as formerly, in special cases they are used now; there are anticipating remedies, such as some of the forms of opium, cinchonia, piperine, etc. Sulphate of quinine is the leading remedy; and we scarcely need another. Arsenical solution is another. This is usually not a dangerous disease, unless where it assumes a congestive form. It may be complicated with convulsions, as regards the hæmorrhage. If the amount of hæmorrhage was as stated, exceeding a pint, the child died either from suffocation or syncope. I should impute the congested state of the organ, to the influence of malaria. Successive attacks of chill leave the organs more congested. I agree with the explanation of Dr. Wood, as to the cause of the congested state of the organs.

I suppose there can be no very definitive opinion to what extent the metastasis of mumps. The usual points to which mumps are translated, are as known. The metastasis to those organs take place after puberty than before. It may be translated to the brain,—through these organs to the brain, secondarily. It may be translated to the brain primarily. When congested fever, the chill continues without fever. Of this kind of treatment I have no experience, and therefore can give no opinion about it. We use arsenic and opium, but in a different way.

#### PROF. ALONZO CLARK'S TESTIMONY.

ALONZO CLARK, sworn. I am a professor in the College of Physicians and Surgeons in New York. Upon hearing the testimony of Dr. Wood as to the postmortem, the appearances in the brain and membranes would suggest the idea of congestion. There appears to be no evidence of recent inflammation—that is, within a week or ten days, or even a fortnight. The inflammation must have been of longer standing, perhaps of weeks. This condition might be associated with a congestive paroxysm of intermittent fever.

It would seem that the lungs, pleura, and mucous membranes of the air tubes, present the appearance of congestion. All the appearances found might be connected with a congestive attack of intermittent fever. I ex-



amined kidneys said to have been from the body of a child in Brooklyn. That kidney I examined, and my impression was that it was in the early stage of Bright's disease, or granular kidney. Congestion is one of the causes. It may be functional, depending upon the condition of the organ itself, or upon the determination of blood to it through the influence of another disease; or still again, by obstruction of the return of blood to the kidneys, or any thing that might produce determination of blood to them. I can conceive it might have been the result of a case of long-continued intermittent fever.

Congestion consists in the loading of the vessels of a part with blood, the sluggish or interrupted circulation of blood through the part. Intermittent fever is often a congestive disease.

Hearing the testimony, as read to Dr. Smith, as regards the history of the case, and the postmortem appearances, my impression would be that it was intermittent fever; after the three weeks or so previous to that time, it bears more the appearance of remittent fever. I cannot decide whether the attack previous to the three weeks was congestive or not. The treatment of intermittent fever is well settled, perhaps so more than any other disease. The principal remedy is Peruvian bark and the extracts from it, the principal of which is sulphate of quinia. I am connected with the Bellevue Hospital, and see daily from fifteen to twenty-five persons, and use quinine as a principal remedy. I do not commonly see a second, and seldom see a third paroxysm. The quantity given daily is rarely less than seven and more than twenty, during the twenty-four hours. I have no recollection of ever having seen a death of uncomplicated intermittent fever, or even the congestive form. In the congestive form of intermittent fever, we find it advisable to make irritations about different parts of the body, by mustard and other irritating substances. A laxative medicine is also given; and as the head is a very frequent place of congestion, cooling applications are applied to the head; and in the last few years myself and others have used stimulants, such as brandy. My practice in the hospital does not at all differ from private practice. My treatment of remittent fever is, quinine administered in a large dose, say ten grains, in the period of remission, if possible, two or three hours before the return of the increased fever. Other treatment is also pursued, but this is the reliable treatment. So far as the postmortem appearances are concerned, I should suppose the blood thrown up by this patient came from the lungs, not from the brain, no tubercles being found. Hæmorrhage from the lungs, in a child of this age, without tubercles, and without disease of the heart, or acute inflammation of the small bronchial tubes, is a very rare occurrence; and presenting itself with other circumstances that appear to show local determination, the best opinion I can form is, that it was caused by congestion of the lungs during life, and that congestion having a miasmatic cause, therefore a part of the intermittent fever. As I heard the testimony read, it seemed to me extremely doubtful whether there were any mumps at all, and therefore extremely difficult to translate them. It does not seem that the disease was fairly produced in the parotid gland in this case; and the disease must be fairly developed in the gland before it can be translated. I have no knowledge, nor have I read, of the translation of mumps from the brain to the lungs. The translation of mumps to the brain must be very rare, as I never have seen such a case, and have no recollection of hearing any physi-



cian say he had seen such a case. It is not an uncommon union that dysentery and intermittent fever occur in the same person. An inflammation of the lining membrane of the air tubes, a form of dropsy, also. These are distinct diseases, as I suppose. I should suppose the termination of this case would not be an unnatural one of a long-continued case of intermittent fever. Experience is our only guide in the application of medicines in particular cases.

Dysentery is not considered as a constitutional disease, except when it occurs as an epidemic. Generally it is considered as a local disease, except when it occurs as an epidemic.

Mumps I consider a constitutional disease, in the sense of its being contagious through an emanation from the body of a sick person, and received, probably by respiration, into the blood primarily. Intermittent fever I consider a constitutional disease, because it proceeds from a miasm, and in all probability produces changes there. I believe that the statement that no two such diseases can be active in the system at the same time, is true of almost all of them; but still the only instance I can recall is the remittent fever from miasm, and the typhus fever—as one on which my mind is made up.

[To a juror.] Mumps, I should think, would be clearly recognizable in a week or ten days after exposure. Pain in the teeth and jaws, unaccompanied by swelling of the gland, would not be an evidence of mumps. The appearance of this body would indicate, by the dingy white appearance of the body and the enlarged spleen, that intermittent fever had continued for a considerable period. The continuance of intermittent fever renders the system less capable of resisting the invasion of any other diseases. I should not suppose you could get any effect from the medicines in the doses spoken of. The treatment of intermittent fever by bark and its extracts has been practiced by physicians about from 200 and 250 years, and has been efficacious since the time of its first employment. As a general rule, I found no necessity of seeking for any other remedies. Sulphate of quinine has been in use since the early part of the present century. I suppose physicians are not justified, as a general rule, in departing from a mode of treatment found reliable and of acknowledged efficacy. Intermittent fever sometimes ceases and exhausts itself without treatment. In other cases, a patient may fall into a congestive state and die.

From the testimony, I infer that this patient died from intermittent fever and its consequences. As far as the history of the disease runs, this case, with the exception of the illness on the night of the 10th of August, and that on the 7th day of October, I should not denominate it congestive intermittent. Some physicians regard that form of intermittent in which congestion occurs, if but once, as congestive intermittent.

[To a juror.] The dingy white appearance of the body results from the change in the blood produced by the intermittent poison. The more common opinion is that it depends upon some diseased action of the liver.

