

**Report of the trial. The people versus Dr. Horatio N. Loomis, for libel : tried at the Erie County Oyer and Terminer, June 24, 1850. Justice Mullett, presiding. John Treanor, Leander J. Roberts, associate justices / Reported by Frederick T. Parsons, stenographer.**

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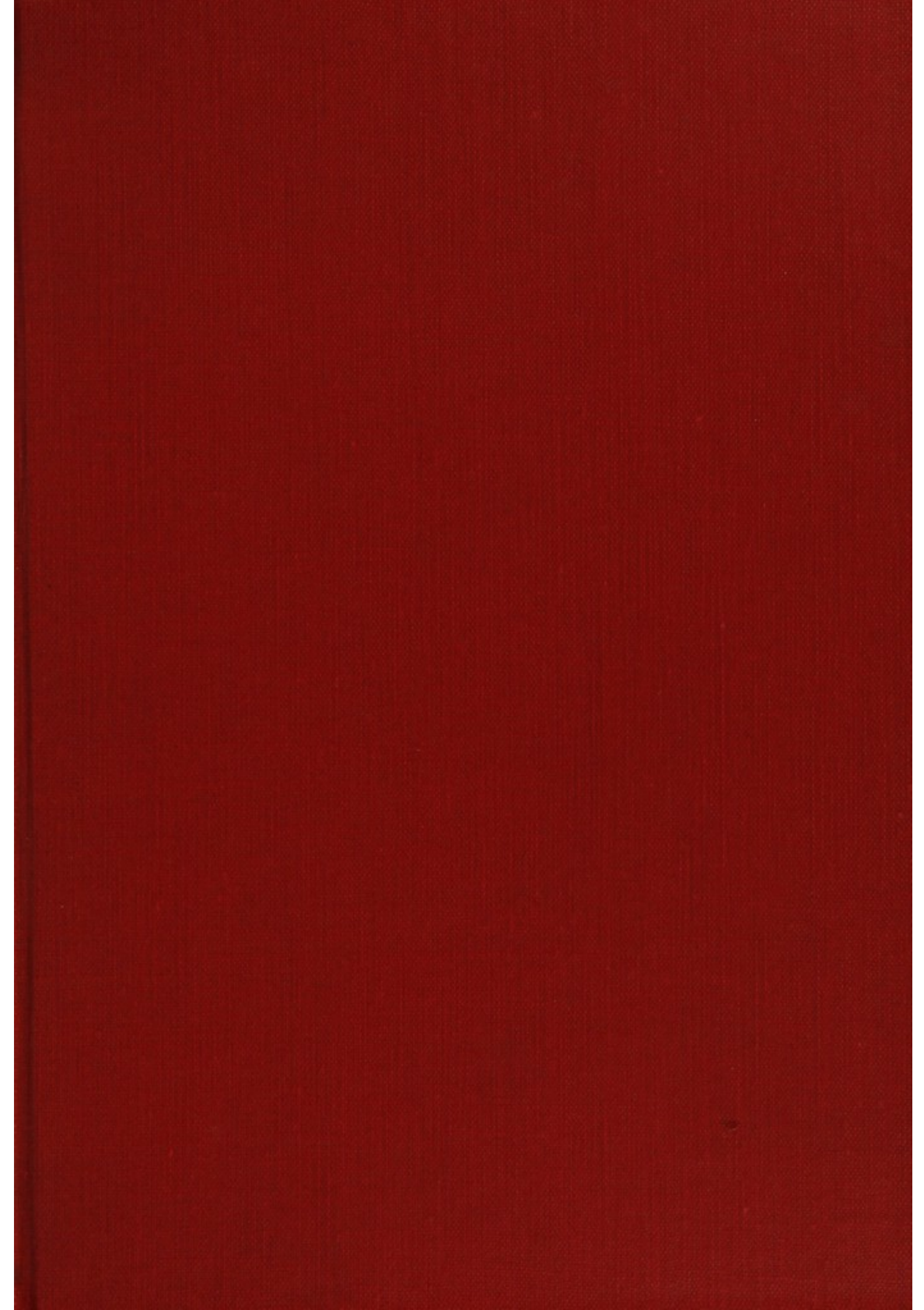
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REPORT OF THE TRIAL.

THE PEOPLE

VERSUS

DR. HORATIO N. LOOMIS,

FOR LIBEL.

TRIED AT THE ERIE COUNTY OYER AND TERMINER,

JUNE 24. 1850.

29525

JUSTICE MULLETT, *Presiding.*

JOHN TREANOR,

LEANDER J. ROBERTS,

{ *Associate Justices.*

REPORTED BY FREDERICK T. PARSONS, STENOGRAPHER.

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## TO THE READER:

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Under the conviction that instruction at the bed-side of the patient is essential to the young practitioner, the Professor of Obstetrics in the University of Buffalo, during its last session, with the entire concurrence of every member of the Faculty, undertook to supply the graduating class with this additional means of improvement. In entering upon the execution of this design he endeavored to exercise the utmost circumspection in avoiding every thing which would unnecessarily excite public prejudice. Not only were strict decorum and propriety of conduct insisted upon and observed, but the members of the class were enjoined to maintain the most profound silence on the subject in their intercourse with the citizens. Nothing was heard of the matter until the resolutions of the class, the reply of the professor to whom they were addressed, and a few accompanying editorial remarks appeared, [see Appendix A.] early in February last, in the *Medical Journal*, a suitable medium for *Medical News*, being read almost exclusively by *Medical Men*. The article in the *Commercial Advertiser*, on the 19th, [see Appendix B.] of the same month, was written by the able Editor of that print, in the hope of allaying the then existing excitement. The only publication on the part of the Faculty of the College or any of its members, except in the *Medical Journal* previous to this time, was a series of resolutions [see Appendix C.] assuming the responsibility of the transaction, and assuring the public that it was not without precedent, and was undertaken to promote the interests of the students in the acquisition of useful knowledge, and thereby the interests of Medical Science and of humanity.

That it should have become necessary to obtrude a subject of so much delicacy before the public is greatly to be regretted. But the various publications in the religious and secular Journals, the anonymous handbills which were scattered through the city, and the still more exaggerated reports which were currently circulated, seemed to render it highly proper that, since the public were compelled to hear and judge in the matter, they should be put in possession of the facts as they transpired, and some of the arguments in favor of its adoption adduced. In order to accomplish this end in the most authoritative manner, it was obviously desirable that those whose testi-

mony was relied on to establish the history of the case, should be placed under the obligations of an oath, and confronted by those who contended for a different state of facts, thus giving full opportunity to elicit the truth. The better to secure this end and spread out all the facts of the case, which was the principal object of the prosecution in so far as the complainant was concerned, the services of Jesse Walker, Esqr., and Mr. Frederick T. Parsons, stenographic reporter, were secured, and they were charged to supply a complete and impartial report of the trial. The entire responsibility was thrown upon them, and they have given the testimony of each witness without any abridgment.

The opening of Mr. Austin for the people, and Mr. Putnam for the defence; an abstract of the Hon. H. K. Smith's argument for the prosecution; and the charge of Judge Mullett, are also included. The several documents referred to in the course of the trial are added in the Appendix, all of which were submitted without comment. Believing that this is one of those questions the merits of which medical men can best appreciate, and the *Medical Journals* are the best expositors of the enlightened sentiment of the profession, it was thought proper to add extracts from those published in the various sections of this country. Nearly all have expressed themselves upon the subject, and *all* the Editorial articles which have come to hand are inserted either in part or entire, omitting nothing which is adverse to Demonstrative Midwifery.

The object of this publication is to submit the whole matter to the judgment of the reflecting and impartial reader, under the confident belief that at least justice will be done to the motives which prompted the introduction of a clinical demonstration in connection with instruction in midwifery, in the University of Buffalo; and that even if there should exist some difference of opinion respecting the importance or expediency of this method of teaching, few will be found who, with a proper understanding of the facts, will be willing to stigmatize it as "wholly unnecessary, and grossly offensive, alike to morality and common decency." [See letter of seventeen physicians, addressed to Austin Flint, Editor, &c.]

J. P. W.







# ERIE COUNTY.

## COURT OF OYER AND TERMINER.

JUDGE MULLETT, PRESIDING.

THE PEOPLE *versus* HORATIO N. LOOMIS.

### FIRST DAY.

Monday, June 24, 1850.

THE defendant was indicted for a libel, by publishing an article in the *Buffalo Courier* on the 27th of February last, reflecting severely upon what has been termed "Demonstrative Midwifery," which took place at the Medical Department of the University of Buffalo, during the last winter.

The following Jurors were empaneled and sworn :

Josiah B. Woodward,	Philip Dorsheimer,
Hugh Bunting,	Alvah Hamilton,
Andrew Varney,	George N. Huntley,
Henry Myers,	Frederick Smith,
Isaac Nichols,	Emanuel D. Miller,
Francis L. Night,	Ahimah C. Draper.

Counsel for the People, BENJAMIN H. AUSTIN, Esq., and Hon. HENRY K. SMITH.

Counsel for Defendant, HENRY W. ROGERS, Esq., Hon. N. K. HALL, Esq., and JAMES O. PUTNAM, Esq.

BENJAMIN H. AUSTIN, Esq., District Attorney, opened the case for the *People* as follows :

#### *Gentlemen of the Jury :*

The indictment in this case charges against the defendant the publication of a libelous article in one of the newspapers of the city of Buffalo. The article alluded to, professes to give an account of a transaction which occurred at the Buffalo Medical College, and is entitled "Demonstrative Midwifery."

The article charges, that an attempt was made at the College, by the exhibition and public expo-

sure of a poor suffering woman in labor, to demonstrate before a class of students some of the principles relative to that important department of medical science. The article also charges that this mode of teaching is an innovation upon long established usage, is new and unnecessary, and that it is *grossly indecent and immoral*.

Whether the matters contained in the libelous article are true, and were published with good motives and for justifiable ends, remains for the defendant to prove.

This supposed new method of teaching has, as might have been expected, encountered opposition, from a small party of physicians, of Buffalo, hitherto respectable.

That there should be such opposition is not at all surprising to any one who will take a retrospective view of the past. The history of past ages, and our own experience, abundantly teach that all new discoveries, inventions and improvements, whether in science or in art, are sure to encounter opposition upon their first introduction.

History informs us that in the year 1721, in the city of Boston, Massachusetts, the small pox prevailed to an alarming extent, carrying terror and confusion among all the inhabitants of that city, and the surrounding country. Doctor Boylston introduced the principle of ameliorating that loathsome disease by inoculation, and, in company with Cotton Mather, endeavored to induce the physicians of Boston to co-operate with him in this new method of mitigating the virulence of this fatal disease.

The physicians not only refused their co-operation in so novel and bold an experiment, but condemned and publicly denounced it as introductory of the plague, and united in opposition to this



benevolent effort to relieve suffering humanity. Through the influence of the *physicians* of Boston, Doctors Douglass and Dalhonde taking the lead, the inhabitants became enraged and were excited to commit atrocious acts of violence, from which they were prevented only by their inability to discover his place of concealment. They patrolled the town in parties with halters in hand, threatening to hang Dr. Boylston on the nearest tree. He was hunted like the beast of the forest, so that he was compelled to seek concealment in a private apartment of his own house, nor was this feeling of hostility confined to him; it extended to his family.

He invited all the physicians of Boston to visit his patients and judge for themselves of the merits of his practice. In reply to this innovation, he received nothing but insults and threats of violence. Why was all this obloquy and reproach heaped upon Doctor Boylston?

It was but the fortune experienced through all ages of the world by those who have attempted to innovate upon long established usage in the cause of public improvement; yet, in spite of all opposition, Doctor Boylston triumphed, and the results of his practice showed a reduction in the loss of human life of from *one in six to one in fifty*.

In 1620, Doctor William Harvey, of London, announced to the world the new doctrine of the circulation of the blood. He was denounced as an innovator, and so strong was the opposition to this new doctrine that not a single physician over 40 years of age, who lived at that time, admitted the truth of the discovery; yet Doctor Harvey soon triumphed, and his new theory was universally admitted. In the year 1799, the glorious discovery of the vaccine disease, which rendered the human system unsusceptible of the small pox, was introduced by Doctor Edward Jenner, a celebrated English physician. This was also treated as an innovation and a chimera. All intelligent people now acknowledge the utility, and have experienced the benefit, of this valuable discovery.

Less than three centuries ago the practice of Midwifery was exclusively in the hands of women, who, when they had exhausted their limited stock of medical skill, invoked the saints, and hung images and relics about the woman in labor. At this period, the practice of Midwifery was so exclusively in the hands of women, that it would have been disgraceful for a man to engage in it. In the 16th century, in Hamburg, (Holland,) Doctor Veitis, for attending a woman in labor, was condemned to the flames. Such an undertaking by a *man* was considered an abominable attempt on the virtue and honor of the female sex. And he who ventured upon this practice was treated as a magician.

In 1754, the practice of Midwifery, by men, was introduced in Boston, Massachusetts, by Doct. James Lloyd, and two years later by Doct. Wm. Shippen, in Philadelphia. These men, too, were branded as innovators, and their practice was denounced as immoral and licentious.

Doctor Shippen in the year 1762, established a school in Philadelphia, in which the first effort to educate men to practice that difficult art was made. In that effort, but ten students were found bold enough to encourage the school. Statistics show that in that city now more than 1000 students annually receive instruction in this important department of medical science.

In this country all know that the practice of that delicate art, is confined entirely to the male sex, and few, men or women, can now be found so stupid, as not to see, feel and acknowledge the importance of confiding this branch of medical practice to well educated and experienced hands.

Still later, in the 19th century, this same hostility to progression and improvement continues. Opposition not less violent was within a few years manifested against the use of the stethoscope, an instrument by which the internal organs of the human chest may be examined. This instrument is now in universal use; no respectable physician dares at this day to be without it.

And still later, within the last twelve years, a similar spirit of hostility was manifested to the introduction of the speculum, an instrument for ascertaining the condition of the internal genital organs of the female sex, the use of which within this short period was denounced as "grossly offensive, alike to morality and common decency," and entirely useless. This instrument is now in general use by all respectable physicians.

Teaching by the side of the sick-bed is now generally practised, and considered important and necessary in all the departments of medical science. The drones in the profession opposed this also.

Clinical instruction, in any form, is of modern date, and its first introduction into colleges has been within fifteen or twenty years; but so general has it now become, that, in the month of April last, in this city, some of our most respectable physicians, Doctors Sprague, Burwell, Hamilton, and others, in the presence of about twenty male persons, students and others, from 17 to 50 years of age, with the entire approval of the whole community, so far as I know, performed an operation for stone in the bladder on a female of the age of 22 years; all were present in the room, and the female was naked from her navel to her knees during the whole operation, which occupied over an hour. All this was right and proper; nobody complained, nor do I complain. Yet, I am unable to perceive how these same Doctors can consistently approve the practice in this case, and at the same time hold the transaction at the college up to execration. In behalf of the prosecution, we shall endeavor to prove that the libelous article in question was written and published by the defendant.

I know of no defence that can be made except the one mentioned in the Constitution of this State, which requires the defendant to prove that the libelous article is true, and that it was published with good motives and for justifiable ends.



The libelous article was first printed in the Daily Courier of this city, and the People will prove that after the type had been distributed, the defendant went to the printing office and procured the article to be set up and reprinted in the Weekly Courier, and circulated through the country.

The article charges against the Professor of Obstetrics of the Buffalo Medical College, the commission of acts of outrage against the rights of the community—against decency and propriety.

When we shall have proved these things, it is all that it is necessary to do on the part of the People, unless something shall be offered by way of defence.

In the trial of this indictment, there will be no complicated questions of law, or of fact; all will be plain. And I have no doubt that before this trial closes, you, Gentlemen of the Jury, will be fully convinced, not only from the proof on the part of the People, but from all the proof in the case, that the article is grossly libelous, and that no defence whatever can be sustained. The Constitution has made you the judges of the law and of the fact.

The District Attorney called W. A. SEAVER, who being sworn, says—I reside in the city of Buffalo. I am the editor and proprietor of the Weekly Courier, and was on 27th February last. (Copy of paper of that date is shown to witness.) Witness says—it was published at my office—I don't know whether I was at home or not—three articles were published on that subject. When the first was published, I was not at home—was at home on Wednesday 27th, and think I was at home on the Sunday previous to that date. All matter that is published in the Daily is usually published in the Weekly—that article had been published in the Daily, and the type was distributed—the Daily paper was exhausted by calls for papers—Dr. Loomis came to the office for a paper containing the article—I told him we had none left—he said he would like to get some, or something to that effect—I told him that the types were distributed, but if he chose to buy papers enough to pay for setting up, I would print it again—he said he would take 25, 50, or 100—don't remember which—we set up the type again, and printed that number and some others in addition—can't say whether it was worked off in the whole edition—I think it was—I don't know that defendant came for the papers—they were taken from the office—my impression is that Dr. Loomis paid for them—can't say certainly.

GEORGE LAPSLEY, called and sworn, says—I am the Foreman of the Courier office, and was in February last—I know Dr. Loomis—he came there to get some printing done—he came there about 8 o'clock in the evening of February 25th—I was up stairs—was called down by the pipe—Mr. Seaver cut the article referred to out of the Daily and gave it to me to publish—Dr. Loomis said he wanted 50 copies—I think Dr. Barnes was there and said he would take 50 copies more—Doct. Loomis said he would pay \$1, and handed

Mr. Seaver \$1 that night before he left the office—I worked it into the whole Weekly edition—they were all distributed with this article in its whole edition about 800.

*Cross Examined*—Don't know whether Doctor Loomis took the papers away or not—didn't see him again that night.

[The article signed "L," was here read. See Appendix E.]

Dr. AUSTIN FLINT, called and sworn, says—I am a practising physician—I am Professor of Theory and Practice of Medicine in the Buffalo Medical College—I know Doctor James P. White—Doct. White is connected with the Medical Department of the University of Buffalo, and had been prior to February last—he is a practising physician in the city—Dr. White is the only one who has been Professor of Obstetrics since the organization of the College, down to the present time.

*Cross Examined*—I am Editor of the Buffalo Medical Journal. (The February number, 1850, is here shown;) the letter on pp. 565-6, addressed by Dr. White to certain students, was written by Dr. White. [See Appendix A.]

JAMES O. PUTNAM, sworn, says—I don't know but I am Secretary of the Council of the Medical Department of the University of Buffalo—don't know that I have been superseded—Hiram A. Tucker, late of this city, was my predecessor—the book containing the Records of the Council is here shown to witness—that is his writing.

Appointment of Dr. White to the office of Professor of Obstetrics and Diseases of Women and Children was here read from the book.

The People rest.

J. O. PUTNAM, Esq., opened for the defence, substantially as follows:—

*Gentlemen of the Jury:*

You are empanelled to try an issue of, in some respects, an extraordinary character. It is extraordinary in its circumstances, and in the relations of the parties concerned. Dr. Loomis, who is one of our most respected citizens, and one of the most eminent of his able profession in this city, stands arraigned before you, not for an ordinary crime against property, not for having written or published a libel, charging penal offences against the prosecutor, not, so far as the proof is concerned, of having written a line of reproach or animadversion upon any body. So far as the proof is concerned, he stands charged with a mere technical libel, if it be a libel at all.

It is just such a libel and publication as either of you or I might have been guilty of, had either of us having heard of the publication of such an article in the Courier, and sharing the public curiosity to learn all that was said about the exhibition at the College, called at the Courier Office, and paid for a single copy. For although he paid the price of fifty, it was to secure this single copy, as the edition had been exhausted.

This article complained of, we shall show you, Dr. Loomis never wrote, and that he was utterly



ignorant of its existence, until it had been thrown broad-cast, all over the city, in the daily edition of the Courier.

So that we shall insist, gentlemen of the Jury, that, even admitting all to be true that Dr. White claims for himself, and that the public prosecutor claims for him: Admit for the argument, that Dr. White, although he made a startling innovation upon the practice of two centuries on this continent, yet that he in fact made a great advance in science; that he is, what the public prosecutor seems to claim him to be, the Hervey of the Nineteenth Century—still we shall insist, that the proof shows but a technical libel, and shall demonstrate to you that our act was, in intent, for justifiable ends, and with good motives.

I deem it proper, gentlemen of the Jury, to briefly state your relations to this cause.

You are not sitting under the old rule, "the greater the truth, the greater the libel." That rigid rule fell with the Star Chamber, where it originated. And yet it was the rule in this State, until the year 1805.

No popular right was ever so long and successfully resisted, as that of the citizen, to be *tried* by his peers, on informations and indictments for libel. Under the old rule, you would now be ready to render your verdict of guilty, *guilty of the publication*; with the truth of the libel, with our intent in publishing, you would have had nothing to do. You find the paper in our hand, and say we published it. And the Court determines whether or not it is a libel.

This right of juries to decide upon the *intent* of publishing, and of the accused to give evidence of the *truth*, has been one of the great battle fields of popular liberty, a right strongly contested by the throne, and at last won, only through the action of the British Parliament. The same contest was re-fought in this State in 1804, in the celebrated case of *The People against Crosswell*, in which the Star Chamber doctrine was sustained by our Supreme Court, and practically *reversed* in 1805 by an act of the Legislature.

This act, allowing the truth to be given in evidence by the accused, and that he published with good motives and for justifiable ends, was subsequently embodied in the Constitution, and has from that time to the present been a part of the fundamental law of the State. So sacredly is now the right of the accused in cases of this character secured against power and oppression.

Now, gentlemen, under this right, we shall seek to establish that this "*libel*" is substantially true, that the publication by us was without malice, and for justifiable ends.

The District Attorney seemed in a maze of doubt as to whether or not we intended to defend. I will relieve his anxieties by assuring him that we do intend to *defend* this libel.

Now what are the main facts as we expect to prove them?

Dr. White, the prosecutor, holds the chair of the Professor of Obstetrics, in the Buffalo Medical

College of this city, an institution founded by the liberality of our citizens, and fostered by the patronage of the State. In the latter part of January last, it was currently reported in all circles throughout the city, that a case of "Demonstrative Midwifery" had been exhibited by the Professor, in the College. That a woman, *enciente*, had been kept within its walls for several days prior to her confinement; that, when her labor came on, the graduating class of students were invited to witness her delivery; that her person was exposed to the view of twenty young men, contrary to any mode of teaching in this or any other country. The shock felt by this public at so startling, so gross, so wanton an innovation upon professional delicacy and public decency was such as I never before witnessed or shared since my sojourn in your city. Dr. White himself, in his letter to his students, spoke of this transaction as an innovation "likely to be opposed by popular prejudice," and one which, *without their co-operation*, "could not have been satisfactorily accomplished in this instance, nor the hope of its repetition indulged." This matter, as I remarked, was a theme of public comment and rebuke.

In the early part of February, the Medical Journal of this city had come to the rescue of Dr. White, and strongly commended the "innovation." But all the comment had been entirely abstained from by the secular journals, until the 18th of February, when some *friend* of Dr. White, some brave Ivanhoe, entered the lists, threw down the glove, and challenged to the combat. An article appeared in that day's Buffalo Commercial Advertiser, championing Dr. White's "innovation," challenging scrutiny, and claiming it as one of the great achievements of modern science. The lance offered was encountered, and a sober, moderate article, representing the sentiment to which I have alluded, was written in reply. That reply is the alleged libel, and the answer to which is the *ingenuity of the law*.

Now, gentlemen of the Jury, all that Dr. White insists upon may be true. Perhaps you, and I, and our forefathers, have all come into the world in a wrong way, and the great command has been but half fulfilled, because of a long night of ignorance in this branch of science. Dr. White may be, for aught I know, the modern Prometheus, who has brought down the fire from the gods, with which to illumine our hitherto darkness, and it was left for him to successfully over-ride the usages of ages, and the prejudices and principles rooted and grounded in us from childhood to old age; yet we shall insist here, that something is to be pardoned to public prejudices, we shall deny his right to stretch us out upon his Procrustean bed, and hack off our limbs, if too long, or stretch them out, if too short, without waiting for us to grow up, or to grow down, to his "innovating position." He having thrown the glove of controversy we shall insist on our right to take it up, and deny that all discussion is to be on his side. He had had his Eulogium—his innovation, its panegyric. And we



had a right, though in error, as to its merits to discuss it, and to discuss this public Professor. But we were not in error. The exposure of this woman in labor, we shall show, substantially, as alleged. We shall show you that it was not only a tartling and bestial innovation, but without a particle of utility.

To the stethescopical examination we make no objections; against the exposure of this woman, whom though the virtuous angels had abandoned, society had not, we do protest.

And we expect that you will by your verdict vindicate the delicacy of the sex, the honor of a liberal profession, the moral sense of the public, and the just freedom of the press.

GEORGE HASKINS, sworn on the part of the defence, says—I wrote the article in the *Courier* signed 'L.' I can't recollect when it was first published—it was published in the *Daily* first—I knew that Dr. Loomis had no knowledge of the article, for no person had—I don't mean to say that the compositors didn't know any thing about it. It passed from me to the compositors. (*Commercial Advertiser* of Feb. 19th, is shown witness—article "Demonstrative Midwifery," is shown to witness. [See Appendix B.] The article in the *Courier* was intended as a reply to the one in the *Commercial Advertiser*.)

*Cross Examined*—Don't know of Dr. L.'s claiming the article as his.

JAMES O. BRAYMAN, sworn, says—I was one of the editors of the *Commercial Advertiser*, Feb. 19, 1850—(paper of this date is shown him)—this paper was issued from that office on that day. I wrote the article in this paper on "Demonstrative Midwifery." (Defendant offers to show that the article was submitted, before publication, to Dr. W., and that he approved of it and of its publication.) The Court rejected the offer.

Defendant's Counsel excepted to the decision.

