

Truth : a libel by law : the evidence of Sir J.Y. Simpson, bart., M.D., and others, in the case of Sharp versus Wilson, with diagrams and correspondence / by James Wilson.

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TRUTH: A LIBEL BY LAW.

THE EVIDENCE OF

SIR J. Y. SIMPSON, BART., M.D.,
AND OTHERS,

IN THE CASE OF

SHARP *versus* WILSON.

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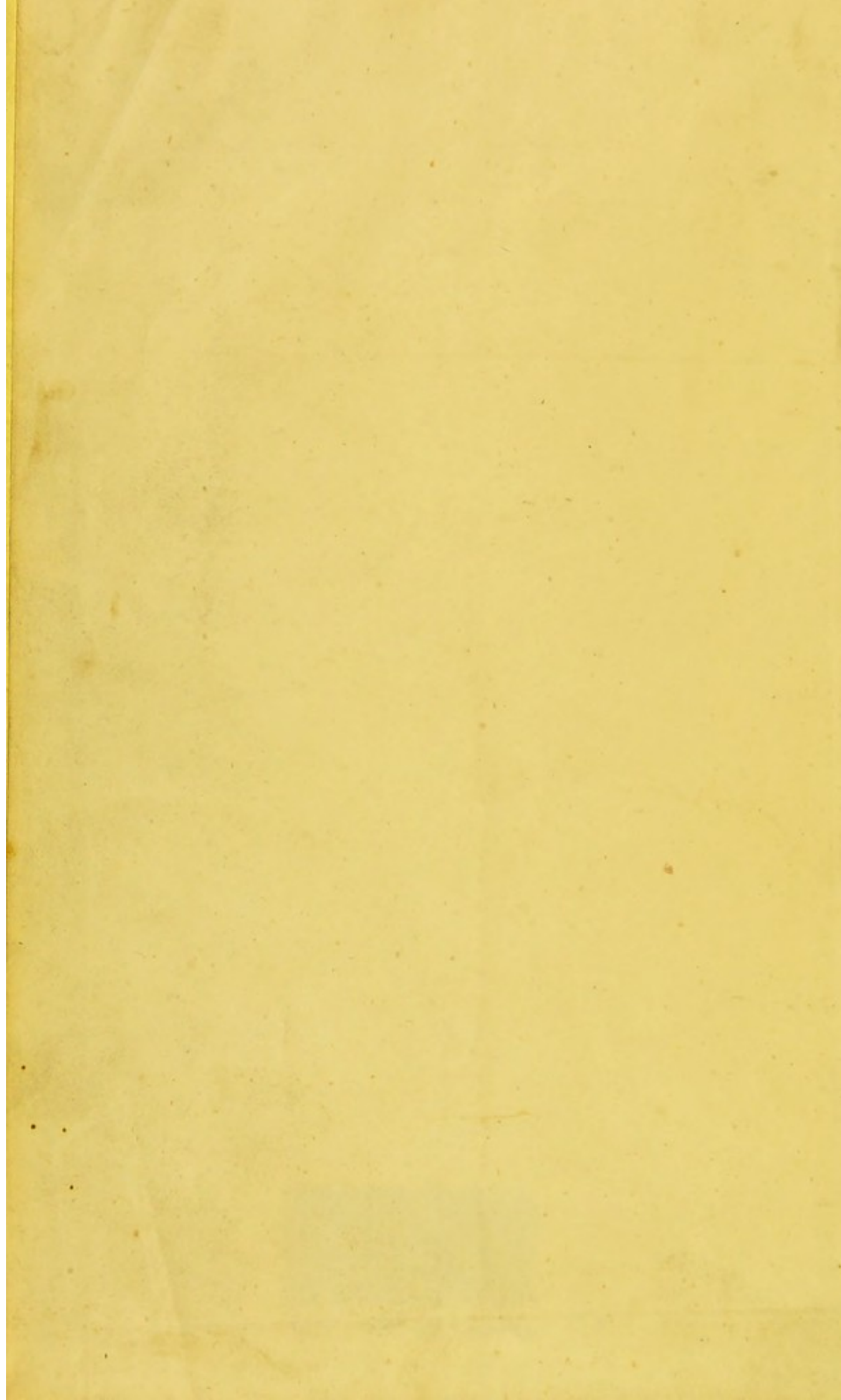
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EXPLANATION OF DIAGRAMS.

FIG. A.

THE figure represents the left side of the pelvis as having been removed by a vertical section made through the os pubis, near the symphysis, and another through the sacrum; the brim of the pelvis, B to C, is contracted to three inches in its antero-posterior diameter.

1. The divided surface of the os pubis.
2. The divided surface of the sacrum.

The operation of turning has been performed.

3. The head of the fœtus, of average size, remains above the brim of the pelvis.

4. The shoulders and upper part of the trunk of the fœtus are occupying the free space of the pelvis.

5. The uterus contracted around the head and neck, &c., of the fœtus.

FIG. B.

The figure represents a full-sized drawing of a shoemaker's pincers used as a craniotomy forceps after the head had been perforated behind the ear, and when it remained above the contracted brim. Including the fingers of the operator—from A to B three inches full.

FIG. C.

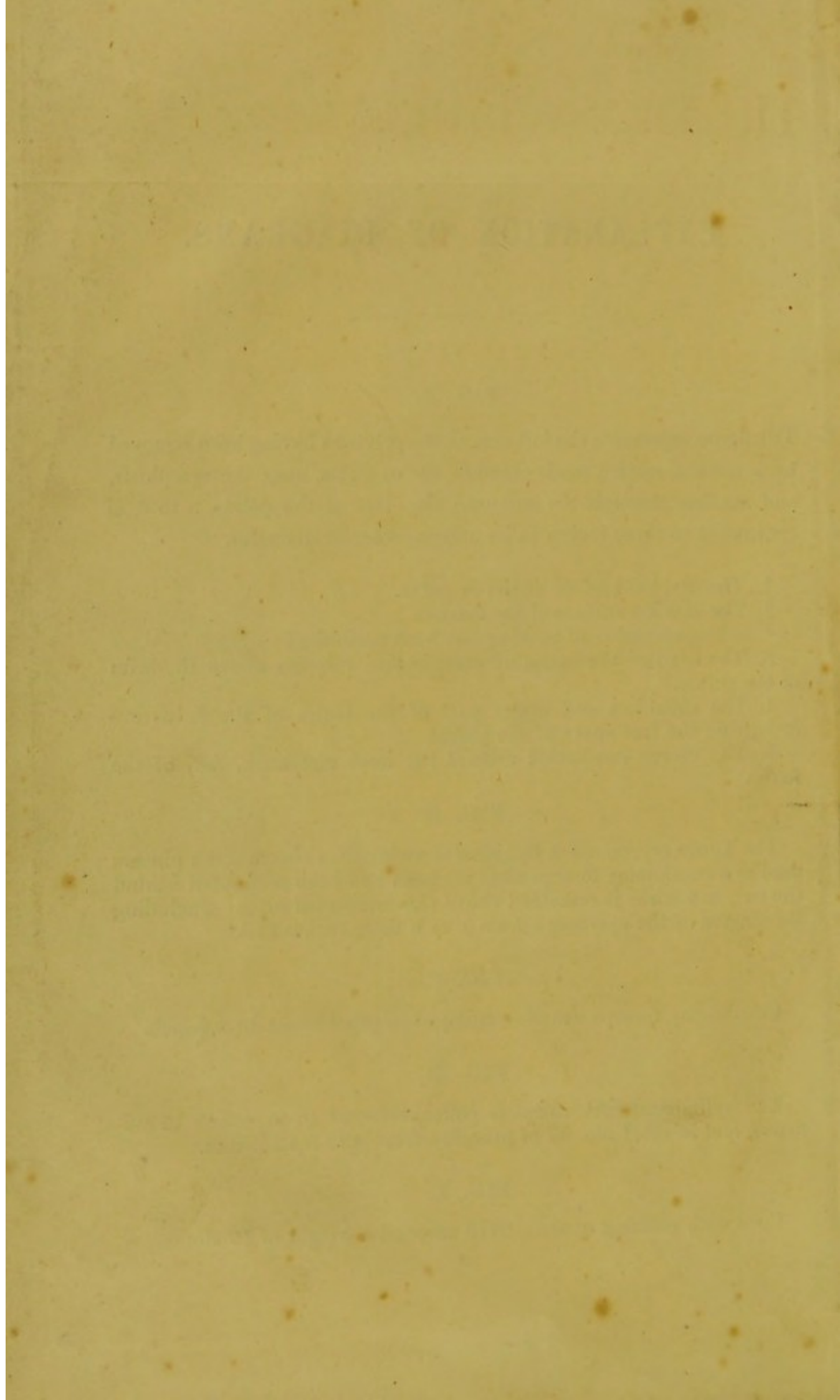
Craniotomy forceps usually employed in practice—A to B $\frac{3}{4}$ -inch.

FIG. D.

The cylindrical instrument (a poker) referred to in course of evidence, and labelled No. 53 of process—from A to B 12 inches.

FIG. E.

Cord with running noose. Will suspend a weight of 10 stones.



TRUTH: A LIBEL BY LAW.

THE EVIDENCE

OF

SIR J. Y. SIMPSON, BART., M.D.,

AND

OTHERS,

IN THE CASE OF

SHARP *VERSUS* WILSON,

WITH DIAGRAMS AND CORRESPONDENCE.

BY

JAMES WILSON,
L.F.P.S., Glasg., & L.M.

"I think that this case will not be confined to this narrow locality, but it will be known in other parts of the country, and upon the principles which are now established may depend the lives of many individuals."—Dr C. BELL, p. 70 E.

EDINBURGH:
HENRY ROBINSON, 11 GREENSIDE STREET.

MDCCLXIX.

THE UNIVERSITY OF CHICAGO

PHILOSOPHY DEPARTMENT

PHILOSOPHY 101

LECTURE

PLATO'S THEORY OF IDEAS

LECTURER: DR. J. M. GREGG

DATE: 1954

LECTURE NOTES

BY: [Name]

SIR JAMES Y. SIMPSON, BART., M.D., &c.

SIR,

I venture to dedicate the following pages to you for two reasons, viz.—

1st. Because to every unprejudiced person it must be clear, from what follows, that the Judges were influenced by your high professional standing, and gave a weight to your evidence which it did not merit. Anything more at variance with just notions of midwifery practice, it is scarcely possible to conceive. If over evidence established a tale of terrible and fatal malpractice, the witnesses for the defence established it, in the case of *Sharp v. Wilson*, with a consistency and force rarely paralleled. That you must regret the part you took in this matter, I think too highly of you as a Christian and a man justly occupying a high position in the professional world, to doubt. The only excuse for you possible is that, in ignorance of the real merits at issue, you thoughtlessly lent the weight of your high reputation in such a way as to make you unconsciously extenuate barbarities, the very mention of which must make your blood run cold.

2d. Because your evidence reveals opinions on practical points in midwifery at variance with some of its best established doctrines—opinions misleading and highly dangerous, considering their source, and such as no man of less reputation than yourself could avow with impunity. Truly, we have come to an age of “meddlesome midwifery,” if, in your evidence, you but reflected what you teach!

Fertility of resource in the difficulties of midwifery practice is invaluable; but Sangrado shedding the blood of a dying parturient woman, and charging the head of her half-born babe with a poker [Fig. D], in order to break his way through the living structures of its mother, that he might wrench its skull to pieces with the shoemaker's pincers [Fig. B] you so much took under your protection in Court, is a picture Dante might have given us as of a scene in the nether world to stir the consciences of men to a due sense of professional responsibility and duty; but scarcely one, a professor of midwifery, would approve as representing a practice justifiable, because humane and skilful.

I am,

SIR,

Yours,

Most respectfully,

JAMES WILSON, L.F.P.S. Glasg., & L.M.

CULLEN, N.B., 15th March, 1869.

THE HISTORY OF THE UNITED STATES

The history of the United States is a story of growth and change. From the first settlers to the present day, the nation has evolved through various stages of development. The early years were marked by exploration and the establishment of colonies. The American Revolution led to the birth of a new nation, and the subsequent years saw the expansion of territory and the growth of industry. The Civil War was a pivotal moment in the nation's history, leading to the abolition of slavery and the strengthening of the federal government. The late 19th and early 20th centuries were characterized by rapid industrialization and the rise of a new middle class. The Great Depression of the 1930s was a period of economic hardship, followed by the United States' entry into World War II. The post-war era saw the nation's emergence as a superpower and the beginning of the space age. The 1960s and 1970s were marked by social movements and a period of economic stagnation. The 1980s and 1990s saw the rise of a new economic era and the end of the Cold War. The 21st century has been a time of technological advancement and global challenges.

THE HISTORY OF THE UNITED STATES

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TO PRACTITIONERS AND STUDENTS

OF

MIDWIFERY.

GENTLEMEN,

I beg most respectfully to introduce myself to you as the defender in the case of "Sharp v. Wilson," lately decided by the Lords of the First Division of the Inner House of the Court of Session.

The case of "Sharp v. Wilson," is, in reality, known in its true character but to a very few. It has been noised abroad, however, to such an extent, in a general way, and so many applications for copies of the Court evidence have been made to me by medical men from almost every part of the kingdom, that I have finally resolved on issuing the present publication; and I have the utmost pleasure in being now enabled to bring the whole case before you in a readable and, I sincerely trust, profitable form, under the title of

TRUTH: A LIBEL BY LAW.

For the honour of our profession, it would be well could we explain away some of the most glaring differences of opinion expressed in the following pages; but this, I am sorry to say, appears to me to be quite impossible, and the truly unprejudiced mind must, on calm deliberation, regard some of the

statements made by men standing in the front rank of our profession as at once erroneous and absurd.

Regarding the principles of midwifery the great Baudelocque says, "The principles of midwifery are sure, all the operations of which may be carried on, in a manner, to a geometrical certainty;" and on the same subject the late illustrious Velpeau remarks, "The principles of obstetrics give to the resources it employs a degree of precision which causes it often to approach in certainty to the mathematical sciences."*

That the matter contained in the following pages may be intelligible to you, a brief history of past events is requisite.

In 1856, owing to the demise of a resident practitioner, I commenced practice in the burgh of Cullen and adjacent country districts on the shores of the Moray Firth. Dr Hugh Sharp, the pursuer in the present case, was the only other medical practitioner in Cullen, in which he had resided since 1838. Before I was eighteen months in Cullen, I was appointed medical officer to the Parochial Boards of Cullen and Deskford, both of which appointments had been previously held by the pursuer. On this our former friendship or intimacy immediately ceased, and all communication or recognition was at an end, as unfortunately it but too often does in the country in such circumstances. Notwithstanding what the pursuer states at page 32, letter C, without making any unnecessary boasting of the matter, I gradually made rather serious inroads on his practice, and was "employed by Lord Seafield's establishment" at the very time the present action was raised against me at the instance of the pursuer.

In the month of December, 1856, between seven and eight o'clock in the morning, a messenger from the village of Portknockie, distant from Cullen about two miles, demanded my immediate attendance on Mrs George Mair in her confinement. I was, however, engaged with a similar case in the parish of Deskford, four miles distant in the opposite direction. On the evening of the same day above referred to, I chanced to be in the village of Portknockie, and called on Mrs

* The following are the words of Baudelocque and Velpeau:—

"L'art des Accouchemens est cependant un art de pratique, un art dont les principes sont certains, et dont toutes les operations peuvent être portees, pour ainsi dire, jusqu' à la certitude géométrique." (Baudelocque, L'Art Des Accouchemens, &c. Troisième Edition. Tome Premier, p. 2. A Paris. 1786).