#### FRERE EDEY'S TESTIMONY.

FRERE EDEY sworn.—I am a brother of Mrs. Lottimer's. I saw this child first on the evening of the 10th of August, it was about ten o'clock;



she was then at Bath. She seemed to be exceedingly ill, and had all the symptoms that have been described by Dr. Wells. I went down for Dr. Wells about 12 o'clock at night, and it was about half-past 1 when I returned. The doctor went up and saw the child, and on his coming down stairs he told me she was no worse than when he had seen her at 5 o'clock. The nurse, and a lady who was staying, stated that she was worse; but he concluded she was not, as her pulse was at 140, which was the same as when he was there at 5 o'clock. About twenty or thirty minutes after this, he went up again, and returned very soon after to the drawing-room, where I was; and he then stated that a very great change had occurred, as she was fast sinking. The mother, father, and myself, were frightened, and we went up to her bedside. Then, by the direction, or with the acquiescence of Dr. Wells, bowls of hot water were put about her, and she seemed to revive. Dr. Dunham came up the next day, about six or seven. They had to keep her very quiet. I saw her again in some two or three days. It was agreed between Mr. Lottimer, Mrs. Lottimer, and myself, that there should be some further advice in connection with Drs. Wells and Dunham; and I obtained the names of some physicians. The name of Dr. Gray was selected among the four which I had.

It was agreed I should go to New York and fetch Dr. Gray up, Mr. Lottimer remaining until I should come. I was first to apprise one or both of the attending physicians. I told it to Dr. Dunham; and he stated there was no necessity for any further advice, and if there should be, he certainly would not select Dr. Gray, and gave as his reason that he did not practice this system of homœopathy; and the result was I did not get Dr. Gray, and no further advice was called in. After some days the chills appearing, as has been stated, Mr. Lottimer has told me that after this child being long sick, he had consulted with his wife as to the propriety of changing the treatment, and on one occasion they were quite determined to change this treatment, and went to Dr. Dunham in the evening, and Dr. Wells in the morning; and they both assured him it was perfectly useless to call in further advice as the child was getting well, and she would get well. He said these occasions were repeated several times. I was present on the day of this child's death. One occasion, I think shortly after the interview about Dr. Gray, when I spoke to him about additional advice, and he spoke very confidently, and said that there was no necessity for it, when applied to about Dr. Gray, Dr. Dunham stated that Gray would blister and bleed her, and he did not believe in his practice.

#### DR. GRAY'S TESTIMONY.

JOHN F. GRAY, sworn,—I am a practicing physician in the city of New York.

Congestions occur in intermittent fever. I heal intermittent fever with the class of remedies called antiperiodics, viz. quinine, arsenic; I also frequently use ipecac and tartar emetic. These four constitute the most frequently used remedies in my practice. These are the remedies I use to arrest the disease; during the hot stage I use aconite and belladonna. If there are congestions in the cold stage, I give opium; with the exception of that, I give very little.

My dose of quinine varies from an eighth of a grain to two grains. If



it is a quotidian I give my doses more rapidly than in a tertian or quartan,—the choice of the remedy is determined by the homœopathic rule, and the dose by my own experience; that rule is, "*similia similibus curantur*." This is the sum and substance of the homœopathic maxim, or so much of it as I use. I never give more than the  $\frac{1}{1000}$  of a grain, and from that to the  $\frac{1}{10000}$ . Ipecac I give the  $\frac{1}{10}$  of a grain, usually the  $\frac{1}{100}$  of a grain, at a dose. I give the ipecac in cases where I do not give the quinine. I think the majority of cases I heal with quinine. In the cases I heal with quinine, I generally succeed in breaking up the disease by the third or fourth paroxysm, this has reference to uncomplicated cases. My quinine case is when the chill and fever are followed by copious perspiration, or when the case is a perfect type of uncomplicated intermittent.

From the testimony read, I have an impression that the child had meningitis in the beginning, and afterwards malarious intermittent fever. In congestions, arising from any disease, I very rarely use external remedies, but sometimes I do. Mustard is the principal, and sometimes the Spanish fly blister, and that is in circumstances where I would give the Spanish fly internally at the same time. I sometimes bleed; I seldom, if ever, use cupping or leeching; but at the same time I should feel justified in doing so if I found my patient required it.

Mumps is an erysipelas in my opinion, and usually shows itself in the parotid and sublingual or submaxillary glands. Mumps are divided properly into two stages, the incipient and developed.

The incipient stage lasts from six to eight-and-forty hours, and sometimes longer. It is marked by loss of appetite, sudden and great loss of strength, nausea, bad taste in the mouth, and a peculiar pain in the center of the forehead; almost uniform in the forming stage. Sometimes in this stage occurs a decided chill, followed by a fever; it not uncommonly happens that the incipient stage of mumps is attended by convulsions, especially in children who have not arrived at the stage of puberty. There is very frequently a state verging upon coma—mild delirium. I have often been agreeably surprised to find, after the lapse of many hours, the swelling of the parotid gland occur. Mumps is not known to occur but rarely, if ever, in some countries, and it is more frequent in this country than in Europe. The second stage is where the specific inflammation of the salivary gland occurs. The danger is in the incipient stage. The convulsions in this disease generally occur before the swelling occurs. I have found the remedies most frequently indicated are belladonna and mercury, in the dose of four or five drops of the crude tincture of belladonna in half a pint of water; and from a tablespoonful to a teaspoonful, if the case was violent, from half an hour to an hour. I generally give the  $\frac{1}{1000}$  of a grain of black oxide of mercury. I should give this in alternation, in the case of a complicated intermittent, complicated with previous inflammation of the brain. If the inflammation of the membrane of the brain were all gone, I should consider the quinine the safest medicine, if indicated as above. There might be hazard in using quinine, if there had been such a state of inflammation in the brain as to leave lymph deposits. In a case where the brain symptoms had entirely ceased, I should think it right to heal the case with quinine. Convulsions do frequently occur in intermittent fever, with young children. Convulsions are more likely to occur in children in intermittent fever than in adults. I have never known convulsions to occur two hours after a chill



had ceased; they generally occur in the commencement of the chill, in my experience always. I never saw, or heard or read of a case of mumps occurring during intermittent. With a slight stiffness of one side of the neck—with slight tenderness on pressure over the upper and anterior part or edge of the sterno-cleido mastoid muscle—I should not think convulsions likely to occur.

However, the presence of a convulsion would lead me to suspect that the child was laboring under some new and dangerous irritation, not connected with the fever. I should suppose that, mumps being in the house, and a convulsion occurring so long after the chill had passed, that it might be from mumps. If there were no mumps in the house, I should be led to suspect the inception of some eruptive fever, or poison, or mumps—the case being so unusually out of the usual course of an intermittent. I never in my experience have known of a case of metastasis of mumps to the brain. I have heard other physicians state that they have had such cases. I did use the thirtieth-centesimals about twenty-two years ago, and do not use them now. I thought then I cured intermittent fever with them. I am satisfied with the doses I give now. I have had some severe cases this year; the majority not so. I have not seen any more oppressed respiration, or coma, or ague cake than formerly. The treatment in this case is in accordance with the majority of the homœopathic physicians, but not in accordance with what I would have done. I would not use that treatment, because I should consider the stronger doses more efficacious. I think the disease called mumps is more apt to influence the brain in the incipient stage. Metastasis cannot take place until the second stage.