Doct. PETER B. BROWN, sworn, says: I graduated at Buffalo Medical College, last winter or spring. I attended three courses of Lectures there—last course was last winter. During that course there was presented to the graduating class a case of natural labor, by Prof. White—I was present—I went there between eight and nine o'clock in the morning; it was in the lower room adjoining the room occupied by the Janitor, as a kitchen. I don't recollect whom I found there when I got there—I saw Doct. W., after I got there—I don't recollect how many students were there—don't recollect how many there were in the graduating class—there were about twenty-eight—could not say what proportion of them were there—it would be guess work—there were some there that did not graduate there—some physicians—there were as many as fifteen—might have been twenty—they didn't all stay, that came there—some went away—I remained there some six or seven, or seven or eight hours—somewhere along there, and till the labor was through—it was not day-light when the matter was finished. The woman,

when I first saw her, was on a bed or cot—I was there when the child was born—I was not there a great while, next before the child was born—I couldn't say how long I was there previous to the birth. I was called in—It is a mere matter of guess-work—I should think I was there about half an hour before the child was born—when I went in last time, couldn't say how far labor had progressed—I saw nothing of the labor till the head presented externally. The woman was covered till that time—then the clothes were laid back—she lay on her left side. Her "nates" were exposed—her legs were drawn up—she was exposed from the small of her back half or two-thirds the way to the knees. She lay in that condition till the child was born—don't recollect whether the clothes were turned down before the umbilical cord was cut or not. Can't tell how long she was in that condition—about quarter of an hour. Head of the patient was uncovered. During the time she was exposed some *fifteen* or *twenty* were present—they were all students and practitioners of medicine—might have been *fifteen* or *twenty* students—this was the first exhibition of the kind I had seen—her genitals were not exposed—don't know whether the Professor used both hands or not—he supported the perineum with a napkin in his hand—he grasped the child's head and it passed out between his hands—I can't say whether he received the child in both hands or not—I saw the child on its passage out.

*Cross Examined*.—The room was lighted with candles—there was more than one candle. When the child was being born, I was standing near the bed, on the same side with Dr. White. There was no talk, unless the Woman wanted something. There was no talk among the students—there was no laughing or jesting. I saw one smile. Dr. White talked about the labor, and to the patient, and about the progress of the labor, for the purpose of instructing the class—his talk had no other tendency than to instruct the class. Prof. White enjoined decorum and order. The house, as I said before, was still.

I didn't notice how much I could see. I was watching the progress of the labor. I saw the child emerging. I didn't look to see her private parts. Saw the head emerge and what surrounded it, except what was covered by the napkin. The napkin might have been all round. Did not see the *Symphysis Pubis*. Her back was towards most of the class—they were standing all round. The nurse was most of the time on the opposite side of the bed to Dr. White. I think the nurse was out during the labor. I am quite sure she was not in all the time till the delivery of the child and the *placenta*. I saw the child dressed. It was carried into an adjoining room, and washed and dressed. I never attended a labor before. I have since.

[District Attorney proposed to show how the stethoscope was used before the birth, and all that took place during the clinique. Objected to by defendant's Counsel, on the ground that they do



not intend to justify on any thing except the exposure.]

Objection overruled.

### SECOND DAY.

Doct. PETER B. BROWN, re-called by District Attorney, says—I was 25 years old last September. I am now a practising physician.

Doct. GEO. A. HEWSON, called by defendant—I reside at Naples, Ontario Co. I am a practising physician. I attended the last course of Lectures at Buffalo Medical College. I was present at the case of Demonstrative Midwifery that took place at the College last winter. Prof. White was the Demonstrator. I witnessed the labor after the child's head protruded from the *os externum*. The woman was at that time on the bed, lying on her left side; her back towards the class. Her legs were drawn up against the abdomen somewhat. As the head presented externally, her clothes were raised up somewhat. The head was exhibited—the top of the head was just about presenting fairly. I saw the whole process from that time of the labor and delivery. From the first external presentation till delivery it was from 2 to 5 minutes. I saw the umbilical cord severed—saw the ligatures tied previously.

*Cross examined*—When I attended this *Clinique* I was in the graduating class. During the time that preceded the labor, Prof. White explained to the class the manner in which the child would be presented. It was a presentation we do not often meet with—the face of the child was anterior—the reverse is oftener the case. From the knowledge I have from the books, these cases are as one to 15 or 20. The scientific name of this presentation is, *the occiput to the right, posteriorly*. Examination by the stethoscope had been made by the Professor to the class. Prof. W. stated to the class that this would be the manner of the presentation. The woman, while I was there, up to the time of the presentation, was entirely covered. When the stethoscope examination was made, the woman was kept covered. The examination was made through the clothes. I don't recollect of seeing any portion of her person up to the time of the presentation. Don't remember whether the clothes were put over the woman as soon as the head was born or not. They were put over her as soon as the child was born. I saw the entire child when taken out. I think the woman was covered when the umbilical cord was cut. I did not see that she was uncovered, except when the child was born—from 2 to 5 minutes. Did not see any of the front part of her body. As the clothes were raised, I saw something in the form of flesh and blood; what it was I could not say. Prof. White delivered the child—he was using one hand. I don't recollect whether one or both hands supported the perineum. He had a napkin in his hand. The woman was covered when the placenta was delivered.

The room was in the basement of the College, and the size is 12 or 15 feet by 18 feet. They

were perfectly quiet in the room. The best of order was preserved in the room. Don't recollect any talking except between Prof. White and the nurse. The janitor's wife was there and acted as nurse. I had never seen a case of labor before. Have been in practice since. Have had no cases of Midwifery since. My age is 24.

*Direct Resumed*—I mean to be understood, that Prof. White predicted the presentation of the child from the use of the stethoscope. The stethoscope was used some 10 days before, and from listening he predicted that such would be the presentation. I don't know that he had made a manual examination. I used the stethoscope 10 days before. Prof. White commenced the auscultation—the class then heard, one at a time. I think the prediction was founded on the position in which he found the beating of the foetal heart most audible. The stethoscope was not used just before birth. I went there about 9 o'clock in the evening. I didn't see the woman till about thirty minutes before birth. Before that time I was in the janitor's room and up stairs.

[Defendant's Counsel offers to prove that in one of the rooms of the College, the students, while waiting to be called, regaled themselves with beer and whiskey, and with lascivious conversation, and that some of them insisted they had rather assist at the conception, than at the delivery, and that the whole thing was the subject of libidinous jesting.]

Offer rejected by the Court, and decision accepted to by Defendant's Counsel.

[The Presiding Judge here stated, that he wished to reconsider his decision of yesterday, that the Defendant could not show that the article in Com'l Advertiser, on Demonstrative Midwifery, was approved by Dr. White, before publication, and said that Defendant might now prove that fact.]

JAMES O. BRAYMAN, called by Defendant—I submitted the article on "Demonstrative Midwifery" to Dr. White, before publication. I wrote it at my room in the evening, and on my way to the office next morning, I met Dr. White, and showed him the article. He read it and approved of it. I wrote the article at no one's request. The reason of my writing it was, that I had attended some of the lectures at the College. I saw the woman. I went with Prof. White to see the woman—did not see her at that time. This was after the delivery, and before the article was written.

*Cross Examined*—My meeting with Professor White next morning, after the article was written, was casual and accidental. I did not write it at Prof. White's suggestion—I had before talked of writing an article—Prof. White said he wished I would get the facts from some one else, and I did so. I showed him the article, because I wanted to ask him about a technical term I had used.

Doct. HUGH MCKENNON sworn, says—I am a practising physician—I reside at Middleport, Niagara county—I graduated at the Buffalo Medical



College in February last. I was present at a case of Demonstrative Midwifery in that College last winter—Professor White was the Demonstrator.—About twenty students were present, I should think. I made an examination of the patient about 8 o'clock in the evening, at the suggestion of Prof. White—I made a vaginal examination of the woman, by what is technically called the *touch*, which is to introduce the finger into the mouth of the womb. It was then the first stage of labor—the womb was then dilated to about the size of a two shilling piece—I made no other examination. Saw no other students make an examination—saw Prof. W. make an examination at the last stage of the labor—this was before the presentation of the head at the *os externum*. I don't know whether the head had then passed from the pelvis. Prof. White was present when I made the examination—I think the whole class were called in, one by one, to make the same examination. I was there when the child was born—the woman was lying on her left side at the time. Prof. White said that the head was descending, and that it would be necessary to support the perineum—her legs were drawn up towards the abdomen—Professor White then made the examination—he took a napkin in his hand and supported the perineum; I think he took his right hand—he turned the clothes back a little out of his way. I then saw the front part of the head of the child—I should think about half the head had protruded. I saw the upper part of the head—the "*liquor amnii*," as it is called, had escaped before that time—I was not present when the membranes broke—I continued there till the whole body of the child was born—I saw the cord severed and tied.

*Cross Examined*—I am 22 years old. I had been studying medicine 3 years before I was admitted. The vaginal examination by me and by Prof. W. was under the clothes. The woman was not uncovered. These examinations are necessary to ascertain the state of the labor. I had seen a woman in labor before. The woman's person was exposed from 2 to 3 minutes. At the time the person was thus exposed, Prof. W. was supporting the perineum with a napkin. He used both hands. I think the napkin was rather around the head of the child. I could not see any of the front part of the woman's private parts—the clothes were turned back obliquely across the hip. There might have been a space of about 6 inches from the clothes to the napkin. My attention was directed to the child as it was brought forth. Prof. W. called my attention to the manner of supporting the perineum. That is an important requisite in the delivery of a woman. The presentation was an unusual one. The face was anterior, occiput to the left, I think, what is called the third position.

After the child was received, the woman was covered before the umbilical cord was cut. The clothes were brought down as soon as the child was born. The placenta was delivered underneath the clothes. A bandage was then put round

the woman outside the clothes—this is important to prevent flowing and to preserve the shape of the woman.

There was no exposure of the woman before the head began to press upon the perineum. The whole time of the exposure was not more than two or three minutes. Good order and perfect decorum were preserved in the room by the students—there was no noise—the vaginal examination made by me was done with all the delicacy usually observed in private practice.

*Direct Resumed*—I saw the passage of the child after the clothes were turned back, till the final delivery.

[The letter of Doctor White to the Committee of Medical Students was here read from the Buffalo Medical Journal. See Appendix A.]

The article from the Commercial Advertiser of February 19, 1850, was read.

Doct. JOSIAH TROWBRIDGE, sworn, says—I have been a practising physician and surgeon a little over 40 years, I am acquainted with the works of Gouche, James' Burns, Dewes, Ramsbottom, and Meigs. They are regarded as medical authority by the Profession—My attention has never been called to Demonstrative Midwifery till within the last year. I don't know that I know positively what it is. To make an ocular exhibition I can't conceive is proper or necessary—I know nothing about its use in Medical Institutions. I have never attended a course of clinical lectures on Midwifery—In clinical lectures on that subject, an exposure would not be necessary or proper. In private practice have never seen any exposure, I have had a great deal of that kind of practice during the last forty years. About thirty years ago I had a case in which some of the bones of the head were wanting, so that I couldn't tell what the presentation was, or what was coming without raising the clothes to see, which I did.

The utmost delicacy is enjoined by authors and lecturers, on this subject.

The woman is ordinarily on the left side—sometimes on her back—legs drawn up at nearly right angles—the whole process is under cover, and never any exposure of the woman—every thing is done under cover. The eye is not to have any thing to do—the hand and the ear only are to be used.

*Cross Examined*—I never graduated at any School—I have attended lectures. Have not been abroad. Can deliver a woman now better than the first time I tried it. I have improved by practice. In all Medical Schools they have dissections of male and female subjects. I have not attended any lectures this forty years—they used a Manikin to demonstrate upon. That there are plates in nearly all medical works of the present day presenting every change during parturition. That he does not consider that there is any thing indelicate in this. Considers it important that the physician should make the vaginal examinations, and that the student also should be taught to make such examinations, and thinks there is nothing im-



proper in that. But that it is, he thinks, unnecessary to exhibit the patient to view; that the sight of the child is of no use at all. That the manner of supporting the perineum can as well be described and understood by plates, as by seeing it. That it is not necessary, in cutting the cord, that the patient should be exposed. It has been his practice to take his students with him in some *poor families* and teach them to make the vaginal examinations, and considered this perfectly proper. That he had been instructed that frequent vaginal examinations are to be abstained from as injurious to the woman. That women are never stripped any farther than is absolutely necessary in the operation itself. And he considers that all feelings of delicacy ought to give way to benefit the patient. He is convinced that the accoucheur relies more upon the sense of touch than of sight. It is usually about four weeks before a woman is able to discharge her nurse. And that if a woman gets up in a week it shows that she has received good treatment, in his opinion. The stethoscope is a very important instrument in ascertaining the life of the child. I think it necessary that every student should be taught in regard to its uses. That no language can convey the representation of the sound itself—that it can only be learned by actual experiment. Cannot state exactly the time the speculum came into use, but thinks within fifteen years. Thinks that there would be no delicacy in regard to its use if it were necessary. But he does not consider that an ocular demonstration is proper in Midwifery.

Dr. CHAS. WINNE, sworn, says—He has been in practice, as Physician and Surgeon, seventeen years—graduated at the College of Physicians and Surgeons in New York. It is his opinion that ocular demonstration in Midwifery is unnecessary. His attention has not been called particularly to what authors say of it. That the practice of the physician, during the progress of labor, is in the first place to satisfy himself as to the condition of the patient; this is done by an examination of the vagina. He then gives such instructions to his patient as will encourage her, and at the same time directing her to make no more exertion than is necessary, and to observe her general symptoms. He should also avoid all unnecessary exposure of her person. Midwifery has been taught for centuries without the use of the eye, and he has never heard of any ocular demonstration in this or any other country until introduced here.

*Cross Examined*—Thinks that no ocular demonstration is necessary in a case of ordinary labor—might conceive a case in which it might be necessary. In cases of monstrosities and malformations it might be useful. Auscultation by the stethoscope cannot be taught, except upon the living subject—examination of the vagina cannot well be taught, except upon a living subject; and that so far as the touch is concerned, there is nothing improper in it—thinks, as a general thing, the student should have all the information in

regard to it which the Professor can give him, and that he should understand every stage of the labor as it progresses, which can be obtained from the plates provided for that purpose—supposes these plates are taken from the living subject, and he considers them perfectly proper. He thinks it is between fifteen and twenty years since clinical instructions were introduced, and they are now given in all the colleges where there are no hospitals. That the first male accoucheur in this country was a practitioner in Boston, in 1595. The practice is now almost entirely confined to male accoucheurs. Knows nothing in regard to the practice of Midwifery in the hospitals in France or Germany—does not know whether foreign practitioners are superior to the American. The French and German schools are superior to the American on account of their superior facilities in illustrating to their classes by ocular demonstrations. He considers himself better qualified to practice Midwifery than when he first graduated, on account of having had greater practical experience—he does not consider an ocular demonstration necessary; the practitioner is guided rather by the sense of the touch than of sight. All that is necessary can be learned from plates; still he supposes that a better idea might be obtained of the external organs by sight than by touch. Medical authors enjoin all the delicacy possible in the treatment of a woman in labor. This of course speaks only of private practice: it has no reference to a woman who is willing to be exposed before a class—in such a case she can, of course, do as she pleases.

Dr. A. S. SPRAGUE, sworn, says—He has practised medicine twenty-five years—has had the usual number of cases in Midwifery, he supposes, which generally falls to the lot of a regular practitioner. He graduated as M. D. at Dartmouth College. In teaching the Science of Midwifery he does not consider it necessary or proper to expose the patient.

*Cross Examined*—Considers it necessary for a student to be in possession of plates exhibiting all the internal parts of a woman, and that it is also highly necessary that he should have subjects for dissection, both male and female. Thinks that Auscultation is also necessary to be taught, and that it can be taught in no other way than upon a living subject; also, that vaginal examinations can be taught in no other way than on a living subject. He considers plates preferable to all other means of instruction, because with them the student can have all the parts before him at once, both of the internal and external organs; while he cannot have the living subject before him, except at long intervals. That the plates are almost perfect, exhibiting all the stages of labor during parturition. He has not attended clinical lectures in New York, but has in other places. Has been introduced to and knows Dr. Gilman of N. York. Was present and assisted at an operation on a young girl for stone in the bladder. There were several persons present, perhaps fifteen—he only



knew part of them—several of them being strangers to him—presumed they were students. The girl was stripped from her thighs down, all her parts being exposed. It was not necessary that all should be present who were there, it usually takes about six persons to operate in a case like this, so as to hold the patient. Does not consider that it was necessary that the students should be present at that operation—did not give his consent nor approbation to it at the time—was not consulted in regard to its propriety, and did not know anything of the case until he was sent for to assist in the operation. But presumes that such exhibitions before classes are common in medical schools, but never saw a case of the kind before performed before a class. He has had a good deal of feeling in regard to this case; but has no feeling against Dr. White—was formerly a partner with Dr. Loomis in this city. He signed a paper, being an article printed in the Medical Journal of this city, condemning the transaction of Dr. White. Does not recollect certainly of having any conversation with Dr. Loomis relative to getting up an indignation meeting against Dr. White; but recollects something of the kind; but cannot say whether he heard it from Dr. Loomis, or whether it came to him second-handed.

Dr. BRYANT BURWELL, sworn, says—He has been a practising physician and surgeon between thirty-three and thirty-five years—graduated at the Fairfield Medical School. Regards teaching Obstetrics demonstratively as neither necessary nor proper. Thinks that a student in Midwifery can be taught much better by the hearing and the touch than by the eye. If he is taught by the eye and practices in the ordinary way, thinks it would not be as well.

*Cross Examined*—It is not necessary, in any case that he knows of, to make an ocular demonstration. The student can learn the distention of the perineum properly, only by the sense of touch. The external parts can as well be seen upon plates as by ocular demonstration. Considers exhibitions upon "*papier mache*" models of all the different parts, as perfectly proper, and does not think that there is anything indelicate in them. He thinks that a student can get nearly as good an idea of Midwifery by the study of *Comparative Anatomy from the parts of inferior animals, as from the human subject*—they do not essentially differ—the distention of the soft parts being very similar. He does not know how Obstetrics have been taught in France and Germany—that the leading schools are in Paris, London, Dublin, and in Germany. Does not consider that teaching by ocular demonstration would obviate the necessity of learning by the touch, and that a student would not be competent to practice it, if taught by sight alone. Has never made Midwifery his particular object of teaching, except to his students in his private practice—has allowed them to make vaginal examinations, and has occasionally given them charge of the labor; and sometimes, when called in the night, he has sent

them alone to take charge of the patient—thinks there is nothing improper in that. Has known Dr. White eighteen years; knows that he still continues to practice as a physician in the city—he is Professor of Obstetrics in the Buffalo Medical College—does not know that he directs his attention any more to Midwifery than to Medicine. He is a general practitioner.

Doct. MOSES BRISTOL, sworn, says—I have practised medicine since 1816, till the last three years. Was then elected County Clerk, and gave up the practice, except occasionally. Graduated at Yale College, New Haven. In teaching obstetrics, I never conceived it necessary or proper to illustrate ocularly—Never practised it—From my previous answer I should condemn the practice as unnecessary. We have representations by plates of the various stages of labor, down to the delivery of the woman. All teaching previous to the actual appearance of the child, must be by sound and touch. After the head has emerged from the *os externum*, the difficulty, as a usual thing, is over. In my opinion, nothing more can be taught, after this stage, by ocular demonstration, than by the usual mode. An anterior presentation, occiput to the left, is rather a difficult presentation; not the most natural presentation, or most common.

*Cross Examined*—I would condemn it (ocular demonstration) because all the necessary information could be obtained without it, and on account of the natural modesty of the woman and her feelings, and because it is unnecessary. Whatever is useful for the instruction of a class, as a general rule, is proper. In some cases of operations, ocular demonstration is necessary. Then it must be done. A young man properly instructed in Anatomy by dissections, and by manual touch, &c., could get all other necessary information from plates. I think the student from exhibition of paintings and from examination by the hand, would get as good an idea, as from the living subject. I do not object to vaginal examinations. Plates exhibit to the student all the external appearances of the perineum, which would be of any advantage to him to see.

*Question*—Could you get as good an idea of the eye and of its diseases by a plate as by ocular inspection?

*Answer*—We don't rely upon plates for studying diseased parts. We rely upon the speculum, in all diseases of the uterus. (The speculum is an instrument introduced into the vagina, for the inspection of the womb.) Cliniques were not practised when I studied medicine. In diseases of the hips, genital organs, &c., the patient is exhibited to the class. This is useful and proper. In Midwifery it is necessary to guard the perineum. Ruptures of it are not common, because it is always guarded. The distention of the perineum may be judged of by the touch, better than by sight. The view of the natural parts would be of use to the student, aside from any other means; it is not necessary. But more may be learned by touch and sight together, than by one alone. Would do



no hurt to see—and after seeing would learn none the less by touch.

*Question*—What do you understand by Comparative Anatomy?

*Answer*—It is the comparison of the bodies of different animals, or of parts of the same animals. The student would not get as much information on the subject of parturition, from seeing a cow have a calf, as from seeing a woman delivered. Shouldn't think of sending a student to such a school. The distention of the perineum would be similar. A woman need not be exposed—not even when instruments are used. In cases of pressure upon the bladder, and where a catheter is used, have never seen a woman exposed. Plates cannot show the contraction of the muscles. Sight would not indicate it so well as the touch. In labor the muscles of the womb are drawn down, but cannot be seen when the woman is not uncovered. The cord is sometimes round the neck of the child. I don't cut the cord under the clothing. Not improper to do this openly. It is rare that a mistake is made in the cutting of the cord. This is oftener the case from defective tying. The physician should see, before cutting the cord, that there is no "umbilical hernia." I am more competent now than thirty years ago—as an accoucheur experience has made me so. The student who has seen a labor, is more competent than one who has not.

No language can describe a laboring pain, or the difference between *true* and *false* pains, which sometimes somewhat resemble each other. Sometimes they have "neuralgic pains"—and examination is necessary to distinguish them from laboring pains.

Dr. JOSEPH PEABODY, SWORN, says—I have practised medicine 28 years. Don't conceive ocular demonstration necessary to teach the science of obstetrics. I should condemn the practice.

*Cross Examined*—My reasons for condemning the practice are, its entire uselessness. Another reason is, it is prejudicing the moral sense of the community against the Doctors.

The exhibition of plates before students is proper. Dissections of male and female subjects are proper. Clinical examinations before students are proper. Never have taken students with me to cases of Midwifery. I have no students now.

In a case obtained *for a student*, it would not be improper for him to make a vaginal examination. If I took students with me, if the woman is willing, not improper to be examined by the student.

*Question*—When the child presents itself, do the plates give as accurate a description of nature, as nature herself?

*Answer*—Would be as good if picture was accurate. Have made dissections. Would get very nearly as good an idea of the uterus by plates as by dissection. Students have received Diplomas without seeing dissections. No Colleges in the United States, that I know of now, grant Diplomas without students have attended Anatomical lectures. It would be disgraceful.

*Question*—Do you know, by your reading, that the medical profession gained great information from Dr. Beaumont's experiment on the gastric juice?

*Answer*—Yes. They are benefitted by any external observation, and were benefitted by Dr. Beaumont's experiments.

Dr. GORHAM F. PRATT, SWORN, says—I have practised medicine 17 years. I am a Licentiate of the Fairfield Med. School at Herkimer. Have had considerable practice in Midwifery. Do not think demonstration by actual exposure of the parts necessary to teach this science. I think that mode unnecessary and improper. I disapprove of it. I think it offensive to the moral sense of the community—calculated to lower the respect of the medical profession. It is a part of medical ethics to do no act calculated to produce that effect upon the community.

I think all that is necessary to be learned in regard to the dilatation of the uterus, might be learned from plates; and so far as sight is concerned, I can't conceive that any thing can be learned by it, but the gratification of an idle curiosity. Sight could supply the advantages of the sense of touch.

*Cross Examined*—The anatomy and mechanism of labor would be better understood by plates, than by looking at the natural surface of the woman. It is important to see plates of the external parts—plates are no better than the natural parts. I should think the natural parts *might* be more useful to be seen than the plates. Don't know that the information got from plates, would be got quicker from the living subject. I think it shocks the moral sense of the community. Would not oppose an operation for the stone, though young men should be permitted to see. Not shocking to moral sense—perfectly proper. Ocular demonstration shocks the moral sense of the community, because it is not necessary. Never saw any new thing introduced in medical science. Don't remember when the stethoscope was introduced. Don't know there was any opposition to it.

Dr. HENRY H. BISSELL, SWORN, says—I have practised Medicine and Surgery 25 years. Consider teaching obstetric by ocular demonstration improper.

*Cross Examined*—I disapprove of it because it is useless. No information is to be gained by it comparatively—dissections are proper, of both male and female subjects. They are useful. In some sections of the country, I know of riots occurring in consequence of dissections. In such communities dissections shock the moral sense. We have, in medical books, plates of male and female genital organs, and they are useful and proper. Medical Colleges have models, or *manikins*, showing large as life, the male and female genital organs, which may be taken apart and put together—they are useful and proper. Don't think it necessary for students to make vaginal examinations before beginning business. If a student graduates Feb. 27th and is called to a case of obstetrics on the 28th, it is necessary, certainly, to make vaginal



examination. If he understands his business he will know what to do! Students can get all necessary information from models. Have seen a manikin made of buck-skin, exhibiting the foetus and every part of the female organs, which may be taken apart and put together again, by which I think a student could be more correctly taught than by ocular demonstration on the living subject, because in the model he can see the whole of the internal as well as the external organs.

If students are attending women, it is proper to make vaginal examination. If a student is taken to see a patient by a physician, examination is improper! First time I was called to deliver a woman, I had as much confidence as I would have now, because it was a simple case, and I knew every thing was right—I am now better qualified to deliver a woman than when I first began practice, twenty-five years ago. I proceed with more confidence than I did then. In difficult cases I was not then as competent as now. Reading and experience makes me so. We are constantly meeting with peculiar and difficult cases. I should not take a student to witness any but difficult and peculiar cases. In stripping a woman and operating for stone before a class, it is not improper. Not one of the hundred students who have graduated here probably have been called on, and perhaps never will be to operate for stone.

Every one will probably be called on to practice Midwifery, perhaps many times a year. Auscultation to ascertain the life of the child, is sometimes necessary. I never take the stethoscope with me. We do not wish to make that examination in labor. Labor is the same whether the child is dead or alive. Before labor it is not important to know whether the child is dead or alive. *It may be rather important.* We always like to know it. I have heard the beating of the foetal heart. We distinguish it from the beating of the mother's heart by its location. Aneurism is distinguished by being more like throbbing. We expect to find the beating of the foetal heart a little below, and a little on the right side of the navel. I am one of the seventeen who signed the communication to Dr. Flint. (The March Number of the Buffalo Medical Journal is shown witness, and he says that the article there is the one signed by him.) [See Appendix F.]

We hear by the stethoscope besides the foetal circulation, a placental beating. Can't describe it to any one without the use of the stethoscope. If placenta is attached to uterus, we ascertain its position. I would allow a student to make examination with the stethoscope, if the woman was willing. Don't think it necessary or important.

Dr. JOSIAH BARNES, sworn, says: I have practised medicine twenty-two years. Graduated at University of Pa. Philadelphia. Don't consider ocular demonstration in Midwifery necessary or important. I was not so taught. I disapprove of it, because I deem it unnecessary—also for the same general reason that has been stated here—it

is contrary to the moral sense of the community. It is a principle in Medical Ethics, not to do any thing to excite the public against the Medical Profession. Gregarious teaching in Midwifery is improper.