"Ses principes * * * donnent aux ressources, qu' elle emploie un degré de précision qui la rapprochent souvent de la certitude des sciences mathématiques." (Velpeau, Traité complet De L'Art Des Accouchemens, &c. Deuxième Edition. Tome Premier, p. 15. A Paris. 1835).

Wood, the midwife, who had been in attendance on Mrs George Mair, and who had sent for me. Mrs Wood, with a blanched cheek, recited to me with terrible exactness almost the very words used by her in her evidence, given in another part of this publication, viz., that on the pursuer's arrival at eight in the morning to attend Mrs George Mair, the head was resting on the perineum; that the forceps was used for hours; that the head of the child was broken open with a poker; that pieces of the skull were torn away with a shoemaker's pincers; that two soup-platefuls of blood were abstracted from the arm of the mother; that the child was turned; and, finally, forcibly extracted by means of a strong hempen cord attached to a wrist and an ankle, or some other parts of the child's body; and that the mother was in a dying state.

About the year 1859 I formed the acquaintance of Dr George Greig, of Portsoy, with whom I was on most friendly and confidential terms until the month of June, 1864. At that time an accident of a very serious nature occurred to an overseer on the farm of Broom, tenanted by the Messrs Fortune. Dr Greig, who happened to be on the spot when the accident took place, volunteered his services, which were accepted until I, who was the regular medical attendant, should arrive. Dr Greig was then politely informed that he would be duly recompensed for his services, and, if a consultation was found to be requisite, he should be accordingly apprised. Dr Greig, however, to the surprise of all, paid several visits to the injured man, until it was deemed necessary to request him not to repeat his visits, and to hand in his bill. The bill was immediately sent in, with a letter to the Messrs Fortune demanding immediate payment, and with the same post a letter was sent to me by Dr Greig, in which he requested me, as a mutual friend, to advise the Messrs Fortune to settle his account. This, as a mutual friend, I could not, however, conscientiously do. From this date all correspondence and intimacy between Dr Greig and me ceased. Events, which took place between the two occurrences now mentioned, it will be necessary to shortly advert to. Three years after the melancholy death of Mrs George Mair, I attended in her confinement a Mrs Henry. There were then present Mrs John Duff and Mrs Helen Geddes. The case was a tedious one, and to while away the long, dark hours of a dreary winter night, conversation was freely entered into; and, as it is most natural on such occasions for the minds of women to wander back to the time at which they themselves, young and inexperienced, went through the try-

ing ordeal of giving birth to their first-born, the confinement of Mrs Helen Geddes, when she was attended by the pursuer, was described to me with such life-like correctness that one could not help feeling a chill of horror come over him, and wondering within himself if such things could be—the lying-in chamber converted into a pandemonium—the forceps slipping eight times—the case given up—a proposal made to break open the head of the infant—a second practitioner rushing to the rescue, and, by one skilful application of the forceps, succeeding in relieving the mother of her torments by bringing to the world a living child, the occiput and inner angle of the right frontal part of the head presenting frightful wounds, proving an important point in relation to the application and the frequent slipping of the short forceps—whether a weak or a powerful instrument—by silent but incontrovertible logic. On several occasions, when attending cases of confinement, the conversation seemed frequently of its own accord, as it were, to turn to scenes of horror and distress. Terrible doings have been related to me by women of sterling and unwavering integrity as having taken place at Cathie, Gray's Yards, and in a house near the Windmill, &c., where it was found necessary for the accomplishment of delivery that the child should be either cut into pieces or forcibly extracted by means of a strong cord; all the mothers dying a few hours after such treatment!

In November, 1863, Mrs Longmore was attended in her confinement by the pursuer. The forceps was used; an attempt to turn was made; a cord was attached, says a reliable witness, to the child's leg, and traction made on the cord for the purpose of effecting delivery; the pursuer asked for something to put below his knees; and the woman died undelivered! I was intimately acquainted with the deceased Mrs Longmore, having attended professionally several of her family, and also herself during a long and severe attack of typhus.

In February, 1864, Mrs James Wilson, a sister of the late Mrs Longmore, and wife of Mr James Wilson, farmer, Knowes of Deskford, was seized with what appeared to be labour pains, and Dr Greig of Portsoy, her usual medical attendant, was called to attend on her. That gentleman being in bad health, however, could not attend, and the pursuer was taken instead. The alarm, however, was a false one, and the pursuer soon left his patient as he found her, no delivery having been effected. Taking into consideration all that I had heard from reliable sources regarding the cases of the late Mrs

George Mair, Mrs Longmore, &c., I thought I was not only at liberty, but that it was even my duty, to take some step, if possible, to prevent questionable practice being adopted, if such could be done in confidence, and with anything like good grace. You may well recollect the pointed remarks from the bench which were made on medical etiquette by the presiding judge in the case of Pritchard. It was then in vain that Dr Paterson urged, as an excuse for his not speaking out, that if he had done so, it would have been a dangerous procedure; he might not have been able to prove that Pritchard had been dealing unfairly with his wife, and that Pritchard might have ruined him for saying so. The judge, regarding the matter now referred to, says—"I care not for professional etiquette or professional rule. There is a rule of life and a consideration that is far higher than these, and that is, the duty that every citizen of this country, that every right-minded man owes to his neighbour, to prevent the destruction of human life in this world." My decided opinion, from hearsay evidence, which is sometimes even stronger, and more to be depended on than evidence from one on oath—I say, my decided opinion was, as Lord Ardmillan lately remarked, that the pursuer's treatment of certain cases was "very questionable." I therefore thought it my duty to write to Dr Greig the following private and confidential note regarding the case of Mrs Wilson, that he might have an opportunity of calling on his quondam patient quietly, regain his place, and see to her safe delivery. The following is an exact copy of my note to Dr Greig containing the alleged defamation, and on which this long, doubtful, and ruinous litigation has been raised:—

"CULLEN, 12th February, 1864.

"DEAR SIR,—I understand you were called some time ago to attend Mrs Wilson, Knowes, in her confinement, but, being in bad health, you could not attend to her. Her husband then called Sharp, who visited her; but she (Mrs Wilson) has not yet been confined. This plan of procedure on the part of Wilson I cannot by any means understand. Sharp lately attended a sister of Mrs Wilson (a Mrs Longmore, Bauds of Cullen) in her confinement, *who died undelivered!* and for Wilson to call Sharp to his wife after this is a circumstance most unaccountable in my idea. Now, I am the last man to interfere with another medical man in his profession, neither do I wish to attend Mrs Wilson; but I most certainly will be very much chagrined to hear of Sharp attending Mrs Wilson or any other patient of yours or mine in *Deskford*. If you have not already done so, do by all means call and see Mrs Wilson; push her hard about her sister's case. It is too bad to see a man allowed to attend women *who, I believe, is no more capable of using a pair of forceps than an infant*. This is at least the third case of the sort that has fallen under his hands since I came to Cullen. Do be so good as let me hear from you soon, and, with compliments to Mrs Greig and family, I am, dear sir, yours truly,

(Signed) "JAMES WILSON."

(Addressed) "Dr Greig, Portsoy."

The so-called slander in my note is contained in the words "who, I believe, is no more capable of using a pair of forceps than an infant," which meant, in reality, that, on account of what I had heard from reliable authority, I considered that the pursuer was not particularly adroit in using the forceps, and that I would be very much chagrined to hear of any of my own or of Dr Greig's patients being placed in such a position as to give one cause to doubt the treatment of the medical attendant. Dr Greig, on receipt of my note, immediately replied by post, thanking me for my attention, and descanted pretty freely on the pursuer's qualifications as an accoucheur, whether in laudatory terms or otherwise he may himself, perhaps, remember, as he and I were at one time wont to express our opinions, in private, to each other, without restraint, on the capabilities of the pursuer in the obstetrical branch of the profession. Any one reading the evidence of Dr Greig, as sworn to by him in court, would naturally suppose that he was merely on terms of common civility with the defender, when he says he never was in my house. This is true, because I am not proprietor of the house in which I reside. Dr Greig, in his evidence, further goes on to say that he applied to me once for lymph, that he met me once professionally, that he had neither friendly nor unfriendly communications with me after he met me at the farm of Broom. All these I will readily dispose of, seeing that Dr Greig must be excused by me saying, what Lord Kinloch lately said of a man with hoary locks, "his memory must be failing him." The last sentence of my letter to Dr Greig, in my opinion, would of itself go far to prove that I was on, at least, easy terms both with Dr Greig and his family.

Dr Greig in his evidence refers to the late Dr Whyte, of Banff, whom I have heard express his opinion also quite freely regarding the professional, especially the obstetrical, feats which he knew the pursuer to have performed.

In 1862 several families who used to intrust Dr Greig with the responsibility of seeing to the alleviation of their bodily distresses, transferred that important duty to me, and from that time till now I have rather encroached on the small practice of my friend. It is, no doubt, quite in accordance with the laws of human nature for Dr Greig to feel annoyed that I, a mere novice compared to him, who has acted as a general practitioner in Portsoy for a period of 47 years, should be em-

ployed by parties whom he one day attended, and that I should attend cases of midwifery five miles distant from my own door, and within 500 yards of his door. Still such is the case, and I hereby challenge Dr Greig, or any other man living, to assert that I ever hunted after a patient.

As I have already explained to you, gentlemen, Dr Greig and I met at the farm of Broom in June, 1864, the services of Dr Greig were dispensed with, mine were retained. He had then in his possession my letter of date 12th February, 1864; and, by his own evidence, it is shown that, having retained my private note in his possession for a period extending over eight months, he only then thought proper to deliver it up to the pursuer in the month of November, 1864.

The details which I have now laid before you will serve to show the exact position in which Dr Greig, Dr Sharp (the pursuer), and I stood. It is for you to decide whether I was justified in having written the letter on which this action has been raised against me; or, in your opinion, ought I to have been silent, and allowed matters to take their course? After a careful perusal of the following pages, you will be better able to answer the above questions, I trust, according to conscience.

In the month of May, 1866, I received a summons in an action for damages, laid at £1000, in the Court of Session, at the instance of Dr Sharp, the pursuer, for the alleged defamation contained in the letter sent to Dr Greig by me, of date 12th February, 1864.

It was my decided opinion I could prove that the pursuer had been guilty of malpractice, therefore I spurned at the idea of tendering a sum of money, offering an apology, and retracting the letter.

Issue and counter-issue were then adjusted. I was told that if I could prove my counter-issue I would be entitled to a verdict in my favour, and against the pursuer; or, in other words, if I could prove the pursuer to have been guilty of having treated any of the women mentioned in the counter-issue unskilfully, that I would gain my case. I subjoin the issues, and it is for you to judge, after reading evidence on both sides, if I have made out my point or not. Bear in mind that, by the very nature of the pursuer's case, I was challenged, in justification, to prove him guilty of unskilful midwifery practice.

The issues on which the action proceeded were as follows:—

“FIRST DIVISION—JUNE 20, 1866.

“ISSUES *in causa* SHARP *against* WILSON.

“Whether, on or about 12th February, 1864, the defender wrote and transmitted, or caused to be written and transmitted, to Dr Greig, of Portsoy, the letter, a copy of which is contained in the Schedule hereunto annexed? Whether the said letter is of and concerning the pursuer, and falsely and calumniously represents that the pursuer is incompetent and unskilful in his profession as a practitioner of midwifery, and that in the practice of said profession he had treated three cases incompetently and unskilfully, to the loss, injury, and damage of the pursuer? Damages laid at £1000 sterling.

“Or whether, previously to the date of said letter, the pursuer, as a practitioner of midwifery, attended Mrs Longmore, Bards of Cullen; Mrs Helen Spence or Geddes; Mrs George Mair, ‘Bobin;’ and Mrs John Wilson, Seatown of Cullen, or any of them, and whether he treated them, or any of them, unskilfully?”

Gentlemen, I have brought the present small volume before you, I hope, for good. You may have the best of teachers; you may read the most approved books on the principles and practice of midwifery; you may have every opportunity of making yourselves thorough masters of your favourite study; but I will be bold enough to assert that, from a careful perusal of the following pages, instruction you will receive, and benefit you will reap, never in after-life to be forgotten. I have always been of opinion that one will profit as much by having his attention immediately directed to the blunders committed by an ignorant man, as by receiving the instruction of the most erudite and successful preceptor. I have seen the operation called lithotomy performed many a time by the late Dr Buchanan, of Glasgow, with such apparent ease and grace, every movement being executed with machine-like correctness, that the onlooker was but too apt to be impressed with the idea that a mere child could perform this nice, but most dangerous operation. We read of the most inexcusable blunders being committed during the performance of the simplest operations, and our thinking powers are, for the first time, perhaps, fully aroused. We begin to study the whole case; we gain a vast amount of instruction; every mistake on the part of the operator is deeply impressed upon our minds; our attention to the minutest details of the operation is thoroughly rivetted; and we learn a lesson from another man’s mistakes never to be forgotten.

I think, gentlemen—but pardon this liberty—it would be a great improvement in teaching were professors of midwifery,

when examining students, to write out a case of bungling from first to last, and ask their students to indicate the blunders, mark the points they consider questionable, and expatiate, quoting high authorities, on the parts they decidedly condemn as unskilful, thoroughly sifting each particular point in the light of principles universally received. Just for a moment imagine that a college is to be immediately founded in some remote part of her Majesty's dominions, and that a professor must be appointed by competitive examination to the Chair of Midwifery—candidates of from six months' to thirty-six years' experience admitted for examination—and that the questions to be answered are those I have drawn up and appended to this letter, arranged under Nos. I., II., III., and IV. Many of the questions you may regard as absurd enough certainly; but if I tell you that I have seen a student of thirty-six years' experience floundering among such questions, you will excuse me for suggesting them.

The obstetrical branch of our profession, gentlemen, I consider, demands our undivided attention. In the practice of midwifery, we must rely on our own individual knowledge and skill. We cannot always get assistance to help us through our difficulties when we would fondly accept of it, as is the case with the surgeon and the physician. When the hour of trial, of difficulty, and of danger arrives, the accoucheur has generally two or more human lives at risk. If he knows his profession, and if he be possessed of that calm fortitude so requisite for the successful performance of midwifery operations, he may reasonably expect to bring matters to a happy consummation.

The accoucheur must know his profession; he must be possessed of imperturbable coolness, firmness, and discretion, ready to combat every difficulty, and to grapple with the most formidable dangers. If, on the other hand, a man be let loose on society to practise the highly responsible duties of the accoucheur, ignorant of his profession, of a highly irritable and excitable temperament, but possessed of a stubborn and dangerous determination that he must, and will, go through with his dire work, whatever may be the consequences, the effects will be appalling.

Timidity is a bad trait in the character of the accoucheur, so also is temerity coupled with ignorance.

In the practice of midwifery, Art is merely the handmaiden of Nature. For the most part, Nature, unassisted, will do her own work wisely and well. We cannot always trust

her, however. If we do, she will sometimes deceive us. We must be ever ready to assist her in her work when required, but never to interfere, never to attempt to thwart her in her course, unless for urgent reasons. We must know when to "let well alone," and when to offer our services. Nature is sometimes fond of strange freaks, and delights in curious and unaccountable doings; she must then be toyed with, gently curbed, and kept on the proper path, like a wayward and unbroken steed, which, unless tenderly reined by the gentle, but skilful, hand of an experienced horseman, will occasionally stumble, or altogether start off the common highway, bringing destruction both to himself and his rider.