I think, from all the circumstances of this case, that mumps were present.

#### DR. BOWERS' TESTIMONY.

BENJAMIN F. BOWERS sworn.—I am a physician, practicing in the city of New York. I practice Homœopathy. I think from the testimony of Dr. Wells, that this patient's case commenced with inflammation of the membranes of the brain, followed by malarious remittent fever, becoming intermittent, and terminating in a fatal convulsion, induced by the specific irritation of mumps. I suppose the case commenced with inflammation of the brain, but the active inflammation subsided when the case assumed the remittent form. I should generally have used in this case the thirtieth-centesimal doses, as prescribed by Dr. Wells. I cannot tell how much of any medicine there is in one of these pellets, for the reason that it can neither be weighed nor measured. I have seen intermittent cases with congestion of the brain and lungs, as indicated in the brain by coma, and in the lungs by embarrassed respiration. In the brain, I should use aconite, belladonna, opium, or perhaps rhus. In the lungs, I might use tartar emetic and some other remedy. I should not be governed by a single symptom, but by the whole case. In the progress of this case, I think there were no evidences of congestion. I thought there were some evidences of congestion in the paroxysms that took place about the 10th, or on the commencement of the remittent form. I think this case was complicated throughout, more or less, with inflammation of the brain and its consequences. The active form of



inflammation subsided, but the brain was never reduced to perfect soundness during the continuance of the case. I take mumps to be a specific disease, arising from contagion, affecting generally and primarily the salivary glands in its regular course. I do not recollect of ever seeing a case of translation of mumps to the brain. The postmortem examination shows that there was disease of the membranes of the brain. We find, especially in children, that inflammation of the membranes of the brain threatening or terminating in effusion, very commonly terminate in, or produce convulsions. The brain, therefore, in this subject, was in a condition predisposed to convulsions. Any irritation in the system in children is liable to be determined to the brain, and especially the irritation of specific disease, such as small-pox, measles, &c., or the mumps, if they do not run the normal, natural course, are very apt to be determined to the brain, and produce convulsions; besides these specific irritations, the irritation from teething, and undigested food, often produces convulsions; and therefore, I think the mumps produced convulsions in this child, and because I do not see any other so reasonable way of accounting for it.

The convulsions in this case were violent, long continued, and repeated. Convulsion is a violent action of the muscles, more or less general. In this case the convulsions were pretty general. The action of the muscles compresses the veins and urges forward the blood in the veins to the heart. The action of the heart is increased, quickened; and the blood is thrown with increased force and in increased quantity upon the lungs; but the continued violent action of the muscles opposes a barrier to the free return of the blood to the surface; and therefore congestion of the brain and of the lungs takes place in consequence of the convulsion. And if the convulsions continue to the end of life, I would expect great engorgement of the organs in the internal cavity. This might be so great as to induce hæmorrhage from the lungs. The blood thrown up in this case was dark. Blood coming from the lungs, when respiration is perfect, would be bright. I suppose this blood came from the lungs; and I account for the dark color of the blood from the obstruction to respiration so that the proper change in the blood did not take place in the lungs by respiration. And this might be accounted for from the fact that the nervous influence is impaired by the state of the brain, and the mechanical difficulty growing out of the convulsive action of the muscles. I look upon the blood as a hæmorrhage from the lungs, occurring in *articulo mortis*, and the general convulsed state of the internal organs and the bloodless condition of the surface, as the effect of the convulsions.

#### Dr. WATSON'S TESTIMONY.

JOHN WATSON, sworn.—I am a practicing physician and surgeon. I have been attached to the New York Hospital as surgeon since 1839, and previously in other capacities. Intermittent fever is a very common disease, produced by miasm. It is characterized by febrile paroxysms, coming on usually every second day. Sometimes at longer intervals and some shorter. Each paroxysm commencing by what is called a cold stage, or stage of congestion, followed by excitement, or fever proper, and resolving itself by sweats or perspiration. Paroxysms pass off through stages from four to six



hours, and sometimes longer, and leaving the patient in comparatively a healthy condition. I do not treat any disease by its name, but by the condition of the patient at the time being. My ordinary mode in simple cases is this: I begin by giving some simple cathartic or laxative medicine. After I have got the patient in a proper condition, I commence giving cinchonia, commonly in the form of sulphate of quinine. My doses are not always the same. For a child of that age, between the time that one paroxysm closed and another commenced I should have given, if a simple case of intermittent, ten grains of quinine. I have commonly found no other treatment necessary. Most of the cases I have seen during the past summer I have broken up in one paroxysm, in this way. I have seen no cases of ordinary intermittent fever die under this treatment. After the paroxysm has been arrested by quinine, I do not suspend the use of the medicine entirely, but use it in smaller doses to prevent recurrence. I should suppose this case, from the history, to have been a case of miasmatic fever. This case seems to me, in its early stages, to have been a remittent fever—and therefore I should have treated it somewhat differently—becoming milder as it progressed, and assuming the form of intermittent.

The description does not make out a case of mumps. If the child had not had mumps, and the mother should have mumps at the time, I should have considered the soreness and stiffness complained of as sufficient to have made me inquire as to mumps. I have never seen a patient with mumps twice. If a person have mumps at one period on one side of the neck, I do not think that, years after, they would be likely to have them on the other side. I think that those manifestations on the postmortem were the result of inflammatory disease, and even the result of the febrile excitement in the patient. It is not a common thing to find blood mixed with serum. It might be produced by the blood becoming vitiated from long-continued disease.

#### DR. DUNHAM RECALLED.

I stated, that after being in consultation on this case for some time, I no longer considered myself in attendance upon this child, and this for the reason, that the emergency to advise upon which I had been called, had passed away. I said I saw the child several times subsequently, as a friend of the family. By saying this, I meant merely to account for the fact of my seeing and examining, and taking a professional interest in, the patient of another physician, when that patient did not seem to be sick enough to require my attendance as consulting physician. I stated also, that on the day of her death I called as a friend of the family, having heard the child had a fit, to see if I could render any service. I had not then been at my office, and did not know, but learned some days afterwards, that the family had in their alarm sent round for me. When I reached the house, finding my presence welcome to the family and the physician, I staid as consulting physician; and for every professional act or opinion given at any time or under any circumstances, I hold myself responsible. I ceased as consulting physician about the time that the fever intermitted. I was present at the time of Henry Lottimer's death. The child was taken suddenly ill with a fit. As the nearest physician, I was sent for, and saw the child. I do not know what was the matter with the child. I did not hear what the child



had been ailing with. The child died just as I entered the room. I directed Dr. Wells to be sent for immediately.