*Cross Examined*—Every thing else in Medicine or Surgery is taught gregariously—very properly so. I make Midwifery an exception—operations are taught (and females stripped) gregariously. This is all right, if necessary. With a single practitioner, clinical Midwifery is proper. Vaginal examination not improper—to have twenty present is immoral—because it shocks the moral sense, &c. If one came in at a time, not improper. I should think it improper to have a class present.

I do not think the transaction at the College as objectionable as the publication of it. It would still have been an immoral act, but would not have shocked the community to the extent that it has done. I think examinations of the vagina are proper, if made in a proper manner, because information may be gained by it. There are plates exhibiting all the various stages of labor, up to the time of the presentation of the head—also the perineum in its distended state. It might be better understood from sight than from plates. It is necessary, when the head presents, to have a knowledge of its position and of the surrounding parts—don't think that *plates* or *sight* are necessary, but they are *useful*. Sight gives a better idea of the external parts than plates.

Have attended clinics in Philadelphia and Boston. Never attended them in Colleges. I approve of them in Colleges, even upon a woman, and by exposure, if necessary—I approve of any operation *there* if necessary.

I am one of the seventeen who signed the letter to Doct. Flint, which is in the March No. of the Buffalo Medical Journal. I signed it as an answer to the article of Doct. Flint, in the previous No.

Dr. TIMOTHY T. LOCKWOOD, sworn, says— I have practised medicine 14 years. Graduated at Jefferson College, Philadelphia. Do not think teaching of obstetrics by exposure of the parts, either necessary or proper. I disapprove of clinical instruction in that department, so far as exposure is concerned, because it is unnecessary. I think a man should have a proper regard for public opinion.

*Cross-Examined*—All surgical operations on women before a class are proper. If any thing is necessary, it is proper. I think plates and manikins are proper, though I think their usefulness overrated. I think a man could get a good knowledge without plates, though plates are useful. Nature is a better representation than the plates, when the head presents itself. In all the operations of nature, I consider knowledge of them useful. To see a child born and the cord cut, would make a deeper impression on my mind and curiosity than to see a representation of it by plates. Such an exhibition would not be useful. I consider that method of teaching which makes



the deepest impression the best. I approve of examinations by the stethoscope. They are proper, if the lady is willing. Vaginal examinations by the speculum are proper, because they are necessary. I go for all improvements. Would not use it except in case of necessity. If lady consented students might examine, a proper number of them, say three or four. The speculum has been in use some 10 or 12 years. It was objected to on the ground of indelicacy. It is now used more or less by regular physicians all over the country.

Dr. JOSEPH E. CAMP, sworn, says—I have been in practice of medicine 27 years. Attended lectures at Yale College, New Haven, Ct. Should not think the exposure of a woman in cases of parturition necessary or proper. I should disapprove of that kind of teaching. Should think it an innovation in this country. Never heard of it before. According to Medical Ethics, all unnecessary acts are to be avoided which are calculated to excite the public or create a prejudice against the profession.

*Cross Examined*—Vaccination when first introduced was opposed. If it was now a new thing I would be willing to introduce it, if I understood its effects as I now do. When Harvey discovered the circulation of the blood, his practice fell off—It was thought an innovation. Don't remember that there ever was opposition to dissection. As a general rule, all improvements or innovations are likely to be opposed. I regard dissections of male and female subjects before classes proper, and there is no objection to vaginal examinations—would be proper in teaching Midwifery—Plates are also proper. Midwifery might be acquired without plates—old physicians didn't have them. Plates are a great improvement—they represent all stages in the progress of labor. It is necessary for the student to have a knowledge of the external organs of the female. When the head presents so as to be visible externally, I consider plates or views of the parts of no use whatever. The touch is useful, because we cannot know when the head presents without it—feeling is indispensable.—Have delivered a great many women during 27 years. I am more competent now than when I began practice—I have improved by experience. It is important to know whether, in the early stages of labor, to use any or how much skill. Think there is no objection to deliver a woman before a class, if she is not exposed or uncovered when the child is born—thinks there is no objection to vaginal examinations, unless by too many, so as to produce irritation. I know of no objections to the case at the College, except the exposure. I went up with Dr. White last winter to see the woman at the College. Doct. White admitted as much exposure as was sworn to by the young doctors this morning, and who were present at the parturition; and I think a little more. I think I didn't express any opinion as to the exposure—did not express to Dr. White any opinion disapproving of it. I approved of students being present—didn't say any thing about the exposure.

The Court adjourned.

### THIRD DAY.

Doct. GEORGE N. BURWELL, sworn, says—I have practised Medicine six years. Graduated at University of Pa. Philadelphia, in 1843. I was one year resident Physician of the Blockley Hospital, Philadelphia. It is necessary, in teaching Midwifery, to demonstrate by actual labor, but not by exposure of the parts. Actual Demonstration by exposure of the parts I consider as unnecessary.

*Cross Examined*—I should approve of taking a class of two or three to the bed-side but not if fifteen, twenty, or one hundred. To be instructive each one must examine for himself—more than two or three examinations are injurious to the woman. No objection to large numbers being present, if the room is large and airy.

Not indelicate for two or three to examine, if the woman is willing.

Plates illustrating Midwifery are highly useful. These plates give a correct representation of every stage of labor, as the child is protruding from the parts. He considers it necessary for the student to familiarize himself with all these things. They have plates showing the child as it is just coming into view—thinks that it is delineated so as to be equal to the actual sight. The student gets the theory by the plates, and the practical part by experience. Considers the practical part as highly useful to the student in giving him confidence. But does not consider experience absolutely necessary, if the student has got the theory thoroughly.

Dr. JOHN D. HILL, sworn, says—He has practised Medicine about a year and a half. Graduated at the Buffalo Medical College. Regards teaching Obstetrics by an exposure as unnecessary—he would disapprove of that mode of teaching. Attended the lectures of Prof. White, in Buffalo Medical College.

*Cross Examined*—He has studied Medicine in other places besides Buffalo. Has attended two courses and part of a third course of lectures in the Geneva College. He was admitted to practice about a year and a half ago—has had several cases of Midwifery, perhaps twenty or thirty—has attended the bed-side of women, and made vaginal examinations. Has found himself benefitted by such examinations. Attended eight or ten women before he was admitted to practice—found it of essential service in giving him confidence from attending them. He would consider examinations made by a class, if the number were restricted, as necessary and proper, if the patient were willing; but not by such a number as to endanger the life of a woman. He should not consider it indelicate if made under proper circumstances, and with a proper object. The object of course would be to ascertain the progress of the labor.

Dr. JOHN S. TROWBRIDGE, sworn, says—He has practised Medicine seven years. Graduated at the Geneva Medical College, in 1843. He disapproves of the teaching of Demonstrative Midwifery, where the person is exposed. The sense



of sight he thinks would not be so much to be relied upon as an educated sense of touch.

*Cross Examined*—He does not think that merely seeing the child could be of any additional advantage to the student. They have plates exhibiting the whole proceeding; these of course he considers useful. When the labor has so far progressed that the child is about emerging, he thinks there is nothing more required than the touch. He considers the passage of the head through the vulva as a very unimportant matter indeed, for the labor is then about over. Thinks that a correct idea of the distention of the perineum can be obtained from plates, but has no doubt but a person would get a still more vivid impression from exposing the woman than he could from plates. But still he does not consider the eye as by any means necessary. He would not care about seeing the dilatation of the osuteri, unless he could see the whole from its commencement. By an exposure, he would mean the exposure of the *genitals* of a man or woman. In a surgical operation he would not consider an exposure indelicate, for surgery compels an exposure. In any diseases of the genitals he would consider it perfectly proper to demonstrate them to a class, as such instruction is valuable and necessary to the student. There are a great many physicians in this country who do not practice surgery, unless compelled to do so by circumstances. He has been in practice since 1843—has delivered a great many women in that time. He considers that his past practice has improved him very much. He has greater confidence, and more knowledge. Some cases present great difficulties, others very trifling. The labor of course depends upon the constitution of the woman and of the child. He thinks, of course, that the more he practises, the more knowledge he acquires. He has had no feeling against Dr. White, particularly; he signed the paper with the seventeen physicians, (which was shown him:) presented the paper to some few for their signature. He might have gone to half a dozen offices. Had some conversation with Dr. Lockwood and Dr. Geo. N. Burwell about it. He did not draw the paper up himself. He does not know whether he had any conversation with Dr. White, previous to the publication of the article or not.

*Direct Resumed*—He should disapprove of the exhibition of the child, as it is ushered into the world. He signed the paper spoken of, in consequence of an article which appeared in the Buffalo Medical Journal.

*Cross Examined*—He disapproves of the showing of the child and any exposure of the mother. The child ought to be covered up until the physician is ready to separate it from the mother. He generally brings the child into sight previous to cutting the umbilical cord; this however involves no necessary exposure of the patient. The only objection he would have to seeing the child ushered into the world, would be the exposure of the mother. If it could be done without

that, it would be perfectly proper—does not think it could be done, however.

Dr. JOHN HAUENSTEIN, SWORN, says—He has practised medicine about six years and a half. Graduated at Geneva College. He approves of Demonstrative Midwifery, without the exposure of the woman. He does not consider an exposure of the external parts as necessary in the birth of a child. He signed the paper in question with the other city physicians, on the 17th of February.

[Mr. ROGERS, one of the Counsel for the Defendant, here stated to the Court, that they had subpoenaed on the part of the Defence, several matrons, or Midwives, who had had considerable experience in their profession, and that he would submit the question of calling them, as to the necessity of exposure, to the Court, and take their advice. The Court did not think it necessary to hear that kind of *professional testimony*.]

The Defence here rested.

District Attorney calls CHARLES E. CLARK, sworn, says—I know Doct. Loomis. He is my family Physician. (Weekly Courier, of Feb. 27, 1850, is here shown him.)

*Question*—Did Doct. L. give you a paper containing this article?

Objected to on the ground that Prosecution had rested this part of the case.

Admitted by the Court as a matter of discretion, and to show the intention of the Defendant. Defendant's Counsel except.

*Answer*—Doct. Loomis gave me a copy of the Courier, containing the article, and read it to me. Loomis went away and left it with me. This was on the 27th of Feb. I started for New York that day. My recollection is that I took the paper and put it in my pocket. I met him in the street. He expressed in strong terms his disapprobation of the practice to which the article referred. My impression is, he said the article was directly to the point. I think he did not say he wrote it. I looked over his shoulder and saw the signature "L." and said that's Loomis, to which he made no reply.

*Cross Examined*—This was on Niagara-street, just round the corner of Franklin, in the forenoon. I don't recollect when I first told of it.

GEORGE A. MIX, for the People, sworn, says—I live in Buffalo. I know Doct. L. He is my family physician, and has been for several years. (The Weekly Courier, is shown him, of February 27, 1850.) Doct. L. read me the article, or one very similar to it, in the latter part of February. I met him in his carriage. He took me in and we rode down Delaware-street. I have no doubt this is the same article. Didn't give me a paper. I saw the title of the paper and its date. It was the Weekly Courier. When he read the article, he said as near as I can recollect, that it was a very good one. My impression is, and I am quite confident, that he said he was assured the facts stated in it were true.

*Cross Examined*—I have no doubt he was sincere in the remark, that he was assured the article was true.



Doct. JAS. S. HAWLEY, called by District Attorney, sworn, says—I am a practising physician. I graduated last February, at Buffalo University. I am 28 years old and upwards. I was present at the case of Demonstrative Midwifery, at the Buffalo Medical College. I know the woman who was delivered there. Her name is Mary Watson. I brought her to the College. I was a student of Doct. White at the time. I brought her from the Erie Co. Poor House. She went with me voluntarily. This was about a week or ten days before her delivery. I gave her bundle in charge to a boy, and directed her to the Janitor's room, in the basement. No access from lecture room to basement, except in the rear, through one of the Professor's private rooms.

(Diagram of the College is here shown him which he says is correct.)

I saw the woman at the stethoscopic examination, several days before her confinement. She was then on the bed on which she was confined, completely covered.

A division of eight of the class, were permitted to enter the room. Prof. W. placed the stethoscope over the place where the beatings of the foetal heart were to be heard. One student at a time was asked to come forward and place his ear on the stethoscope, and was asked if he heard the sound of the foetal heart. The stethoscope was then adjusted to the placental souffle, and the same student was allowed to put his ear to the stethoscope. Dr. W. then said the child was in the third position, occiput to the right posteriorly, face left, anteriorly. This was about three days before her delivery. I think this was three days prior to her delivery. I did not enter the room with the rest of the class. When I went into the room it was after midnight. Don't know how many of the class were present. Know there were eighteen of them present, because that number signed a paper.\* She lay upon the bed with her head to the north. When I entered the Professor was at the bed-side. There were two or three students who had made no examination—they were asked by the Professor if they would do so; and did so. The examinations were all made under cover. There was nothing else done then except the attendance which the Professor gave the woman, under cover, until he remarked the head of the child was emerging, or something to that effect. The Professor then raised the covering, or rather pushed it back, and the class rose to their feet and drew somewhat nearer the bed. At this time the Professor had both hands, with a napkin in each hand, enclosing the parts of the woman—that is, the genital organs, so that no parts of them were to be seen, externally. No part of the genital organs were visible to him, and he should think not to any one else. He thinks he saw a very small part of the hips. The clothes were replaced after the delivery of the head. The Professor proceeded after that, to instruct the class in regard to the manner of severing the umbilical cord. After the child was delivered it was

\* See Appendix C.

given to the nurse, wrapped in a blanket and put near the stove. There was nothing else done while I was in the room. I did not see the placenta delivered. I was left in charge of the child. After this most of the class retired; but, I at the request of Prof. White, remained with the woman, to see that no serious changes took place with her—such as hemorrhage—as the Professor wished to go home. Part of the class were in the room of the janitor, helping the nurse to wash and dress the child. I remained after the Professor went away, as near as I can judge an hour. The order and decorum observed was perfect during this time; complete silence prevailing. The time the clothes were raised to show the child's head emerging, occupied from two to three minutes, not more than that time certainly. There was no exposure during the time of the labor, more than necessary to show the head of the child emerging. As a medical man, I would say that I consider Demonstrative Midwifery as highly useful to the student, and in every respect proper. Had attended cases of Midwifery previous to this, and have since. The class were in the lying-in room perhaps half an hour previous to the delivery, and retired a very few minutes after the child was born.

*Cross Examined*—I studied my profession partly with Dr. White; entered his office winter before last—came here in the fall of 1848 from Onondaga county. Have been with Dr. White ever since—am with him still. I did not draw up the whole of the resolutions complimentary to Dr. White. I drew up one, John Root one, and Chas. Van Anden one. (Witness was shown the resolutions in the Medical Journal)—says that they are the same resolutions. The resolutions were not shown to Dr. White previous to adoption. Dr. White never suggested to me the propriety of having any resolutions drawn up. I think that about the only thing which I learned by the Demonstration was, that the prediction as to the position of the child by the stethoscopic examination was correct. Think I might have learned it as well by feeling, if there had been no one in my way. I might have learned it from the statement of Prof. White—would have believed his statement.

*Direct Resumed*—I derived considerable information as to supporting the perineum. Dr. White did not know of the resolutions\* passed in his favor previous to their adoption. Van Anden was a student with Dr. Briggs of Auburn, and a few weeks with Dr. Winne. Root was a student with Dr. Flint.

Dr. CHAS. C. JEWETT, sworn—I am not a practising physician—have taken my Diploma as a graduate at the University of Buffalo—am 22 years of age—reside in Moravia, Cayuga county. I was present at the case of Demonstrative Midwifery at the College. I examined the woman with the stethoscope in the afternoon before her confinement, with part of the class of students, under the direction of Prof. White. When I went into the room the Professor was at the bed-side. I

\* See Appendix A.



placed my ear to the stethoscope and heard the beating of the *foetal heart*, then immediately left the room. Was called by Prof. White about 8 or 9 o'clock in the evening again. Went into the lying-in chamber about 10 o'clock; was called in to make vaginal examinations—these were made under the covering. I think after leaving the room I was in again previous to the delivery, either to carry something to Prof. White, or to bring something out. The class went into the room about 4 o'clock in the morning to witness the birth of the child—they took seats around the room. Dr. White requested me to sit beside the woman and hold her hands. I remained there until Dr. White had made an examination, when he said that the head was emerging. I rose up and was standing over the woman about the time it was passing—I did not see the head pass. Prof. White moved the clothes back, I suppose, to bring the head into view—the woman lay upon a narrow cot bed at the time. I saw no exposure of the woman—my position was such that I could not see what was going on. After I rose up, saw that the Doctor was supporting the perineum; the clothes were immediately dropped after he had taken his hands away. I saw no part of the woman's person. After the head emerged the woman was covered up, and the cord was severed. Dr. White also called our attention to the fact that the presentation was just as had been predicted. The bandage was then tied and instructions given in that respect; also, as to removing the placenta, and removing the mucus from the child's mouth. I think the clothes were raised from two to five minutes—there was no more exposure than was absolutely necessary to show the head of the child emerging. The Professor also gave the students instructions as to supporting the perineum, and the position in which the woman ought to be placed. I have been a student of medicine three years last spring—have attended lectures in different places. In my opinion Demonstrative Midwifery is important and useful as a means of imparting valuable instruction. I do not consider that there is any thing indecent or immoral in the proceeding. The order and decorum observed was excellent, perfect silence prevailing. I had never attended a case of that kind before.

*Cross Examined*—I spent my time last winter in Prof. White's office. I am considerably attached to him—should think a great deal of his opinion in a case of this kind. I understand this Demonstration to be an innovation in this country, and that practising physicians have not had the same kind of education as I have received in this branch. Believe that they have got along very well, as far as I know. The particular information I derived from it was that the position of the child as predicted was true, and of freeing the mouth of the child from mucus as soon as the head passes from the body. I believe it might be done about as well by feeling as seeing. I learned

B\*

also how to support the perineum—should have more confidence that I could do it. I had studied Anatomy before, and had understood that it was to be supported in just that way; but had never seen it done before. I did not see the perineum, therefore could not tell how much it was distended—that might have been ascertained by the touch.

Dr. HUGH B VANDEVENTER, sworn, says—He is a practising physician—practises in Buffalo—graduated last February at the Buffalo Medical College—is 22 years old. He was present at the case of Demonstrative Midwifery. He made a stethoscopic examination two days before the woman was delivered, in the presence of Dr. White and seven or eight students. The woman was covered during this examination. He also made a vaginal examination the evening of her delivery. Dr. White had previously predicted the position which the child occupied—he said it occupied the third position. These last examinations were made between 11 and 12 o'clock at night. He afterwards came into the room half an hour before the child was born. He thinks there were as many as twenty students present at the time of the delivery of the child. The students sat on the benches around the room until Prof. White announced the fact that the head of the child was protruding: the students then gathered in a half circle around the bed. Dr. White then raised up the clothes with his right hand, the left supporting the perineum. He saw no part of the woman but a very small part between the napkin and the sheet, and a very small part of the nates. Nothing else took place till the child was born. Dr. White's hands were, during this time, supporting the perineum, one hand below and one above, which completely covered the genitals. All that he could see was a little rim between the hands and the parts. The clothes were then replaced. Dr. White then proceeded to sever the umbilical cord and to tie it. The child was then given to the nurse. The placenta was afterwards delivered under the clothes. Dr. White, during this time, explained the whole of the proceeding to the class. The order and decorum were perfect. He thinks the exposure of the woman continued from three to five minutes; long enough to remove the child. There were two tallow candles in the room at the time—it was rather dark about the bed, the candles being on the table in the middle of the room. He considers that mode of teaching Midwifery necessary and important. There was no more exposure than was absolutely necessary to exhibit the head of the child. He went into the room half an hour before the child was born—he left about five or ten minutes after its delivery. Had attended one case of labor before—has had cases since.

*Cross Examined*—It was not very light in the room—there was just light enough to see that the position of the child was the same as predicted by Dr. White. What he then saw assisted what



knowledge he had before—made a stronger impression upon his mind. He was within two or three feet of the bed, and therefore saw all that was to be seen. He did not see the perineum, nor the labia. All he saw was the head of the child. He derived such confidence as to enable him to proceed better when called to attend a sick-bed. He had gained both confidence and information—can't say exactly the amount of knowledge he gained. He has attended a woman in labor before this—had more of a view than he did in this case—could not help it however. It was about ten months previous to this. He thought it had been of service to him to have an ocular demonstration, as he was, by that means, instructed how to proceed properly. This case was a little different from the one he had attended before. His attention had been more directed to the progress of labor. He approves of this mode of teaching—understands it is new. Has never heard of a case of the kind before in this country. In the previous case of labor he attended, he did not make an ocular demonstration of it willingly—it was accidental and could not be helped.

Dr. CLINTON COLEGROVE, sworn, says—He is a practising physician in Sardinia, Erie county—was one of the graduating class at the Medical College of the city of Buffalo, in February last. He was present at the case of Demonstrative Midwifery at the College—was invited there by Prof. White. He made a vaginal examination about 11 o'clock, under Prof. White's direction. He does not remember whether the Professor told him the position the child occupied, when he made a stethoscopic examination, or not. After making the vaginal examination he left the room—returned between 2 and 3 o'clock in the morning with some of the graduating students. Was in the room about half an hour before the child was born; the students ranged themselves around the room on the benches. Nothing particular took place until the head of the child was about emerging into the world—the head of the child was exposed to view; but he saw nothing of the woman's person—his attention being directed to the child. He had never attended a case of labor before. After the head of the child had passed, the clothes were replaced. He thinks the time occupied by the demonstration would not exceed two or three minutes. Dr. White, after the delivery of the child, proceeded to sever the *umbilical cord*—explaining the whole process to the class. After that the *placenta* was delivered and the bandage put round the woman, the whole being explained by Dr. White. The class remained about half an hour after the delivery; most of the students being in the other room to see the child dressed. They then left. The utmost order and decorum prevailed throughout the whole process; complete silence being observed. From his own experience, he thinks that mode of teaching beneficial and proper, and in nowise indecent. He has had cases of Midwifery since then. His age is 23 years.

*Cross Examined*—He saw nothing as the child emerged from the mother, except the head of the child. He did not see the perineum, nor any portion of the vulva. He considers that mode of teaching instructive and important, because it impresses more firmly upon the mind the duties of a practitioner. There is no other advantage to be gained by it that he can think of. Considers this important, for he felt himself more competent to perform his duties when called upon. Was a kind of mental improvement—impressed upon his mind the *practical* part of what he only knew before by *theory*. He does not know that the mere sight of the passage of the head into the world was of any particular advantage to him.

Dr. . . . PRESSBURY, sworn, says—He is a practising physician in Monroe county—graduated at Berkshire, Mass., in 1846. Has attended lectures at the Buffalo Medical College. Was present at the case of Demonstrative Midwifery there last winter. At his own request he had made a stethoscopic examination of the woman. Dr. White then observed to him that the child occupied the third position. He was present during the labor. He saw no exposure of the woman—did not see the child emerge—was unable to see from the position which he occupied in the room. If there had been any great degree of exposure he could have seen it. During the progress of the labor, the Doctor explained to the class the various stages. The order observed was good—perfect silence prevailing. Dr. White had enjoined silence on the students previous to entering the room. He has had cases of obstetric practice since then. Thinks this mode of teaching useful to the student. There is nothing in it that is indecent or indecorous, to his eye. He had never heard before this time the beating of the *foetal heart* with the stethoscope. Demonstrative Midwifery was not taught in the College where he was educated.

*Cross Examined*—He was taught in the Geneva College. He did not see any exposure of the woman, therefore could not disapprove of it. He should not consider it right to expose a woman. He would approve of clinical lectures of this kind, where the woman was not exposed. He should not think the sight of the head of a child, emerging into the world, of any particular advantage—that is, of *vital* importance.

*Direct Resumed*—He approves of all he saw at the College. In ordinary practice it is not usual to make any exposure. But there are some cases where it is necessary to do so.

MARY WATSON, sworn, says—She lives at the Medical College, with the janitor and his wife. Was confined there on the 18th of last January. Was called upon by Dr. White, about the last of December, or the first of January. Asked her if she would be willing to be confined at the College, before some young men, who were going to become Doctors. She expressed herself willing and consented to go. She was there nine days previous to her delivery, *she thinks*. Dr. White told



her after she went there, that if she did not seem willing to remain, she might go any time. She expressed herself contented and remained—and was confined there. She thinks that some of these young men were present, but could not say certainly—she thinks she recollects seeing some persons in the room. She was willing at the time that they should be present, and thought there was no harm in it. Thinks she was properly cared for during the time of her labor—does not know much about it. She has been in labor once before. She was kindly treated so far as she knows to the contrary—has no fault to find. She was not compelled to be there, it was by her own free, voluntary will. She was able to be out of bed in three days, and in eight or nine days she regarded herself well. Her present child seems to be a healthy child.

*Cross Examined*—Is twenty-six years of age—was born in Ireland—has been in this country seven years. Was confined two years ago, last November, in Penn. between Philadelphia and Westchester. The child that she had then is not living. She has never been married. Dr. White, after her confinement, gave her \$10. That had been no inducement to her to go there. Has never lived in Dr. White's family—nor in any family in the city. She was examined by several persons previous to her confinement—can't say how many. During her confinement she recollects seeing Dr. White in the room. The janitor's wife—and believes there were other persons present—can't recollect.

*Direct Resumed*—She never saw Doctor White, that she knows of, previous to his coming to the Alms House.

Dr. HOLTON GANSON, sworn, says—He is a practising physician and surgeon, in Batavia, Genesee county. Graduated sixteen years ago, at Philadelphia. He has been in practice ever since. He was in Europe, in 1843—visited France and England. Was in Paris, and attended some of the clinical lectures there, in the *Hopital La Clinique, attached to the Ecole de Medicine*. The manner of conducting the clinique, was this: When a woman was about to be confined, there was a lamp hung outside of the Conciergerie or Porter's Lodge, attached to the Hospital—two sides of the lantern were white, one purple; and when the purple side was in sight, it was an indication that a labor was about to take place. Tickets are sold to physicians and medical students, and the one that got there first had charge of the labor. The room was about one-quarter the size of the Court Room, with a railing in the centre of the room, between the operator and the spectators. The patient was entirely exposed as far up as the breast. The spectators were all on the other side of the railing, with the exception of the person who had charge of the labor. After the labor the patient was left in charge of some physician. He has seen two cases of labor going on at the same time, where the patients were exposed, so as to show the whole of the person, as

high as to the chest. Has seen as many as thirty or forty persons present at a delivery. There was no limitation to the number of tickets, that he was aware of. He saw a case of a very difficult nature, where the forceps had to be used—delivered before 300 persons, in the Amphitheatre, where the woman was laid upon a table and perfectly exposed, while the operator stood before her and applied the instruments. He saw as many as five or six person delivered—and these were under the direction of the celebrated Accoucheur and Surgeon Dubois. Believes that this school is sustained by the patronage of the government.