A young practitioner may be pursuing his avocations in a sparsely settled country,—in the bush of America, or in the wilds of Australia, or he may be on board of an emigrant ship, having the care of hundreds of human beings. He is a thousand miles from land,—one of the female passengers is seized with the pains of labour, the accoucheur finds, on his first examination, that an elongated pouch is presenting; he makes up his mind the presentation is not one of the head, and inwardly prays it may be a foot; as the labour goes on the membranes give way, and, to his horror, he feels the hand of a living child clutching at his exploring finger; he is excited, timid, and ignorant; he knows not what to do, but recollects that it is well to trust to Nature in midwifery practice; that meddling midwifery is to be deprecated; it flashes across his mind that turning ought to be performed, and, in his ignorance, he supposes it will be well to allow the arm and shoulder to be pushed as far down as possible, so that turning may be the more easily performed. Many hours have elapsed; the accoucheur "screws his courage to the sticking point," and, assuming a heroic-like determination, resolves on performing the operation of turning. To his amazement he finds it an almost insurmountable difficulty to get even the arm removed from the vagina. By dint, however, of tremendous and desperate exertion, he ultimately succeeds in getting the arm pushed above the brim, but finds to his surprise that he has no sooner accomplished this feat than the arm is again in its former position. After many hours of fruitless exertion, he finds that to turn is impossible; his hand is paralyzed; the perspiration runs down his face, and faint with fatigue, fear, and the self-accusing conviction that he knows nothing of turning, and that he has been thoroughly baffled in his attempts to perform the operation, he sinks upon his seat sick with dis-

appointment, and horror-struck as the conviction flashes across his bewildered senses that death will too soon stop for ever the cries of his fast-sinking patient, and that she will inevitably die undelivered! Amidst the entreaties of the relations, and the lamentations of his patient, the practitioner is in no position to collect his scattered thoughts—he has never formed the acquaintance of Hippocrates, of Hunter, or of Breen. Embryotomy instruments he has never provided himself with. May not Nature yet come to his assistance, in the form of spontaneous evolution, and rescue his patient from the grave already yawning to receive its unfortunate victim? Vain hope! Death, with his heavy iron hand, is already knocking at the door of that man's conscience, fiercely demanding the lives of two human beings, sacrificed by a practitioner who ought not to have been allowed to practise midwifery, and who must now reap the bitter fruits of his ignorance. For many hours the unfortunate practitioner waits with a despairing hope that Nature may yet right herself; but, alas! the golden opportunity for easy, scientific, and successful manipulation has been allowed to pass! He has now formed an almost frantic resolution to do something to extricate his patient from impending dissolution, which, to all present, appears to be speedily approaching. A long and final effort is made to push the arm from its place, and to seize the feet of the child. All of a sudden something gives way, and, to his unutterable dismay, the attendant finds that his hand has gone through a rent of the uterus, that it is in the cavity of the abdomen and the intestines coiling around it; all uterine contractions now and for ever cease; the operator is glad to get hold of one foot, and hastily, for fear of losing it, with a trembling hand, attaches a cord, and forcibly drags away a dead infant from a dying mother!

Let us imagine a case where the patient has been subjected to a course of malpractice arising from temerity and ill-timed interference on the part of the practitioner. A young and inexperienced medical man is called to attend a first labour. On making an examination, he exultingly gives orders for plenty of warm water to be at hand, the baby-clothes to be aired, and tape and scissors to be immediately brought him. He imagines the head of the infant to be in the vagina, and inwardly congratulates himself that he has narrowly escaped being in time to be too late. The uterine contractions, previous to the arrival of the accoucheur, may have been going on very slowly, accompanied by a slight

moaning; or they may have been almost incessant, with loud cries. They are now, however, entirely suspended; half-an-hour or more elapses, and the attendant begins to have serious misgivings in his own mind as to the correctness of the diagnosis formed and expressed by him; the head has a strange and slippery surface, and conveys a peculiar glazed kind of sensation to the finger; a slight labour pain by and bye comes on, lasting but a few seconds; the finger is carried well backwards into the hollow of the sacrum, and the attendant finds, to his inexpressible mortification, that the os is dilated merely to the size of a shilling; that the uterine contractions have almost no effect whatever on it further than merely slightly tightening the parts. Six, eight, or even, perhaps, twenty-four hours pass away—the os is now dilated sufficiently to admit two fingers; the attendant ruptures the membranes, inserts two fingers within the os, and, on the return of every pain, does his best to assist Nature, as he thinks, by attempting to forcibly accelerate the dilating process. The patient is irritable, peevish, desponding, and refuses to be comforted; she has lost all confidence in her medical attendant, who at last proposes to effect delivery by the forceps. The patient cannot be retained in a favourable position for the successful introduction of even one of the blades of the instrument; and after persevering for perhaps two hours in his unsuccessful attempts, he sits down weary, baffled, and disappointed. The patient and the relatives are now urgent for a consultation; the husband is forthwith despatched for the greatest obstetrical authority in town—perhaps a professor of midwifery—who, having obtained on the way to the residence of the patient, thorough information from the husband as to all that has taken place, resolves, for the purpose of raising himself, and lowering the other medical man, in the estimation of the public, on making an astounding display—creating quite a sensation, as it were. The arrival of the great authority is duly announced, who, as if allied to the feline genus, with a smiling dance-attendance mask on his face, glides noiselessly into the lying-in chamber and speaks in whispered language; or, with creaking boots, and a canting hypocritical demeanour, he makes his appearance, cold and indifferent, talks in a loud voice, and throws his midwifery instruments on the table, the audible jingle of which goes to the very heart, and sounds like a deathknell in the ears of the unfortunate patient. Nature, which in this case has all along been grievously molested, is yet doomed to be even

still more thoroughly thwarted in her operations, and the poor patient is condemned to undergo renewed torture. The great authority examines the woman, and easily ascertains that the use of the forceps would be premature, and comes to the conclusion that, in all probability, he, too, will be foiled in his attempts to effect delivery by that instrument. He explains to the bystanders that the case is not one at all suitable for instrumental delivery, but that manual interference, for the safety of the mother, is most requisite, and throws out a cowardly and wicked insinuation that the patient might, and ought to, have been relieved long ago.

By a series of ambiguous and equivocal remarks and answers to queries, matters are pre-arranged in such a way that, whatever may be the result of the operation about to be performed to the patient, no blame will be attached to the operator, so great is the weight of his authority. The learned doctor immediately proceeds to effect delivery by turning—that dangerous mode of practice under the circumstances. The condition of the bladder and rectum is never thought of. After a long and dogged search for the feet, the attendant at length succeeds in laying hold of one, and extracts the body of the child. Both arms and head still, however, remain to be extracted, and the accoucheur, in his glorious and triumphant haste, forgets to execute the nice manoeuvre of sweeping the palm of the infant's hand across the face; an audible snap is the result, and both radius and ulna are fractured an inch from the wrist joint—an accident, in the eyes of some accoucheurs, by no means arising from gross carelessness and unpardonable ignorance on the part of the attendant. This ugly piece of bungling the accoucheur shakes himself rid of by explaining, with profound gravity, to the astonished relatives that a fracture of the arm is by no means an uncommon occurrence in the case of a still-born child, and is quite likely to take place in the hands of the most adroit and experienced accoucheur!

The great authority having given a few hurried orders, in a patronizing tone, to the other practitioner as to the management of the placenta, &c., explains that he has to attend a most important consultation with regard to a patient, a lady of rank, at a certain hour, that the time is almost up, and that he must therefore leave. The great authority either glides or stalks out of the room in precisely the same manner as he entered. The medical attendant first called proceeds to remove the placenta by using by far too much traction on the

funis, which at once gives way. The hand is now introduced, the placenta grasped, and the larger half of it removed—the attendant satisfying himself with the expectation that contraction will speedily return and effectually empty the uterus of the remnant of the placenta, and all clots which it may for the present retain. The ordinary abdominal bandage is applied; the practitioner remains for a few minutes without ever thinking of examining for the tumour above the pubes, and, having given all due directions, he leaves the house with by no means a satisfied or composed mind.

In fifteen or twenty minutes after the departure of the medical attendant the patient begins to yawn; the relatives and nurse think she must be fairly worn out, and that, if allowed a good refreshing sleep, all will be well; to the yawning succeeds sobbing; a continual tossing of the head; the bedclothes are thrown off, and an urgent demand is made for fresh air. “Can flooding be going on?” is timorously asked of the nurse by some of the relations. The bed linens are scarcely stained. The accoucheur is immediately sent for. The patient’s voice falters; she feels oppressively weak and sick; cold water is eagerly swallowed; the perspiration, like drops of dew, sits upon her brow, now cold as marble; the eyes are dull and glazed; the respiration is hurried; death is fast settling on that pale and anxious face; a terrible convulsion, which shakes the whole body, and even the very bed, comes on, and dissolution speedily ensues.

The practitioner rushes into the sick-room just in time to hear the last heavy moan of the woman who has thus been so slowly and perseveringly sacrificed. The nurse has discovered that the abdomen feels unusually large for one newly delivered of a child, and hazards her opinion to the medical attendant that a second child must surely exist. The medical man places his hand on the abdomen, but when too late, and is thunderstruck. The idea of internal hæmorrhage instantly occurs to him; and a terrible, a melancholy, and a never-to-be-forgotten lesson is taught him in language, the dread tenor of which no pen can describe, no mind can imagine.

Thus, then, gentlemen, have I attempted to illustrate by the two cases now described the great secret of success in midwifery practice. We must know when and how to assist Nature; and we must know when to allow Nature to perform her duties unmolested.

In the practice of midwifery we must be prepared to encounter many hardships, long nights of watching, and scenes

of distress. Often, in the practice of midwifery, are we brought, as it were, to grapple hand to hand, and face to face, with the grim King of Terrors! If we, as students of midwifery, are to learn it, and become eminent in the art, we must deny ourselves many pleasures; we must be alone, as it were, in holding communion with Nature, often studying the mysteries of the parturient state when—

“O'er the one half world Nature seems dead,
And wicked dreams abuse the curtained sleep.”

We may be unfortunate as accoucheurs in practice, but if we can conscientiously assure ourselves that we have done all that science and a thoroughly educated professional mind can suggest for the relief and the preservation of our patient, we must, although grievously disappointed, rest satisfied; and being thus conscious of having done our duty, the *mens conscia recti* will ever afford a consolation which will solace and support us through life. Before setting out on a long voyage, the mariner sees to his vessel being in proper sea-going trim, that his chronometers, his quadrants, and his compasses can be safely relied on. So also must the accoucheur, before setting out on the journey, whether it may be long or short, of his professional career, make it his bounden duty to thoroughly study his profession, and to provide himself with the proper and requisite instruments for the safe and scientific performance of the midwifery operations he may be called on to undertake. Let no man be so thoroughly culpable and reckless of human life as to presume to practice midwifery without having first possessed himself of an efficient set of the necessary instruments. What must be the feelings of the man who, through ignorance, or a vicious indulgence in meddling practice, has changed a simple case of natural labour into a lingering, an instrumental, and, perhaps, even a fatal one, and who may have the still, small monitor within telling him, in language unheard by the world, that his patient was hurried to an early grave by the ignorance and unskilfulness of her medical attendant? Surely that man, if worthy of being called a man, must feel ashamed and disgraced. Of such a man, to use the words of my old master, the talented Dr Paterson, of Glasgow, I would say, “It is a poor excuse for his crime to assert that he had no malice in his heart; it is a poor alleviation of his guilt to say he did the best he could. The laws of our country may, indeed, acquit him; but his own conscience, if he is capable of reflection, must tell him, too plainly to be misunder-

stood, that he is a murderer! To such a person I would say, it is unwarrantable and criminal to undertake the practice of a profession for which he is not qualified, and the principles of which he does not rightly understand."

Let us ever bear in mind that, besides skill, the human female requires all our sympathy and encouragement while enduring the penal infliction of the terrible primeval curse—"In sorrow shalt thou bring forth children!" We must regard women as the weaker sex, and unable, perfectly, to help each other. We ought, therefore, to feel it to be our imperative duty, in the critical and trying position in which they are placed when in the parturient state, to cheer, comfort, and support them, ever acting up to the golden rule—"Do unto others as you would have them do unto you."

I have the honour to be,

Gentlemen,

Your most obdt. Servt.,

JAMES WILSON.

CULLEN, N.B., 4th November, 1868.

P.S.—Subjoined are the examination papers, referred to at page 9 of my letter, open to candidates of from six months' to thirty-six years' experience, for the Chair of Midwifery.

J. W.

EXAMINATION PAPERS.

No. I.

- 1st. Explain, if possible, what is meant by the term "unskilful midwifery practice."
- 2d. Would you give chloroform in every case of labour, whether natural, preternatural, lingering, or difficult? Would you administer chloroform, in midwifery practice, only in a certain class of cases, and under peculiar circumstances? Would you give a patient chloroform if she were very much collapsed? Would you dispense with the use of chloroform altogether in midwifery practice? Give the opinions of Meigs, Simpson, and Ramsbotham on chloroform in labour.
- 3d. Is the word "forceps" singular or plural?
- 4th. What would be the object of attaching a piece of tape, or a cord, similar to that represented by Fig. E, to the foot of an infant during labour?
- 5th. If a cord is attached to the foot of a child, can any traction whatever be made on the cord for the purpose of extracting the child without injuring the foot of the child? If much force is employed in attempting to extract the body of the child, what will be the result to the mother? Give the opinion of Collins on using much force in attempting to extract the child.
- 6th. If called to a patient very much collapsed, or *in articulo mortis*, and having complete rupture of the uterus, what would be the effect of attempting delivery by turning?

- 7th. If the pelvis is of the natural size; if there is no uterine or vaginal tumour; if the head of the foetus is in the proper position, and the first stage of labour completed; and if the use of the forceps is required, if the operator fails to accomplish delivery by the forceps, to what do you attribute his failure?
- 8th. Mention the stages of labour, and describe them.
- 9th. Before applying the forceps for the purpose of effecting delivery, is it of much importance to make a correct diagnosis as to the position of the child's head?
- 10th. What celebrated accoucheur says that in the first position the face of the child is in the hollow of the sacrum?
- 11th. If the head is in the first position, in what diameter of the cavity of the pelvis will the long diameter of the head be?
- 12th. In your opinion, is it of trifling importance, in the application of the long forceps at the brim, if the first position is mistaken for the second, and *vice versa*?
- 13th. On making the Cæsarian section, for the purpose of saving the child after the death of the mother, if the uterus were ruptured through all its coats, and if the head had gone through the rent, and found its way into the abdominal cavity, would it be possible for an operator, in his sober senses, with a steady hand and a good eye, to make a mistake as to whether the head of the child was in reality in the uterine, or in the abdominal cavity?
- If it were possible that any doubt could exist as to a rupture of the uterus, would the operator or an onlooker be the more liable to be mistaken in his opinion?
- 14th. If fatal rupture of the uterus takes place once in every 400 or 500 cases in a man's practice, would you consider that it does so from natural causes, or from the unskilful manipulations of a bungling operator?
- 15th. If a man has used the forceps twelve times every year during the thirty-five years he has been in practice, how many women in all is it likely he has attended in confinement?
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No. II.