After Miss Lottimer returned from Bath, I was sent for by the family to step around and see her, three times. Mr. Lottimer came to see me twice in the evening, and I met him several times in Dr. Wells' office by accident. On one occasion Mr. Lottimer expressed great anxiety about his child; asked me questions about the nature of intermittent fever and its course; desired to know what results usually followed the various forms of treatment, the homœopathic treatment, and the treatment with quinine. I gave him my opinion. I asked him what had been the course of the disease in this case, as respects the severity and duration of the paroxysms. He told me they had been becoming regularly shorter in duration and less severe. I then told him that when I last saw the child I had examined into the condition of all internal organs, as far as I could, that are usually affected by intermittent fever, and had found no evidence that any was affected except the spleen; and that the spleen was less in size than when I examined her at Bath. I then read to him a statement from Kunstadt, to the effect that, in intermittent fever, when the paroxysms grow shorter and less severe and at the same time evidences of localization do not increase, the prognosis is very good; then, on the subject of treatment, I explained that the process of cure by the homœopathic method is a gradual diminution of the severity and length of the paroxysms, and a simultaneous eradication of the miasmatic poison from the system, and that when under this treatment the paroxysm had ceased, the disease was eradicated; whereas, the effect of the treatment by quinine, except in those few cases in which quinine is homœopathically indicated, is to suppress the periodic manifestation of the disease by paroxysms, but not to cure the disease. I stated that I should fear to give quinine in this case, on account of the previous inflammation of the brain, which I supposed had left the brain in a feeble condition. I have heard Dr. Wells express a similar opinion as regards this very case.

I had not the slightest doubt that Miss Lottimer was recovering from the fever, up to the day of her death. I have known persons die from what is called *ague cachexy*, which is the result of intermittent fever, which was continued for a long time, and in which the disease has localized itself. When intermittent fever has existed for a long time, and the patient has continued to reside in a miasmatic region, the paroxysms diminish somewhat in severity, but the patient is no longer comparatively healthy during the interval as he was at first. There is evidence of disease in some internal organ; which organ this is, depends somewhat upon the constitutional peculiarity of the individual. There was nothing in the postmortem examination to indicate that *ague cachexy* was established in that case. In this case the spleen was enlarged, and her spleen was normal in consistence and color. In *ague cake* the spleen is not normal in color nor in consistence. In *ague cake* the spleen is not uniform in color; there are spots which are light colored, of dark yellow, and these are shaded off into patches of a chocolate brown, which are softer than the natural spleen, the white parts being a great deal harder. It has been likened by pathologists to a diseased form of the liver called *schirrosis*. I have witnessed postmortems when this condition of spleen was found, at Vienna, by Rokitansky, and by him described as *ague spleen*. Some of these patients died from dropsy, proceeding from intermittent fever, but



the majority died of an epidemic of acute peritonitis. Some had intermittent fever at the time, and others had it suppressed. Since the establishment of the hospital at Vienna, the second homœopathic hospital, quinine has been administered to two patients. The cholera appeared in the city, and in the female ward of this hospital. By order of the government, the hospital was to be devoted to the reception of cholera patients. Two patients had intermittent fever, and it was not considered safe for them to travel while they were liable to these daily paroxysms. The physician ventured to give quinine, being compelled to a choice of evils, for the purpose of suppressing the paroxysms until these patients could get home. They lived some distance from Vienna. I do not know the result of the experiment. It succeeded one day in suppressing it, and then they were permitted to go home. In my own private practice I have never used quinine. In hospitals, by order, I have administered it; occasionally paroxysms return under homœopathic treatment, and they frequently return under the other, or quinine treatment.

The longest case of intermittent fever I ever had, was one which lasted six weeks; it was in a railroad contractor who had taken the disease at the west; he had had it a year and a half, and taken quinine during the whole of that period under the advice of competent physicians. At first the quinine suppressed the paroxysms for a fortnight; then the suppression was shorter; then it ceased to suppress them at all. He removed from the miasmatic district, to get rid of his ague. When he came to me, he had suffered a paroxysm daily for three months. Under ordinary circumstances, it might be from two weeks to three months before patients would be cured. I do not remember that Mr. Lottimer ever spoke to me of having additional advice. Mr. Edey met me, and said he was going up for Dr. Gray; I think I asked if that was Mr. Lottimer's wish. I got no decided impression whether it was or not. I remember distinctly saying that if Mr. Lottimer wished to have the opinion of Dr. Gray, or even of any allopathic physician, he ought to have it; but that if his object was to intimate to us that we might feel free to call for additional advice if we felt we needed it, then I did not think it at this time necessary. I did not think if we selected we should not choose Dr. Gray. I objected in general terms; I said I thought bleeding, or leeching, or blisters,—supposing the case to be still inflammation of the brain—or quinine, supposing it to be a malarious disease, would prove fatal. I then remarked what I still think, that I was foolish in giving any opinion at all on the subject; because Dr. Wells was the attending physician and not I, and such an application should have been made to him; and I referred Mr. Edey to him. I have no recollection that Mr. or Mrs. Lottimer or any other member of the family, ever importuned me, or Dr. Wells in my presence, to have additional advice, nor did they request me or Dr. Wells to the same effect. There was no period of the case, from the 10th of August to the termination of the case, which led me to suppose additional advice necessary.

#### WILLIAM LOTTIMER'S TESTIMONY.

WILLIAM LOTTIMER, sworn.—My child was first taken sick on the 2d of August. Dr. Wells, I think, saw her on the following day. I understood at that time that he called her disease inflammation of the



brain. Prior to the 10th, I had seen him at his office; nothing was said prior to the 10th about having additional advice. She had taken a very low turn, as we supposed, and there was a change in her position. When Dr. Wells got to Bath, she was in a very low state, and he said it was a crisis in her disease; he did not make any statement that she was in danger, but I believe he thought so. Dr. Wells remained at night and until the morning; when he sent Dr. Dunham down, and he again visited her at noon. Dr. Dunham having been called in by Dr. Wells, I considered him from that time as consulting physician. Dr. Wells was ostensibly our doctor, having been called in originally, and have never looked upon Dr. Dunham in any other light than as consulting physician, with him; after that time they visited her jointly at Bath, and during the month of August every day, until she was apparently somewhat better, and they had visited her ten days together after she was so seriously ill; then Dr. Wells visited her every day personally, and on one or two occasions Dr. Dunham supplied his place when he could not conveniently go. On the 4th of September we returned to Brooklyn; after she returned to Brooklyn, she was apparently getting better, as we supposed slowly, Dr. Wells visiting her every day, and Dr. Dunham also seeing her occasionally, if we deemed it necessary to see them oftener than once in twenty-four hours, as he was more convenient. So it went on until the termination. I certainly called not on one but both, and not once but oftener did I speak about additional advice: I said, if they had one iota of doubt on their minds about my dear child, that they would call in additional advice. They assured me that they did not deem it necessary, as they understood her case. This assurance I had from Dr. Wells several times; and Dr. Dunham expressed no doubt as to his understanding her position. My wife and myself have frequently consulted about additional advice, but I was always the messenger. Mr. Edey very kindly went to Brooklyn for me, with the express object of getting Dr. Gray to visit in conjunction with them; he saw Dr. Dunham, who stated that if we called Dr. Gray, he was afraid he could not confer with him, as his principles of practice were somewhat different. They visited Bath that day themselves personally, and after having seen her, Mrs. Lottimer and myself both thought Agnes better; and they alleviated our fears. Had I not been prevented, by the fact that Dr. Gray differed somewhat from themselves, and from the courtesy that existed among medical men, I should have had another doctor called in that night; I having confidence in the physicians we then had, as I must naturally have had, Dr. Wells having visited my family for more than two years, and healed every case successfully, with the exception of my little boy that died at Glen Cove. I had every confidence in Dr. Dunham, and so had my wife more especially. That, therefore, with assurances from them both that my child was not in great danger, you may suppose that my fears and anxieties were somewhat allayed by such statements.