He thinks there is nothing that would injure the finer sensibilities of medical men, in that kind of instruction, where it was properly regulated. This kind of instruction is regarded as useful and necessary in the medical schools of Paris. The schools of Paris stand pre-eminently high as schools of skill and science. He supposes it arises from their superior advantages of demonstration. While in Paris he saw many English and American students, who went there to take advantage of the schools there. Saw but few French students in London. He did not visit Germany.

*Cross Examined*—He doubts very much whether the morality of the French is any lower than in other countries. There is not that cloak of hypocrisy thrown around their actions, that there is in this country. He thinks the immorality of stripping the patient in *Demonstrative Midwifery*, is in the mind of the spectator, not in the act itself. *Demonstrative Midwifery* teaches the student the practical part of Midwifery. He makes it a point to get all the information in his profession, which is practicable. He has never tried to get one of his patients denuded for the purpose of demonstrating to his students. It never occurred to him, and it would be difficult to find subjects in this part of the country where he resides. He never heard of demonstrating ocularly in this country, until Dr. White introduced it here. He considers that there are many celebrated schools in this country. Jefferson College, in Philadelphia—University of Physicians and Surgeons, in New York—Yale College—University of Harvard, &c. He never heard of Prof. Gilman, of New York, practising *Demonstrative Midwifery*—knows Prof. Gilman very well. He knows of no effort having been made to introduce it into the school, in which he is Professor of Obstetrics. Believes medical gentlemen become efficient accoucheurs in this country, without this mode of teaching. The particular advantage to be gained by seeing a child born into the world, would be just the same as seeing an operation in surgery, which is considered very great. Surgical operations have to be performed generally by the aid of the eye; but there are many cases—as in the diseases of the genitals, &c., which have to be performed by the sense of touch. The sense of sight is often necessary in midwifery, as in cases of hemorrhage, to see the amount of



blood that is passing. He has used it sometimes. He does not do it, however, in his general practice. He thinks that it would be more satisfactory to a class, to have an *Ocular Demonstration*, than to learn altogether by the sense of touch. He does not think such an exhibition likely to minister to the sense of a morbid curiosity. It is always proper to use the eye where it is necessary. He does not consider it expedient to expose the patient, because the popular feeling, he thinks, is against it. If it *was* the custom of the country, he should do so. He does not know when he received his first impression of its importance. He thinks he is constantly obtaining information—That he grows wiser as he grows older, if he does not grow better. He does not know of *Demonstrative Midwifery* being practised in any country except France. Believes there are eminent schools in this country, and also in Germany. But thinks Paris a little ahead of the world. It is patronized by every nation on the earth, which he considers pretty good evidence of the fact.

In answer to a query of the Counsel for Defendant, as to "whether it was known to him, that women in Paris could be hired to sit to painters perfectly naked."—he says, he believes it is so, and they can be hired any where else in the same manner—that is, in any large towns.

*Direct Resumed*—In speaking of *Demonstrative Midwifery*, he would be understood, that he would make a difference between private practice and instruction before classes.

*Cross Examined*—Considers it necessary to educate the sense of touch; but he thinks, that if the eye was educated it would gain the ascendancy over the touch. Thinks it best, of course, to educate the student in such a manner as would advance his practice most.

Dr. CARY, sworn, says—He is a practising physician, in the city of Buffalo. Graduated at the University of Pennsylvania, in Philadelphia, in 1843. He has practised in Buffalo, between three and four years. Went abroad in 1844. Went to Paris, with the intention of finishing his medical studies. Went there because the facilities were greater for improvement. Had a ticket to the lying-in ward of the Hospital of Practice. While there he saw thirteen cases of midwifery. The labor was conducted very much the same as in this country. The patient was lying upon a bed in an apartment, with a railing between the accoucheur and the spectators. The first two comers generally took charge of the case. Of these thirteen cases, four or five were exposed—the rest were not. There were a great many persons present during the labor—perhaps 30 or 40. This is the ordinary practice there. He has seen three persons in labor at once in one room. The feelings of the patient are consulted as to whether she will be exposed or not. In the cases of labor which he witnessed, the clothes were removed just as the child was emerging. They were removed so as to expose the person above the hips. He thinks this course of teaching midwifery

useful—but does not approve of so much exposure as is practised in the Paris Hospitals. The student can get a better idea by an *Ocular Demonstration*, than he could otherwise. He can see nothing immoral in this mode of teaching. There is nothing likely to excite lascivious ideas in such an exhibition.

*Cross Examined*—The rule in the Paris hospitals is, that the two first comers shall have charge of the case, and they make vaginal examinations; no other persons were allowed to do so. "There had been two exceptions to this rule, which were the only ones he ever knew; one was in the case of Dr. Gardner, of New York, and the other himself—being Americans, they were invited by the Professors as an act of courtesy." Never heard of fifteen or twenty persons making vaginal examinations there. It might be done with impunity; but he thinks not. It is laid down in the books that vaginal examinations are sometimes injurious to the woman. He does not think it would be of any use for a student to see a child ushered into the world, without seeing the surrounding parts. On the whole, he disapproves of *Ocular Demonstrative Midwifery*.

*Direct Resumed*—He does not think ocular demonstrations absolutely necessary; but regards them as being useful. Considers them perfectly moral, and not by any means indecent. Should make a difference between private practice and instruction before classes.

Dr. HENRY NICKELL, sworn, says—He lives in Buffalo. Is a practising physician—has practised since October, 1846. Was educated in one of the German States, called Hessel, in Mayence. Graduated at the University of Giesen. There is a hospital attached to the University where lectures on Midwifery are given before the students who are present at the delivery of the women. There are allowed to be present thirty or forty students, sometimes fifty—these are what are called *practising students*. The woman, in a usual head-presentation, is generally lying upon her left side. When the head is about emerging through the soft parts, the clothes are turned up so that the person of the woman is entirely exposed. He has witnessed between four and five hundred cases at that University. The University at Giesen has enjoyed a high reputation of late years. Prof. Liebig is a Professor in that University. He (witness) considers that *ocular demonstrations* are necessary and proper for a student—in Germany it is incumbent upon the student to witness them, and no one is allowed to practice without it. There is a separate room in the hospital for lying-in women—the Professor takes the students there, and they are permitted to make examinations, both internal and external. He has visited the lying-in hospital at Frankfort, but there is no hospital for lying-in women there.

*Cross Examined*—He has seen sometimes one case a day—sometimes two; they average about eight or ten a week. He entered the University in the fall of 1840—graduated on the 28th of Sep-



tember, 1846. He was in the University three years, and was there about nine months before he commenced seeing cases of Midwifery. A student cannot be admitted to clinical lectures in the hospital under half a year after entering the University. After taking his first course of lectures, he had to wait four weeks, when he was admitted as a practising student. A practising student is one who has attended one course of lectures on Midwifery.

Dr. JOHN A. JEYTE, sworn, says—He is a practising physician—has practised thirteen years in Germany and two years in this country—educated at Prague, the oldest University in Germany. There was a very large hospital there, under the direction of the University, with 200 beds for lying-in women, both before and after confinement. They have a room where the women are delivered, and in the room are two beds, called "Obstetrical beds." There are usually eight students present at the time of a delivery; also about twenty women who are learning to become midwives. At the last, or fourth period of labor, when the head is emerging, the woman is uncovered, so that the students can see the progress of the labor—they stand in a circle around the bed, and she is exposed so that all may see. He could not tell the accurate number of cases he witnessed the eight weeks he attended—he might have seen 300—sometimes four or five a day. It is estimated there are 6,000 a year. In the year 1835, he was in Vienna—was in the hospital—they have a ward for lying-in women—was there when some women were brought in for delivery; but he did not stop to see them. His age is 39 years.

*Cross Examined*—He has had over 300 difficult deliveries—some of them not presenting in the right position—others, where the pains were not strong enough—many cases where he has had to apply the *forceps*. Has had very few but difficult cases, in Germany; there they had midwives, and when they had done all they could, and could not succeed, they called the physician. He never, in his private practice, exposes the woman, unless he has to apply the *forceps*—in that case he exposes the parts.

Dr. CHANDLER R. GILMAN, sworn, says—He is a physician, and Professor of Obstetrics in the College of Physicians and Surgeons in New York. He has been Professor there about ten years—succeeded Dr. Delafield. Teaches Midwifery by clinical instructions as it is taught in all the Colleges in the United States, by giving out cases to his students; but he thinks that that is improperly called clinical instruction. That clinical instructions proper are instructions given by the Professor to his students *at the side of the sick-bed*. And, in the majority of cases, where he gives them out to his students, he never sees the patient at all; but receives a report from the student. That, in the teaching of all the Colleges, they have plates exhibiting the human form and all its internal structure in the female, during the period

of gestation. That some of these plates are as large as life, some smaller, and he has some that are larger than life. He has also models made of plaster, and others of "*papier mache*." These, also, exhibit the state of a woman during childbirth. These plates are made to give instruction to the eye, and, of course, they could not convey the same instruction that an ocular demonstration might do. He would take it for granted that a person could not get as correct an idea from seeing the picture of a plough, however correct it might be, as he could by seeing the plough itself. Should consider an ocular demonstration as highly useful; does not consider any thing of that kind as indecent. His students very often send for him when they find any difficulty; and what they conceive to be a very complicated case of labor, is, very often, perfectly simple, and with three minutes demonstration, the student is able to proceed perfectly well. Young practitioners make a great many mistakes—are very often unable to distinguish the mouth of the uterus—and in his lectures he often mentions these cases. There are more mistakes made in this department of the profession, than in any other branch. Should think it arose from the imperfect mode of teaching. Nearly all students make mistakes in their first cases of midwifery. Should think that demonstration by the bed-side, ocularly, would be very valuable to the student. He has never delivered a woman exposed before a class of students, but should think it proper and valuable in giving a young practitioner confidence. Should not consider it indelicate; when a medical man is called upon to save the lives of individuals, his position ought to raise him above all such feelings of false delicacy. Approves of the practice of ocular demonstration in Obstetrics, and would be glad to see it established in his College to-morrow; but would not be very apt to attempt its introduction, after witnessing the hubbub which it had kicked up in this instance. The schools of Paris are superior to the schools of this country; thinks it arises from the fact of their having better means of demonstration; supposes that is one reason why American students go there to finish their education. Is not aware of Parisian students ever coming to this country to graduate. Schools here have never been paid that high compliment. As to exposing a woman's person—it would be just as improper to expose two inches below the collar bone, as two feet, if it were unnecessary. It is often necessary to turn the child in the uterus. In turning the foetus, it has been his practice to expose the woman entirely. Does not recollect of ever taking but three of his students with him on such occasions. Would have no objections to students being present, not at all—would prefer it, if practicable. On such occasions the woman is exposed, so far as clothes are concerned, entirely. Does not expose the woman if she is unwilling. Thinks that no one would pretend to say that, if it were proper for five persons to be present on such an occasion, there would be any impropriety in fifteen being present. The stetho-



scope is one of the great modern improvements—has sprung up since his time. Great improvements have been made in Midwifery during the last century. He thinks the best medical teachers are in Dublin—at least, the greatest medical skill—although they have not so great facility of demonstration as is to be found in other countries. The primary use of the stethoscope is to discover whether the woman is pregnant or not; and its subsidiary uses, to know whether the child is alive, and what position it occupies in the uterus. In the delivery of a woman, it is highly necessary that the student should be taught how to support the perineum. This is usually taught by plates and by the manikin; but a student could obtain a far better idea by seeing it done on a living subject. The perineum is often very much torn by being badly supported; therefore, an ocular demonstration would give a young practitioner a better idea as to how it should be done. Although a student might learn the theory from books, it would never be the same as sight, or ocular demonstration. In giving instructions to his students, in regard to vaginal examinations, he generally tells them like this, that they may make three or four examinations to enable them to do their duty to their patient; and they may make twenty examinations for their own instruction, provided they do it carefully. He does not think that it would produce any irritation, if it were conducted carefully, as the finger, in such cases, is always covered with lard.

The Court adjourned.

#### FOURTH DAY.

Prof. GILMAN, cross-examined, says—He resides at the city of New York. Is here by the subpoena of the Dist. Attorney. He came also at the request of Dr. White—Dr. White does not pay his expenses here—never proposed to pay his expenses—never mentioned it to him at all. He is stopping at Dr. White's—he is his guest. Dr. White and himself have talked over this matter in reference to the college. We agree in the main—in some things we do not agree. Has given his opinion to many in reference to this matter. Has known Dr. White since a year ago last May, when he saw him in Boston. Can't say exactly where he first heard of Dr. White's introducing this new system. Thinks it was some time in the month of April that he first heard of it—heard of it by a letter from Dr. White. He passed through here soon after, on his way from the Ohio convention, which was held in Cincinnati. He met Dr. White, Dr. Burwell, Jr., Dr. Mixer, and Dr. Flint, at Cincinnati—traveled from Xenia, Ohio, with them to Buffalo. He never stated to one of them, "that sooner than have done what Dr. White had done, he would have his right hand cut off." Nor never stated any thing to that effect. He has no recollection of stating to any of these gentlemen, that he would or would not have done what Dr. White had done. But he might have.

*Mr. Rogers*—Why should you be afraid to do it, Doctor?

*Prof. Gilman*, (to the Court,)—Is that a proper question?

*The Court*—It better be answered.

*Prof. Gilman*—I should be afraid to do it, because there might be some men in New York like your client, but I hope there are not many such, who might get up indignation meetings against me; the mob might be excited, and tear down the college. These mobs are very serious affairs in a large city. They have torn down several churches in New York.

*Mr. Rogers*—What churches have been torn down?

*Prof. Gilman*—The Laight-street church, for one—that is, the windows were broken in, and it was greatly damaged; the walls were not torn down. I believe there was another greatly injured or destroyed on the other side of the city, but did not see that. The mob grew out of the abolition excitement, I believe.

*Mr. Rogers*—You think the excitement here is a good deal like the abolition excitement, don't you, Doctor?

*Prof. Gilman*—About the same, sir.

*Mr. Rogers*—Doctor, you are rather popular in New York, a'nt you?

*Prof. Gilman*—That's not for me to judge, sir.

*Mr. Rogers*—Who did you succeed as Professor of Obstetrics?

*Prof. Gilman*—I succeeded Dr. Delafield. Dr. Manly was there temporarily, after Dr. Delafield, as lecturer. He was never Professor there.

*Mr. Rogers*—You said you would be afraid to introduce "Demonstrative Midwifery" in your college, because there might be some men there like my client. You don't like my client very well, do you?

*Prof. Gilman*—I know nothing of him but this.

*Mr. Rogers*—That's as much as you want to know, isn't it?

*Prof. Gilman*—Yes, sir, quite as much.

*Mr. Rogers*—Any other reason why you wouldn't introduce this practice in New York?

*Prof. Gilman*—There might be persons there who would be glad of the opportunity to try to get his professorship, (and he supposes he has his enemies like every other man,) who might talk of getting up indignation meetings, and succeed. But if he did introduce it, he should certainly not publish the account of it—should consider that indiscreet. He thinks that Doctors do more mischief in inflaming the public mind than any one else on such occasions. This would be the only reason why he should not introduce it into the New York schools. Does not know if the propriety of introducing it into New York had ever been discussed in their college, until to-day a young friend of his mentioned it to him. It was new to him never heard of it before. It was never mentioned when he was there; and he presumes it would



not be in his absence, as he has charge of that department. His thoughts have not been particularly directed to this mode of teaching—has occasionally thought of it when reading French journals, as something which cannot be got here. In turning the *foetus*, he generally lays the patient upon her posteriors upon a table, with the person entirely exposed. Turning the foetus is a very dangerous and sometimes difficult operation—the life of the mother is often in danger. It is a much more difficult operation than cutting off a leg. He thinks that by placing the patient in that position, it is much easier to perform the operation, than if she were on her side. The exposure is a necessary element of the operation. Could not do it so well in any other way. It is an operation which does not occur very often in private practice—does not occur more than once in the year in common practice. He graduated at the University of Pennsylvania in 1824. Was promoted to the professorship which he now holds in 1840. While he was a practising physician, he never had but one case of an *arm presentation*, where it was necessary to turn the child. What he calls a natural presentation is a presentation of the head. He calls a presentation in the third position rather a difficult one. In his lectures he always inculcates delicacy towards the patient. Considers it part of medical ethics, that all exposure that is not necessary is to be avoided. The catheter is an instrument that he never uses, if he can help it. Would not expose the patient in that case, unless it could not be performed without—then delicacy must yield to the necessity of the case. He thinks the foetus may be turned without exposure—has done it both ways—it is not, he believes, the universal practice to turn in this way—in some places it is common, in others it is not. The senses which the science of obstetrics educates, are the touch, the ear, and the eye. They educate the eye by instructing the student from plates and models: the internal parts by demonstrative anatomy—hearing, for stethoscopic purposes—feeling, for the purpose of touch. He considers it very important to educate the eye for the purpose of turning the foetus, which may be the very first thing he has to do. It is the practice in New York to give out cases of obstetrical midwifery to students. Does not know what is the practice in small towns in this respect. He has sometimes taken students to witness obstetrical demonstration; he generally allows each to make an examination under his direction, that they may know how to examine again. After the presentation of the head, it is the duty of the physician to support the perineum. Accidents often occur from their not knowing how to do it properly. In an ocular demonstration the students could not see the perineum if there were a napkin around it, but he could see the direction which it is necessary to apply the force, which is a great point to be learned. They can learn this from books, to be sure, and this demonstration would confirm their previous knowledge; it would also instruct him as to the manner in which the child's head

moved, which is the main thing to be learned. A young man will often forget what he has read in books, and the consequence is the loss of many children. Witness has known two children lost in this way; where, if he sees how the accoucheur proceeds, he will be better qualified to do it—he would see the manner in which the head passes the *os externum*. Its motion is not in a straight line, but curvilinear. He believes that the most skillful medical men in the world are in Dublin, although they have not the facilities for demonstration there which they have in France. He knows that students resort to Paris more than to any other place in the world. Was not aware that the expense of instruction was less by one half in Paris than in London or Dublin, but thinks it is less. He is aware that the sentiment is entertained, that the morals of the French people are at a very low standard. He has never heard that the brothels are licensed there by the government, but thinks they are under the *surveillance* of the police. He knows Alex. H. Stevens—he is President of their college—he is considered a very eminent man indeed. He has had some conversation with him in regard to this case of demonstrative midwifery.

Dr. HORACE A. ACKLEY, sworn.—He resides in Cleveland, Ohio. He is more of a Surgeon than a Physician. Is Professor of Surgery in the Western Reserve College, in Cleveland. His opinion is that Demonstrative Midwifery is highly useful, and infinitely better than any other mode of teaching would be. It is always better in all cases of Surgery to give an ocular demonstration for the purpose of instructing students—it leaves a better impression. He does not consider it any more improper when the woman consents, than it would be that children should be born at all. He has never had a woman to operate upon for stone in the bladder—should have no hesitation in admitting students to witness it. It is perfectly right that they should learn how this is to be done. And he should consider it of more importance in a case of Midwifery, for a student might never have to operate for stone, while he would have to practice in this branch perhaps a great many times in a year—for “we are all born of a woman.” He should think that a demonstration of this kind would be of more service to medical men and subserve the public more than any other kind of demonstration. In his practice in Surgery he has been oftener called upon to perform operations on females in consequence of injury received from want of primary skill, than for any thing else. It is calculated to give greater knowledge to the student, and the greater the skill the less liability to accident. There would be as great a difference as there would be between describing the mechanism of his watch in his pocket, the various wheels, springs, &c., and that then he should take it out of his pocket and exhibit all its different parts to the eye. So it would be in a case of Demonstrative Midwifery. He does not know how much could be learned by comparative anatomy. Thinks it would depend altogether on the amount of self-



esteem a man would possess, to educate himself in this way. He does not know the exact amount of practice which he has had in Surgery, arising out of mal-treatment in cases of labor; this, together with the diseases of the genital organs, however, constitute a very considerable portion of his practice.

*Cross Examined*—He did not come here by subpoena. Is stopping at Dr. White's. Has been stopping at the Mansion House, but is generally the guest of Dr. White, when in the city—he has been for years. He considers *Demonstrative Midwifery* as *infinitely* better than any other mode of teaching to classes. He considers the passage of the head through the vulva as an important, a very important part of obstetrical teaching.

Dr. CHARLES B. COVENTRY, sworn.—He resides at Utica—is by profession a physician. Is Professor of Obstetrics and Medical Jurisprudence in the Geneva College, and in the Medical Department of the University of Buffalo. He has been in practice 20 years. He thinks no one can doubt but what a student could get a clearer knowledge by actually seeing a Demonstration of Midwifery. No one of common sense would question that a student would gain more satisfactory information from seeing a living subject, than from a model, however perfect it might be. He conceives that no purpose, that has for its object the saving of human life, can be either indecorous or immoral. Gave his consent last winter to have this demonstration there. Was in the room once while the woman was there—went in to see Dr. White. He was not present at the time of the delivery of the woman. He has heard what transpired, as related by the witnesses on the stand. There is nothing in the description that is improper, in his opinion.

*Cross Examined*.—He assented to this Demonstration some time in the fore part of January. Can't say precisely how long before parturition—three or four weeks, as near as he recollects. Gave his consent to Dr. White, at the Phelps House. Thinks Dr. Lee was present at the time, but he was not certain. He gave his consent as one of the members of the *Faculty*. Did not hesitate in doing so. He had some conversation with Dr. White, as to the manner in which the exhibition was to be conducted. Gave his consent to have the woman taken to the College, and to have the demonstration made to the class in the janitor's room. He did not know whether the woman was to be exposed or not—left that to the judgment of Dr. White. Dr. White stated to him at the time, that he was not willing to take the whole responsibility of this act without the consent of his associates. Dr. White said, that the other members of the *Faculty* had given their consent. If he had known that it would have taken place just in the manner described by the witnesses, he should have consented to it without hesitation. It has never been practised, to his knowledge, in any Medical Institution in this country. He has lectured in one institution, at

Berkshire College, Pittsfield, 4 years—and 15 years at the Geneva College. He never introduced it into his teaching. The reason he has not introduced it is, the great difficulty of procuring subjects. And perhaps he did not possess the same moral courage which Prof. White did, to risk the innovation. He is still Professor in the Geneva College. Thinks that perhaps the knowledge of the other members of the *Faculty* having given their consent, might have influenced him to do so. But he does not know that it did. He is aware that there is a periodical called the Buffalo Medical Journal, edited by one of the members of the *Faculty*. Dr. Flint, is also, a member of the *Faculty*. Witness did not advise the publication of the Demonstration. It is very often necessary to observe secrecy and silence in medical instructions. He thinks it rather injudicious to publish this transaction. In his practice he has had several cases in obstetrics where it was necessary to turn the *foetus* in the *uterus*. He would not expose the woman in that operation—does not do it in his private practice. The knowledge to be gained in an Ocular Demonstration in Midwifery, or the ushering of the child's head into the world, would be valuable. It would be more advantageous to the student than any description or representation could be; for that reason he should consider it proper as a mode of instruction. When any portion of the human system can be relieved from suffering better by an exposure than otherwise, he should always recommend it. It is the duty of the physician to relieve human suffering. It is important that the student should understand the construction of the female genital organs. He explains to classes every year the construction of the female organs, upon a dead body. The birth of a child could not be explained upon a dead body, for the woman and the child are constantly undergoing changes. Such instructions would not produce the same impression on the mind, nor be understood as well, as they could be on the living subject.

*Direct Resumed*—The Medical Journal is established for the reading of professional men.

Dr. JOHN J. HAKSTEEN, sworn, (I. V. Vanderpool, Interpreter.)—He is a practising Physician and Surgeon. Is 43 years of age. Graduated at Amsterdam. It is the practice in Amsterdam to teach students the theory of Midwifery, and then give them the practice. The practice is what the theory teaches. The student must be present at one or two deliveries under the direction of the Professor. In these two cases the patient must be exposed, and the different stages of labor must be explained. It is so far necessary to see the whole operation from beginning to end, that they can take the manikin and put the child in all the positions, and prove to a class how it is done. The woman is exposed during the last stage of labor. It is incumbent upon a graduating student to see 30 cases of labor—two of which must be difficult ones, which must be witnessed under the direction of the Professor. He believes that such instruc-



tions are necessary for the student—so that the first opportunity that presents itself, the consequences resulting from ignorance should not follow. He can learn it better in seeing a living subject, than he can upon any manikin or representation. He has practised in this country one year and a half.

*Cross Examined*—The posterior of the woman is exposed during the fourth or last stage of labor—the woman usually lying on her left side.

Dr. LA BARTE, sworn, says—I am a practising physician in the city of Buffalo. I graduated four years ago in Dublin, at the Royal College of Surgeons, and at the College of Physicians, and at the Western Lying-in-Hospital. The profession is there divided into three parts: Physicians, Surgeons, and Apothecaries. Dr. Churchill is at the head of the Western Lying-in Hospital, and Dr. Speedy is the Assistant. They are about the most eminent men in Dublin. I have seen Demonstrative Midwifery practised there. Practical Midwifery is exhibited in the Hospital, and explanations made upon it by these gentlemen. The first case I saw there, the woman was exposed. I saw the child born. I consider this mode of teaching necessary and proper. We might as well learn to read without the alphabet, as to learn obstetrics without practical demonstrations.

*Cross Examined*.—*Question by Mr. Rogers*: You say, Doctor, that you might as well learn to read without the alphabet, as to learn Midwifery without practical demonstrations?

Dr. LA BARTE—Yes, sir.

Mr. ROGERS—You can go, sir.

Dr. EDWARD MACKAY SWORN, says--He graduated at Giesen in Germany, and is a Fellow of the Royal College of Physicians and Surgeons in Edinburgh. Has attended demonstrative obstetrics in Giessen, where the women were delivered before a class of students. The person of the woman being exposed in the last stage of labor. He has been at Heidelberg also, where he has seen women delivered before classes of 40 or 50 students, and when the head of the child was about emerging into the world, the clothes were removed, and the child brought into view. He has been at Dublin also, and has seen women delivered there in the same manner as described by Dr. La Barte. He thinks, however, that in Great Britain there is a more exalted sense of propriety observed than upon the Continent. He considers demonstrative teaching a proper mode of instruction, if properly conducted. He has heard the description of the demonstration at the college; but he does not think that the demonstration conveyed any new ideas to the students, but it would have a tendency to impress it more firmly upon their minds. And he considers it somewhat necessary for the student to see it before practising, but thinks he can get along without exposure.