- 1st. In the case of a natural labour, what effect would be produced by your alarming your patient? Quote Ramsbotham on this.
- 2d. By whom was the operation of shaking a patient in a case of lingering labour first described? And when did Hippocrates flourish?
By whom has the ancient practice of shaking in lingering labour been recently introduced into practice, and with what result?
- 3d. Do you consider that swearing at a patient and at the bystanders would be a valuable adjunct to the operation of shaking, in a case of lingering labour, more especially in the case of a young woman giving birth to her first-born? Under any circumstances whatever, ought the lying-in chamber to be converted into a pandemonium?
- 4th. Give the professional term for a first-born; and is the penultima long or short?
- 5th. If the short forceps is applied in the long diameter of the head, and if it slips eight times, would you attribute the slipping to the weakness of the instrument, or to the unskilful application of it by the operator?
If the short forceps is applied in the long diameter of the head, however powerful the instrument may be, what will be the inevitable result?
- 6th. Would you consider it good or bad practice to persevere applying a weak forceps for two or three hours, and that forceps slipping eight times in the course of your ineffectual attempts to deliver?
- 7th. A forceps will slip hither and thither if it gets on to portions of the head which wont allow of a proper hold; does a forceps get on of its own accord, or is it put on by the improper application of the instrument, and by the hands of an unskilful operator?
Is a false stitch attributable to the needle, or to the hands which ply it?
- 8th. If a child is born with terrific wounds on the occiput, and near the inner angle of the right eye, which give out matter for six weeks after the birth of the child, would you consider the short forceps to have been used skilfully or unskilfully?

No. III.

1st. Would you take twenty or thirty ounces of blood with the lancet from the arm of a patient in any stage of labour if she were considerably exhausted, there being no dread of convulsions or head complications?

Would bleeding under such circumstances be a decided malpractice?

2d. Did Dr Hamilton, or the late Dr Thatcher, or any Edinburgh physician ever bleed women in labour when exhausted?

3d. If a woman has been so long in labour as to justify the operation of craniotomy; and after performing craniotomy, the patient being considerably exhausted, and under chloroform, would you consider bleeding to the extent of twenty or thirty ounces to be unskilful treatment?

4th. Do you consider it would require the wisdom of a professor of midwifery, a judge, or a fool to give decided and satisfactory answers to questions 1, 2, and 3?

In your opinion is it possible for a doubt to exist in the mind of any civilised member of society regarding the propriety or impropriety of such practice as detailed in questions 1, 2, and 3?

5th. Before applying the forceps, or before proceeding to perform the operation of turning, can you tell with certainty, on examination by the hand, if catheterism is necessary or not for the safety of your patient, and if a mistake in this were to occur, what would be the probable result to your patient?

What does Ramsbotham say on catheterism before applying the forceps?

6th. If called to attend a case of lingering labour, your patient considerably exhausted, the case demanding immediate interference, the head of the child impacted at the brim, which is contracted to 3 inches in its antero-posterior diameter, and which not only prevents the head from advancing, but which also prevents you from applying the forceps, will you persevere in your useless and mischievous attempts, for two or three hours, in introduc-

ing and attempting to forcibly lock the blades of the instrument? And what must be the inevitable consequences of such practice to the mother?

Is such practice as specified in this question unskilful?

What does Churchill say regarding this?

7th. Is the forceps to be introduced during a labour pain, or in the interval between the pains?

Quote Rigby on this.

8th. In a case in which the pelvis of the mother is contracted in its antero-posterior diameter to three inches, the head of the child, of the usual size, presenting, the first stage of labour completed, and after several hours have been occupied in your unsuccessful attempts to introduce and lock the forceps, what is the practice to be adopted—craniotomy or turning?

Will the latter operation be accomplished with ease or with difficulty; and is it likely to be attended or followed by trifling or most serious results to the mother?

If you succeed in turning the child, and having brought down the extremities and body, you find that the head of the child is so much ossified that it cannot be brought through the contracted part of the pelvis, but remains above the contracted brim, what is the practice to be adopted?

9th. In introducing the common scissors-shaped perforator to the head of the infant, do you guide it along one finger, or along the groove between two fingers; and state your reason for so doing?

10th. If you are so culpably reckless and careless of human life as to be practising the responsible duties of the accoucheur, without being at the trouble or the expense of providing yourself with a proper set of instruments suitable for the successful performance of operations of vital importance, and in which the safety of one or more human lives is always involved, would you, under any circumstances whatsoever, use as a craniotomy forceps, the tool depicted by Fig. B, the pelvis of the mother being contracted to three inches in its antero-posterior diameter, the body of the child turned and occupying the free space of the pelvis, and the head of the child, of average size, remaining above the contracted brim?

From the shape and size of the tool represented by Fig. B, is it possible to thrust it alongside the mass of the child's body through the contracted brim, already occu-

plied by the neck of the child, to the cranium perforated behind the ear, and to seize and extract portions of the scalp and bones?

If it is impossible to accomplish what has been already asked, what would incontrovertibly be the inevitable results to the mother from the attempt at a forcible introduction of such an instrument as represented by Fig. B?

- 11th. If called to a case of natural labour which, on your arrival, all at once assumes the aspect of a lingering labour, the first stage completed, the head resting on the perineum, and the scalp tumour distinctly felt in the vagina, what is the practice to be adopted?
- 12th. If you find yourself to be of so thoroughly an irritable and excitable temperament that you are totally unqualified to practise instrumental midwifery, and that you can "no more handle a forceps than an infant," ought you to change your profession, or ought you to go on in your dire occupation?
- 13th. In such a case as described in question 11th, if you are unable to lock your forceps on the child's head, and not being possessed of a proper midwifery perforator, you proceed to destroy the head of the child, still alive, with a weapon, such as represented by Fig. D, and being also in want of a crotchet, you have recourse to the pincers, and thereby extract portions of the skull; still failing, however, to remove the whole of the head, you take blood from the arm to the extent of 30 ounces, and thereafter make an attempt at turning; and, further, if, in the midst of your excitement and confusion, mistaking a hand for a foot, you attach a strong cord, as represented by Fig. E, to a wrist and ankle of the child, and forcibly deliver, by pulling violently at the cord; if your patient, the subject of such terrible torture, lingers on for a few hours, until death closes the scene—if such a case is treated by you in the manner now described, will you, on serious consideration, arrive at the conclusion that you have performed a feat in operative midwifery, or that, in truth, you have been guilty of a double crime?

No. IV.

1st. Translate into professional language the following vulgarisms:—

“Before putting in the forceps, I uniformly put in my hand.”

“It (forceps) uniformly took by the head.”

“It (child) always remained in that position with the leg out.”

“It (head) stuck there at the brim of the pelvis.”

“There was very considerable constitutional irritation.”

2d. In the following precognition of a witness of unquestionable integrity, what points of practice pursued by the accoucheur do you particularly admire or condemn?

Quote Churchill, Denman, and Collins, in support of your views.

3d. I. M'H. or E.—I am the widow of the late W. E., and reside in the village of F., in the parish of F. I am over forty years of age, and am the mother of several of a family. I recollect of the sixth confinement of my sister-in-law, M. D. or M'H., wife of A. M'H., who then lived in the town of C. It is now sixteen years ago past, on the night before P. F. market, in the month of July. My brother came for me about twelve at night. I then lived in the parish of D., distant from C. about two and a-half miles. I arrived at the house of my sister-in-law between twelve and one o'clock. I went to the bedside of my sister-in-law, and she spoke to me, and said she had had labour pains since seven in the evening; that up to eight she had been sometimes sitting by the fireside, and sometimes walking about through the room. She told me the pains were weak, and a good while between them. She appeared to be going on safely and naturally. The doctor came into the house a few minutes after my arrival. After sitting for a few minutes—perhaps fifteen—he began to use his forceps to deliver the woman. The doctor worked for about two hours with his forceps trying to deliver the woman, but the forceps always slipped. I know what a forceps is. I have seen a forceps used at other confinements. The doctor laid aside his forceps, and said the child was alive, but that he would require to

destroy it, in order to save the woman. He then took a straight piece of iron, of the thickness of my little finger, about ten or twelve inches in length, with a screw at one end, and screwed it into the child's head, and pulled away pieces of the child's head. He repeated this operation a good many times. I could not say how many times. The instrument the doctor used was a single piece of straight iron; it was not like a scissors; it was not a hook. The doctor after this took my brother into a closet, and told him the case was a very serious one, and sent him off to P., a town about five and a-half miles from C., for another doctor. The doctor said to me and to J. D., a sister of M. D. or M'H., that the case was a bad one. We were both in the back of the bed all the time the doctor was working with the patient. The doctor told us the after-birth was coming first. After my brother left C. for P., the doctor said he would turn the child. He proceeded to turn, but always brought down the arms of the child. He put them back, but they always came down again. After working perhaps an hour or more, he took a knife, and, with a terrible oath, said he would never make such a mistake again, and cut off first one arm and then another, and threw them into a basin of water. He then brought down the legs of the child, and asked for a piece of cord. J. D., sister of Mrs M'H., went into the garden, and brought a piece of clothes-line (a piece of cord, or rope, for hanging clothes on). The piece of line was about one or two yards in length. The doctor made a hitch on the line, and attached it to the legs of the child; and at this time the doctor from P. arrived, and both doctors pulled by the line with all their might. I and the sister of the sick woman, J. D., held down the patient as well as we could, but the doctors pulled her down, and almost out of the bed. The doctors pulled for a while, and then desisted. They assisted us in getting the patient placed in a proper position, and then both pulled a second time. One doctor had his foot spurred against the side of the bed, and the other doctor had a hold of the cord as well, and both pulled on the cord, and succeeded in extracting the child from the mother. By this time the patient, Mrs M'H., was very weak; she moaned, and prayed the doctors to let her die in peace. When the doctor was

working with the patient with his instruments, the blankets were thrown off, and the naked body was exposed. I was in bed along with the patient the whole time the doctors were attending her. J. D. was also in the bed the whole time, except when she went into the garden for the clothes-line. Mrs M'H. was delivered a little past five in the morning of P. F. market day, and died on the evening of the following day. A great deal of blood came from the woman during her delivery. Both doctors hurried away immediately after delivering Mrs M'H. I thought they did so to avoid being seen by people on the street, as their clothes were very much stained with blood. The doctor gave his patient a good deal of chloroform when he was attending her, but she was never entirely under it. He swore a good deal when his instruments slipped. The after-birth came off itself, or the doctor took it away a few minutes after the woman was delivered of the child. The child was dead, and all its head destroyed.

Mrs M'H. previous to this had given birth to several living children. A daughter, of about twenty years of age, is now alive.

- 4th. Would you expose the person of a patient in labour when using instruments, and what object would be accomplished by doing so?
- 5th. In the case of an abortion, what is the management of retained placenta?
- 6th. Does an hour-glass contraction of the uterus in reality exist?
- 7th. Do you remove the placenta immediately after the birth of the child, or do you prefer waiting fifteen minutes, or even two hours, for a uterine contraction?
- 8th. If called in the capacity of a physician to visit a patient, aged 80, labouring under the following symptoms, what line of treatment would you adopt?—Pulse, 130; hard and irregular; much emaciation; tongue black; occasional delirium; flushed face; incessant and intolerable desire to micturate; urine scanty, intensely acid, and mixed with pus and blood; a fixed, dull heavy pain over the loins, greatly increased on pressure. Would you approve of the treatment given in the following page, which was adopted by a medical man, who has acted as a general practitioner for nearly 47 years?

℞ Super Tart: Potassæ
 Nit. Potassæ ā ā ʒ ss
 Aquæ Fontis ʒ xx
 Spts: Æther: Nit: ʒ iv
 Fiat Solutio. M

Sig: A Wine-glassful four times daily.

G. G.

For Miss A.

In addition to the above, this patient was ordered to swallow four large wine-glassfuls of the strongest foreign gin daily—table-beer and beef-tea *ad libitum*.

Would you consider it your duty to allow such treatment to be employed, or would you consider it a breach of etiquette to say a single word regarding it?

If you call such treatment into question, you are liable to be pursued in the Court of Session for defamation, although a human being may be sacrificed by such treatment. "Doctors differ;" and you may be ruined! What next?

LEGAL PROCESS

IN CASE OF

SHARP VERSUS WILSON,

COURT OF SESSION.

PROOF

IN ACTION OF DAMAGES AT THE INSTANCE OF

HUGH SHARP, Member of the Royal College of Surgeons, England,
residing in Cullen, in the shire of Banff—*Pursuer*;

AGAINST

JAMES WILSON, Licentiate of the Faculty of Physicians and Sur-
geons, Glasgow, and residing in Cullen aforesaid—*Defender*.

Counsel for Pursuer—Messrs FRASER and SCOTT. *Agents*—Messrs WALLS, Edinburgh;
and COLVILLE, Portsoy.

Counsel for Defender—Messrs CLARK and INGLIS. *Agents*—Messrs H. and A. INGLIS,
Edinburgh; and FORBES, Banff, and A. MURRAY, Portsoy.

[*Taken by WILLIAM HODGE, Shorthand Writer.*]

EDINBURGH, 16th May, 1867.

FIRST DIVISION—JUNE 20, 1866.

ISSUES

IN CAUSA

SHARP AGAINST WILSON.

Whether, on or about 12th February, 1864, the defender wrote and transmitted, or caused to be written and transmitted, to Dr Greig, of Portsoy, the letter, a copy of which is contained in the Schedule hereunto annexed? Whether the said letter is of and concerning the pursuer, and falsely and calumniously represents that the pursuer is incompetent and unskilful in his profession as a practitioner of midwifery, and that in the practice of said profession he had treated three cases incompetently and unskilfully, to the loss, injury, and damage of the pursuer? Damages laid at £1000 sterling.

Or whether, previously to the date of said letter, the pursuer, as a practitioner of midwifery, attended Mrs Longmore, Bauds of Cullen; Mrs Helen Spence or Geddes; Mrs George Mair, "Bobbin," and Mrs John Wilson, Seatown of Cullen, or any of them, and whether he treated them, or any of them, unskilfully?

(Schedule.)

"CULLEN, 12th February, 1864.

"Dear Sir,—I understand you were called some time ago to attend Mrs Wilson, Knowes, in her confinement, but, being in bad health, you could not attend to her. Her husband then called Sharp, who visited her; but she (Mrs Wilson) has not yet been confined. This plan of procedure on the part of Wilson I cannot by any means understand. Sharp lately attended a sister of Mrs Wilson (a Mrs Longmore, Bauds of Cullen) in her confinement, *who died undelivered!* and for Mr Wilson to call Sharp to his wife after this is a circumstance most unaccountable in my idea. Now, I am the last man to interfere with another medical man in his profession, neither do I wish to attend Mrs Wilson; but I most certainly will be very much chagrined to hear of Sharp attending Mrs Wilson, or any other patient of yours or mine in *Deskford*. If you have not already done so, do by all means call and see Mrs Wilson; push her hard about her sister's case. It is too bad to see a man allowed to attend women who, I believe, is no more capable of using a pair of forceps than an infant. This is, at least, the third case of the sort that has fallen under his hands since I came to Cullen. Do be so good as let me hear from you soon; and, with compliments to Mrs Greig and family, I am, dear sir, yours truly,

(Signed) "JAMES WILSON."

(Addressed)

"Dr Greig, Portsoy."

PURSUER'S PROOF.

[The Parties agreed that the Medical Witnesses should remain in Court during the leading of the Evidence.]

THURSDAY, MAY 16.

DR JAMES WILSON.

I am the defender in this action. (Shown No. 9 of process.) That letter is in my A handwriting. (Shown No. 10 of process.) The address on that envelope is in my handwriting. I sent off the letter enclosed in that envelope to Dr Greig, of Portsoy, on or about the date it bears—12th February, 1864. I know Dr Sharp, the pursuer of this action. I never acted along with him in any midwifery case, or in any case whatever.

DR GEORGE GREIG.