After the 10th of August, they supposed her disease to be intermittent fever. I cannot say that either of the doctors stated that there were mumps existing in the child up to the time that she died, but I believe that Dr. Wells stated about that time, or since then, that she did die of mumps. My wife stated to me that she thought Agnes was getting the mumps; she went out on Friday, the day previous to her death, by Dr. Wells' direction.



It was between the 23d and 28th of September that my wife first complained of swelling and pain about her head and neck. The first she complained of was a soreness of her teeth, and something like a gathering on her gum. I think Dr. Dunham first saw her about 10 or 11 o'clock. When she first had the pain, I think he said there was some swelling on the gum, and he gave her some medicine, and she took it. She did not get well of this swelling of her gum until the swelling and soreness extended up to the neck and side of her face. My wife has before been troubled with what we call neuralgic pains in the head. These pains affect her teeth and gums. I understood that the doctor told her she had mumps. I think my wife said that when she was young she had mumps on one side of her face. On the Saturday Mr. Large and I hurried home as fast as we could, and, finding Agnes in that state, I don't think we consulted the physicians in attendance, but sent for Dr. Rosman, and in his absence Dr. Hull. I think Drs. Wells and Dunham were present, and said send for him.

Mrs. Lottimer believed she herself had mumps. Dr. Wells saw Henry, and prescribed for him for premonitory symptoms of fever and ague. That was previous to my wife having mumps. That child did not have mumps at the time he was sick. There was no mumps in the family at the time he was taken sick and died.

#### TESTIMONY OF THE NURSE.

AMELIA TUIT, sworn. I reside in Mr. Lottimer's family. I was the nurse of this child during the sickness. I was there at the commencement of the child's sickness.

I heard Mrs. Lottimer say that Dr. Wells said it was congestive fever. I was mostly in the room when the doctor came, not always. I was not there on the night of the 10th of August; I had gone to bed.

On one day, of the week she died, Agnes complained of stiffness and soreness in her neck. Mrs. Lottimer told me that she asked the doctor to look at Agnes' neck, and he said he must cure the chills first. She did not tell me what the doctor said it was.

On Saturday, Mrs. Lottimer drew his attention again to the child's neck, and he said it might have been a little cold; he said it was not the mumps. I said it was not cold, as I was very careful with the child. I asked him whether it might be with drawing herself up with the chills, and he said it probably might be. The child told me herself, on this day, she could not go to drive because she had the mumps. I do not remember at any time hearing the doctor say she had mumps. I heard Mrs. Lottimer tell Dr. Wells, a few days before Agnes died, that her family were very much dissatisfied, and herself, and she did not know what to do. The doctor said it would take some time, but she was better.

I heard her several times at Bath say to Dr. Wells, that she thought the child was not improving.

#### DR. JOSLIN'S TESTIMONY.

BENJAMIN F. JOSLIN, sworn.—I am a physician, practicing homœopathy in New York.



[To a juror.] I have been practicing between 12 and 13 years. I have frequently treated intermittent fever. My course of treatment is homœopathic, so far as I can make it so. I use arsenicum, rhus radicans, eupatorium, cinchona. I oftener use the high dilution, the  $\frac{1}{12}$  of rhad. and the  $\frac{2}{1000}$  of arsenicum, only one remedy in the last two cases. In my whole 12 or 13 years' practice I have only lost two cases. There is generally congestion in one or more organs, in the cold stage. I recollect no instance of convulsions in intermittent fever. If two diseases, constitutional, are very similar, they cannot coëxist in the system in an active form at the same time,—vaccine and small-pox, for instance. If dissimilar, they may. Mumps and intermittent fever might. In consequence of mumps the brain may become diseased; about the same time the mumps may disappear, or considerably diminish. The brain in mumps may be attacked primarily, secondarily, or tertiarily, in my opinion. I mean by primarily, that it may attack some other parts than that it specially attacks. I am not aware that any serious consequences have arisen from that degree of primary action that may exist. I do not recollect any case where mumps have attacked the brain first. The usual translation is, after puberty, to the testes, but before that the brain. If mumps attacked the brain it would depend upon the condition of the patient how it would manifest itself. I should think if the patient had intermittent fever, convulsions might manifest it. An educated physician would not be likely to mistake mumps for a swelled face. Mumps shows itself by swelling of the parotid gland, tenderness in that part, usually some increase of salivary secretion. A swelling that affects a diseased tooth is not apt to affect the parotid gland. In a case of incipient mumps, if the symptoms were suddenly to vanish, before puberty, I should expect the disease in the brain, and thought Dr. Wells' treatment of this case judicious.

I practiced allopathy about sixteen years; during that time I healed intermittent fever. I treated intermittent fever principally by sulphate of quinine; I used it sometimes in solution with an excess of sulphuric acid, about two or three grains to a dose. I thought I cured cases; I thought so because the paroxysms disappeared. I do not recollect losing any cases; I do not remember how long; some were apparently cured at once. I mean by removing the intermittent form of the disease. I suppose, in many cases, the disease might be latent. I believe quinine will create a disease that remains in many instances. There may be a disease with no symptoms apparent; there may be induration of the spleen brought about by the use of quinine. I am not able to say whether I have ever seen a case of that kind.

The fundamental principle of homœopathy is, that a remedy is adapted to the cure of a disease which manifests itself by symptoms similar to those which the substance is capable of producing, given in sufficient doses,—in producing in a person in health. Hahnemann was the founder of that theory. He first proposed it as a general therapeutic law; he also proposed the third dilution; higher dilutions are now used. If I give the first dilution, and give a single drop, I give the one-hundredth part of a grain. I usually use the pellet. I put the pellets in a vial about two thirds full, and drop in three drops of the tincture, cork the vial and allow them to be apparently dry by capillary attraction. Then about six hundred in a vial two-thirds full. They will vary from three to six hundred. I give about



from three to six when I give them dry. When in solution, I dissolve from six to twelve in half a tumbler of water, and give three teaspoonfuls at a dose. If I give the twelfth dilution, there must be less than the quadrillionth of a drop; if the third there is less than the decillionth. I have used this same medicine when practicing allopathically. I used it in solution. I took three grains of the extract of belladonna and dissolved in two ounces of some liquid that was supposed to be not much medicinal. I think I gave about five drops at a dose; it produced a good effect. I gave about the fiftieth of a grain. I find the decillionth of a grain produces as good an effect as the larger dose. I find, if we give belladonna in scarlet fever, we find the scarlet fever is subdued, if the scarlet fever existed in the same degree of intensity it did before, and the belladonna also existed. The locality of the two actions must be greater than either of them; and we must, in that case, have a disease that would be equal to the sum of the two, viz. that produced by the poison of scarlatina, and that produced by the belladonna. In regard to the mumps and intermittent fever, I know no reason why they should not. The poison which produces mumps may act upon various parts of the system beside the parotid gland. I cannot say whether the mumps would be any more dangerous if they attacked the brain. I do not remember ever having seen a case of primary disease of mumps in the brain. I have seen cases of swelled face from irritation about the teeth, and am not able to say whether the glands in such cases become enlarged or not. I have made and seen postmortem examinations.