*Cross Examined*—He believes it would be like all innovations, opposed; but he does not think it would produce any permanent injury to the pro-

feccion. But he should be fearful of introducing it into a private institution. In his private practice he never exposes the female. He thinks that any student can get this desired information in the early part of his practice—opportunities will always arise. He does not consider it necessary for the student to have an ocular demonstration. But it will prove useful if it can be obtained. If the current public opinion were against it, he thinks it would not be proper to force it, for it is not of vital importance. He concurs with Dr. La Barte as to the manner of conducting midwifery in Dublin. He is not familiar with the expense of education in Dublin, but in England and Scotland it is, comparatively speaking, very expensive; in Paris, it is merely nominal. The demonstrations he has spoken of on the Continent, and in Great Britain and Ireland, are confined to hospitals entirely. On the Continent these institutions are sustained by the patronage of the government; in Great Britain and Ireland, by the donations of private individuals and public subscriptions. The medical institutions on the Continent are under the supervision of the government. The persons who may die in these institutions are given over for dissection, if not claimed by friends. As to being experimented upon, that is left to the discretion of the professors of the institution—they being considered the best judges of those things.

*Direct Resumed*—The hospitals on the Continent and in Ireland are attached in all cases to the medical schools. Believes that no charge would be made for a man to graduate there who had already done so in other countries. But in Great Britain he thinks they would be subjected to the usual charge.

Dr. WEBSTER, sworn for defence, says—I am Professor of Anatomy in the Medical Department of the Buffalo University. Have acted as Professor in public schools since 1836, in Geneva. Am Professor of Anatomy there. I have had considerable experience in cases of obstetrics. Have had occasion frequently to turn the fœtus in the uterus. When I turn the fœtus, I don't expose the woman; don't think it necessary or proper. I never attended cases of demonstrative midwifery. I attended two courses of lectures at the University of Maryland, and two courses at the University of Philadelphia, where I graduated. Obstetrics can be taught without such demonstrations. Don't regard it indispensable. I assented to the demonstration in the college here, because I was asked by Doct. White, for one reason. I was then at Dr. W.'s house. Dr. Geo. Hadley was there. He is Professor of Chemistry. Don't remember that Professor Hadley's consent was asked at that time. The Faculty of the Buffalo Medical College consists of Professors Flint, Coventry, Lee, White, Hamilton, Hadley, and Webster. I understood he (Prof. White) had conversed with some of the Faculty, and that some had given their consent. I took it for granted, if he didn't ask Dr. Hadley in my presence, that he had consented.

Labor is a natural process. The natural con-



dition of the system does not require surgical operations.

*Cross Examined*—I consented for one reason, because I considered it serviceable. I understood, when I gave my consent, that there was to be an exposure. Thinks exposure useful. I objected at first, but not on the ground of practical utility or inutility of it. It is useful to expose to see the passage of the head from the perineum.

*Direct Resumed*—Don't so much object to its publication in a medical journal as in a secular newspaper, which I condemn *in toto*. Saw the account or article in the Commercial—thought it injudicious.

Dr. CHARLES WEISS sworn for Deft., (Dr. Haustenstein, interpreter)—I am a practising physician. Graduated at Wuertzberg in 1835, and passed the state examination at ——— in 1837. With the exception of two years, when he traveled for improving his professional knowledge, he has practised. Went to Vienna, Prague, Gottingen, and Berlin. Attended medical schools at these places—was taught obstetrics at Wuertzberg. The practical course was, students were divided into classes of 15 or 16; these were taken class by class to see cases of midwifery—to witness natural labor. They were under the Professor or adjunct Professor, who called up students by name to make examinations. Examinations were made by touch or feeling. I have never known an instance where the eye was used, or where an ocular demonstration was made, or where the Professor has required the student to use the organ of sight. Do not think it necessary for the successful teaching of midwifery, that the eye should be used. I am of the same opinion as the scientific men, that the accoucheur ought to have sight at the end of the fingers—that feeling is actually necessary where sight cannot be used.

As a principle I condemn the practice, but have frequently had cases where the parts were exposed, and the students have frequently taken that liberty. It was seldom, and it was done by the student's own volition. I made only a few visits in the Lying-in hospital in Vienna. Saw two cases of midwifery in presence of students. Does not remember seeing the women exposed. Was in the Lying-in hospital in Gottingen, but did not see any demonstrative midwifery there. Has been in the Lying-in Hospital in Prague. Don't remember of seeing the women exposed in presence of the class. In Heidelberg and Tuebingen, I saw a good deal in the lying-in Hospital. The practice is essentially the same as in Wuertzberg. The students were divided into classes. Sometimes students and sometimes midwives took charge of the woman.

*Cross Examined*—I have a diploma as accoucheur. In Wuertzberg I never saw the woman exposed. They have models. In Heidelberg, the woman was not exposed by the Professor. It is a principle through Germany, that the parts should not be exposed. I was in Germany one year. I attended the hospital six months—was

once or twice in the hospital at Prague, as I passed through. Does not of his own knowledge know what the practice is there. Does not remember of being in the Lying-in Hospital at Giesen.

Court adjourned to 2 P. M.

Dr. CHARLES SOLOMON, sworn, says—He is a physician and surgeon. Graduated at the University of Rostock at Mecklinberg in Germany. Has been in Berlin four years—studied Medicine, Surgery and Midwifery there. There is a lying-in hospital attached to the University there. Has seen women delivered there before classes of four to six students. The patients who are delivered there are exposed, with the exception of those who pay, who are exempt from exposure—those who do not must submit to it. The clothes are removed in the last stage of labor, so as to expose the woman entirely, while the Professor makes the necessary demonstrations to the class. He has seen women delivered in that way—can't say how many, for it was 28 years ago. He has, as a practising student, conducted a birth in that way himself before a class. It was the custom of the country to do it in that manner. He has been in Texas since 1845. Considers that mode of teaching by ocular demonstration necessary and proper.

Dr. BELA H. COLEGROVE, sworn, says—He is a physician and surgeon—has practised 30 years—resides in the town of Sardinia, Erie county—has lived in this county 30 years. Should think that an ocular demonstration of midwifery at the bedside would be useful to a student. He should have been very glad to have had such instruction when he was a young man. Should not consider that there is any thing improper or indecorous in it. Nothing can be so that is calculated to alleviate human suffering.

*Cross Examined*—Has had students—does not teach them in this manner—does not do so, because he does not think that public opinion would sustain him in the attempt in his section of country. Was not taught himself by ocular demonstration. He does not think that merely seeing the child ushered into the world would be of very essential use, unless seeing the part usually in jeopardy—the perineum, might be of some service. The student might be better taught how to apply the forceps where it was necessary, also the turning of the head of the child, as it passes the perineum. He does not consider that kind of instruction indispensable, but thinks it would materially assist the student in his practice. If he was to adopt that course of practice, he should not think of publishing it in an ordinary newspaper; would be less objectionable in a medical journal. He has had several cases where it was necessary to turn the fœtus in the uterus. Had, perhaps, on an average, two or three a year. He does it by placing the woman on her back, and introducing his hand into the womb, and turning the child. It is in what is called an arm-presentation—he usually does it in that manner—does not expose



the parts. Thinks it is unnecessary, and because unnecessary would be improper.

Dr. WM. TREAT, sworn, says—He resides in Buffalo—is a physician and surgeon—has been in practice about 13 years. He should have no objection to teaching midwifery to students at the bed-side, and allowing the woman to be exposed in the last stage of labor. Should have been glad of the same opportunity when he was studying. There would be nothing indelicate in it, except to the mind of the individual who witnessed it.

*Cross Examined*—Any lascivious sensation would be in the mind of the individual alone—"to the pure all things are pure." Such an exhibition, instead of exciting libidinous ideas, would have a contrary effect.

Dr. ERASTUS WALLIS, sworn, says—He resides in Buffalo—is a practising physician and surgeon—has lived in Buffalo two years last May—resided in Aurora previous to that—has practised 25 years. He should think that allowing the student to see a child born into the world would be very useful—it would be useful as a practical demonstration of what he only knew before in theory. In his opinion there is nothing indecent or immoral in it, so far as teaching is concerned. There is nothing in the last stage of labor calculated to excite libidinous ideas.

*Cross Examined*—He has in his practice found it necessary four or five times to turn the foetus in the uterus. Never exposed a woman's private parts in doing so—never have found it necessary. He does not know that he ever thought of the benefits of demonstrative midwifery ocularly before this demonstration at the college by Prof. White. It was not taught in his time, in that manner.

Dr. CHARLES WILCOX, sworn, says—Resides in Buffalo—is a practising Physician and Surgeon—has practised seven years. He is not a graduate—was licensed by the Board of Censors. He should regard the delivery of a woman before a class of students, beneficial and perfectly proper. Thinks there is nothing in such an exhibition calculated to excite libidinous ideas.

*Cross Examined*—Never graduated. Has read with Dr. White—finished his studies with Dr. Bissell.

Dr. CHARLES A. LEE, sworn, says—He is a physician. Resides in the city of New York. He is Professor in the Geneva College, of Pathology and Materia-Medica. Has been Professor six years in Geneva, and three years in Bowdoin College, Maine, and three years in Buffalo Medical College. Practised before that time in the city of New York. Has been abroad, in France and England. He considers the mode of teaching students Midwifery by Ocular Demonstration as highly useful and perfectly proper—it is a *superior mode of instruction*. He is one of the Faculty of the Buffalo Medical College. Has heard of the case of Demonstrative Midwifery there—was consulted as to the propriety of having that Demonstration, and gave his consent. The whole Faculty consented. The advantage to be gained by an

Ocular Demonstration would lie between the actually seeing the process and a description of it, which would be very great. The student would not be able to tell the movements of the child so well, they are going through such continually rapid changes—it could not be described to him. He (witness) could not do it, and does not believe any other man could. He thinks there ought to be a difference made between medical instructions to a class and private practice—considers them entirely different. They would not pretend to make the ladies, in private practice, the means of instruction to classes. They have plates in their Colleges to educate the eye, but they are a very inefficient mode of instruction.

*Cross Examined*—These plates exhibit all the external and internal parts of a woman—"they are in sections." They are just as different as seeing a portrait of a person would be instead of seeing the individual himself. They are intended to represent nature, as all pictures are; but it is impossible to form a correct idea from them. A person would not receive much instruction from merely seeing the head of a child born. He thinks the Doctor did not show enough in this case. If he (witness) had made the demonstration, he would have shown more. He was, when a young practitioner, a very curious man himself and always took the opportunity to gain all the information he could. One reason that we do not introduce it into Bowdoin and Geneva, is they cannot get subjects. He does not know of Demonstrative Midwifery ever being taught in this country. He has found it necessary in his practice to turn the foetus in the uterus. He places the woman on her back with her limbs parted—does not expose the genitals to view. He was once called to a case in New York where Prof. Bedford was present, who exposed the woman entirely in the presence of a class of students and several females. The case was an unusually difficult one. It is considered a part of Medical Ethics to do no act which is likely to excite the popular mind against the profession—supposes no one would do so who had the good of his profession at heart.

*Direct Resumed*—Dr. Bedford is a professor in a rival institution in New York. It is a part of Medical Ethics, when one Doctor breaks in upon a generally established rule, he should be complained of and obliged to go through a regular trial before the Faculty before he is condemned, just as a member of the church would do in breaking through discipline.

*Cross Examined*—There are some exceptions to this general rule of procedure. As a general thing he should disapprove of a publication in a secular newspaper, like that in the Commercial. But in this case it was different—the public mind had become excited on this subject, and that article was published for the purpose of allaying the excitement—on that ground he considered it proper.

Dr. FLINT, sworn, says—Has practised medi-



cine 17 years. Graduated at Boston, Mass. He thinks that the exhibition of a woman in the last stage of labor, as a means of Demonstrating Midwifery to a class, highly useful and proper. Nothing in it, in his opinion, that is indecorous or immoral; nor any thing in it likely to excite libidinous ideas. Is a member of the College Faculty here—was consulted as to the propriety of this demonstration and approved of it. The whole of the Faculty were consulted and gave their approval. He has heard the description as given by the witnesses on the stand, and considers there was nothing in that relation of the exhibition that was improper or indecorous. The advantage to be gained by the student at such an exhibition would be a stronger impression upon his mind of the facts as presented to his eye. He would arrive at positive knowledge more quickly, whereas it would require a series of cases by the touch alone to acquire it; the services rendered by the accoucheur at the time, assisting him greatly in this respect. He considers this department one of the most important parts of medical studies. (He was here shown the February No. of the Medical Journal.) Dr. White had nothing to do with the *resolutions*, which are here published, nor with the article rebutting that of the 17 Physicians. He (witness) has been in practice in Buffalo 14 years—has in that time had but one case where it was necessary to turn the fœtus in the uterus.

*Cross Examined*—In his practice as physician, he has done a very fair proportion of business in midwifery. He never had any conversation with Dr. White in regard to the publication of the article which appeared in the Medical Journal. He never went to Dr. White's house at his invitation, to discuss this subject—never had any conversation with him in regard to the demonstration till several weeks after the article published by the students appeared in the Journal. He did not in that article express his own opinion on the subject. The article expressed the opinion, that the profession would approve of it. (Was here shown a number of the Medical Journal for March.) He does not pretend to deny the fact that he was in favor of it. The tenor of the article would imply that much; although he does not say it there. The article contained his sentiments at the time, and they are unchanged. The article of the 17 physicians\* was handed to him by Dr. J. Trowbridge, Dr. Bryant Burwell, and Dr. Sprague. He published it cheerfully. He had assented to the demonstration, and believed it to be right. He has practised medicine 17 years. He had never thought of demonstrating midwifery, until it was suggested to him by Dr. White.

*Direct Resumed*—The Medical Journal is not a general work; it is designed for medical men.

*Cross Examined*—The members of the Faculty all consented to the demonstration. Dr. Hamilton among the rest. *I am sure of it. I heard him say he assented to it.* He never made any objection to it that I am aware of.

People rest again.

Dr. JOSIAH TROWBRIDGE recalled by Deft.—He says he has had many cases of midwifery, where it was necessary to turn the fœtus in the uterus. He never exposed the person of a woman in such an operation.

Dr. BRYANT BURWELL recalled—He has heard the testimony of Dr. Trowbridge—concur with him in his testimony. He has had 40 or 50 cases of that description in his practice, three within six months.

Dr. PEABODY recalled—He has heard the two previous witnesses—concur with them—he never exposes the person of the woman on such occasions.

The Testimony here closed.

Mr. ROGERS summed up the case in a very able manner for the defence, but no part of his remarks can be inserted here, no report having been made, or minutes of them taken at the time.

[NOTE.—Owing to the absence of Mr. SMITH, from the city, his remarks could not be inserted in their proper place, but they will be found immediately after the Judge's Charge.]

His Honor Judge Mullett, charged the jury in substance as follows:

*Gentlemen of the Jury*:—It is with great reluctance that I attempt to say any thing to you on the subject before us, or demand a further exercise of that laborious attention which you have bestowed upon the mass of the somewhat uninteresting facts which have been accumulating before you for the last four days. But we all have our respective duties to perform; and this case, like every other, demands the exercise of those qualities which belong to the places we occupy, no matter what our individual opinions, or the opinions of others may be, in reference to the propriety, policy, or importance of the prosecution; it involves individual rights,—the due administration of the laws of our country; is sent to us for trial by a grand jury of our county, and therefore demands our sober and attentive consideration. The few remarks which I shall submit to you, will be principally devoted to an attempted explanation of some of those principles which govern all cases of this kind, without reference to the particular one under consideration; and I desire you so to consider them. When I intend to refer to the case before us, I shall inform you of such intention. You have been told, in the course of this trial, that you are the judges of the law and the facts. To a certain extent, and for great and noble purposes, which I shall hereafter explain to you, this is true. But nothing in this rule relieves me from the performance of my duty, truly to explain and apply the principles of law which belong to the case. This is a duty confided to me by those who have put me in this place, and to the performance of which I have bound myself by an oath. I cannot exonerate myself from the performance of this duty by referring it to you; and so long as I hold the station

\* See Appendix F.



which I now occupy, I shall endeavor to perform the duties devolved on me, honestly, fearlessly, and with as much ability as I may have. While we both honestly aim at the same great object, *the discovery and application of truth*, there is very little danger of a disagreement between us. If such a case should happen, on a trial for a libel, no man will yield to your ultimate superior jurisdiction over the whole case, by your power to find a *general verdict*, with more firm conviction of its comparative safety and propriety, than I shall.

During the investigation of this subject, frequent allusions have been made to public sentiment, public feeling and public indignation. Considerations upon these subjects, I presume, have never entered the jury box. They do not constitute the standard by which you have sworn to find your verdict. You have sworn well and truly to try this issue, and a true verdict to give thereon, according to evidence; and for one, I have no doubt of your determination and power to do so, without regard to what may be called or considered by some, public feeling or public indignation. Deliberate, well founded *public opinion* is always entitled to high respect; it is the best earthly evidence we have of moral truth. I firmly believe in the universality of some kind of moral sentiment, that however blind or unenlightened it may sometimes appear to be, it is always honest and always right upon the premises upon which it is founded. But I have sometimes found myself deceived and my feelings excited, upon premises which turned out to be mistaken and false. I suppose the same may be the case with others, and I do not know why error should gain respect from the numbers which embrace it. The truth is, all our feelings are blind and liable to be acted upon and excited by our understanding, and whether our feelings are or are not comparatively right, depends upon the correctness of our understanding. But whatever public feeling may be, or whatever influence it should have over ordinary transactions in life, it has not, in Christendom, been considered a very safe agent in the administration of justice, since it profaned the Judgment-seat and insulted Heaven by the cry of "Crucify Him! crucify Him!" Pilate, weak and time-serving, disobeyed the dictates of his own conscience, and yielded to the popular outcry, which he took for public opinion; but the sacred history of that awful tragedy informs us that the chief priests and elders persuaded the multitude. Thus the selfish designs of a pampered and proud priesthood, who feared a loss of place and power, were made to assume the form and power of *public sentiment*. In all cases of apparent or real difference of opinion, whether among few or many, there is one consoling consideration which should strengthen us in the performance of what we honestly believe to be our duty—that is, that truth is powerful and eternal, and will prevail. The man who has not courage or patience to wait for the final triumph of truth, is unfit to perform any confided trust or relative duty.

A regard for the liberty of the press has also been invoked in behalf of the defendant. The Press is acknowledged to be the great Engine which, more than any other, has helped to elevate human nature. In this country, in a peculiar degree, has it manifested its power, in disenthraling politics and religion from the shackles in which they had long been bound—in establishing government upon its true foundation, the will of the people,—and erecting the altar of human worship in the human heart. But the press is as powerful for evil as for good, and must therefore be subject to those moral restraints by which all human conduct should be governed. The language which personifies the press is poetical, and might, with as much propriety, be applied to your ploughs or scythes. The liberty of the press is the liberty of the man who controls it. He is not relieved from the moral obligations of charity and truth, because he has a press. He has no more right to lie in type than with his tongue. In this country where the press has done more good than in any other in the world—where it is so universally and deservedly respected—its liberty has been long and well defined, and consists in the right to publish truth with good motives and for justifiable ends; or, according to the language of our new constitution, "every citizen may freely speak, write, and publish his sentiments on all subjects, being responsible for the abuse of this right." This is a charter of liberty as broad as a *good* man wants, and one broader than this a *bad* man ought not to have.

The examination of this case will necessarily involve an inquiry into the nature of those acts which are considered criminal, as being contrary to good morals. Our venerated Blackstone, whom every lawyer regards with a kind of filial reverence, and who, I believe, is admitted to have been as good a moralist and Christian as he was a lawyer, has clearly defined those acts, the legal criminality of which depends upon the manner of their commission. For instance, he regards temperance and sobriety as duties which a man owes to his Creator, as the means of preserving and improving those talents and faculties which have been bestowed upon him. Still, a man may in private, by intemperance, commit the most suicidal destruction of all the qualities of his manhood, without exposing himself to legal animadversion; but if he openly practises drunkenness, he is liable to be indicted for the injury which he does to the public morals; so, that conjugal embrace, he says, which nature prompts and morality and religion approve, may be so profaned by public exposure, as to become an indictable offence. All intelligent persons now admit the propriety, in medical schools, of those dissections of human subjects, where all the parts of the human body, of both sexes, their relations and functions, are exposed and demonstrated, as necessary to the attainment of anatomical and physiological science. Still if these dissections should be unnecessarily performed in a public street, and in public view, I have no doubt that such indecent exposures would be indictable as contrary to the



public morals. The unnecessary and public exhibition of those manikins and pictures which we have heard so much about, during this trial, would be an offence of the same character. Those acts are all criminal on account of the deleterious effect which they have upon public sensibility, public sense of decency and public morals, which the law will not suffer to be weakened, degraded and brutalized; therefore the unnecessary publicity is their criminal character, and the only circumstance which gives the law jurisdiction over them, as it is the only circumstance by which they can offend or shock public decency and public morals.

I will now allude to a subject a little nearer to the one before us, in which my remarks are still to be considered general: I mean the protection which the law affords to individual character, and the reasons upon which it is founded. All our sensibilities, affections and wants, admonish us that we were made for society, for social life with our fellow man. We come together spontaneously through the influence of these social feelings. We do not institute government and laws for the purpose of forming societies; they are all formed and made after we have associated for the purpose of securing our rights in our social state. By entering into society or participating of its benefits, we tacitly agree to relinquish our natural right to resort to personal force and to redress our wrongs, on condition that the society will redress them for us. In this change of our condition, we lay down our war-clubs as savages, and assume the dignity of social and civilized man. But we demand of the society the protection of all our rights, which we have not necessarily surrendered on coming into it. Among all the sentiments of human nature there is none more universal and strong, than the love of approbation; it is co-extensive with our desire for society. For this we forego the care and indolence natural to animal nature, and brave all the hardships and dangers of active life. The love of approbation is a constantly controlling principle of action, and we hardly dare inquire what man would not do, were he not restrained by the fear of disgrace. The desire of fame is the great earthly object of human existence, the great stimulant to all improvement in knowledge and science—and though, when strong and controlling, it may be called ambition—yet, if it is directed to objects beneficial to mankind, it is called laudable. In order to acquire the means of exciting the favorable consideration of mankind, the accumulating thousands cross every sea, surmount every mountain, and defy all climates. Love of fame induces the poet to forego the pleasure of social life, and shut himself up in his cob-web garret. For this the scholar consumes and wastes his life's blood, over the midnight lamp. For this the soldier fights, and the hero dies. So universally acknowledged and felt is this sentiment that we can hardly concede the qualities of manhood to one who will not endanger or even sacrifice his life to save his character. That system of laws then must be miserably inadequate to the protection of

human rights, and the promotion of human prosperity and elevation, that does not shield individual character. It cannot expect the obedience of its subjects unless it do so. Man cannot live in constant violation of his nature. No resignation, no philosophy, can enable a man to endure the constant pains of a wounded reputation. If the law will not afford him protection and redress, he will seek them himself. A legal neglect in this respect, is but granting a license to the bowie knife or the pistol, or, what is worse, to the assassin's dagger.

It is believed that the laws of all States, having any pretensions to civilization, have made provisions for the suppression and punishment of slander. In this respect our laws, if duly enforced, are reasonably competent. They give to the person slandered, either in his general or professional character, an action, on the trial of which he may publicly refute the slander, and recover such a compensation as a jury of his neighbors shall see proper to award to him, either to compensate his loss, or punish the slanderer; and when the defamation is put in a more durable form, by being written or printed, it is also a criminal offence, and liable to be punished by indictment, *because* it has a tendency to provoke retaliation and revenge, which lead to breaches of the peace, blood-shed and murder. This is the reason of the rule which for a long time prevailed in England, to exclude the truth of the publication, as a defence in a prosecution for a libel; and gave rise to that paradoxical and apparently absurd maxim, "the greater the truth the greater the libel." It was agreed that as a libel was punishable as a public offence, only on account of its tendency to produce breaches of the peace, it was immaterial whether it was true or not. The truth might be even more provoking than the falsehood; and, as no good end could be attained by the publication, it must be imputed to malicious motives. In one point of view, in prosecutions for libels against individuals, this rule is not so unreasonable as the maxim founded on it would seem to make it. It is not necessary that the publication, to be libelous, should charge the party slandered with the commission of a criminal offence; it is sufficient if it holds him up to public censure or ridicule, lowers him in public estimation, or disgraces him. Suppose some good, amiable, useful and popular man should have some defect or deformity of person, which was not generally known to the public, and which, if known, would render him the subject of ridicule or contempt, what good would it do, to publish such defect, or what, but the most mischievous or malicious motives, could induce the publication?—or, suppose there should happen, as there sometimes does in very good and worthy families, some little jealousies, heart-burnings and bickerings, and a neighbor, through the treachery of a servant or otherwise, should find them out, and publish them in a newspaper, would you consider the fact that he published nothing but the truth any justification for his publication? Every medical practitioner knows that there are, in



domestic life, a thousand things and incidents, which it would be useless, mischievous and infamously malicious to publish. This view of the subject governed the law of libel in England, during the existence of the Star Chamber, was adopted in some of the United States, was, I believe, continued in Massachusetts, until the recent revision of her constitution, and was claimed to be the law of this State, till 1804. Under this rule the only question submitted to the Jury, in cases of libel, was the fact of the publication and the truth of the innuendoes or references charged in the indictment. The question whether the publication was libelous, including the intent and motive, were regarded as a question of law for the Court alone to decide. This gave the Court a great and dangerous power over the subject, and especially in cases of libels against the government, officers and magistrates, acting under the authority of government.

The trial of an indictment for libel, in this State, in 1803, which called out the highest forensic and judicial talent of the State, produced an alteration or explanation of this rule, and led to the establishment of the doctrine which gives you the power claimed for you, and which I promised to explain. On the trial of the indictment before the Chief Justice, he in obedience to what he considered the English Law, decided that the truth was no defence: That the Jurisdiction and duty of the Jury were confined to the facts of the publication, and the truth of the innuendoes; and that the remainder of the case belonged to the Court, as matter of law. The case was taken to the Supreme Court, where it was argued in February, 1804, and again called forth a display of talent, of which this State is still proud. There were only four Judges on the Bench, and they were equally divided. Chancellor Kent, then one of the Justices of the Supreme Court, wrote an opinion in opposition to the Star Chamber rule, by which he laid the foundation of a fame, broad and deep, and strong enough to uphold the superstructure which he has since built upon it. In 1805, the Legislature, passed the law which has been alluded to, as giving you the entire jurisdiction of the law and fact, in cases of libel, and which I have in my hand, and will now read to you:—

“An act concerning Libel, passed, April 6, 1805.” Whereas doubts exist, whether on a trial of an indictment or information for a libel, the Jury have a right to give their verdict on the whole matter in issue,

1. Be it therefore declared and enacted, that on every such indictment or information, the Jury who shall try the same, shall have a right to determine the law and the fact, under the direction of the Court, in like manner as in other criminal cases, and shall not be directed or required by the Court, or the Judge, before whom such indictment or information shall be tried, to find the defendant guilty, merely on proof of the publication by the defendant of the matter charged as libel-

ous; and the sense ascribed thereto, in such indictment or information.