I reside in Portsoy. I am a member of the Royal College of Surgeons in Edin- B burgh. I have acted as a general practitioner in Portsoy for nearly *forty-seven years*. Portsoy is about five and a-half miles from Cullen. I know Dr Wilson, the defender, *a little*. I have known him since 1859. I have met him only *once* professionally. I was medical attendant to James Wilson, Knowes, Deskford, from 1850 to 1864, and had attended his wife in at least four of her confinements. I was called to attend her in her confinement in February, 1864. I was *unwell* at the time, and forbidden to go out at night, and I did not go. A few days afterwards I heard that the pursuer had been called in. I got that information in a note from defender. (Shown C Nos. 9 and 10 of process.) That is the letter. I received it, enclosed in the envelope now produced, on the 13th February. I had *only* received one letter from defender previous to that time; it was a letter calling me to a consultation with reference to that one occasion on which I was professionally engaged with him, to which I have spoken. That was in 1859. (Q.) Did you understand what was meant by the expression in that letter of 12th February, 1864: "This plan of procedure on the part of Wilson I cannot by any means understand?" (A.) I could D not account for his writing to me on that occasion. I did not understand what was meant by these words. (Q.) Did you understand from the letter that Mrs Wilson had been badly treated? (A.) I drew no inference of the kind. I did not form any opinion with regard to the matter. I undoubtedly considered that the letter reflected

A upon the professional conduct of Dr Sharp. After I got this letter, I laid it aside carefully until I should get the opinion of any friend of mine whom I could trust as to whether or not I should communicate it to Dr Sharp. I consulted with the *late Dr Whyte*, of Banff, and showed him the letter. I showed it to no other person. Dr Whyte said I ought to hand it to Dr Sharp as soon as possible. I said I would not seek out Dr Sharp for the express purpose of doing so; but the first time I saw him I would let him know I had such a document, and I did so. He came to my house a short time afterwards and received the document. There was no one present but Dr Sharp and myself when he received it. I wrote to Dr Wilson in reply to this letter, but I did not get any answer from him. I have a rough *scroll* of the letter which I sent to him, but I have not got it here. I received the letter in February, 1864; and I think it was towards the end of November of the same year that I spoke to Dr Sharp about it, and handed it to him. *I never was in Dr Wilson's house.* I never had any conversation with him on the subject of this letter. I do not know what object he could have had in writing the letter, unless to *lower* Dr Sharp in my opinion.

Cross-examined—*I was not privately intimate with Dr Wilson.* I did not meet him socially. He occasionally came to my house, but not often. I suppose he came as a friend; I took his visits in a friendly manner. I applied to him *once* for lymph for vaccination purposes, and got it; but I applied for lymph wherever I could get it, whether I knew the persons or not. I met Dr Wilson once professionally in a consultation with regard to a patient of his own. In June, 1864, I performed an operation on the leg of a farm-overseer in the employment of William and Peter Fortune, the tenants of Broom. When I was called in, the bone was protruding through the flesh, and also through the stocking and the strong country boot that the man wore. I reduced the fracture. Mr Fortune afterwards sent for Dr Wilson, who was his own medical attendant, and he not only altered the treatment, but he altered the *dressings*. Of course I was not pleased at that. I cannot say that I was actually angry, but I did not approve of it. *I had neither friendly nor unfriendly communications with Dr Wilson after that date.* I had had no connection with him for several years previous to that date. It was from the contents of the letter itself that I formed the opinion that Dr Wilson reflected on Dr Sharp's professional conduct. When I handed the letter to Dr Whyte, of Banff, I did not know that he and Dr Wilson had anything more than a common acquaintance. I do not always communicate to friends the contents of letters that are written to me; but Dr Whyte was a friend in whose judgment I reposed great confidence. I had some business in Banff, and I took the letter with me, and showed it to him, and asked him whether or not I should show it to the person principally concerned, and he said that I ought to do so. It was in the course of the summer that I communicated the letter to Dr Whyte. I did not see Dr Wilson before communicating the letter to Dr Whyte. I did not think it was necessary to ask him whether the letter was private; it was not marked private. I had no opportunity of asking him, for I did not see him. I did not think of asking him by post. I handed a copy of my reply to Dr Wilson to the local agent. So far as I can recollect its contents, I stated, in the first place, that I was not aware who was called in to Mrs Wilson until I received his note. I then mentioned that I recommended my colleague, Dr Gardiner, but he was also unwell, and unable to go, and, of course, I left Mr Wilson at liberty to take whom he chose. Dr Wilson had made some remark in his letter respecting the treatment of a sister of Mrs Wilson, who died from ruptured uterus, and I mentioned to him that the treatment which was pursued on that occasion was exactly what the case required, and what I would have done myself. I made no allusion to the other three cases mentioned in Dr Wilson's letter, because I knew nothing about them. I was not present when Mrs Longmore's case was treated. It was from statements *I heard publicly* that I formed the opinion that the treatment which Dr Sharp had pursued was exactly what it ought to have been, and according to what is commonly received as the standard opinion of the profession in cases of the kind. The case was generally talked about among the public; and Mrs Wilson gave me her own statement of what had taken place with regard to her sister. (Q.) Then, from what you had heard publicly stated you formed your opinion of Mrs Longmore's case, and it was from the opinion so

formed that you thought yourself entitled to send Dr Wilson's letter to Dr Whyte, A of Banff, to hear his opinion on the case, without consulting with Dr Wilson at all? (A.) It was not from the opinion I then formed that I did so. It was from the opinion I formed as to the contents of the letter that I wished Dr Whyte's opinion, as a confidential friend, as to whether or not I should communicate it to Dr Sharp.

JAMES WILSON.

I am a farmer at Knowes, in the parish of Deskford. I am fifty-one years of age. B Dr Greig, of Portsoy, was my medical attendant till lately, and attended my wife in several of her confinements. She was confined in February, 1864. I went for Dr Greig on that occasion, but he did not come; he sent a message that he was unwell. I then called on Dr Gardiner, but I did not find him; then I went for Dr Sharp, who came and delivered my wife, but not that night. I think it was ten days after I called Dr Sharp before she was delivered. There was no midwife in attendance. About a twelvemonth after this I saw Dr Sharp in my house. He showed me a C letter, which I read. (Shown No. 9 of process.) I think that is the letter. *Dr Sharp handed me a copy of it.* (Shown No. 16 of process.) I think *that is the copy* that was left in my possession. Some time after that, Mr Macleod, late forester at Cullen House, in Lord Seafield's estate, called at my house and asked a sight of the letter. He did not say from whom he came. I showed him the copy. He took it away with him. He did not say what he wanted to do with it. He said he would return it, but he did not do so. Dr Wilson once attended a daughter of mine; that D was several years ago. On the day when Macleod took away the letter, I received a note from Dr Wilson, asking me to go to Cullen that night to be precognosed by his agent. I understood it to be with reference to the letter. Mrs Longmore, Bauds of Cullen, was my wife's sister. She was born in 1826, and died in November, 1863. She had five or six children.

Cross-examined—I once seconded the nomination of Dr Wilson, *as medical officer for the Parochial Board of Deskford*; I do not recollect in what year it was I did so. E I think Dr Sharp had previously held the office. So far as I recollect, the reason why I did so was, because the paupers had *more favour for Dr Wilson than for Dr Sharp*. When Dr Sharp showed me the letter, there was very little talk about it. I do not recollect what he said. He certainly did *not praise Dr Wilson*. I don't think he abused him. He did not, in my hearing, call him a blackguard. I don't think Macleod specified any time at which he would return the letter; but just said that he would return it very soon. I did not lend it to him. I just showed it to him, F and he pocketed it, and would not give it up again. I afterwards asked him to return it, and he said he would make Dr Wilson return it. I suspected from this that it had passed out of Macleod's possession.

MARY BIDDIE or WILSON.

I am the wife of James Wilson, the preceding witness. I am forty-five years of age. I know Dr Greig, of Portsoy. Up to 1864 he was our medical attendant. He attended me at five confinements. Joan was born in February, 1864. I was G attended on that occasion by Dr Sharp. Dr Greig had been sent for, but did not come. The first time Dr Sharp called was ten days before my delivery. I think he called once again between that time and my delivery. I was safely delivered on that occasion. Mrs Longmore, Bauds of Cullen, was my sister. She died in November, 1863. I heard that she had been attended by Dr Sharp. I have seen Dr Sharp *in a good many midwifery cases among my neighbours*. I think he treated me well, and from what I have seen of his practice in other similar cases, I had *great confidence* in H him. Mrs Longmore was born in 1826. She was married, I think, in 1843. She had borne nine children; and it was on her tenth confinement that she died. About a twelvemonth after Joan was born, Dr Sharp came to our house and showed a letter that Dr Wilson had written to Dr Greig. *A copy of it was given to my husband.* I

A did not see that copy taken away. I read the letter. It could not produce any impression on my mind, for I had nothing to do with it. Dr Wilson once attended a daughter of mine; I do not recollect how many years it is ago. We never employed him after that.

DR HUGH SHARP.

B I am the pursuer of this action. *I obtained the degree of M.A. at Marischal College, Aberdeen, in 1830.* I went through the full curriculum of academic study. I have a diploma from the Royal College of Surgeons, England; it was the Royal College of Surgeons of London when I passed, but the name has since been changed. *It was in 1832 that I passed.* After obtaining my diploma, I began to practise in New Pitsligo, Aberdeenshire, along with my brother, who was also a medical man, but who is now dead. I practised there from 1832 till 1837. I then went to China C as surgeon of an East Indiaman. I returned from China in 1838; and, after spending a few months at home, I commenced to practise at Cullen, where I have continued ever since. I have had a considerable practice at Cullen, including the principal inhabitants of the district, with Lord Seafield at their head. *I have been employed by Lord Seafield's establishment since 1840.*

I knew Mrs Longmore, Bauds of Cullen, intimately. I was her medical attendant for a number of years previous to her death. I attended her family. She died in D childbed in November, 1863. I was called in to see her about four o'clock in the afternoon of the day in which she died. I think it was about eight o'clock when she died. I had not seen her before that with reference to that confinement. She had been attended by a midwife called Flett or Simpson. When I came in at four o'clock I found Mrs Longmore very much collapsed. I could not understand the case at first. *She had had no uterine pains—[see pages 37 G, 44 H, 45 G, 56 D, E]—that is, pains of labour—for a great many hours before I was called.* She was not delivered then. She E had a severe pain in the bottom of her belly, but no uterine pains. The abdomen was quite flaccid, and there being no labour pains, I conjectured at first that it was the death of the child that caused it. The midwife, I was told, had urged the husband, as early as five o'clock in the morning, to send for some medical man, not naming any one particularly, as she did not understand the case, and she continued to do so repeatedly after that. I sat down and waited to see if there would be any alteration, but there was none. I then attempted to apply the *long forceps* in order F to extract the child; but, on making the attempt, the head receded into the uterus altogether out of reach. There was no presentation to be got. She was slightly *under chloroform at the time.* [36 H, 56 F, G.] *After that I turned the child and extracted one of the feet, and made one of the women who were present attach a piece of tape, as I uniformly do, round the foot.* The object of doing this is, if the foot should happen to recede, it can be easily got by it; and another thing is, that when the tape is round the foot one can get a better hold of it, using proper traction. *I could not G understand what was retaining the child in utero; and I introduced my hand to examine it, and found that the head was through a rupture of the uterus.* When I ascertained that the head had gone through that rent I desisted, and ordered them to send to Buckie, which is about four miles from the place, for some of the medical men there. Dr Carmichael, of Buckie, came, and he and I sat down in the house, not far from the patient, while I explained to him the nature of the case. I told him that there was a rupture of the uterus, and that I was afraid the woman would soon be dead. H She died in a very short time, probably a few minutes after Dr Carmichael came. Immediately after death, he proposed that there should be a *post mortem* examination. I said that such a thing was very repugnant to the feelings of ignorant country people; but that, if he wished it, he should go and try to get them to submit to it, for I did not like to rouse them. He went and tried to get them to submit to it, but came back to me and said they would not allow him to do it. He then wished me to try and see if they would not allow me to do it. I did so, and the husband immediately I diately said, "Oh, do as you like." I came and told Dr Carmichael immediately that I had got permission at once; and he said, "You will operate—you will perform the examination." I said I would not do it, but that I would stand by him while he

did it. *He accordingly made the examination; and as soon as the external walls of the A abdomen were opened, the head of the child appeared.* [57 F, 41 C, D, 77 H, 78 A, B.] He said, "I see now it is what you said." The child was then lifted out of the uterus and given to one of the women who were present, and then we sewed up the incision. He did not go any further, neither did he or I examine the rent of the uterus. The thing was done in an instant. The child was just lifted out and given to one of the bystanders, and the incision was sewed up. The child was dead. I signed the certificate of the woman's death. (Certificate produced.) The cause of death is stated B to be "rupture of the uterus." There was nothing in Mrs Longmore's health or constitution to lead to the accident. She was of weakly constitution, but I am not aware of any disease she had; she was thin. *The rupture was on the left side at the upper third of the fundus of the uterus. It was neither on the anterior or posterior surface, but extended laterally.* [58 F, G, 59 C, D, 41 C, D.] I could not be absolutely certain whether the direction of the rupture was horizontal or perpendicular; but I rather think it was perpendicular. I am not able to describe it exactly, because there was so little atten- C tion given to it at the time of the examination. When we saw that it was rupture, the incision was closed up immediately. When I came in, Mrs Longmore told me that she had a severe pain in the lower part of her abdomen—not an alternating pain like a uterine pain, but a constant fixed pain. This pain, I was told, had lasted for a good many hours; and I understood that it was because she had *no pains of labour* that I was called in. Had there been sufficient pains of labour, the midwife would have been perfectly able to have done everything that was necessary herself; she had D been with Mrs Longmore in all her previous confinements, but she said she did not understand this. The *os uteri* was perfectly dilated. The head had nearly approached to the brim of the pelvis. I did not get even one blade of the forceps introduced. As soon as I was about to introduce the first blade, the head receded into the uterus. *Before putting in the forceps, I uniformly put in my hand, in order to guard the os uteri and the soft parts, and then the blade of the forceps is introduced along with the hand. It was when I put in my hand that the head receded, and then I did not E introduce the forceps. In my opinion, the best thing next to be done was to turn the child, because immediate delivery was the thing demanded from the state of collapse in which the patient was.* There are various courses that might have been adopted; but the turning of the child was the best thing in the circumstances, and is recommended by the highest authorities, and it is what I have *universally practised* in such cases. After turning the child, the next thing to do was to extract it; and, as I have already said, upon getting hold of one foot, I made an assistant attach a piece of tape round F the ankle of the child. By presenting the child in that way, I thought it would be extracted; but I found that it could not, and, on searching for the reason, I ascertained that the head of the child was through the uterus. There might have been other remedies than that of turning the child adopted in other circumstances. For instance, the Cæsarian section might have been adopted, but that is a serious operation, and one that no single medical man will adopt without an assistant. Besides, I had no instruments for that; and it would have taken an hour at the least to have G obtained them.