I suppose the blood thrown up from the lungs was brought about by congestion, and that caused by the convulsions. I cannot say positively how they would produce the congestion.

[To a juror.]—I have not used the sulphate of quinine since I have been a homœopathist.

#### MRS. LOTTIMER'S TESTIMONY.

Mrs. LOTTIMER, sworn.—I was the mother of Agnes E. Lottimer. My child was taken sick on the 1st of August. Dr. Wells saw her the next day. He said her disease at that time was congestive fever. On the tenth day he called it intermittent fever. On the Thursday previous to her death Agnes first complained of pain and soreness in the neck, and on that day I called Dr. Wells' attention to it; he did not examine her neck on Thursday; I did two or three times; he did not account for the stiffness, &c. On Friday I next called his attention to it; he then examined the neck; he said there was no appearance of mumps now at all. On Saturday, about 12 o'clock, Agnes was taken with convulsions. The time Agnes was in a convulsion, he said he thought that the mumps had flown to the brain. He was asked by my friend, Mrs. H. Hill, if that might be the case; and, in answer to her question, he said it might. On Saturday, when Agnes had convulsions, I asked him two or three times what was the matter, and he said it was congestion of the brain.

I nearly daily, during my child's illness, expressed strong anxiety about her. I said I thought my child was not getting better, and that they let the chills last too long. This was both to Dr. Wells and to Dr. Dunham. They said they would soon break them, and they expected every



day they would slip by; that I need not feel uneasy, Agnes would get well. About three weeks before Agnes' death I sent for Dr. Dunham. I said I felt uneasy, that Dr. Wells' countenance seemed to change; and I felt alarmed, though Dr. Wells said nothing. Dr. Wells put his ear to the child's chest; he only twice—once when she was first taken ill at Bath, and once at Brooklyn—put his ear to her chest. Dr. Wells never stated that he feared congestion. He frequently examined her tongue and felt her pulse, up to about a fortnight of her death; after that, not so frequently. At the time Dr. Wells last put his ear to my child's chest, I asked Dr. Dunham if there was any congestion about Agnes' heart or lungs, or any other vital part; and he said I was very nervous and unnecessarily alarmed; that there was nothing of the kind; she was all right. He did not make any examination whatever previous to answering me. I never saw Dr. Dunham examine Agnes about the chest; I was generally in the room when they came. On the 14th of September, about 11 o'clock at night, I sent for Dr. Dunham, with my tooth paining; it seemed to have a great deal of inflammation; I had leeches on the gum in the afternoon, and had applied hops and vinegar to my face about eight o'clock in the evening; my gum and the side of my cheek were very much swollen. It pained me all underneath my jaw-bone, more the jaw-bone than the glands; the swelling was more under the jaw-bone; the glands underneath the ear seemed slightly, but not much, swollen. It was a day or two before my child died that I got entirely free from all pain and soreness about my face and neck; I never got entirely well of the swelling and pain in my face, and then the swelling commenced under the ear; it was all together. My sister, Mrs. Large, told me that, when a child, I had mumps on one side. My sister could not recollect, and I do not know, on which side of my neck I had mumps. About the third day after I complained of this tooth, Dr. Wells told me I had mumps. The next morning Dr. Wells prescribed for my face, and attended me for it constantly. My face was still swelled, and Dr. Wells told me there was matter on the tooth; at the time he told me I had mumps. I am certain this was all together, and not two different attacks. I have frequently before had trouble about my teeth and gums, with swelled face frequently; at the times before, my jaws have been stiff and a great deal of swelling of the face, though not so much as this time. I have before had to call in medical advice; Dr. Wells several times attended me with it. I have suffered from neuralgic pains of the face.

#### DR. ROSMAN'S TESTIMONY.

ROBERT ROSMAN, sworn. I am a physician, practicing Homœopathy in the city of Brooklyn.

The homœopathic law is "*similia similibus curantur*," that is the whole of it. The size of the doses of medicine used has nothing to do with it. I practice strictly according to that law, and use my medicines in doses that I think will cure my patients.

For intermittent fever, I use arsenic, ipecac, aconite, belladonna, peruvian bark or its salts, etc. In using the vegetable remedies I generally use the crude tincture, some five or six drops, in water, and my doses are either



a teaspoon or tablespoonful, or double the quantity, with *nux vomica*. I sometimes use the first, second, or third centesimal. I use quinine when I think necessary, in the dose of half a grain or a grain. From what I have heard of Miss Lottimer's case, so far as concerns the remedies selected, I should think the treatment was right; but I should have used stronger doses. A tincture is a saturated solution of a medicine in alcohol. That is what I spoke of as a mother tincture. It is a matter of opinion which is the proper mode of administering the tincture. I mean to say that my dilutions would be of a lower grade. I have arrested the paroxysms in two or three days, and have been as many weeks. I think I should not use quinine in this case. The testimony, as read, leads me to the conclusion that the mumps was the cause of the convulsions. Mumps would not have occurred to me independent of the statement that the mother had mumps. I don't think the convulsions in connection with the symptoms would have induced me to think of mumps, independent of the mother having mumps. It would be fair to infer the child had mumps from the indications, combined with the fact that the mother had mumps. Common cold might affect the parotid gland so as to leave it obscure. Quinsy, sore throat, all the eruptive diseases, require specific manifestations to determine the disease. I never had a case of translation of mumps to the brain. I never knew of such a case. They are spoken of, and written of.

#### DR. DUDLEY CALLED.

Coroner Ball called Dr. Dudley, who took the stand.

*Coroner*—Did you make, or assist in making, a postmortem examination of Henry Lottimer, and when?

*Dr. Dudley*—I, with Dr. Parker, made a postmortem examination of Henry Lottimer, aged about three years, at the request of the family, I think on the 11th of September.

*Coroner*—(Handing Dr. Dudley a manuscript)—Do you verify this paper as a correct statement of the postmortem examination?

*Dr. Dudley*—I do.