2. And be it further declared and enacted, that in every prosecution for writing or publishing any libel, it shall be lawful for the defendant, upon the trial of the cause, to give in evidence in his defence, the truth of the matter contained in the publication, charged as libelous. Provided always, that such evidence shall not be a justification, unless on the trial it shall be further made satisfactorily to appear, that the matter charged as libelous, was published with good motives and justifiable ends.”

This, gentlemen, is the occasion, and the law which gave you, in cases of libel, the jurisdiction which has been referred to—a jurisdiction which, I think, most wisely confided to the Jury, and upon which, I assure you, I have not the least disposition to encroach. We will now proceed under the constant influence of the general principles to which I have adverted, to a brief examination of the more particular rules which govern the case under consideration. This is an indictment for a libel. A libel is defined to be a censorious or ridiculing writing, picture, or sign, made with a mischievous and malicious intent towards government, magistrates, or individuals. *False* is no part of the definition of a libel, for the reason to which I have adverted: though, whether the publication be false or not, may be an important inquiry in reference to the motive of the publication. The first question for your consideration is, is this publication, in its tenor and meaning, libelous; that is, censorious? I do not understand this, nor its allusion to Professor White, to be denied. I presume the defendant would hardly claim that this publication is approbatory. The next question is—did Doctor Loomis, the defendant, publish the article in question. The indictment charges him with writing and publishing it, but the publication is the act which gives efficacy to it as a libel, and proof of this covers the whole charge. If you find, that Doctor Loomis published the article, or caused it or procured it to be published, or circulated it, or read it to others for the purpose of giving it publicity, then he published it, and stands responsible for the publication. The evidence on this branch of the case is before you, and its weight and application belong exclusively to you. If you find these facts for the prosecution, you will be compelled to look at the defendant's justification to determine whether the article is true, and was published with good motives and for justifiable ends. I have already endeavored to show you, that there are some things, the publication of which cannot be justified on account of the inutility of such publication, and the unfitness of such subjects for public discussion. I feel it my duty, however, under the circumstances of this case, to except this publication from that class. An article approving of, if not lauding the demonstration alluded to, had been published in a public newspaper. That paper, or the friends of that publication, could not expect to have an ex-



clusive right to monopolize public opinion on that subject. They had thrown it out for public examination, and every citizen, who had a contrary opinion upon the matter, had a right in a truthful and candid manner, to criticize, disapprove or even condemn the transaction which was attempted to be upheld. This circumstance, I think, justified Doctor Loomis in answering the article in the Commercial Advertiser, and expressing his opinion with as much freedom and strength, consistently with the truth, as he thought proper to employ. It is, however, a rule of law, that falsehood is always evidence of bad motives, and can never be justified—so that after all this tedious examination and able discussion which this case has called out, it is reduced to one single question. Is the publication, charged as libelous, true or false? This inquiry embraces the whole tenor and meaning of the publication. It is not enough that it is generally founded in truth—that it is based upon a transaction which did really take place; it must be true in its colorings, epithets, and entire meaning.

You must read it in the Jury Box, with the same common sense understanding as you would read it at your homes, and then compare it with the description of the same transaction which you have received from the witnesses, and the comparison will show you the agreement or the difference. As to the description of the manner of the demonstration, the publication says: "An open demonstration of obstetrical practice has been made before a class of students. The demonstration consumed nearly or quite eight hours, during a part, at least, of which the Professor of that branch of medical instruction was present. Delicacy forbids me to touch upon the manner in which those hours were passed. Suffice it to say, that the tedium was relieved by such methods, as a congregation of boys would know well how to employ." You have heard the witnesses testify as to the time occupied by that demonstration, and the manner in which that time was spent, as well as the manner in which the whole clinical lecture was conducted; and are the proper persons, without any intimation from me, to decide whether the publication is, in its description of that matter, true. There is no contradiction or discrepancy among the witnesses on both sides, in reference to the *manner* in which that clinical lecture was conducted, and perhaps the case as it now stands, will justify me in saying, that the principal objection to it, by the defendant, and those who think with him, is reduced to a disapprobation of the partial personal exposure of the patient for, from two to five minutes, during a particular crisis in the parturition.

In the publication, charged as libelous, the demonstration is characterized as an outrage upon public decency, and those who conducted it, as perpetrators of the indecency; and in another part of the publication, it is spoken of as unworthy the sacred cause of science, and a precedent for outrage indiscriminate. I refer to those parts of the

publication, solely for the purpose of calling your attention to the inquiry, whether they are true in reference to the publicity of the affair alluded to, and its tendency to outrage public decency. We have already seen what constitutes an offence against public decency and public morals, and you are to compare the character given to the transaction at the College, by the publication, with the facts as they took place there, and decide whether the publication is, in those respects, true. It is not my desire to examine or criticise the several parts of this publication. I call your attention to the prominent features of it merely for the purpose of pointing out the character of the questions presented to you by this case. But on the part of the defendant it is asserted, that the demonstration was unnecessary and useless as a means of imparting knowledge in the theory or practice of obstetrics, and therefore that the exhibition before a class of students, was a wanton innovation in the manner of teaching, injurious to the moral delicacy and sensibility of the class, and deserving of the character given to it in the publication. While on the other side it is claimed, that such demonstrations are highly useful as a means of instruction, long and generally practised in European schools; that they will, with the assistance of an experienced teacher, give to the student of obstetrics, that kind of information which he may otherwise be obliged to acquire in actual practice, at the risk of his patients—that, when they are made with the voluntary consent of the subject, with the decorum and propriety of manner to be expected from a professor and class of advanced students, they deserve commendation rather than censure; and that the character imputed to *this* in the publication is false and libelous.

Several of the most prominent members of the medical profession, of both American and foreign education, have been examined as witnesses on the respective sides of this question, and their examination has been extended even to the proprieties and decency of private practice. You have patiently heard all this testimony, the most, if not the only important part of which, is that which relates to the utility and propriety of demonstrative midwifery, as a means of instruction. We all have a deep interest in the integrity and skill of the medical profession, a profession to which we are obliged to confide the objects most dear to us in life. Therefore we feel and acknowledge the propriety of the use of all legitimate and appropriate means of acquiring that skill upon which our happiness and hopes may in a great measure depend. The world of suffering humanity are much indebted to the sleepless enterprise and ingenuity which is constantly employed in inventing means and instruments to discover, overcome, or alleviate, those disorders to which our physical natures are subject. It is true, that the application and use of some of those means and instruments which we have heard described, during the free and unrestrained examination of this case, may appear to be shocking to moral delicacy and modesty; and



there is reason to fear that hundreds of these frail and fair beings, on whom the refinement and happiness of social life so essentially depend, yearly go down to premature graves under the influence of those false ideas of delicacy and modesty. We all know that beauty, delicacy, modesty and virtue, cannot save their possessors from disease, pain and death; and it is the duty of the fair invalid, if not for her own sake, for the sake of those who love her, and whose happiness depends so much, upon those kind offices which she alone can perform, to submit to such curative means as the necessity of her case may demand. The necessity and propriety of the means, she must confide to her physician. It is, therefore, highly important, that the physician should have the moral and professional qualities to render him worthy of the sacred trust. In this submission the fair patient does not discard her delicacy, sensibility and modesty; these guardians of female virtue may be compelled to step back for the occasion, but they stand around her like Diana's Nymphs while she is bathing; and let the practitioner make one significant manifestation of an unholy thought, and they rally around the insulted one, and the wretch is expelled from the confidence he has abused, and ultimately from the profession he has disgraced. There is one character given by the publication to the demonstration alluded to, which, I am glad that no witness or advocate has attempted to justify. I refer to those expressions which impute to the demonstration a quality or tendency to excite or satisfy in the class, a *meretricious* curiosity, or to gratify their salacious stare.

These expressions convey a slander upon human nature, and all the representatives of low and vulgar thoughts, which, although they may have been drawn from a mind generally deep and pure, must have been accidentally taken from its dregs. It is unnatural and impossible that the pains, agonies and contortions of a parturient woman should excite in the mind of a human being, libidinous sensations, or create any other feelings than those of sympathy, pity and a profound and reverential wonder, why she should be doomed by nature to accomplish the great object of her existence through sorrow, pain, and even danger and death. I sincerely hope that Dr. Loomis did not appreciate these loathsome expressions, when he encouraged or approbated the publication containing them. It cannot be that he intended such an imputation upon the tendencies of a profession of which he is himself a prominent and honorable member. If true, it is as applicable to the profession in practice, as to a class of graduating students, as applicable to the class the day after graduating as it was the day before. Miserable indeed would be the relation between the public and that highly useful and honorable profession, if such suspicion had any foundation in truth. But reason, as well as common observation, unite in refuting the slanderous imputation. It is inconsistent with that uniform relation between cause and effect which is manifested in all the works of nature,

that disease, pain and the loathsome accompaniments of sickness should excite sensations agreeing only with health and vigor. Besides, it is believed that the medical profession, for honor, integrity, and chastity, will not suffer by a comparison with that of any other profession or class of community, equally numerous.

But, gentlemen, I have already appropriated my share of your attention. I have, in a desultory manner, adverted to such considerations as were suggested to me by the case before us, and I now cheerfully perform the remaining part of my duty by surrendering the final determination of this case to you. Your appreciation of the whole matter, without a consciousness of responsibility to any man or any body of men on earth, will be announced by your verdict of **GUILTY** or **NOT GUILTY**.

#### HON. H. K. SMITH'S ARGUMENT.

May it please the Court, and gentlemen of the Jury,—

The constitution of the State, passed in 1821, provided that in all cases of libel, the jury shall be the judges of the law, and of the facts; and this provision was re-enacted in the new constitution of 1847. It is not new, however, as a legal principle, for it has been the law of this State, since the meeting of the Legislature, in 1805. Nor was it intended to invest juries with the powers of legislation, or to authorize them in any case whatever; to disregard the well established principles of law, or the statutes of the land. Jurors in the execution of the trust which has thus been confided to them, are as sacredly bound to enforce the laws of the State, as are the judges of our Courts; and you will, without doubt, on this occasion, bring to the consideration of this case, an impartial spirit and a firm determination to be governed by the laws that have been adopted and recognized for a long series of years.

What is a libel? The Supreme Court of New York, in the case of *Root vs. King and Verplanck*, in the 7 Cowen Rep. 613, defined it to be "a malicious defamation made public, either by printing, writing, signs, or pictures, tending to blacken the memory of one who is dead, or the reputation of one who is alive and to expose him to public hatred, contempt or ridicule. This definition has since been recognized, and re-asserted in the case of *Cooper vs. Greely*, 1 Denio, 347. And from this case, the Counsel read several extracts, illustrating the law, and showing it to have been long acted upon in this State. In connection with this case, he might be permitted to say, that Mr. Cooper was deserving of all praise from the lovers of order and peace, and of the institutions of their county, for his firm resistance to what must be deemed a systematic attempt on the part of a portion of the press, to write him down. In vindicating himself by his prosecutions, for libel, he vindicated the laws of the State, and through the Courts, and the verdicts of juries, he had proved, that private character and private



feelings, and the character and feelings of the public men, would be protected against insult and attack; and that a just discrimination would be made between the liberty of free discussion and the licentiousness that sought the gratification of malice.

There was another principle, to which he desired to call the attention of the jury. It was this: It is not the *writing* of a defamatory article, unless it be for the purposes of publication, that the law punishes—it is the publication itself. The defendant could, if he desired to do so, have written a letter to Dr. White, filled with the severest strictures upon the conduct and the motives of the Doctor, and he would have been amenable to no law. Had he, however, sent such a letter to some third person, or printed it in hand-bills, or in newspapers, or in any other manner promulgated its contents, then the criminal act would have been complete, and the defendant been liable to both a civil and criminal prosecution. So far is this principle enforced in this state, that a newspaper which copies from another an item of news, which proves to be false; and the vendors of newspapers in shops, or at the cars and steamboats, would all be held responsible for the publication of a false article, in such papers. Nor is this law harsh or unnecessary. A wide distinction is and should be made, between spoken and printed slander. In the first case, the words are spoken in the presence of but few, generally in the heat of passion, and are known to but few. The very excitement under which they are spoken in most instances, deprives them of their sting; and the injury, if any, inflicted, is limited in its extent. Yet for this the law gives the injured individual a civil remedy. But a publication in a newspaper furnishes a malicious article with wings, and spreads it before the eyes of thousands, to whom the injured is unknown, but whose attention is by the article itself directed to him, to regard him with indignation or with scorn. This act the law punishes criminally as an offence against society; and punishes too for words, which, if spoken, would furnish no ground for a civil action on the part of the aggrieved.

A Chief Justice of this State, in the case of *Hotchkiss vs Oliphant*, 2 Hill, 513, makes use of this language: "Undoubtedly if it be desirable to pamper a depraved public appetite or taste, if there be any such, by the re-publication of all the falsehoods and calumnies upon private character that may find their way into the press—to give encouragement to the widest possible circulation of these vile and defamatory publications, *by protecting the retailers of them*, some legislative interference will be necessary, for no countenance can be found for the irresponsibility claimed in the common law, that reprobates the libeler, whether author or publisher, and subjects him to both civil and criminal responsibility. His offence is there ranked with that of the receiver of stolen goods, the perjurers, and suborner of perjury, the disturber of the public peace and other offenders of a like character."

The law, gentlemen of the jury, while thus stringent upon the publishers and circulators of falsehoods, protects the citizen in the utmost liberty of thought and of speech. All that it requires, is, that he shall speak nothing but the truth, and even that truth is not to be spoken, but with good motives and justifiable ends. And when it is so published, it furnishes a complete defence to a prosecution for libel. Certainly this prosecution does not desire, if its wishes could be granted, to abridge in the least degree the liberty of the press; or to deprive any man of the right to express his opinion on the conduct of any connected with the public institution in question.

A fair criticism of the public acts of the prosecutor—or of the lectures, and manner of teaching practised at the Medical College, is allowed by law, and would not have been complained of by the parties interested, under the pretext of criticism. Gentlemen, a reviewer is not permitted to distort or exaggerate the facts, or to charge base and dishonorable motives on the man whose writing or acts he purports to review. If he does either, the protection afforded to him as a critic is withdrawn, and he becomes amenable to punishment.

That the truth, when published with good motives and for justifiable ends, is a complete defence in libel, has already been conceded; but there is another principle of law to be considered with this, and that is, that when a justification is relied upon, the proof must be as broad as the charge. No one should be nor is he permitted to mix one truth with a dozen falsehoods, and then plead the single truth, as a defence to his whole statement. All that he states, he must substantiate; for the single truth might produce no evil—the falsehoods accompanying it, might carry death to the reputation and honor of the assailed.

With these principles of law in your mind, let us proceed, gentlemen, to the consideration of the evidence. The libelous article was written by a person connected with the *Buffalo Courier*, and published in the daily edition of that print. Eight hundred copies of it, by this means are circulated about the city. The defendant is a medical practitioner, and perhaps envious of the position and fame of the prosecutor—is delighted with this defamatory publication. He flies to the office of the *Courier* to purchase some of the papers for distribution—the edition is exhausted, and the type distributed. One would suppose that the circulation of eight hundred copies of this scurrilous libel would have satisfied the defendant. Not at all. He panted for the malignant gratification of circulating it, with his own hand! He contracts with the editor to rent the type—to print another edition—and that he will pay for fifty copies of the paper. This is done. The fifty copies are taken away by defendant, or some one for him—another fifty copies, are taken and paid for by some one else—and the libel is re-published in the *Weekly Courier*, and eight hundred copies more are sent on their errand of malignity and mischief through all



the towns of this county! If there were no other proof of express malice on the part of the defendant, this eagerness to spread more widely, and into more remote districts, the unjust and infamous aspersions of the prosecutor's motives, would establish it beyond doubt. But there is, further proof—armed with an abundant supply of this ammunition of falsehood—the defendant, in his drives and perambulations through the city, keeps a watchful look-out for those of his patients, who are fortunate enough to be abroad. He meets with Mr. Clarke—to him he reads the article, comments upon it, thinks the writer's remarks not sufficiently severe—and having learned that Mr. Clarke is about to leave for New York, furnishes him with a copy to take with him in the cars. Not only this—he attempted to pass himself off as the author of the article—for Mr. Clarke having looked over his shoulder, and seen that it was signed "L," remarked, "that's Loomis"—*the defendant made no reply*. Not long after, the defendant meets another patient of his, Mr. Mix, and having taken him into his carriage, he beguiled the way by reading the article to him; and to make the poison more effectual, told him, that he, the defendant, had been assured, that *all the facts set forth were true*.

Here then are three distinct publications—one by the Courier, at the instigation and cost of the defendant—one by reading to Mr. Clarke, and one by reading to Mr. Mix. What becomes of the pretext of the defence, that he did not write the article? Under the principles of the law of this State, it vanishes! Nay, the fact that the defendant did not write it, enhances his guilt. In this instance he is a picker up and retailer of other men's slanders; he avails himself of the thoughts and words of others to circulate his own malice—he has not even the merit of originality. The man who passes a counterfeit dollar, knowing it to be base, is equally criminal with the forger who coined the dies. The indorser who places his name on the back of negotiable paper is liable, although the name of the maker be worthless, or forged. The defendant not only circulated the base libel as true, but he indorsed it, and lent the weight of his name to give it currency. Upon the question of publication, how can you doubt? The law and the facts cannot be controverted.

It will not, gentlemen, be disputed, indeed it has not been contended, but that the article is libelous. (Here the Counsel for the defence interposed and said, they did not concede that point.) Very well—it is immaterial whether the point is conceded or not—the article speaks for itself.

(Here the Counsel read the libelous article, paragraph by paragraph, and commented upon each as he proceeded.) He called the attention of the jury to the phrase "a gross outrage upon public decency." What is the meaning of the word "outrage?" It is defined to be "injurious violence offered to persons or things; excessive abuse, wanton mischief." This is the opening of the writer, qualifying and extending all that fol-

lows. Next he speaks of the "perpetrators of the indecency"—and then proceeds to give what he calls the facts, in these words:—

"An open demonstration of obstetrical practice has been made before a class of students. The demonstration consumed nearly or quite eight hours, during a part at least of which, the professor of that branch of medical instruction was present. Delicacy forbids me to touch upon the manner in which those hours were passed—suffice it to say, that the tedium was relieved by such methods as a congregation of boys, would know well how to employ."

The defendant's Counsel this morning told you what was meant by "demonstration." It was, he said, to show another before a class for the purpose of imparting instruction. That a demonstration before the class, in a case of midwifery took place at the college, is conceded. That it was a novelty—an innovation—the first case of the kind ever made in the United States, is also admitted by the prosecutor. But, that very fact, coupled with the strong prejudice in the public mind, to be overcome by every innovation before it can be successfully practised, imposed a double degree of caution upon the narrator of the scenes, to see to it, that he stated nothing but what was strictly true—particularly if he designed to criticise, and censure the proceeding. Look then at what is stated—and what is proved? It is stated, that the demonstration, that is, the exposure of the woman, lasted eight hours—it is proved that she was not exposed but from two to five minutes. It is insinuated that the professor was absent a part of the time, leaving the woman in an exposed condition before the class—it is proved that he was present through the entire labor. It is stated that the tedium of the hours was relieved by such means as boys know well how to employ—it is proved that the most perfect order and decorum was observed throughout. It is charged that this demonstration took place before a class of boys—it is proved that, with the exception of one or two physicians, none were present but the graduating class, not one of whom was under two-and-twenty years of age. Remember now, the defendant abandoning the position, that the matter is not libelous or was not published by him, is attempting to justify the publication—and he must show that *all* he has so published is true. There is no material difference between the witnesses for the defence and those for the prosecution, who relate what occurred at the college. A woman, after consultation with all the faculty—and with their approbation—is brought here to be delivered of a child, before the graduating class—as the subject for a clinical lecture and actual demonstration. She went willingly. And having been in the college a few days she is told, that at any time she can retire, if she desires to do so—but she remains—finding herself in better and more competent hands than she would be in elsewhere. When the night of her labor arrives, the graduating class are collected together in the room



above—(the woman being in the janitor's room assisted by the janitor's wife as nurse,)—they are taken down one at a time and shown how to make the necessary vaginal examinations—and then they retire. At about three o'clock in the morning, the labor-pains having come on, the class is called in—they range themselves around the room—the utmost silence and decorum prevail; there is no laughter—no indecent conversation—nothing is said to shock the modesty of the female. From previous examinations, made by the professor in the presence of the students, with the stethoscope, it was ascertained and predicted by Dr. White, that the child would present itself in rather an unusual position. The process of labor is explained to the class; and as the head of the child is about to emerge, the clothes are so far removed, that the class may see it as it protrudes through the external parts—may observe the mechanical action by which it is propelled—may be practically shown the proper manner of supporting the perineum, a most important duty in obstetrics, and may verify the value of examinations by the stethoscope, by a living illustration of their truth in this case. The child is born—and the clothes are again drawn down—the whole time of the exposure of the woman does not exceed from two to three minutes; and while so exposed, some of the students say they saw a small portion of the nates or buttocks—others saw nothing but the head of the child. Then the class is instructed how to tie the umbilical cord—to take care of the child—and, the placenta having been delivered under the clothes, how to bandage the mother, in the most approved manner. The class then retire, having been in the room not to exceed half an hour—and having, during that period, devoted themselves with due solemnity and attention, to receiving that instruction, which it was the leading object of the Professor to impart. What then becomes of the charge that for *eight hours*, this woman was left to the “unrestricted gaze” “of a score of scarcely adolescent youth”—“who relieved the tedium of the hours by such methods as a congregation of boys would know well how to employ”? Is the statement of facts given by the defendant a true one? or is it not exaggerated and distorted? and with one grain of truth are there not mixed twenty grains of falsehood?

Gentlemen, the defendant seems unwilling to rest his defence upon the *facts*. These fail him, and in default of substantiating the truth of his charges, the defendant attempts to bolster up his case by opinion—and that the opinion of medical men:

First—An array of medical authorities on the subject of Midwifery is produced—Dewes, Gooch, Ramsbottom—from whose works are read inculcations to the student, in all his intercourse with his patient to observe the utmost delicacy, and never to expose her person, if it can be avoided. This is good authority, and good advice; precisely such as *Professor White* in his lectures to the students uniformly teaches with eloquence and

with effect, and such as *Doctor White* in his own practice always scrupulously observes. They have nothing to do with the case. We are considering the propriety and necessity of an exposure for the purposes of *teaching* the student. The medical authorities quoted, point out the duty of the practitioner in his private intercourse, *after he is taught*. It is to enable the student to observe that delicacy to the lady when called, especially for the first time, that the clinical teachings and demonstration by the bed-side, become so overwhelmingly important.

Second—Sixteen physicians of the city of Buffalo and one from Rochester are brought upon the stand, to give their opinions upon the necessity, propriety and usefulness of any exposure of the person, and of the bed-side teaching. The sixteen swear that such a method is not necessary, proper, nor useful—they were not so taught—and they have succeeded very well in their practice.

Before proceeding to a critical examination of the value of these gentlemen's opinion, it may be well to ascertain in what relation they stand to the prosecutor, and to the question—and to see whether they are disinterested, unprejudiced, and candid men, or whether they are actual belligerents in this contest, and allies of the defendant. After this demonstration at the college, the graduating class, deeply sensible of the important acquisition to their knowledge of practical obstetrics furnished by this bed-side teaching, and feeling that their thanks should be conveyed to Dr. White for his earnest endeavor to promote the cause of humanity and of medical science, held a meeting, and adopted the complimentary resolutions, which have already been read. To them the Doctor made a suitable reply; and the class directed that the whole proceedings should be published in the Buffalo Medical Journal—a professional work—not a secular one—but designed for and circulated exclusively among medical men. An attempt was made by the defence to connect Dr. White with this meeting, and with the publication—but the proof was most decisive, that he knew nothing of the meeting, or of the resolutions, until a copy was transmitted to him. The Editor of the Medical Journal prefaced the publication of the proceedings with some comments of his own—in which he ventured the prediction, that “the practice would commend itself to the cordial approbation of the medical profession,” speaking of the profession throughout the United States.