The case of Mrs Spence or Geddes occurred in the year 1841; and it is so long ago—twenty-six years—that, perhaps, I do not remember fully about it. Mrs Geddes lived at Bauds of Cullen, about two or two and a-half miles from Cullen; and I was called in to see her at her confinement. She was under the care of a midwife when I saw her. I think it was about mid-day when I was called in. Her pains were then inefficient, so that I left her. I called back at three o'clock, and there was no H alteration upon her. I said I would call back some time in the evening; but *I was called away to a distance—to a place, I think, about seven miles further west.* I was sent for in the evening, and I should think it was about seven o'clock when I came back. I attempted to deliver her then by the forceps. The presentation was natural, and in the first position, and she was in the second stage of labour. On applying my midwifery forceps, I found it was *too weak. It uniformly took by the head; but it slipped many times.* I made the remark to the people, that if my midwifery forceps I went on slipping in this way, there was only one alternative, and that was to break down the child; but, *previous to that, I wished them to send for any medical man in the*

- A *district*. [53 B, C, 61 I.] I was a stranger at that time, and knew no medical man in the district; but I ordered them to send for one. They sent for Dr Carmichael, of Buckie, who came, and used his own forceps. It did not slip more than once, but I rather think it did slip once; it is so long ago, however, that I do not remember exactly. The child was delivered. The mother recovered, and the child survived, and is alive still. Dr Carmichael's forceps was different from mine—it was stronger, and straight. Mine was what is called Hamilton's forceps, double curve. This was
- B not a suitable case for turning the child. It was a first child. I did not examine the state of the foetal heart with the stethoscope; I do not think it was in use then. The case of Mrs George Mair, Bobbin, occurred in December, 1856. I attended her for her confinement. She was attended by a midwife before. I really forget what time of day it was when I was called there, but I think it was about *twelve o'clock*. [60 I, 61 A.] *On arriving, I found her considerably exhausted, and the case demanding immediate interference.* I attempted to apply a long forceps, but I could not do so,
- C for the best of all reasons—that *there was not room to apply it. I tried it various times, with an interval of perhaps half-an-hour between each attempt; but I could not get the forceps applied for want of room.* I then said to the husband that, as the case appeared to be a very difficult one, he had better send to Portsoy, a distance of *six miles* or thereby, for Dr Gardiner, or any of the medical men there, to assist me. There were two medical men there besides Dr Gardiner. A messenger was accordingly sent, but he returned, and said they were all from home. Seeing, then,
- D that the case demanded *immediate interference*, I commenced myself. *I turned the child*, but found that, after all, without the cerebrum and the cerebellum being evacuated, and the cranium collapsing, I could not get her delivered. I applied my crotchet—an instrument for pulling down the head—but found the head so firmly ossified, that the crotchet would take no hold of it. I had no craniotomy forceps in my case; but there happened to be a shoemaker's shop almost next door, and *I got a pair of pincers from him, and applied it to the head of the child, and it answered the*
- E *purpose wonderfully.* (Produces instrument.) I was able to extract the child; and, for a day or two, the woman recovered wonderfully well. This was about eight o'clock on the Saturday night. [69 C.] *I called back on the Sunday about twelve o'clock, and found the patient in a most satisfactory state, with an excellent pulse, and complaining of nothing.* I did not see her again, but I afterwards understood that *she died that night.* She was in such a state when I saw her on the Sunday that I did not anticipate a fatal conclusion. [60 F.] The presentation in that case was quite
- F natural, in the first position. The reason why the birth was prevented was that the pelvis was contracted; in the antero-posterior diameter, so far as I was able to ascertain—[63 E, F]—*it was about three inches.* That was one cause; and another cause was the child's head being so firmly ossified that it did not yield. I preferred the operation of turning to craniotomy, because I had performed turning several times, according to the recommendation of Sir James Simpson, who is the greatest authority of the day upon that subject. In performing the turning, you introduce a hand into
- G the uterus, and search for a foot. If you get one foot, that is *quite sufficient*; we never search *for two*—there is no necessity for it. If we get one foot, that is quite enough; and, on getting down one foot, we attach a little bit of tape to the ankle. That is all that is done. After getting hold of the one foot, we use traction to extract the child. I found it could not be extracted in that way, and then took the perforator, and *perforated the head at the back of the ear* to evacuate the brain. The head after that generally collapses, and there is little trouble in extracting the child; but
- H in this case, so strongly was the head of the child ossified, that it did not contract, and I could not get my crotchet to take hold of the bone. Then I reflected what I would do, and *I got these pincers, and an excellent instrument it is.* This was the woman's first child. She appeared to be a woman of from twenty-two to twenty-three years of age. *I do not know what was the cause of her death.* I understood afterwards that the room had been crowded with fisherwomen, after the fashion there at such times; that is a thing that is not good for the patient.
- I As to the case of Mrs John Wilson, Seatown of Cullen, I attended her in her confinement in 1860. There was no midwife attending her. So far as I can recollect, she was taken in labour on the Thursday, and I delivered her by the forceps on the

Saturday. She was for that period of time in labour. Being her first labour, the A parts were very stiff and unyielding at first. However, the child's head progressed till she was in the second stage of labour—that is, when the uterus or os uteri does not longer obstruct the birth. The child's face was in the hollow of the sacrum, but quite impacted, and remained so for a good many hours, until considerable constitutional irritation began to be produced. I then applied the forceps upon the child's head, and delivered it. Part of the perineum gave way. I never had a case under my care before in which the perineum gave way. It is said to be a very B common thing; but that is the only case, either before or since, that I ever saw where the perineum was ruptured. The child and mother both got well. The mother would be about twenty-five years of age then. I treated her extremely little for the rupture of the perineum, because I was in the anticipation of having it in my power to recommend her being placed under the care of Dr Keiller, of Edinburgh. She was to go to her husband at Dunbar, and, as she was to pass through Edinburgh, I gave her a letter of recommendation to Dr Keiller. She came to Edinburgh, C underwent his treatment, and returned cured. (Shown No. 18 of process.) That is a copy of the letter which I sent to Dr Keiller. It contains a true statement of the case.

Towards the end of 1864, I met Dr Greig, of Portsoy, in the village of Fordyce, and he said to me, "I have something in my possession that would open your eyes somewhat with regard to some of your neighbours, and the first time you are in Portsoy, if you will call, I will give it to you." Accordingly, the first time I was in D Portsoy, I called on Dr Greig, and he handed me a letter. (Shown No. 9 of process.) That is the letter. I thought it was just on a par with many other things I had suffered from the same quarter. I was very much hurt in my feelings, and irritated, that I should be so held up to disgrace. *I am a married man, and have a large family dependent upon me.*

Cross-examined—When I got the letter, I showed it to some of my professional friends. I afterwards showed it to others than professional friends. I recollect, on E one occasion where I used the forceps, that after I had done so, and finished the case successfully, I took out the letter and read it, and asked the people, "What do you think of that now? Do you think I cannot apply the forceps?" That was in Cullen, soon after I received the letter. I showed it to Mr Brander, the teacher. *I showed it to all my friends.* (Q.) In short, you wished to make it as public as you could? (A.) I wished to show what abuse I had got; besides, it was trumpeted through the whole country. F

In the case of Mrs Mair, I tried to apply the forceps, but I was unable to do so. Before I tried to apply it, I examined her pulse, and the state of her abdomen and parts, and generally took such means as we always do to ascertain the condition of a patient. I also made a tactile examination by the hand to ascertain the position of the child. I did not use the catheter before I tried to apply the forceps, because it was not requisite. I understood that, by asking the patient what condition her urine was in. I attempted several times to use the forceps, but failed. I cannot G say *how many times* I attempted it. I really forget now these *trifling things*. I might have had both the blades in, but I could not get them applied. I never made an attempt to extract by the forceps, because I could not get it locked. *The forceps never slipped* in the course of this birth. I did not tie the forceps. It was not applied, and, consequently, it was never tied. I suppose I had been *engaged several hours* in attempting to use the forceps; I would stop for half an hour, and then try it again. It was very *exhausting*, and, besides, it was necessary to give the patient rest. I H really can give no idea of *the number of times* I attempted to introduce the forceps. *I never tried to introduce the forceps during a labour pain. No sane person would do anything of the kind; it would be the very worst and most ignorant thing in the world.* [48 D, 49 C, 49 E, F, 51 B, C, 54 B, 64 A, B, 72 B, C.] When I adopted the course of destroying the child, I had the instruments generally used for that purpose—a *crotchet* and a *perforator*. We use the perforator first, to make a perforation in the skull, and through that perforation we evacuate the brain; we then use the I crotchet. I had no instrument but the perforator for destroying the head; in general, we do not use any other instrument. The perforator is a kind of scissors,

A cutting outwardly—a sort of converse scissors. We introduce a finger to the cranium first, and then guide the perforator along *the finger* to the cranium. I used the instrument as gently as possible in order to effect the purpose I had in view; but you would not cause it to go through a child's head if you were using it very gently. So far as I remember I did not in the very slightest injure the parts of the woman in doing this. Of course, I might have injured her; but it is the endeavour of every medical man to do a thing with the least possible injury. *I am not aware of anything I did that could in the slightest have injured the parts of the woman.* (Shown No. 53 of process—a poker.) *I did not use an instrument like that in the operation, nor anything at all resembling it. I used nothing but the crotchet and the pincers. I did not stab at the woman in any way, nor did I tear off any of her flesh. I did not tie the arm of the child.* [64 C, D, 65 A, B, 67 D, E, 68 E, F.] I caused a piece of tape to be attached to the foot; but the obstetrician who could attach a cord to the body or to the arm and to the leg of a child, would beat the best in Europe—it is simply impossible. In general I use a piece of tape, or the first piece of cord that comes to hand—anything that will be a mark. I did not try to extract the child by pulling on the cord. I had the foot to draw by. The arm and the leg were not both down together. *I did not bleed the woman* [6 F, 66 H, I, 67 A, B, 68 F, G]; but I gave her chloroform every time I attempted the application of the forceps. I do not recollect of saying that she was so strong that she must be kept down, and then of bleeding her. I am satisfied in my own mind that *I did not bleed her.* I was in the D house for a short time only after the birth of the child—for, perhaps, *twenty minutes* or half an hour. I turned the child in this case because there was a *contraction at the brim of the pelvis, that not only prevented it from advancing, but that prevented me from applying the forceps.* It was approaching the second stage of labour when I turned it. I did not attempt to turn it again. It remained always in that position *with the leg out.* The head of the child was easily got at with the scissors, *because it was so far down. I did not shake the woman. I treated her tenderly, as I* E always do persons in that situation. *I did not swear at her.* [61 G, H, 62 G, H, 62 C, 62 H.] If I had been guilty of such conduct as that, I could not have forgotten it. I did not say that the child's head was mortified.

In the case of Mrs Helen Spence or Geddes, I treated the patient with my *usual tenderness. I did not shake her roughly, or swear at her.* I have no recollection of ever indulging in any such conduct. *I never swear at patients.* I applied the forceps a good many times in that case, but it always slipped because it was *too weak*, and F would not hold. I supposed I had persevered *for an hour or two*, applying it from time to time. I do not recollect of making any diagnosis as to whether the child would be born alive. I do not recollect of saying that the child was dead; but it is twenty-six years since the thing took place, and it is just possible that I may have forgotten it. The child was born alive. If I had said, before the child was born, that it was dead, and it was afterwards born alive, I might remember having made such a remark; but I do not. It is a most difficult thing to form a diagnosis of G whether a child is alive or dead before it is born. *I did not propose to Dr Carmichael to break up that child before he delivered it.* [58 A, B.] No medical man would ever think of anything of the kind without first trying his forceps. I am not aware that the child was injured in any way by my use of the forceps. I saw the child after it was born. *There was no injury upon it*, so far as I recollect. There might have been some little marks about the head, but nothing serious; nothing more than would be expected on a child where the forceps is used. I never said that the eye of the child H was out. My failure to deliver Mrs Geddes was entirely due to the want of a forceps of *sufficient strength*; and I got a pair made after that which have never failed.

In the case of Mrs Longmore, the presentation was a natural one. I never said to Mrs Paterson that it was a cross-birth. *I did not in that case, by traction on the cord which had been placed round the ankle, attempt to deliver the child.* [56 G.] I had a hold of the foot, and did not require the cord for that purpose. *I did not tear any pieces of flesh from the woman.* [55 E, 57 E.] There was no flow of blood when I I attempted to apply the forceps. There was no flooding at that time. There was an escape of a little blood, probably 10 oz., after the child was turned; but not when I was attempting to apply the forceps. When Dr Carmichael opened the body of the

woman after death, I was standing beside him, and looked at the body. *The rupture of the womb was visible at once. When the walls of the abdomen were laid open, the head of the child appeared instantly.* [58 F, 59 C, 41 C.]

By Lord Kinloch—I have practised as an accoucheur since 1832. I have had occasion to use the forceps very frequently indeed. I should say that, on an average, I have used it a dozen times each year during the 35 years I have been in practice.

Re-examined—I learned midwifery in Aberdeen University, where I attended the lectures of Dr Fraser. A good deal of the midwifery in the district is practised by B midwives; at one time it was altogether in their hands. It is upwards of 20 years ago since doctors began to be called in from the first to officiate. Sometimes they are called in too late, when the person is *in articulo mortis*. When I speak of 20 years, I mean the time when the doctors had charge of the whole case, and not merely when they were called in for cases of danger.

For defender—My diploma from the Royal College of Surgeons includes mid-wifery, as well as other branches of the profession. C

DR JAMES GARDINER.

I am an M.D., and Licentiate of the Royal College of Surgeons, Edinburgh. I practise in Portsoy, and have done so since 1843. I know Dr Sharp, the pursuer of this action, and have met him pretty often professionally. I have been with him in D midwifery cases. I have seen him deliver women. I have seen him use the forceps, and that successfully. In one case he delivered a patient of mine. My forceps slipped once or twice, and Dr Sharp delivered her by his forceps. From what I have seen of Dr Sharp's professional practice, I believe him to be a thoroughly qualified surgeon in midwifery cases. I have never seen Dr Sharp apply the forceps *during a labour pain*; that would assuredly *not be good practice*.

Cross-examined—I cannot assign any reason for my forceps slipping on that occa- E sion when Dr Sharp succeeded in delivering the woman. I did not compare his forceps and mine together, to see which was the *strongest*. He may have been successful in consequence of the *superior strength* of his forceps; but I could not say. My forceps does not often slip; but I suppose the best hand will slip sometimes with the best forceps.

ELIZA COWIE OR GEDDES.

F

I am the widow of the late William Geddes, and reside at Bauds of Cullen. I am 44 years of age. I knew the late Mrs Longmore, of Bauds of Cullen. I remember her death. I was in her house on the morning of the day on which she died. I went there between one and two o'clock. She was then very ill. There was nobody with her when I went. The midwife had not come; she came about an hour after- G wards. When the midwife came, she examined Mrs Longmore. She did not express any opinion, so far as I heard, about her condition, further than by saying that Mrs Longmore was very ill, and was not in a fair way. About eight o'clock in the morn- ing, the midwife, thinking the woman was in an anxious state, wanted a doctor to be sent for; but a doctor was not called in at that time. It was three o'clock in the afternoon before a doctor was sent for. Mrs Longmore objected to it. Dr Sharp came between four and five o'clock in the afternoon, and examined Mrs Longmore. She was at that time complaining very much of a fixed pain in the lower part of her H belly. *The labour pains by that time were getting very weak*, and Mrs Longmore herself was also getting very weak. *There was a cord attached to the foot of the child.* I saw the foot. I did not see the head. The doctor, after he had examined her, said there was a rupture, and he seemed very anxious about her. He asked for additional assistance, and Dr Carmichael was sent for. He came, I think, about seven o'clock. Mrs Longmore was in a dying state then. I could not be sure how long she lived after Dr Carmichael came. I could not say, from the confusion there was in the I house, whether Dr Carmichael examined her or not; but he went into the room where she was. I was in the room when she died. There was a proposal made for

A an examination of her body after the woman died. I was not in the room when the examination was made. I saw the child after it was taken from the mother. It was my impression that Dr Sharp did everything on that occasion that could be done for Mrs Longmore. He seemed very kind and attentive.