The paper referred to was in relation to a postmortem examination upon the body of Mr. Lottimer's little boy, who died a few weeks before the girl. It is as follows:—

#### POSTMORTEM EXAMINATION OF THE BODY OF HENRY LOTTIMER.

The body presented, externally, a dirty pale color, the face placid, the eye clear, and the conjunctival covering not injected. The section through the scalp was followed by no blood. On removing the skull, no fluid escaped. The vessels of the membranes of the brain were congested; the brain otherwise healthy. Some serum found in the ventricles of the brain, but nothing more than normal. On opening the thorax, the lungs on being cut were slightly congested throughout. The heart and its covering was normal; no coagula in the ventricles. The abdomen being opened, the omentum and small intestines were healthy, but almost bloodless. The stomach tied at both its extremities, and removed for examination. The



liver enlarged, but otherwise healthy. The spleen about three times its natural size, and much congested, and easily broke down between the fingers."

### DR. CHILTON'S EXAMINATION OF THE CONTENTS OF THE STOMACH.

JAMES R. CHILTON, sworn.—I am a physician and practicing chemist. I made an examination of the stomach of Agnes Lottimer, and its contents. I found the stomach to contain about four ounces of a thick, dark colored liquid. I analyzed the liquid. I could detect nothing but a little blood and mucus. I tried it carefully for different poisons, but could detect nothing. I made all the usual tests to discover the different kind of poisons. I tested it for strychnine, arsenic, not belladonna. There might be many vegetable substances administered as medicines that might not have been discovered. There might be many poisonous substances that could not have been detected. The examination that I made gave no vegetable alkaloid, that I could recognize.

CORONER BALL read to the jury the following extracts from the law relative to inquests, and then delivered his charge :—

"Wherever any coroner shall receive notice that any person has been slain, or has suddenly died, or has been dangerously wounded, or has been found dead under such circumstances as to require an inquisition, it shall be the duty of such coroner to go to the place where such persons shall be and forthwith to summon, &c., &c.

"The jury upon inspection of the body of the person dead or wounded, and after hearing the testimony, shall deliver to the coroner their inquisition in writing, to be signed by them, which they shall find and certify, how and in what manner, and when, and where, the person so dead or wounded came to his death or was wounded, as the case may be, and who such person was; and all the circumstances attending such death or wounding, and who were guilty therefore, either as principal or accessory, and in what manner."—*Revised Stat.* Vol. 11, p. 925.

### THE CORONER'S CHARGE.

Gentlemen of the Jury :—This case comes under the head of sudden death, insomuch as the patient, according to the statement of the attending physician, was in no danger, slowly progressing to recovery, when she is suddenly taken with unexpected convulsions, and dies in the course of a few hours.

This case, Gentlemen, is one of a peculiarly delicate nature, involving, as it does, inquiry on your part into the mode of practice and conduct of the medical attendant. It becomes you, therefore, to divest your minds of all prejudice, and to be governed solely by the testimony before you. You are to decide, so far as you can from the evidence, in conjunction with the *postmortem* appearances, of what disease Agnes E. Lottimer died, and all the circumstances attending such death.

The only two diseases in evidence before this jury, as supposed to be present at the termination of the case, are intermittent fever, and mumps translated to the brain.

That intermittent fever did exist, and was of long continuance, all the witnesses agree.

In relation to the existence of mumps there is a diversity of opinion, nearly all the witnesses being governed in their evidence by the presence of



mumps in the mother. On this point you are to take into consideration the testimony of Mrs. Lottimer, her statement of the commencement, progress and termination of the ailment in her face and neck, commencing on the 14th of September. Also the fact of her previously, in her childhood, having mumps, and the uncertainty as to which side the disease affected; it being conceded by all the witnesses that this does not twice affect the gland on the same side, and thought by some that an attack of mumps on one side gives immunity from a second affection of the glands on either side. Comparing the statement of Mrs. Lottimer with the history of mumps as given by the several medical witnesses, your own common sense will enable you to decide how far her illness on the 14th was the disease commonly known as mumps, and how far likely to be communicated to her child.

If you come to the conclusion that mumps were present, you are next to decide was there translation of this disease to the brain, and was this translation the cause of the convulsions and hæmorrhage from the lungs of which this child died. On this point all the physicians testify that this translation is of very rare occurrence, but two of them ever remembering to have seen a case.

There is also, according to the evidence of the gentlemen who made and witnessed the *postmortem* examination, the absence of all traces of recent inflammation of the brain, all the morbid appearances found having been the result of disease of some weeks standing. In opposition to this you have the opinion of others that there was a translation to the brain.

If there was a translation of mumps to the brain, how far was this the cause of the convulsions and death? This you will decide as the testimony of the various witnesses impresses your mind.

As some aid in forming an opinion, as to the death resulting from the translation of mumps or from intermittent fever, I deem it proper to call your attention to the case of Henry Lottimer, who had intermittent fever, died in convulsions, and no mumps present; as also to a comparison of the *postmortem* appearances in his case and that of Agnes E. Lottimer. As to the hæmorrhage from the lungs, which was the immediate cause of death, you have the *postmortem* appearances, showing intense congestion of the lungs, pleura, and bronchial tubes, as also the testimony of all the witnesses as to the existence of this congestion. There is a difference of opinion as to the cause of this congestion: some alleging it to have been the result of the spasms; others holding that it was the effect of repeated chills in cold stages of intermittent fever, gradually leaving the lungs more and more congested with blood, interfering with their function, and eventually altering their structure, until they became unfitted for the proper performance of the duty assigned to them, as evinced by the partial crepitation, and their increased specific gravity, showing they were impervious to air, thus preventing the proper decarbonization of the blood, and this impure blood acting deleteriously on the brain. The truth is for your decision.

And now, Gentlemen, I come to the last, and to me by far the most delicate part to discuss—to you the most difficult to decide upon: I allude to the conduct and treatment of this case.

Patients sometimes die from too active treatment; at others, from misapplied remedies, arising from a mistaken view of the case; again, from inefficient treatment, whereby the disease is allowed to kill. In either case