In the mean time, gentlemen, the highly colored statements of fact, and inference which professional enemies of the Professor and the Medical College had industriously circulated, were producing their natural, and perhaps expected effects in exasperating the public mind, and in directing a strong prejudice against the institution. Now was the opportune time for professional rivals to strike, as they supposed, a deadly blow against the standing of Dr. White, and to drive him from that field of obstetrical practice, in which he was gathering so many laurels. It is, gentle-



men, a melancholy fact, that the controversies among medical men are of the most embittered character. The feeling dominant among them is utterly different from that which prevails at the bar—where, it affords me great pleasure to say, harmony, good feeling, and a pride in each other's success, are distinguishing characteristics. Perhaps this arises from their being two sides to a cause, and on both, more than one counsel is commonly retained; and perhaps the feeling among medical men has its origin in this—that there is but one side to a patient. Whatever the cause may be, doctor's quarrels are proverbial—and the more successful the practitioner, especially if he be comparatively young, the more numerous and envenomed are the enemies who pursue him.—The publication in the Medical Journal afforded a pretext for an attack, and popular prejudice seemed to invite it. Seventeen physicians of the city, *twelve* of whom are witnesses for the defence, seized upon the occasion to issue their manifesto in reply. The remarks of the Editor of the Medical Journal referred to the profession of the whole country—the immortal seventeen assume that they are confined to the profession of Buffalo, and then most arrogantly *they* assume to be the medical profession of Buffalo, and to give *their* opinion upon the subject. Without knowing what had taken place, without making inquiries in the proper quarters to possess themselves of the facts, (for the resolutions referred to them in general terms only,) these seventeen who had arrogated to themselves the title of “medical profession”—assumed to have an intimate knowledge of all that occurred, and they declare that the practice “merits a severe rebuke—because they deem it wholly unnecessary for the purpose of teaching, unprofessional in manner, and grossly offensive alike to morality and common decency. For the credit of the medical profession they hope that this innovation will not be repeated in this or any civilized community.” This was their opinion, promulgated on the 21st of February last. In its expression and publication they use epithets that are highly libelous, unless true—and hence they testify with their feelings already enlisted and wrought up to the highest pitch. They are compelled, in self defence, to make common cause with the defendant, and to give their testimony, as if jointly indicted with him. What reliance, what value is to be attached to the opinions of such men? Gentlemen, how do they stand the test of cross examination? Mark you, they denounce this bed-side teaching, and what exposure did take place “as offensive alike to morality and common decency.” When asked, is it proper to make vaginal examinations? their reply is, certainly, unless carried to an extent to injure the woman's health—there is no indelicacy in introducing the finger into the womb, through the exterior parts of the female—indeed, they say, that one of their first principles is, that the student should have *his eye at the ends of his fingers*. They approve also of stethoscopic examinations, and regard them as one of the great improve-

ments of modern science. They admit that it is not only proper, but absolutely indispensable that in colleges, *plates* should be shown to the student, presenting the generative organs of woman, first in a state of nature, and afterwards exhibiting the various changes the womb undergoes in the process of gestation, and finally, that plates exhibiting to the eye of the student the parturition of the child, the propulsion of its head through the external vulva, are not only not indecent nor immoral, but absolutely indispensable, and essential to the proper education of the student! Reflect for a moment upon the modesty and delicacy of these refined witnesses! What, let me ask you, inflames so violently the passions of youth, as pictures of the naked female? What in colleges and seminaries of learning is so vigilantly guarded against, as the introduction of obscene prints? So far does the law extend its guardian protection over the morals of community, that it punishes as a high misdemeanor the printing or vending of representations calculated to excite the animal passions, yet such exhibitions in a medical college, these *modest* doctors approve and sanction, and, gentlemen, let me add, rightly approve and sanction. So, too, of models made of wax and papier mache. I refer to them simply as showing either their false delicacy, or the strong prejudice which dictates their opinion. Dissections of the female body they most strenuously recommend, and clinical lectures before a class, that is to say, lectures given where the living subject is introduced, and stripped, if the occasion require, commends themselves to these gentlemen as a highly useful method of instruction. In the case of the operation for the stone, which was performed in this city, upon a young woman, not over 22 years of age, the exposure of her person, and of her genitals in their *natural state*, before a class of students, was approbated by and occurred in the presence of the leading witness for the defence, (Dr. Sprague,) on the ground that it tended to instruct the student in the duties of his profession. In short, these gentlemen in effect say, plates, models, descriptions and dissections of the female, are necessary and proper—not indecent nor immoral—the exposure of the female under any and all circumstances, where necessary, is proper, not indecent nor immoral—the teaching by the bed-side in every other disease is necessary and proper. Stethoscopic and vaginal examinations are necessary and proper when made on the living subject—but the exposition of the head of the child as it protrudes into the world when the natural parts are distorted, and the pains of the woman repress every thought of lust, and most emphatically call the libertine to virtue—*this* is a desecration, “offensive alike to morality and common decency.” They are compelled to admit that every act of Professor White, in his clinique, was justifiable, except the exposure of the woman for a period of from three to five minutes, and their whole censure is now narrowed down to this objection. *They* who think it, in every respect, becoming to



exhibit representations of the female genitals, in their natural state, and to have them inspected before a class when in an abnormal state from disease, at their exposure in parturition, pull their handkerchiefs before their eyes, and cry, horror! Out upon such hypocrisy! Away with such false delicacy, if it existed! But it does not exist; it is rather the jealousy of professional rivals, eager to grasp an opportunity of striking down a successful obstetrical practitioner. They give an opinion as to the value of this method of instruction! Why, gentlemen, they had never witnessed it; they were not half as competent to decide upon its merits as the graduating class who had. This class are unanimous in the expression of the benefits they derived from it.

All of the defendant's witnesses, with one exception, (Dr. Bissell,) admit that they are now more competent to attend a woman in labor, than when first called to practice, and that it is experience which renders them more competent; herein they give the strongest evidence of the value of Professor White's teaching. It was to give his students experience that this demonstration was made—to give them that confidence, that they might not be driven to experiment upon the patients whom they might first be called to attend.

I do not know, gentlemen, how it struck you, but I confess it sent a thrill of indignation and of horror through my veins, to hear some of the defendant's witnesses swear, that, knowing the value of bed-side instruction, they made it a point to furnish their students with an opportunity of studying midwifery, by giving them cases of poor females who had applied to the principal physician—to attend. And this is the morality, the delicacy, the common decency of such physicians, who blush at the demonstration at the College! What! intrust the life of a female to an inexperienced student, who knew nothing but what he had read from books—and jeopard the life, not only of the woman, but that of her child! And for what purpose?—to educate the student? This is the only palliative—this is all that, in the case of her death from *improper practice*, (together with the absence of premeditation,) would reduce the crime from murder to manslaughter. The law tells those modest, blushing, decorous gentlemen, that their student, whom they sent, if the woman dies from his improper management, is guilty of manslaughter, and that they who sent him are guilty *also*, as accessories before the fact. How infinitely more modest, more decorous, more humane, is the system of instruction adopted by Prof. White—where an experienced and well instructed man, supervises the labor, and guards against the accidents incident to it?

Gentlemen, ask yourselves, how many are operated upon for the stone? I have not the statistics with me, but certainly not one in ten thousand—and then the patient has the choice of the surgeon, of the time, and of the place. For the woman in labor, there is no choice, time, or place. It comes when God wills, according to his

general laws, and frequently the first physician met, (particularly is this true in the country,) is the physician who delivers the child—providentially, if all things go well.

Gentlemen, the laws of our country secure to every ingenious man the patent-right to his discoveries, and God forbid that on this trial, the act of Congress should be infringed. One of the defendant's witnesses has placed himself in the front rank of investigating minds. He says, that quite as accurate a conception of the distention of a woman's perineum in labor can be procured from comparative anatomy, as in the living subject! And we, of course, are bound to yield to the superior knowledge of this erudite witness. To support the perineum properly, all concede to be most important; but all a physician has to do, is to take his student in the spring of the year, to the barn inclosure and have him witness the parturition of a calf—and he is prepared to take his Diploma in Midwifery. He knows then how to support the perineum. Or, if he be somewhat obtuse, why, let him observe *with attention*, the distention of the perineum when the hen lays her egg; and then he is complete in his studies by the rule of comparative anatomy. Let no man file his caveat in the Patent Office at Washington. This discovery belongs solely to Dr. Bryant Burwell.

It is due, gentlemen, to the seventeenth witness, Dr. Webster, from Rochester, that his evidence should be noticed. He said that he did not regard the exposure as absolutely necessary—but, on cross examination he also said, he deemed it highly useful and instructive—he approved of it, and as one of the faculty he advised it. Well said, Doctor!—spoken like you, distinct and plain—and men of common sense sustain you.

This, then, gentlemen, is the defence; first, an attempt to prove the statement of facts true, in which there has been an entire failure—next, to shew that what was proved, in the *opinion* of interested, biassed, prejudiced, envious, rival, and, in some instances, ignorant witnesses, was improper and immoral.

How does the prosecution meet that?—also by opinion—not of men practising here, although some of them are introduced, to give the defendant an opportunity of cross examination, but of men occupying the highest position in professional chairs, and in professional practice in other parts of the State, and in other States of the Union. We bring Dr. Gilman from New York, Dr. Ackly from Cleveland, Dr. Lee from New York, Dr. Coventry from Utica, Dr. Ganson from Batavia. We bring from Buffalo, Doctors Carey, Colegrove, Treat, Wallace, Wilcox and Flint. We do not stop here, but produce physicians educated in Edinburgh, Dublin, Paris, Giessen, Prague, Amsterdam and Berlin. All remote from this local quarrel? All freed from participation in this topical excitement. All say, without equivocation, restriction, or hesitation, that, in their opinion, Demonstrative Midwifery is most useful and bene-



ficial to the student. Including those of the graduating class who were examined as to the facts, two-and-twenty disinterested, intelligent and upright medical men, decided most strongly in favor of the clinique of Dr. White. Whose opinion is entitled to the greater weight?—that of the sixteen pre-committed and vindictive doctors, or that of the twenty-two unprejudiced, fair, and travelled physicians?

The libel, gentlemen, states, "that no school on the face of the earth ever tolerated a like exhibition." Is this sustained by proof? On the contrary, the prosecution introduced testimony, of the most decisive character, to show that in the European schools this method of teaching generally obtains, and that it is to this superior facility for obtaining instruction, that they are indebted for their superior reputation, and for the great number of students who resort to them. At Paris, Demonstrative Midwifery is daily practised, so much so that one witness has seen three females delivered at one time. But Paris, the learned Counsel tells you, is a profane place, where the Sabbath is disregarded. If that be so, and the propriety or advantage of medical teaching is to be judged by the supposed moral condition of the inhabitants, go to Germany and Holland, where surely public morals are as pure as here. We find in Giessen, Prague, Heidelberg, Berlin and Amsterdam, this method of teaching prevailing to such an extent, that in Amsterdam the student is not admitted to take his diploma until he has seen at least two cases of naked delivery. In Dublin, too, to some extent, this mode of teaching has been introduced, although not as generally as on the continent. Here then is high authority—the highest in the world for this practice—and it disposes of the question of the morality or decency of the clinique at the College. It exposes, too, the ignorance of the seventeen signers, who express the hope that this "innovation will not be repeated in any civilized community."

If, gentlemen, you should disapprove of this mode of instruction, you cannot but admit that Dr. White was actuated by good motives, and with the single view to improve the class that was about to graduate. He did not proceed in the matter until he had fully consulted with his colleagues, who approved of the innovation. They now justify it; and it was most gratifying to witness the manly firmness and frank sincerity with which Drs. Coventry, Lee, and Flint, assumed their share of the responsibility, and, if any censure is to be attached to it, their share of that censure. Public opinion for them had no terrors. It is with men of that description that I like to be associated.

This being so, gentlemen, how can the infamous aspersions upon the motives of Dr. White, contained in this libel, be justified? Rarely do we read a more atrocious charge than this, that for the purpose "of building up a reputation for some one, (evidently referring to Dr. White,) on a basis entirely unworthy the sacred cause of science,"

"a score of scarcely adolescent youth satisfied their meretricious curiosity at her expense."—"The professor had enjoyed his clinique and his class their salacious stare, and under the specious plea of scientific advancement, a precedent had been set for outrage indiscriminate." I read from the libel, and quote its very words. Meretricious is derived from the Latin word *Meretrix*, a prostitute, and means pertaining to prostitutes—such as is practised by prostitutes. Salacious is defined by the lexicographers to mean lustful—lecherous. This charge then is, that Dr. White, for the purpose of gratifying his own vanity, in having a clinique, acted as a pimp, and procured a woman to expose herself before his class, to gratify the meretricious curiosity and salacious stare of the young men. This is a double libel in its most aggravated form, a libel upon the Doctor—a libel upon the honorable young gentlemen who then took their diploma. For the honor of human nature, I am glad that no attempt was made by the defence to justify this infamous charge—nay the counsel could not refrain from saying, that none but a brute could, under such circumstances, have experienced a salacious thought. Yet it is written, and published, and this defendant did not hesitate to circulate the charge most industriously. It remains for you to say by your verdict, whether you will permit him to do so with impunity.

The Counsel for the defence in the close of his address, adopted a very unusual course, one never before attempted in this Court House—he personally addressed Dr. White, and in language far from complimentary. Why? Is it because the Doctor is the son of one of the oldest and most reputable farmers of this county? Is it because he himself has resided among us for thirty years, and by the force of his own energy, patience, study, and perseverance, has risen to the highest position in his profession—has built up a lucrative practice, and has succeeded in rendering himself independent? One would suppose, that, in a government like ours, these would be regarded as virtues; and the man, who, overcoming and subduing all difficulties, forms his own education and character, tramples under his feet the assailants who attempt to arrest his progress, and stands erect in his own dignity and strength, should, aye, and does receive the applause of all honorable minds. What if this demonstrative clinique be an innovation? What if it shock at first the public sensibilities? It is clearly right and proper, as a method of instruction, and is designed to advance the cause of medical science and of humanity.

And the greater is the credit due to Dr. White for its introduction among us. Almost any one, when animated by beat of drum and the sympathy of numbers, can achieve heroic deeds; but it requires a man of true courage and strong nerve to place himself in opposition to public opinion, and for the cause of virtue and of truth, suffer from unjust aspersions, and unfounded calumny.



To elevate the character of our Medical Colleges, and prevent our youth from visiting foreign schools for instruction, is a noble aim—and such was the aim of Dr. White.

Many have been the allusions made by the defendant's Counsel to public opinion. What have you to do with that? Will you be overawed by it? It is the duty of a jury, in the midst of excitement, to stand like a rock in the ocean, against which the surges beat only to be broken into foam. And public opinion, I venture to predict, when the testimony in this case shall be published and carefully weighed, whatever it may now be, will triumphantly sustain the course of Dr. White; and a new era in medical teaching will date from this trial. Whatever your verdict may be, thought will be directed to the subject, and thought will demand a continuance to Demonstrative Midwifery.

*After an absence of about an hour and a half the Jury came in with the verdict of NOT GUILTY.*

NOTE.—As was stated in the prefatory note, I was employed to report this trial. After this arrangement was made, Mr. Frederick T. Parsons, Stenographer, was engaged to assist me. The greater portion of the testimony was taken by us both. That portion of it which was taken in full by me is printed from my notes, and the remainder, being the greater part, from the notes of Mr. Parsons, which were carefully compared by me with my notes, and corrected by me only, with a view of making as correct a report as possible. The proof was also read by me. That there should not be some slight errors is not to be expected; but I believe none will be found, which will do injustice to any of the parties concerned.

J. WALKER.

## A P P E N D I X.

[A.] From the Buffalo Medical Journal, February, 1850.

**DEMONSTRATIVE MIDWIFERY.**—The subjoined correspondence, occasioned by the introduction of clinical, or demonstrative midwifery, in connection with the lectures on that branch of medicine in the Medical College of Buffalo, has been handed to us by the Chairman of the meeting, with a request that it be inserted in this Journal. We take pleasure in complying with this request. The illustration of labor with the living subject is, doubtless, a novelty in this country. We are not aware that it has ever before been attempted. It enters, however, into the instruction of some foreign schools, constituting one of the features in which the latter are supposed to possess advantages over our domestic Institutions. Whatever may be the sentiments on the subject entertained by a portion of the community at large, (were it to be submitted to them,) the plan must, we think, commend itself to the cordial approbation of the medical profession; and, indeed, as it seems to us, the more intelligent members of any community, not excepting the female portion, must appreciate not alone the motives and the object, but its propriety in view of better preparing those soon to become practitioners of medicine, for the responsible duties of the Accoucheur. It should be stated that, during the demonstration, every regard was had to delicacy, the patient being entirely concealed from observation, except in so far as was requisite for the illustration. The privilege of being present was restricted to candidates for graduation, and medical gentlemen in attendance at the course of lectures; all of whom exhibited that degree of decorum so proper to the occasion.

The following is the correspondence referred to—

UNIVERSITY OF BUFFALO, }

MEDICAL DEPARTMENT, Jan. 21, 1850. }

The candidates for graduation having met pursuant to adjournment, W. B. Williams was appointed Chairman, C. C. Jewett, Secretary. The

Report of the Committee was then called for. Whereupon, the Committee offered the following Preamble and Resolutions, which were adopted:

The Committee appointed at a meeting of the candidates of the class of 1849-50, for the purpose of expressing to Prof. White their sense of obligation for his recent and unusual efforts in our behalf, and to tender to him their thanks for extending to them advantages unprecedented in this country, would respectfully offer the following Resolutions:

*Resolved, 1st.* That in the recent successful endeavors of Prof. White to establish clinical teachings in connection with the instructions of his department, we have an invaluable addition to our already extended and liberal advantages from the Chair of Obstetrics.

*2d.* That we feel no ordinary degree of pride and congratulation, in claiming for the Medical Department of the University of Buffalo the honor of being the first, and, at present, the only among the American Schools of Medicine, where Clinical Instruction in Midwifery is rendered within the walls of the institution.

*3d.* That we tender to Prof. White our sincere thanks for his indefatigable efforts in rendering the subject of Obstetrics so simple and so plain, and especially in lately presenting for our instruction a case of *natural labor*.

C. C. VAN ANDEN,

JAS. S. HAWLEY,

JOHN ROOT,—*Committee.*

The Chairman and Secretary were instructed to present to Prof. White a copy of the proceedings of this meeting; and also to furnish a copy for publication in the Buffalo Medical Journal.

W. B. WILLIAMS, *Chairman.*

CHARLES C. JEWETT, *Secretary.*

The following reply of Prof. White to the Committee has been handed to us, with a request from the Committee, that it be inserted in connection with the foregoing resolutions:—



UNIVERSITY OF BUFFALO, }  
Jan. 25, 1850. }

GENTLEMEN :—Your note containing a copy of the resolutions passed by the graduating class of the University of Buffalo, is just received.

Permit me to express my sense of obligation to yourselves and associates, for the very flattering notice you have been pleased to take of the recent successful effort to demonstrate to them a natural labor. Your approbation affords me sincere pleasure.

Though conceded by all to be a great desideratum, it was nevertheless an innovation, and likely to be opposed by popular prejudice, and without *your co-operation* it could not have been satisfactorily accomplished in the present instance, nor the hope of its repetition indulged.

Be assured, therefore, that if any permanent progress has been made in the facilities for instruction in the important department, in which I have the honor to guide your investigations, it is mainly attributable to the serious decorum and the gentlemanlike deportment which was scrupulously observed by every member of the class on that occasion,

In the confident belief that with such an auspicious commencement, there will be little difficulty in furnishing the same much needed opportunity for observation to those who may succeed you ;

I remain with sentiments of great regard, your friend and truly humble servant,

JAMES P. WHITE.

To Messrs W. B. WILLIAMS,  
CHARLES C. JEWETT, &c., &c.

[From the Buffalo Commercial Advertiser Feb. 19, 1850.]

[B.] DEMONSTRATIVE MIDWIFERY.—Innovation in any department of science, has always been regarded with extreme jealousy, and in none, perhaps, with greater, than in that of Medicine. When HERVEY proclaimed his theory of the circulation of the blood, he was denounced in no measured terms. When vaccination was first attempted to be introduced, it was regarded with horror—as an insane and wicked attempt to thwart the laws of God, and even to this day, there is a class among us who have not got over this prejudice—alike the child of folly and ignorance. Such has been the doom of every step of progress which has been made in bringing the healing art to its present state of perfection. When the practice of dissection—which has proved one of the greatest blessings ever conferred upon mankind—was first made public, it created an excitement among the mass which has not unfrequently led to serious results. But enlightened reason tells us, that man, being “fearfully and wonderfully made,” cannot be investigated understandingly, by his fellow man, while living, but that the functions, offices and localities of the several parts must be ascertained by a minute and separate examination, and all now look upon Demonstrative Anatomy, as one of the most important and essential branches of a medical education. In fact, what would the medical profession be without it—mere experimenters—

workers in the dark—and poor, suffering human nature would necessarily be the victims of the want of that skill which is now acquired in the dissecting room. There is another branch closely connected with this, and of scarcely less importance to the well-being of the race; that is, Demonstrative Midwifery. In the medical institutions of Europe this forms as much a part of the general instruction as any other branch, which accounts for the superiority of the practitioners who graduate in them, over those in this country, in this particular. What is there acquired as a part of their medical education, has to be gained with us by experience, and the sacrifice, doubtless, of many lives, by the young practitioner. And this is one reason why so many medical students go abroad to complete their education. Greater facilities are offered them for the pursuit of knowledge in all those branches which admit of demonstration. Until within a short time past, Demonstrative Midwifery has been unknown in the medical institutions in this country. It was reserved for the Faculty of the Buffalo Medical College to lead the way in this “innovation,” in the adoption of a practice which has been attended with such beneficial results elsewhere. And it would be unnatural if it did not excite attention and criticism, from those who are accustomed to view matters superficially, or who might, through rumor or vague report get a wrong idea of the facts in the case. Having heard some exaggerated statements, which come through such a source, we made inquiries in relation to the matter, and found, as we supposed we should, that every thing was done with all propriety and decorum. The Clinique was performed in the dwelling rooms of the janitor, by the Professor of Obstetrics, &c., in the presence of the graduating class, and it being for their instruction in an essential branch of their profession, was of course done with all the delicacy, expedition and perfection of which the operator is capable. This we learn from the patient, and that every thing was perfectly satisfactory. In fact, the character of the Faculty of the College is a sufficient guaranty of this, and that nothing but the desire to subserve the cause of science and of humanity in the most effectual way, would have constrained them to favor the introduction of Clinical or Demonstrative Midwifery into the institution in the face of the strong prejudice which they must be aware exists, growing out of the fact that we in this country have not been accustomed to consider its importance and its necessity, to enable the student to acquire a practical knowledge of this branch of his profession.

[C.] BUFFALO MEDICAL COLLEGE, }  
Feb. 15, 1850. }

Whereas, the circumstances attending the recent case of Demonstrative Midwifery, at the Buffalo Medical College, have been industriously and entirely misrepresented, and the truth perverted, the undersigned, graduates of the College, for the session of 1849-50, and who are personally



conversant with the facts,—anxious to disabuse the public of erroneous impressions, however induced, can but emphatically pronounce the allegation, that any rule of propriety was violated on that occasion, gratuitous and untrue. That every thing was conducted in strict accordance with decency, humanity, and decorum, we unhesitatingly affirm. As it was the object of the Professor to exhibit the *best manner* of conducting a case of midwifery, no motive whatever, could exist for any violation of the proprieties suitable to the occasion.

If personal testimony to the courtesy and discretion of our preceptor in admitting the members of the class, for brief periods only, and for the most part singly to the parturient chamber, as well as enjoining the most scrupulous regard to delicacy and order throughout, avail any thing—it is earnestly submitted, either to discourage censure, or correct misapprehension.

Having been severally present on the occasion referred to, and being on the eve of a final separation, we feel impelled, from a sense of regard to truth, to our preceptor, and the interests of science, to render our testimony to the facts, and our tribute of approval and gratitude, for this means of improvement in obstetrical knowledge; and to insist on its merited immunity from misrepresentation.

[SIGNED]

Charles E. Van Anden, Auburn.  
 Samuel B. Brinkerhoff, Auburn.  
 Thomas Burns, Illinois.  
 Hugh B. Van Deventer, Buffalo.  
 John A. Morse, Constantine, Mich.  
 Alfred H. Robbins, Logansport, Ia.  
 John E. Ware, C. W.  
 Clinton Colegrove, Sardinia.  
 James S. Hawley, Camillus.  
 John Root, Sweden, N. Y.  
 William Thorne, Sinclearville.  
 Charles C. Jewett, Moravia.  
 Hugh McKennon, Middleport.  
 L. F. Hillman, Parma.  
 Peter B. Brown, Somerset.  
 George A. Hewson, Penn Yan.  
 Edwin G. Bly, Buffalo.  
 William Hyser, Buffalo.  
 J. V. B. Williams, Hallsburg, Pa.  
 Matthew F. Haney, St. Johns, C. W.

[D.] At a meeting of the Faculty of the Medical Department of the University of Buffalo, held February 26, 1850, the following preamble and resolutions were adopted, and their publication ordered:

*Whereas*, It appears that grossly exaggerated and erroneous statements relative to instructions in Midwifery at the Medical College of Buffalo, have been industriously circulated, calculated, if not designed, to excite prejudice toward the Institution, or some one or more of the individuals therewith connected, therefore—

*Resolved*, That the mode of clinical instruction pursued by the Professor of Midwifery in this

College, was adopted with the approbation of the Medical Faculty of the Institution, and was conducted in a manner to receive their approval.

*Resolved*, That in all the methods of instruction pursued in the department of Midwifery, as in all the branches taught in the Institution, the only objects recognized are the interests of the students in the acquisition of useful knowledge, and, thereby, the interests of Medical science and of humanity.

*Resolved*, That in the opinion of the Faculty, a correct knowledge of the facts appertaining to the mode of clinical or demonstrative Midwifery, recently practised at the Medical College of Buffalo, will, it is believed, satisfy all intelligent and unprejudiced persons of its entire propriety and usefulness.

*Resolved*, That the Faculty believe this method of instruction is pursued by distinguished European teachers, and they have never before heard its propriety called in question.

AUSTIN FLINT, Dean.

GEO. HADLEY, Registrar.

[E.] [From the Buffalo Courier.]

MESSRS. EDITORS:—A writer in the Commercial Advertiser, of this city, has attempted to defend a *gross outrage* upon public decency, and I claim the right to reply to him, although the subject is one of so delicate a nature as hardly to be susceptible of much handling.

I speak of the article, in the Commercial of Tuesday, which refers to the recent "clinical" exhibition at the "University of Buffalo—Medical Department;" an article which was evidently intended to foil public opinion, already setting strongly against the perpetrators of the indecency, and, through the respectability of the print in which it appeared, to give that sentiment another direction.

Without stopping to inquire the authorship of the article, although I would willingly believe that the responsible editor is not to be charged with it, let us for a moment glance at the arguments advanced in it, with a view to placing the matter upon a footing consistent with "even handed justice" and a proper regard for the proprieties of life.

An open demonstration of obstetrical practice has been made, before a class of students. The demonstration consumed nearly or quite *eight hours*, during a part, at least, of which the professor of that branch of medical instruction was present. Delicacy forbids me to touch upon the manner in which those hours were passed—suffice it to say that the tedium was relieved by such methods as a congregation of *boys* would know well how to employ.

Thus stand the facts. The argument in defence is, that such things are allowed in foreign schools, and the palliation, that such instruction is necessary to the student.

The article was written, or dictated, by one who knew better than to use such an argument, or urge such a palliation.



No school on the face of the earth ever tolerated a like exhibition, save the "Medical Department of the University of Buffalo." In those Continental Hospitals for Lying-in Females, which are open to the students of Medical Schools, the utmost propriety is observed, and so far from exposing a suffering woman to the unrestricted gaze of an entire class, the managers are careful that but one or two students shall ever be admitted to a single ward, and these are always accompanied by their private instructor.

As to the necessity or usefulness of the indecorous show, let any physician answer. How strongly is the rule inculcated in all books, and how enjoined upon their pupils by all respectable physicians, that in this branch of practice the eye is to be blinded? The ear may listen to the plaintive appeals of the suffering patient—the voice may utter words of hopefulness, to sustain her through her trial, but the eye is closed to the scene. What possible good then can accrue from an undisguised exposure like this?