Cross-examined—I was in the room a great portion of the time. I saw Dr Sharp attempt to use the forceps. There was such a confusion in the room, that I could not be sure whether he tried it repeatedly. I saw him attempt to use it once at least. I could not be sure what kind of cord or string was tied round the foot of the child, because I was taking little notice of that. I think Dr Sharp got it out of his pocket. While Dr Sharp was trying to use the forceps, I did not see more blood flowing from the person of Mrs Longmore than I would expect to see in an ordinary case. *I did not see any person covering up any blood.* I saw some blood—just what there would be in a common case. I did not see whether it was running at the time the doctor was working. I was in the room at the time, but I was not always near him. I am not sure who it was that proposed the examination of the body after death. *There were labour pains after Dr Sharp arrived,* although the woman was getting very weak. I did not hear Dr Sharp make any statement as to the child being dead or alive. I did not examine Mrs Longmore's person myself. I did not hear Dr Sharp say anything about it being a cross birth, or as to what kind of a birth it was.

D

JANE GRANT OR SINCLAIR.

I am the wife of John Sinclair, carpenter, Cullen. I am 47 years of age, and have had ten children. I was present at a confinement of Mrs Wilson, Seatown of Cullen, in 1860. It was her first confinement. I went for Dr Sharp, and he came immediately. He watched the symptoms for a short time. He came once or twice on the first day. I was present at the delivery; I was in the bed. Dr Sharp used his instruments. I think he used them at the proper time. The use of them was a necessity; the woman was in great distress. I saw no harsh treatment on the part of Dr Sharp. I saw him in the house next day, and it was mentioned then that there was a rupture. He attended Mrs Wilson till she left for Edinburgh. I have been with Dr Sharp at various confinements where he used the forceps. In my opinion, he did so carefully and successfully. He appeared to be kind to his patients. He attended me in three confinements, and he treated me well and successfully.

F Cross-examined—Before introducing the forceps, Dr Sharp told me to get some things ready for him. I got a basin and some water, and he ordered another woman to be got into the house. I do not recollect now whether that was all the preparation he made. I do not remember whether he used his catheter to draw off the woman's water. He did not give her an injection, nor did he relieve her bowels in any way that I saw. I was there all the time.

G

SIR JAMES Y. SIMPSON, BART.

I am Professor of Midwifery in the University of Edinburgh. I have an extensive practice in all branches of the medical profession, but especially in that of midwifery. When Dr Sharp called on me two days ago *I did not know him,* and I was very unwilling to appear in this case; but I have seen him many years ago.

H I have heard the evidence which has now been given with regard to Mrs Longmore's case. *Rupture of the uterus is said to happen in 1 in every 400 or 500 labours.* I had a student in whose very first case there was rupture of the uterus before he went to it. It is much more frequent in females who have had large families, and who have borne children in rapid succession. This woman had had ten children, I think; and the uterus gets more and more weakened, and more liable to rupture after each confinement. It is one of the lesions that are more frequent as life advances. It is more frequent after the age of 35, and becomes still more frequent afterwards. (Q.) Is it more frequent after the third pregnancy than before? (A.) I don't know that the third pregnancy has any particular influence, but the more

rapidly a woman has children, it seems to be the more likely to occur. Such a A
 rupture might occur without any very marked symptoms to arrest a midwife's
 attention; indeed, she would be a very clever midwife who would discover it. It is
 not always possible to tell what the cause of a rupture has been, but we sometimes
 know. One of the most common causes is a diseased state of the uterus, where
 that has been going on during pregnancy, rendering some part of the uterus more
 lacerable than the rest, and the very first pains of labour split up that part instead
 of opening the mouth of the womb. (Q.) Is it more likely to happen to a female of B
 weakly habits and constitution? (A.) I do not know of any statistics about that
 point. I heard Dr Sharp state where he thought the rupture to be situated—near the
 middle and left side of the uterus. I have very little doubt, from hearing the
 account, that it took place lower down than it appeared externally. If I may state
 what my impression is, it is simply this: that the uterus was partially ruptured
 through all its coats, perhaps, except the last, *which lines the womb externally*, and that,
 in the act of turning, the child got through. [77 F.] (Q.) In the case of such a C
 patient as Mrs Longmore, according to the description you heard, requiring imme-
 diate relief, and when the sending for instruments would have taken some time, was
 it not the best way to attempt delivery by turning? (A.) It was the established
 rule of practice at the time Dr Sharp was taught, and perhaps it is the general rule
 of practice yet. There are other modes of delivery, but that is the one followed by,
 perhaps, nine men out of ten; I mean that which Dr Sharp described as the mode
 which he adopted. D

In the case of Mrs Helen Spence or Geddes, it was said that two different kinds of
 forceps were used by the two medical men, Dr Sharp and Dr Carmichael—
 Hamilton's forceps and the straight forceps. The one is merely curved round to
 the curve of the pelvis, the other is quite straight; but I do not think the slipping
 depended upon the form. These instruments differ much in their power; they are
 of very different strengths. We see slipping less frequently now than we did twenty
 years ago, because our instruments are better made. I have seen a forceps slip E
 because it was too weak and yielding; but more frequently because *it gets on to*
portions of the head which wont allow of a proper hold, and then it slips hither and
 thither. This may occur with a very good forceps. The position of the head in the
 pelvis regulates that sometimes. (Q.) In a case like that of Mrs Geddes, where the
 child's head was firmly impacted in the pelvis, with the face in the hollow of the
 sacrum, by which kind of forceps would delivery be most likely to be effected? (A.)
 I never use any but the curved forceps, while some men use none but the straight. F
 You find in this matter, as in others, that different schools take to different
 practices. In the Dublin school, which is one of the largest midwifery schools, they
 use almost nothing but the straight; but here we use the curved. In the absence
 of the stethoscope, a mistake might be made with regard to whether the child was
 dead; and it might be made with the use of the stethoscope too. A mistake of that
 kind would imply no want of skill. (Q.) Suppose the child had been dead, and the
 forceps had failed, what would have been the approved practice to follow? (A.) G
 The approved practice would have been to open the head of the child by craniotomy.
 (Q.) Do you know the practice in Dublin in such cases as that of Mrs Geddes, as Dr
 Sharp has described it? (A.) In the Dublin hospital they would try to deliver by
 the short forceps, because they never use the long forceps there. They always, in
 case of failure, open the child's head; they never use the long forceps which Dr
 Sharp tried in one of the cases; they perforate at once.

As to the case of Mrs Mair, Bobbin—Of course, in a case of tedious labour, where H
 there is no precise information as to what has been going on, the practitioner requires
 to watch the symptoms of the patient, and the state of the parts. He has to ascer-
 tain the present condition of the patient constitutionally and locally. (Q.) You
 heard the case described—was Dr Sharp's practice the safest in the circumstances?
 (A.) He tried to apply the forceps, as I understood, and could not get the long
 forceps applied. Under these circumstances *he turned the child, making the feet*
present instead of the head. I think that in all our English and Scotch schools that I
 has come now to be very much the established practice. (Q.) Is it a common
 practice to tie a cord round the ankle in the operation of turning? (A.) It is with

- A many. I have very little doubt that Dr Fraser used to teach it, because it was much more taught formerly than it is now. It is a very common practice abroad, but less so now in this country. (Q.) Did you see anything objectionable in the use of pincers, in the circumstances which have been described? (A.) That was for another part of the case. The difficulty was to get the head through an aperture which was smaller than the head itself, and for that purpose Dr Sharp did what was very right—what I have done myself, and what we have all done under the conditions—he perforated the head. But then he found that the two instruments he had—the crotchet and the perforator—the crotchet being the instrument then usually applied—were insufficient; and, as I understood him, he went in search of another instrument to help him, and he got hold of this (showing the pincers produced by Dr Sharp.) *It is very much in the form which our instruments have now got.* When I heard of it this morning, I sent for one of the last American books on the practice of midwifery, and I find that there is there *an instrument very similar for a similar case.*
- C In these cases, let me say further, that when one is driven to his wit's end, he is very glad to get anything. I saw a case in London, of a deformed woman, where there were three professors of midwifery, and four or five instruments were tried. We tried to get other instruments to help us, but we had difficulty in obtaining them, although we were in the heart of London. I should think this instrument would make *a very good pair of crotchet forceps.* The instrument we use here is very much like this—it catches in the same way. After such an operation, perfect quiet is
- D essential, as, indeed, it is after all operations. The average mortality of mothers is 1 in 4 or 5 after craniotomy, and 1 in 15 after turning. This woman was subject to both.
- In the case of Mrs Wilson, the perineum was ruptured; the rupture of the perineum is *not at all unusual in first labours.* I wrote a paper to show that it occurred perhaps more frequently than it did not occur; but its extent varies. It may occur in the most skilful hands. I have had it occur in mine, and I think every accoucheur has
- E had it. The circumstances in which it occurs vary a good deal. I have known it occur three successive times in the same patient, under three doctors all very anxious to avoid it, and knowing that it had occurred before; but her bones were so formed as to render it apparently extremely apt to occur in her. It has occurred in every confinement with this woman I have now mentioned. In others it occurs in consequence of the perineum not being sufficiently dilatable when the forceps is applied; but in the case of Mrs Wilson, she appears to have remained two days with-
- F out the forceps being applied, and, in that case, I think the delay might have been too long already. I do not think there was the slightest degree of blame to be attached to the operation in that case. Chloroform is useful in labour. (Q.) How do you distinguish between the ordinary labour pains and other kinds of pains in the abdomen? (A.) The ordinary labour pains come on intermittently. A woman with ruptured uterus has continuous pains; and I have no doubt the witnesses here could not distinguish between labour pains and these, but that the labour pains had
- G disappeared, as they usually do, after rupture has occurred. I often find it very difficult to get precise information from nurses and others in attendance on women in labour. (Q.) In the operation of turning, is there usually much hæmorrhage? (A.) No; but there is often a little, and sometimes a good deal. There is that with all operations. Slight lacerations of the mouth of the uterus frequently occur. Our great authority, Professor Nicol, of Heidelberg, says he never saw a case of turning without some laceration. Wounds of the passages—slight lacerations of any kind in
- H the passages—may produce hæmorrhage. (Q.) Might an ignorant woman mistake the escape of the *liquor amnii* for hæmorrhage? (A.) Yes; when the *liquor amnii* is a little coloured; and we have often heard them say that there was a little colouring when there was none. (Q.) You have, of course, given your opinion of this case simply from what you have heard from Dr Sharp? (A.) I heard about the case some time ago from both sides, but I forgot about it entirely until Dr Keiller mentioned some of the circumstances after we met this morning. (Q.) But you are
- I taking into account nothing except what you have heard from Dr Sharp to-day? (A.) Yes; I am also taking into account what we have heard from the other witnesses on the pursuer's side. (Q.) Was there anything particular in the statements

of the women whom you have heard examined? (A.) Nothing but a little confusion, A such as women would have in such circumstances. (Q.) *But, practically, you are taking the case and giving your opinion upon it as presented by Dr Sharp's evidence?* (A.) Yes; and by Dr Gardiner's. I heard Dr Gardiner give his evidence as to one case. (Q.) What I am speaking of are the cases of Mrs Longmore, Mrs Geddes, Mrs Mair, and Mrs John Wilson. You are giving your opinion with regard to these cases upon the statements of Dr Sharp alone? (A.) Not exactly upon these alone, because Dr Sharp's statements were confirmed exactly by the statements of the women B so far as they went. For instance, about the first of the cases of rupture—that of Mrs Longmore—the witnesses we had spoke about her before Dr Sharp came, and about her condition. I have no doubt she was death-struck before the doctor ever came near the house. They told about how weak she was, and how the pains were great local fixed pains; and they gave symptoms that would lead any obstetrician to believe that the rupture in the womb had already taken place. (Q.) Therefore, in giving your opinion on that case, you are assuming that there was rupture of the C womb before Dr Sharp was actually called in? (A.) I think so—that it had begun. (Q.) I suppose it may be difficult during labour to determine that with certainty? (A.) No; I would not say that exactly. (Q.) [57 E, F.] *Is it quite easy in a post mortem examination to determine whether there has been a rupture?* (A.) Yes; it is quite impossible to fail in determining that. (Q.) Was there any evidence given by any person other than the pursuer with regard to any of the other cases on which you rely? (A.) There was a statement by one of the last examined witnesses as to whether or D not there was blood escaping from the person of the woman under the use of instruments. She said there was nothing to prove that there was more than the usual escape of blood. *But it is mainly on Dr Sharp's evidence that I have founded my opinion. I am assuming that the case presented for my consideration is the case which Dr Sharp has stated in his evidence.* (Q.) *In what Dr Sharp said about Mrs Mair's case, where instruments were used, and where the child was turned, was there anything that should account for the woman's parts being very much injured or mangled?* (A.) I think they E are always more or less liable to be so, when such a serious double operation as that requires to be gone through; but not much. (Q.) Dr Sharp said he did not think she could have been injured in that way by anything he did—could that have been so? (A.) We are all apt to cause such injuries; we cannot avoid it more or less. (Q.) But Dr Sharp thought that what he did was more successful, and that he did not injure her? (A.) Then he thought himself more successful than either Dr Keiller or I would be. (Q.) *Would there be any reason for tearing away pieces of flesh from the woman's person?* F (A.) No; there was no reason for that at all. (Q.) In the case of Mrs Mair, would it have been right to have bled her in the course of her labour? (A.) *Being in the first labour, if she had been in Edinburgh at that time, I think she might have been bled.* My old master, Dr Thatcher, had bled 25 or 26 women in first labours, but we would not do it now. (Q.) Has that practice been long exploded? (A.) It has been going out gradually. It began to go out in 1840. (Q.) Would it be right to bleed in the second stage? (A.) Dr Thatcher and Dr Hamilton used to inculcate it in the second G stage. That practice began to go out about the same time. (Q.) Would it be right, if the woman was under chloroform, that that should take place? (A.) I never bled a woman under chloroform, but I see no objection to it. (Q.) Would it be right to take a large quantity of blood from her? (A.) If you had the belief, which was general before, that it would relax the parts, you might. (Q.) What amount of blood would you take? (A.) The old rule was to take as much blood from a patient in labour as you take from a patient in an acute state of inflammation, and that was enough to H make them faint—generally from 25 to 30 oz. (Q.) Would it be right to bleed after breaking up the head of the child? (A.) If it was before the child was extracted, and if you had the belief that it would relax the external parts, you might do so. (Q.) Would it be right to extract a child with a cord? (A.) In a case where you have brought down a foot and fixed a cord upon it, I think those that do are always in the habit of saying that they do not pull the foot by pulling upon the cord. I do not use a cord. (Q.) Would not that be a malpractice? (A.) No, unless it were done I to such an extent as to injure the foot of the child. You might as well pull by the cord as by the foot of the child. (Q.) Still it would not be a judicious way of taking

A out a child? (A.) No, not unless the child had got very high, and you could not reach it with your hand to take it down. (Q.) In the case of Mrs Mair, where craniotomy was employed, do you think that clots of blood might have come away in the operation? (A.) Yes; of course it would be from injury to the passage.

Cross-examined—(Q.) Would it be right to break up the head of the child before evacuating the bladder and rectum of the woman? (A.) We do not need to evacuate the rectum, except it be full, and that is ascertained by examination. (Q.) But if B you have not ascertained that the rectum and the bladder are empty, would it be right to begin to break up the child? (A.) I have already answered the one point. As to the bladder, the general rule is to introduce the catheter at first, *but it is not followed by all*. If the woman tells you that she has made water five minutes before, it is sometimes not done; but you generally satisfy yourself, before breaking up the head, that the rectum and bladder are empty. That is usual also before using any instrument to make the parts as large as possible.

C

DR ALEXANDER KEILLER.