a physician is responsible. In order to arrive at a just decision, among other suggestions that will present themselves, the following will be proper: If mumps were present in the mother, and the attending physician's attention was called to the stiffness and soreness of the neck in the child, which he assigns as the principal reason for supposing the presence of this disease in her, and this, too, in a patient debilitated by an unusually long continuance of a disease congestive in its nature—the mother constantly with her child, and liable to communicate the disease to her—how far was he justifiable in not critically examining for the presence of this disease in the patient; how far culpable in neglecting, immediately on his conviction that the disease was translated to the brain—which took place, according to his statement, on Saturday morning—to use the proper remedies to prevent evil consequences? As to the treatment of the intermittent fever part of this case, you have the evidence of physicians on both sides that under both modes of treatment the disease usually yields, and the paroxysms are checked after three or four returns, sometimes the disease lasting, at the outside, three weeks; none testifying to any in their own practice exceeding that period. You have the experience of gentlemen using the antiperiodics—of which quinine is the principal—two of whom are homœopaths, others who practice allopathy, some who now practice homœopathy, having formerly prescribed allopathically, all of whom state that under both modes of practice they almost invariably cured the disease speedily, and lost no patients. Couple with this the facts, that in this case the attending physician's attention was constantly kept alive by the daily expression of anxiety on the part of the parents of this child; the disease continuing for a length of time so far exceeding the usual duration of this complaint. The child having been in the first place taken with disease of the membranes of the brain, which he told the mother was congestive fever,—how far was he justified in pursuing his own course, relying upon his own judgment, and discouraging the employment of additional counsel, who might have discovered some cause for the slowness of the recovery, and suggested some improvement in the treatment which might have escaped the notice of the medical attendant, and thus have secured a different result? This view of the case, I feel in duty bound to present for your notice. Of all professional men, there are none in whom more blind and implicit confidence is placed than in physicians. Patients are completely at their mercy. Their accountability cannot be too strict. No class of men should be more distrustful of their own judgment, if there is the least shadow of doubt on their minds; or bear with more humility the responsibility imposed upon them by the Almighty, when they elected the profession of medicine as their path of usefulness through life. "All that a man hath will he give for his life." When we reflect that physicians hold the fearful balance between life and death, and by their judgment is the scale made to preponderate, we cannot but acknowledge that the responsibility is too grave, the consequences to those entrusted to their care too important, to be lightly assumed or rashly exercised.

These considerations, Gentlemen, render this case of far more importance than the ordinary cases that come before a coroner's jury, and make it imperative on you to weigh this case the more carefully, that you may, on the one hand, do no injustice to the physician, nor on the other neglect the duty you owe the public.



One other suggestion, and I have done. How far was the physician justified in totally neglecting an established mode of practice, in this disease of intermittent fever, by bark and remedies of a like nature—which has been pursued by physicians for some two hundred and fifty years—and by quinine, a preparation of bark, for some fifty years, with sufficient success to continue its use unto the present day in all cases, and this, too, before the varieties of the disease that is made by the homœopathists; and pursuing another course of later date, when he saw that these remedies did not prevent the continuance of the disease for so great a lapse of time beyond the usual period for arresting it?

As to the comparative efficiency of high and low dilutions, if you consider it necessary to make that a part of your inquiry, you have the testimony of physicians using both to guide you.

With these remarks, Gentlemen, I leave the case in your hands.

The following is the verdict of the jury, rendered November 4th:—

#### VERDICT OF THE JURY.

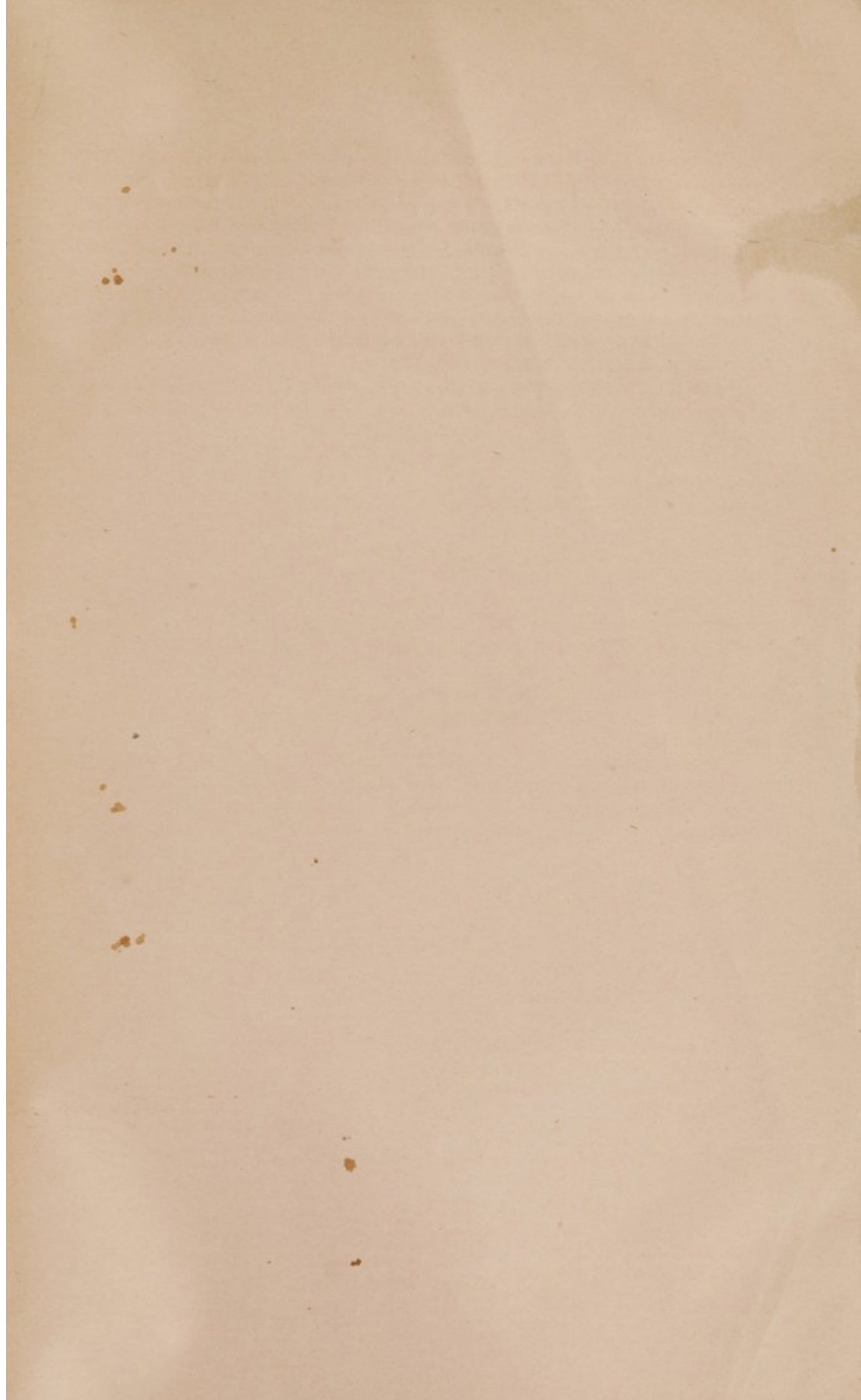
The jury, on view of the body of Agnes E. Lottimer, and after hearing the testimony in the case, find and certify that she died on the 7th day of October, 1854, at the house of her father, in Union street, in the city of Brooklyn, from hæmorrhage of the lungs, the result either of unusual congestion of that organ, or of convulsions arising from a generally diseased condition of her system consequent upon an unusually protracted intermittent fever.

That the treatment of her disease by her physicians was homœopathic, and the remedies used were what are commonly known as high dilutions; but whether such remedies are efficient or not, the jury are unable to determine.

JOHN N. TAYLOR,  
E. L. TROWBRIDGE,  
THOS. D. MIDDLETON,  
ALEX. M. GREIG,  
ISAAC H. FROTHINGHAM,  
M. F. HODGES.

*November 4, 1854.*







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