I look upon the whole thing as an attempt to build up, for *some one*, a reputation, on a basis entirely unworthy the sacred cause of science. The patient was a woman in humble circumstances, whose poverty perhaps, over ruled her natural modesty. What mattered it then, if a score of scarcely adolescent youth satisfied their *meretricious curiosity* at her expense? The professor had enjoyed his "clinique" and his class their *salacious stare*, and, under the specious plea of scientific advancement, a precedent had been set, for outrage indiscriminate. God forbid that it should be followed in our time. Long may the men who have established it, continue to stand as solitary and splendid examples of scientific innovators, in advance of the age.

L.

[F.] From the Buffalo Medical Journal, for March, 1850. Copied into Buffalo Courier and the Buffalo Christian Advocote, and accompanied with editorial remarks, for which John E. Robie, the editor of the last named paper, has been indicted for libel.

TO DR. AUSTIN FLINT, EDITOR, &c.

Sir,—The undersigned, members of the Medical Profession, have noticed with regret, in the February number of your Journal, the Editorial article, and the correspondence to which it refers, entitled "Demonstrative Midwifery."

The propriety of the exhibition with the living subject, before the graduating class at the College, as we understand it, does not, in our view, admit of a public discussion; and our only object in this communication is to say, that the practice does not "commend itself to the cordial approbation of the medical profession" of Buffalo, but on the contrary merits a severe rebuke; because we deem it wholly unnecessary for the purpose of teaching, unprofessional in manner, and grossly offensive,

alike to morality, and common decency. For the credit of the medical profession we hope this "innovation" will not be repeated in this, or any civilized community.

BUFFALO, Feb. 21st, 1850.

John Hauenstein,	J. Trowbridge,
Jno. S. Trowbridge,	B. Burwell,
E. F. Gray,	M. Bristol,
J. D. Hill,	A. S. Sprague,
H. D. Garvin,	Josiah Barnes,
Geo. N. Burwell,	H. H. Bissell,
C. C. Wyckoff,	Joseph Peabody,
William Ring,	G. F. Pratt,
	S. Barrett.

### EXTRACTS FROM MEDICAL JOURNALS.

(From the Boston Medical and Surgical Journal, April 24, 1850.)

DEMONSTRATIVE MIDWIFERY.—It would seem, by an article in the Buffalo Medical Journal, that the Professor of Midwifery in the Medical Department of the University of that place, has received a rebuke from some few of the medical gentlemen there, for illustrating his lectures with the living subject. We regret the opposition that has been manifested to this measure, knowing well that it was for educational purposes alone that the professor adopted it, and not being able to see any impropriety in it. To argue that it is "wholly unnecessary for the purposes of teaching, unprofessional in manner, and grossly offensive, alike to morality and common decency," would be taking a position that might be expected from the opposers of science, but is entirely at variance from what should be expected of the profession. It is a truthful saying, "that the complexion of sentiments does not depend upon the avenue through which fostering sensations are received, but on that principle which perceives and feels—the mind." *Honi soit qui mal y pense.* These gentlemen must know well the value of clinical instruction, and should be the last ones to oppose a measure which would, in a comprehensible manner elucidate the phenomena of a vital function. If such proceedings had never before occurred, and the professor was establishing a precedent, even then such manifestations would be uncalled for. We hold that an instructor has a right to adopt any proper measure that will best secure the purpose which he is endeavoring to accomplish. In this country such proceedings may be comparatively new; but we know well that at the Maternite in Paris, and, in fact, at most of the lying-in hospitals of Europe, they are common. In the University School of Medicine in New York, in which Dr. Bedford is professor of the department of obstetrics, is indorsed the value of such instruction, and Dr. B. mentions in his preface to the work translated by him (Chailly), that he has established for the benefit of his class, a clinique, and on the third year of its existence had been



able to furnish his pupils with 740 cases. In the case of the professor of the University of Buffalo, he conceived a plan by which he could illustrate, to the graduating class, their duties in the parturient chamber. The patient was in the College, in the apartments of the Janitor, whose wife was in constant attendance throughout the labor. The students were called upon singly to attend the patient, the professor being present to aid and give them counsel. In a few weeks afterwards these same gentlemen received their diplomas as doctors in medicine, and were likely soon to be called upon in similar cases. So much for the innovation from ancient custom that is complained of in this case; and for our part, we think the professor deserves the approbation of the students and the profession, for his endeavors to make the instruction in his department as practicable as possible.

The same Journal of the 29th of May, 1850, contains the following communication.

TO THE EDITOR OF THE BOSTON MEDICAL AND SURGICAL JOURNAL.

Sir,—The late term of lectures in the Medical Department of the University of Buffalo, has been signalized by the introduction of an important item of demonstration, of which the medical profession in the United States are now doubtless thoroughly apprised. I cannot hesitate to affirm, that no departure from the hitherto prevailing routine of instruction in any department, so palpable and commanding, has obtained in this country for many years. No device for improvement, in medical science, has been latterly adopted, so inevitably certain to evoke either the approbation or criticism of the medical public. Sufficient time has elapsed for the making up of a dispassionate verdict upon the expediency and propriety of thus practically illustrating obstetrical science. And I believe the tenor of professional opinion has been almost uniformly and universally commendatory. But you cannot be ignorant that the new mode of instruction, so fearlessly and laudably introduced, encountered at once the most unreasonable and violent denunciation at home. It was vigorously misrepresented, anathematized and denounced. Numerous absurd details of indelicacy and exposure obtained currency to an enormous extent; and medical men, so far from counteracting the exaggerated impressions to which they had directly given origin, were willing to disseminate through the community a profound prejudice against the Faculty of the College, but especially the Professor, under whose direct supervision the illustration was instituted. A minute detail of the more prominent phases which this opposition assumed, I omit at present. But it is singular how pertinaciously it was maintained in the face of the most ample testimony to the entire absence of indecorous or exceptionable features in the demonstration. Individually, as a member of the graduating class, for whose benefit the illustration was undertaken, I beheld the propensity in exercise, to distort the facts, with irrepressible regret.

But the tide of opinion which has been setting in so rapidly, nay, universally, from abroad, in contravention of the sectional protest, whose language and signatures you have read, is unspeakably gratifying, and full of encouragement to the friends of humanity and true science. With what difficulties the Professor of Midwifery has been obliged to contend at home, is readily imaginable. But I know he will not be intimidated by temporary or sectional discouragement. Indefatigable and resolute, he will omit no means requisite for the repetition and perpetuity of a mode of instruction so incalculably beneficial in itself, and which has so promptly secured the approbation of the profession at large. Aside from the testimony of the various Medical journals, the Professor, as I am authentically informed, has received numerous letters of encouragement and congratulation from the most distinguished members of the profession in the United States. Now, in reality, what important objectionable features does the method of demonstration, so heartily decried by a few doctors in Buffalo, possess? I certainly can see none whatever. And I am satisfied nothing can be devised, more prolific of advantage to the student, and for which he will feel so sincerely grateful, at his entrance upon a professional career, as the privilege of attendance upon a case of demonstrative midwifery.

Not only does it verify his theoretical knowledge, and with the aid of appropriate observations by the Professor, dissipate such obscurities as will often lurk in the most lucid oral communications, but it familiarizes him to the agonies of the parturient chamber, and inspires a degree of confidence and self-command which are of the first importance to the young practitioner, besides furnishing a ready reply to the messenger's unwelcome interrogatory of, "Have you ever attended a woman in labor?" To the medical graduate, now altogether thrown on his resources, and obliged perhaps to contend with the double disadvantage of inexperience and poverty, the consciousness of having derived the inestimable advantage of a practical introduction to the phenomena of labor will be a priceless treasure. It will disarm diffidence of its embarrassment, and inexperience of its awkwardness. It will render the young accoucheur competent to dispel the suspicions of the watchful attendants, and secure that co-operation and quiet so necessary to the happy and successful management of labor. Who would be so ungenerous and unwise as to denounce a method of instruction fraught with innumerable benefits, or interpose a shallow plea of impropriety in the availability of an obstetrical demonstration to a class of prospective graduates? Away with such whimsical objections.

No radical improvement can take place without provoking scrutiny, and, in a measure, criticism, or disapproval. That it should encounter these at home, ought to be almost naturally expected. But I thank my older brethren of the profession abroad, most devoutly, for so cordially uniting



to sustain an innovation, so important in the benefits it is destined to secure, and for which I feel the greatest personal obligation. The protest, signed by seventeen doctors, I shall request you to publish, as a curiosity for the contemplation of future generations.

Yours, truly, C. COLEGROVE.  
Sardinia, N. Y., May 8, 1850.

[From the New York Journal of Medicine, of May, 1850.]

**DEMONSTRATIVE MIDWIFERY.**—We perceive from an editorial in the Buffalo Medical Journal for February, that demonstrative midwifery, or the plan of illustrating obstetrical instruction on the living subject, has recently been introduced into the Buffalo University, by the able professor of obstetrics, Dr. J. P. White. From the March number of the same Journal, we see that the propriety and utility of such a course has been called in question by a portion of the profession of the city where it originated. From a careful review of the whole matter, we are satisfied that the exceptions which have been taken to such a course are founded in a partial and mistaken view of the subject. The plan is not a novel one, only so far as relates to this country. In France and Germany it is pursued by distinguished obstetricians. For ourselves we cannot see how any liberal member of our profession can take exceptions to the honorable, high-minded, and judicious course pursued by Professor White, unless it is upon the score of novelty in practice, which, although it be pregnant with absolute practical utility, always meets with opposition. As illustrating the truth of this latter remark, who does not recollect the bitter persecution which attended the introduction of the stethoscope (not to mention the speculum) into general practice, and the more than bitter persecution which was encountered by the early male-practitioners of obstetrics in this country? We regret to learn that among the members of our own profession there is even one who retains a mite of the semblance of by-gone days in this respect.

[From the N. Y. Medical Gazette, July 6, 1850.]

**DEMONSTRATIVE MIDWIFERY.**—A newspaper war seems to be in progress in Western New York, instigated by the course pursued by one of the professors in the Medical College at Buffalo, which is alternately approved and condemned by a portion of the secular and medical press. Without expressing any opinion in the absence of more definite information than has yet reached us, there would seem to be some indiscretion in the *publicity* given to the introduction of this French mode of teaching, which, to say the least, is in bad taste. Clinical instruction has been given in this department for many years, by our professors here, in an unobtrusive and unexceptionable way, without any offensive demonstrations. The evil, if there be any at Buffalo, will be likely to be corrected,

now that public attention is called to the subject. If not, it will be a Godsend to the project of transferring obstetric practice to the other sex, for whom medical schools are now *in limine* at Boston and Philadelphia.

Since the above was written, the following communication on the subject has been received, and is inserted in view of the respect due to our correspondent, whose initials are appended.

**DEMONSTRATIVE MIDWIFERY.**—The expressions of opinion in the various public journals, and at the late meeting of the American Medical Association, show a sound state of professional feeling throughout the country.

“When Professor White attempted this innovation, it was very natural, and quite in the category of ‘things to be expected,’ that a hubbub should be made about it—that many should talk of delicacy shocked, propriety outraged, &c., &c. We can all remember when the same terms were applied to the use of the vaginal speculum. We know too that there are those among us now that talk in the same strain of the attendance of men-midwives, as they are pleased to call us. The clamor raised at Buffalo was nothing new or strange; nor perhaps was it very new or very strange that medical men should join in, or perhaps lead on the assault. But that medical men should in any way countenance the discussion of such a subject in newspapers—that they should aid in vituperative assaults on the character of a brother practitioner, is deeply to be regretted. This is an offence on which the profession will not fail to frown. As to the merits of the question—that clinical instruction in midwifery is quite as valuable as in surgery—no one can doubt that, for want of it, young men, in their attendance on their first cases, are at every step beset with doubts, difficulties and perplexities, which three words of explanation, aided by demonstration, would remove; as public teachers, all who have given out cases to their pupils, well know. The advantages of demonstrative midwifery are, then, great. Can they be secured without undue offence to public opinion? We believe they can, and we hope that the profession will unite in some attempt to attain this result. But to do this we must unite upon one cardinal principle, viz: that indecency or indelicacy shall not be predicated of professional conduct. Unless the contrary is proved, it should always be presumed, that in all that a physician does for his patient, or a medical teacher for the instruction of his pupils, he is influenced by motives too high and honorable for indelicacy to mingle with them. It is the motive with which he acts that is to be his defence; and if this defence will not avail demonstrative midwifery, neither will it avail the use of the speculum, the attendance of a male obstetrician, or in fact any prescribing by a man for the sexual diseases of females. All must stand or fall together.

C. R. G.”



[From the Cincinnati Medical Journal, May 1850.]

**DEMONSTRATIVE MIDWIFERY.**—Our attention was arrested, a short time ago, by the announcement in the *Buffalo Medical Journal*, of what was termed *Demonstrative Midwifery*. In a subsequent number of the same Journal, we observe that some of the physicians of Buffalo have taken exception to this mode of teaching midwifery, and in strong terms denounce it altogether.

By *Demonstrative Midwifery* is meant, the exhibition of the parts, near the close of the process of parturition, to ocular inspection, so that the pupil may witness the exact mechanism of delivery. The editor of the Journal states that the female submitted cheerfully and willingly to the experiment, and that the pupils (consisting of the candidates for graduation,) were much gratified at the result, and behaved with the utmost decorum during the whole time.

Under these circumstances, we do not see that *members of the profession* have any great ground for complaint; if females are willing to submit to the exposure, and pupils feel themselves instructed by what they see, we think that physicians, at least, should offer no objections. We strongly suspect that the objection to these experiments springs from some of those *\*opposition factions, so commonly found surrounding and impeding medical schools.* This, however, is merely conjectural, and may be wrong.

Our readers well know that this method of teaching midwifery is fully carried out in practice in Paris, where it gives entire satisfaction. But we incline to the opinion that so much prejudice will be excited against it in this country, that it will scarcely prove successful, however valuable it may be intrinsically.

[From the N. Orleans Medical Journal, May 1850.]

**THE EDITOR OF THE BUFFALO MEDICAL JOURNAL AND DEMONSTRATIVE MIDWIFERY.**

The editor of the *Buffalo Medical Journal*, in his February number, made some remarks on *Demonstrative Midwifery*, which seem to have arrayed a portion of the faculty of that city against him. He assumed the ground that the plan about to be adopted (we believe in the *Buffalo Medical School*) “of illustrating obstetrical instruction with the living subject, would commend itself to the cordial approval of the medical profession as well as others.” In this it seems the editor, Dr. Flint, was mistaken; for the card inserted in the March number of the Journal, and signed by 17 physicians of Buffalo, condemns, in strong terms, the practice, and says “it merits a severe rebuke;” because they deem it wholly unnecessary for the purpose of teaching, unprofessional in manner, and grossly offensive, alike to morality and common decency.” They conclude their card in these words: “For the credit of the medical profession, we hope this ‘innovation’ will not be repeated in this, or any civilized community.”

\*Some of the passages in this and subsequent extracts, have been italicised.

The editor, in publishing the card above referred to, makes some very just and sensible observations on the subject, and remarks, that Buffalo contains over forty practising physicians, and out of this number only seventeen had condemned *Demonstrative Midwifery*; and certainly, according to democratic principles, we are left to infer that the practice meets with the approbation of the medical profession, even in Buffalo, taking the voice, or rather the silence of the majority as a test. We cannot speak *ex cathedra* for the profession throughout the United States on this subject; but we believe the *great body of the profession will sustain Dr. Flint in the stand he has taken.* Look at France, and some other parts of the old world for light and authority on this point; and is it not from such points—places where all the various stages of *labor are witnessed by the student, and demonstrated by the teacher,* that we have derived the first—the best principles of obstetrical science? Who has ever been taught the *true mechanism of labor on a manikin?* We commenced the practice of medicine with some acquaintance with manikin labor, never having witnessed the natural process: but we found, when brought to the bed-side, that our *speculative knowledge utterly failed us,* and we had to learn every thing *de novo.*

Hundreds of others have been forced to confess—to deplore their want of knowledge in obstetrical science, just at the moment—in the outset of their professional career, when they stood in need of all the helps to advance them in the world. With these facts fresh in our memory, and many others that might be mentioned, we do not hesitate to speak in favor of “*demonstrative midwifery;*” and we contend that no student should be *permitted* to graduate, or at least, enter upon the practice of physic, without having previously attended, under the instruction of his preceptor or professor, one or more cases of labor, and witnessed and marked all its various stages.

Without any desire to enter into this controversy now being waged between the Buffalo editor and a *part* of the profession of that city, we could not withhold the expression of our honest opinion on this question. In conclusion, we would declare it as our conviction, that our teachers of medicine have, heretofore, devoted too much of their lectures to theoretical medicine to turn out competent graduates; practical *clinical* teaching will, ultimately triumph over those who oppose it as alike “*grossly offensive to morality and common decency.*”—ED. N. O. J.

[From the Southern Medical and Surgical Journal, June, 1850.]

**DEMONSTRATIVE MIDWIFERY.**—We are surprised to learn, that an effort made by the Professor of Obstetrics in the Buffalo University to give his class clinical obstetrical instruction, has been denounced by certain physicians of Buffalo, as



"wholly unnecessary for the purposes of teaching, unprofessional in manner, and grossly offensive, alike to morality and common decency." The plan adopted by the Professor, which has elicited this rebuke, was to introduce a parturient female into the apartments of the Janitor of the College, and to permit each member of the graduating class separately to examine the case. This was done in the presence of the Professor and of the wife of the Janitor. If this course violates decency and outrages virtue, then the practice of midwifery should at once be surrendered by medical men. *This, we presume, is not desired* by the fastidiously decent and virtuous gentlemen whose sensibilities have been so much shocked. That unprofessional persons should make objections to obstetrical demonstrations is no more surprising than that they should object to dissections; but that medical men could be found ready to arouse or minister to popular prejudice against an important means of imparting professional knowledge, admitted to be indispensable in every other department of practical medicine, must be a subject of profound regret to every one who has the usefulness of his profession at heart. Obstetrical demonstrations may be a novelty in this country, but in France they are common, and though conducted in a manner far more repulsive than that of the Professor at Buffalo, they are encouraged for the valuable instruction they afford.

[The Philadelphia Medical Examiner, of June, 1850, says, incidentally, in reviewing the work of Dr. Bennett on the Uterus:]

"In relation to physical examination, either digital or specuar, Dr. B. believes that the laudable sense of propriety which prevents our seeking such an exploration, is often carried much too far. In this we agree with him, taking it for granted that such an examination would not be hinted at where the attendant did not conceive it to be absolutely necessary. It is this "laudable sense of propriety" that has been so sorely shocked by the recent efforts of a professor of obstetrics, in one of our schools, to teach demonstrative midwifery, and that has aroused such a storm of virtuous indignation against him. We confess we have been unable to discover wherein the enormity consists, and have not failed to uphold his course, believing, that, conducted as we know his demonstrations were, such teaching cannot fail to prepare the student more completely for his responsible station, than any amount of didactic lectures. We commend to those who are disposed to view this matter in a different light, the manly and dignified defence of the proceeding as published under the editorial head of the March No. of the Buffalo Journal."

[From the St. Louis Medical and Surgical Journal, of July, 1850.]

CLINICAL OBSTETRICS.—During the past winter, Prof. JAMES P. WHITE, of the University of Buffalo, introduced Clinical Obstetrics in the public teaching of that important branch of practical medicine.

A female, by her own voluntary consent, was delivered

in presence of the members of the graduating class: and, as we are credibly informed, the accouchment was conducted with the strictest regard to propriety and decorum, and greatly to the edification and improvement of the young gentlemen present. But it seems that certain over-fastidious members of the profession, and others, in Buffalo, without the least regard for the cause of medical education, and in utter violation of every principle of medical ethics, have publicly assailed Dr. WHITE, and the institution to which he belongs, in the harshest and most unbecoming terms—accusing him of an act, at once unnecessary, unchristian, and unprofessional; whereas, in our humble opinion, he is obnoxious to none of these charges, but deserves to be commended, rather than censured, for the stand he has taken. Whatever may be the verdict of public opinion at present in this matter, we have little doubt but that the example here set will be followed by others, and that ere long it will be as universal in our colleges as it is in transatlantic schools.

We regret that our limited time will not permit us to discuss this subject at present, but we cannot allow the occasion to pass without recording our decided and unqualified disapprobation of the conduct of those physicians who have attempted to inflame the public mind, and have taken the lead in creating so unnecessary an excitement on this delicate subject.

Demonstrations of this sort are resorted to, as are dissections and post-mortem examinations, for the benefit of the living, and for the good of science, and not because they are either pleasant or agreeable in themselves; and, while we must expect to encounter some degree of opposition, growing out of the prejudices of the non-professional, we have a right to look for better things from the faculty themselves.

McP.

[From the Louisville Medical Journal, for June 1850.]

DEMONSTRATIVE MIDWIFERY.—We are gratified in seeing that the Medical Journals of this country are expressing themselves very properly upon the recent *emute* got up in Buffalo, by some seventeen physicians, on the subject of demonstrative midwifery. In addition to the remarks made in the May number of this Journal, very excellent and appropriate editorials have appeared in the New York Journal of Medicine, the New Orleans Medical Journal, and the Western Lancet, published at Cincinnati. They all speak approvingly of the course of the Professor of Obstetrics, in the Buffalo Medical School.

It is a matter of surprise and sorrow to us, that even seventeen medical men in one city, could be induced to sign such a letter as the one addressed to Prof. Austin Flint, and to the character of which we referred in our last number. We can easily imagine precisely such professional *esprit du corps*, and enterprise, as were exhibited by the immortal seventeen at Buffalo, manifesting itself in Rome, against Galen's desires for anatomical knowledge. A letter could easily have obtained numerous signatures, denouncing *post-mortem* examinations, and dissections of the human body, as "unprofessional in manner, grossly offensive, alike to morality and common decency," subversive of the public virtue, and an outrage upon the gods. There is but little doubt, that just such exemplars of professional honor, advancement, and utility, as are to be found in Buffalo, were among those great names in the medicine of Rome, who drove Galen away from the city, and kept him down, until the fires of his genius consumed the moths that flitted around the flames of the reputation of the illustrious Greek.



Dr. Wm. Shippen had to stem the tide of just such absurd and groundless prejudices, as the Buffalo medical protestants urge, when he attempted to *practice* midwifery in Philadelphia. A great outcry was raised against the illustrious Shippen—his attempt was looked upon as “unprofessional in manner, and grossly offensive to morality and common decency;” but Shippen survived these “ghostly rappings,” and paved the way to the very general employment of male accoucheurs. By the way, would it not be well enough for the seventeen Buffalo gentlemen to consult the Rochester rapping folks, on what is “unprofessional in manner, and grossly offensive, alike to morality and common decency?” Our Buffalo indignants should remember, too, how nearly Cotton Mather and Boylston came to the loss of their lives by introducing inoculation. The “inflammatory” doctors of the day appealed to the “masses” and raised a storm.

The various Medical Journals we have named above, take strong ground in favor of the utility of demonstrative midwifery. In connection with that point we have no kind of hesitation in saying, that there is no department of medical teaching, in which demonstrations—actual clinics, are more important. The eloquence of Buffon could not portray by description, to an adult, any thing like as correct an idea of an elephant, as a child would acquire from a few moments’ view of the living animal; nor could all the teaching of Cazeaux or Churchill convey to students such ideas of the mechanism of labor, as they would derive from attendance upon one case. We have been often requested by students of the medical school, of this city, for permission to attend upon some case of obstetrics with us, and opportunities have occasionally occurred for granting the privilege. Some of these students were young men, who had graduated with great honor, and who could describe all of Baudalocque’s presentations with the most perfect accuracy; but when they examined for the particular presentation in the living case, they were unable to tell whether they were about to encounter a hip, shoulder, or head presentation. And these gentlemen have all declared that they derived more useful knowledge from the actualities of a labor, than from all their previous instruction. *Manikin instruction is but the shadowy form of an obstetrical clinic; the living case is absolutely essential*, to the proper preparation of a graduate, for passing into practice, and all efforts for paving the way towards an extended series of demonstrative midwifery, should be hailed by the profession, and by the public, as laudable and worthy of all honor and praise. The law is fierce upon forced resources for dissection; but neither the law nor public sentiment attempts to disturb those voluntary gifts that are occasionally bestowed upon the anatomist. And this marks the line for demonstrative midwifery. If females can be found, who are willing to make themselves a part of a successful course of obstetrical instruction,

they should be encouraged in the good work, and those *medical men*, who attempt to obstruct such progress, and who, with incendiary motives, talk of getting up mass-meetings on the subject, deserve to be branded as unworthy members of a noble profession, and as recreants to the cause of science. They are “unprofessional in manner, and grossly offensive, alike to morality and common decency.” It is the duty of every medical man to advance his profession by every means in his power, and all the resources of teaching will never boast of preparing neophytes too well for practice.

On the subject of the *morality* of demonstrative midwifery, we expressed our views in the May number of this Journal, and we are convinced that demonstrative midwifery may be so conducted as to be of vast utility to students, and be quite as moral as a lecture upon chemistry. Those females who may be induced to submit themselves for demonstration are not necessarily immoral; there is no kind of immorality in the teacher’s desire to thoroughly qualify his students, and there can be none in the aspirations of the students after knowledge that is of the highest importance to them. Where, then, is the possibility of wrong to any one, or to any thing in this matter? We hope to see the day when demonstrative midwifery will be an essential part of medical teaching, and that day will assuredly come, as certainly as other clinical teaching has come to be regarded as necessary. The necessity now felt every where for hospital instruction—a necessity that is driving medical schools to large cities—will grow, until demonstrative midwifery is placed upon a secure basis.

The prudish “Miss Nancies” of Buffalo, have, unintentionally, conferred a benefit on the medical profession. Their excessive modesty and shamefacedness have aroused attention to the subject of clinical midwifery, and this attention will urge or *ward* the good work. We can easily imagine an innocent, child-like simplicity, that would put pantaloons upon the legs of a piano, and that would screen with a veil every thing capable of exciting prurient ideas; but we do not like to see this excessive flirtation with modesty, introduced into medical teaching. A misplaced irritation of the blushing organs operated upon the seventeen Buffalo doctors, and induced them to ease their tender consciences, by a protest. May the Heavens smile serenely over their innocent slumbers! But while they sleep with Rip Van Winkle devotion, or with Barney O’Riardon’s “attention,” we pray them not to disturb medical teaching with their snoring. They may sleep as much as they please, but the profession should be awake. The oil in the lamps of the “seventeen” scoldish virgins may burn out, but we wish to see the lights of the profession continually replenished, so that perpetual lamps may be lighting the path of progression.







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