I am a doctor of medicine in Edinburgh. I was formerly one of the physicians of the Royal Infirmary, and am physician of the Royal Maternity Hospital, and lecturer on midwifery and diseases of women and children at the Medical School in the Royal D College of Surgeons in Edinburgh. I have been in Court to-day, and have heard the witnesses who have been examined. I have also heard the evidence of Sir James Simpson, *in which I perfectly concur*. In June, 1860, I received a letter from Dr Sharp. (Shown No. 18 of process.) That is a copy of the letter. Mrs Wilson, of Cullen, who is mentioned in that letter, came to me, and I treated her for laceration of the perineum. She was cured. She was admitted to the Infirmary under my care on 18th June, 1860, and was dismissed cured on 13th July. From what I saw E of Mrs Wilson, I believed the explanation of the cause of the rupture given by Dr Sharp in that letter to be quite correct. She stated the facts of her own case to me, as given in the journal of the Infirmary. The entry in the journal is as follows:—
 “Catherine Wilson, *æt* 27, wife of a cooper in Cullen. Admitted June 18. Always
 “enjoyed good health, up till three months ago, when she was confined of her first
 “child. She was in labour from Thursday night till Saturday morning, when she
 “was delivered by Dr Sharp with the forceps. The child was alive. A few days
 F “after her confinement she noticed that her fæces passed involuntarily. She men-
 “tioned this to the doctor, who examined her, and found that the perineum had been
 “ruptured. She kept her bed for about a month, lying on her side, as the doctor
 “ordered her. At the end of this time she attempted to go about the house, but did
 “not feel at all comfortable. As she was to change her residence from Cullen to
 “Dunbar, she was advised by Dr Sharp to see Dr Keiller, to have an operation per-
 “formed on her. On examination, the perineum is entirely gone, and the sphincter
 G “ani lacerated, there being only a thin partition between the rectum and vagina.”
 That was the statement of the case. Rupture of the perineum, to a certain extent, occurs very often with a first child. I believe that partial rupture of the perineum occurs in a *great majority* of such cases, although it may not be detected at the time. Unless you examine the perineum, the rupture is seldom detected at the time, and is not discovered until the patient feels inconvenience from it. I saw nothing what- ever to induce me to suppose that Dr Sharp had treated this woman unskillfully.
 H Cross-examined—(Q.) Was the rupture of the perineum in this case to a usual or unusual extent? (A.) It is unusual to extend entirely through the sphincter ani into the rectum; but it did not do so in this case. The rectum was lacerated, but not the whole. (Q.) So far as it did extend, was it an unusual rupture? (A.) It is not very common, but neither is it very unfrequent. I have a case at this moment in the Maternity Hospital, where the same extent of laceration took place. The girl is still suffering from the rupture. In that case no forceps was used, but every I attention and proper treatment were given. It was her first confinement, and the perineum is ruptured to the same extent as in the case of this Mrs Wilson. (Q.) You think that the statement given by Dr Sharp, in the letter which he sent to you,

affords a quite rational cause for the rupture? (A.) Yes; it was a first confinement, A the forceps was used, and there was tedious labour. (Q.) Suppose the perineum was not properly supported, that the usual precautions had not been taken before the operation of delivery by the forceps was made, and that injuries had taken place, could the injuries that did take place be accounted for by such malpractice? (A.) I am in the habit of teaching that it is a bad practice to support the perineum too much; and I believe that very often these ruptures take place by supporting the perineum. Until the head is down in the perineum, and until the natural mode of B dilation takes place, it is wrong to support the perineum; and I believe it very often causes the laceration instead of preventing it. (Q.) If great force had been used, and the usual and proper precautions not taken, could the appearances that that woman Wilson presented be compatible with other causes than what are assigned for the rupture of the perineum? (A.) There was no appearance different from what I have often seen. (Q.) But was the rupture compatible with having been caused by force and maltreatment? (A.) *It may have been so; I could not say that it was not.* C

Re-examined—I concur in the reasons stated by Sir James Simpson why hæmorrhage might have been caused in Mrs Longmore's case. Partial separation of the placenta or after-birth might also have caused hæmorrhage. The clots of blood might have been mistaken by ignorant persons for portions of the woman's flesh.

DR LOUIS HAY THATCHER.

D

I am a physician in Edinburgh, and have been so since 1843. I graduated in that year at the Edinburgh University. I have had a large practice in midwifery cases. I am also physician of the institution for delivering poor married women at their own houses; and am a member of various medical societies. I have been in Court since this inquiry began, and have heard the evidence. I do most *decidedly concur* in the opinions expressed by Sir James Simpson and Dr Keiller. E

Cross-examined—*Of course, my opinion is formed on the evidence I have heard, which I believe to be true.* I also form my opinion on what one is accustomed to know of midwifery cases, and the treatment of them.

ANN ADDISON OR FINDLAY.

I am the widow of William Findlay, and reside in Cullen. I am a midwife, and F have practised as such for eight years. I know Dr Sharp. He has attended two or three midwifery cases of mine. I have seen him deliver safely by means of the forceps. So far as I could judge, he appeared to do it skilfully and successfully. His treatment of the patients was kind and gentle.

Pursuer's Counsel puts in Nos. 9, 10, 16, and 18 of process: also depositions, taken on commission, of Margaret Flett or Simpson, Margaret Gardiner or Hay, Mary Smith or Davidson, Janet Donald or Wilson, and Margaret Mair or Reid; and five G certificates under the hand of Dr Greig, of the inability of these persons to attend for examination, the depositions being as follows:—

At Banff, the eighth day of February one thousand eight hundred and sixty-seven years—In presence of James Gordon, Esq., commissioner—

There appeared for the pursuer Mr John Adamson Colville, solicitor, Portsoy, and for the defender Mr John Forbes, solicitor in Banff.

Compeared Mrs MARGARET FLETT or SIMPSON, midwife in Findochty, who, H being solemnly sworn and examined, depones—I am about seventy-eight years of age. I have been forty-six years a midwife in Findochty. I know Mr Sharp, the pursuer, and have done so for a long time. I have attended midwifery cases along with the pursuer. I think I have attended two or three with him. It is the practice in Findochty to employ midwives, but in difficult cases medical men are called in. Interrogated—Were the cases you have already spoken to, where the I pursuer and you were in attendance, difficult cases?

To which it was objected on behalf of the defender. The issue and counter-issue

A in the cause contain the only questions which have to be determined. Such facts only can be proved as are fairly embraced by these issues. The question now put and objected to, in so far as it relates to any other midwifery cases than some one of the four specified in the counter-issue, is not within the issues. The defender could not have been prepared to meet or rebut facts referring to other cases, and it would be taking him by surprise were the question allowed, so far as it relates to other cases. The defender is not entitled to prove any fact not within the counter-issue, B and not expressly relating to one or other of the four cases therein specified, neither is the pursuer entitled to prove any fact regarding his professional treatment of women in midwifery cases. Under the issue for the pursuer the only points to be tried are, whether the defender wrote and transmitted the letter libelled—whether it relates to the pursuer, and represents him as incompetent and unskilful as a midwifery practitioner, and that in his practice he treated three cases incompetently and unskilfully. That issue relates merely to the import of the letter, and under it C there is no authority whatever to go into any proof of the pursuer's treatment of midwifery cases generally, or of any others than those specified in the counter-issue. In the course of his long practice the pursuer may have, and has, treated hundreds of cases, and if it is competent to go into an examination of these cases generally, or any one of them other than those specified in the counter-issue, it is equally competent to go into a full examination of every one of these, and the examination would thus be interminable; while as they are not condescended on, nor remitted under the D issues, the defender would be completely taken by surprise. The defender, therefore, objects to the question put, and to the line of examination it points at, so far as not limited to one or other of the four cases specified in the counter-issue, and craves the Commissioner to disallow it accordingly.

The Commissioner repels the objection.

Against which deliverance the defender appeals to the Lord Ordinary,

E And the question being repeated, the witness depones—Yes; they were difficult cases. The last one was most difficult. The three cases were Mrs F., wife of A. F., fisherman in Findochty; Mrs H., wife of W. H., fisherman in Findochty; and Margaret Biddie or Longmore, wife of Andrew Longmore, residing in Bauds of Cullen. I do not remember the year or years in which any of these cases occurred. Mrs F.'s case was a difficult case. It was a case of twins. The pursuer delivered her of both the children, so far as I recollect. I could not deliver the woman myself, and that was the reason the pursuer was brought in. I think he gave Mrs F. F chloroform. He aye "gies" chloroform when there is occasion. He did not use the forceps in delivering Mrs F. He was forced to turn the last delivered child. The pursuer delivered Mrs F. successfully, and she came "weel roun'" Mrs H.'s case was a difficult one. It was difficult when we required the doctor. I sent for the pursuer to attend Mrs H. He came. He required the irons to bring the child home. By the irons I mean the forceps. It was because I could not deliver Mrs H. that I sent for the doctor. The delivery was successful. Mrs H. came round fine. G I never had a case like Mrs Longmore's. I have been six-and-forty years in practice as a midwife, and I never had a case like it. I went to Mrs Longmore's between two and three o'clock in the morning. I very soon saw the difficulty of the case. I told Andrew Longmore to send for the doctor—any doctor. He said that the pursuer was in the way of attending him, and he would send for the pursuer; and the pursuer came about four o'clock in the afternoon of that day. Andrew Longmore was going to Cullen that day, and I told him to send the pursuer. Longmore H came back and said he had not asked Dr Sharp to come. I sent him instantly for the pursuer, and it was after that he came. The pursuer considered about Mrs Longmore's case. He attempted to deliver the child by the forceps, but he could make nothing of that. He then tried to turn the child, and got down one foot. He then attached a cord to the foot of the child, and attempted to draw it down, which I have seen him do before. The presentation of the child was not natural. She had pain on the lower part of the abdomen; but that pain never would have delivered her. I The pains she had were not in any way assisting labour. Dr Carmichael, Buckie, was then sent for, and he came. Mrs Longmore died shortly after he came. He did nothing in the way of attempting to deliver her before she died. She was delivered

by Dr Carmichael after her death. The pursuer wished Dr Carmichael to open the A woman, to see the cause of the difficulty of labour and death. He did so. Before he did so the pursuer said that Mrs Longmore had died from rupture of the womb. When Dr Carmichael opened the abdomen the womb was ruptured, and the child was in the abdomen, and not in the womb. After the womb was opened, the pursuer said, "Isn't that just as I said?" and Dr Carmichael said, "Just as you said." Dr Carmichael made no further examination of Mrs Longmore. There were a number of people present at the case. Isa Cowie, a widow, residing at Bauds of Cullen; Jean B Inglis or Simpson, near Findochty, were present; Bell Chalmers or Simpson, near Findochty, was, I think, also present. I do not recollect of any other body. I saw Dr Carmichael take the child from Mrs Longmore. I was in the inside of the bed holding the candle. He handed the child to the said Jean Inglis or Simpson. Dr Carmichael sewed up the abdomen after taking the child out. After speaking for a little the pursuer and Dr Carmichael went away, and I assisted to dress the body. In my opinion the pursuer did nothing wrong in the treatment of Mrs Longmore. I C delivered Mrs Longmore of four children, but I could do nothing for this one. It is my opinion that the pursuer did everything he could for Mrs Longmore. From what I have seen of the pursuer in his practice, I think him a competent and skilful practitioner of midwifery, and I also consider him qualified to use the forceps, because I have seen him do it. I know the defender. The defender called upon me about this case. It was very impudent of him to do it, and he called at a very improper hour, when I was in my bed. He called between nine and twelve o'clock at D night.

Examined for the defender, depones—My memory is impaired with regard to things I have been told, but not so much impaired as regards things I have come through myself. I had a diploma as a midwife from a doctor in Aberdeen, named Fraser. My only knowledge of the pursuer's practice is from the three cases I have deponed to. He gave chloroform in all the cases I have mentioned. In Mrs F.'s case he did not use the forceps. The presentation of the second child was not a head E presentation. It was the back or some part that was presented. He turned the child. Both children were born alive. Mrs H.'s case and Mrs Longmore's case were the only cases where I saw the pursuer use the forceps. The presentation in Mrs H.'s case was a natural presentation, but stiff. When I went to Mrs H.'s she was in a slow state of labour. The pursuer came in the afternoon of that day. I was there about half-a-dozen of hours before the pursuer. It may have been about half-an-hour after he came that the pursuer used the forceps, and after waiting to see how F the woman was doing. The pains of labour were going on at that time, but they were doing no good. He introduced the forceps during an interval between pains. I understood when I went to Mrs Longmore's case that it was a head presentation. I had an idea that I felt the head. When the pursuer came it was just "glimpslie" that I felt the head. It was a while after the pursuer came that he used the forceps. I cannot say how long. The mouth of the womb was open. When the pursuer introduced the forceps he could do no good. I cannot say how long the pursuer G wrought with the forceps. He might have wrought a quarter of an hour. I cannot say if he wrought more than a quarter of an hour with the forceps. He could not have used the forceps if the presentation had not been the head. While he was using the forceps the labour pains continued now and then. The labour pains did not continue down to the time of Mrs Longmore's death. After the pursuer failed with the forceps he turned the child, but I cannot say how long after. It was not a quarter of an hour after he stopped using the forceps that he turned the child. Mrs Long- H more was in a weakly state of health. It was a piece of tape that the pursuer attached to the child's leg. I do not know where he got the tape. He tied the tape round the leg "to keep the leg, to see if he could get the lave of it." He attached the tape to the child's ankle. I did not see the pursuer pull the child by the leg, or seek to do it. Mrs Longmore had no flooding during her illness. There was a discharge from Mrs Longmore, and a mixture of blood in it. Part of it ran down the bed on to the floor. I did not see a woman put a cloth over the discharge that fell I from Mrs Longmore on the floor. I do not recollect if the pursuer was on his knees at the bedside. I have a perfect recollection of the conversation between the pur-

A suer and Dr Carmichael. I have no other reason for thinking the pursuer can skilfully use the forceps, except from seeing him use it on the two occasions before deponed to. *Mrs Longmore had some labour pains after the pursuer turned the child in the womb.*—All which I depone to be truth, as I shall answer to God; and I depone I cannot write. Seven words delete. (Signed) JAMES GORDON, Comr.
FRANCIS GEORGE, Clk.

B Compeared, Mrs MARGARET GARDINER or HAY, midwife in the Seatown of Cullen, who, being solemnly sworn and examined, depones—I am sixty-four years of age. I have practised for thirty-seven years as a midwife in Cullen. I know the pursuer, and have known him ever since he came to Cullen. I have been several times in attendance with him at midwifery cases, half-a-dozen times and more. I cannot say how many. Interrogated, Did you ever see him use the forceps?

To which question, in so far as the cases may not be one or other of the four cases C specified in the counter issue, and to any line of examination having reference to any cases other than these, or the pursuer's general midwifery practice, the defender repeated the objections stated to the question put to the preceding witness, and objected to.

Which objection the Commissioner repelled, and against this deliverance the defender appealed to the Lord Ordinary.

And the question being repeated, the witness depones—I have seen the pursuer D use the forceps. Most of the midwifery practice in Cullen is in the hands of the midwives, and it is generally in difficult cases that a medical man is called. Some of the cases the pursuer attended with me were difficult cases. I remember the case of Mrs F., wife of W. F., in the Seatown of Cullen. The case was somewhat stiff, and the pursuer used the forceps, and with the use of the forceps he delivered the woman safely of the child. I do not recollect if Mrs F. was under chloroform. Mrs F. had a good recovery. Both she and the child are still alive. I remember the E case of Mrs F., wife of W. F., in the Seatown of Cullen. Mrs F. took hysteric fits. The pursuer was called in to attend her. I do not recollect if he administered chloroform to her. He gave her something to allay the fits. I remember now, it was chloroform he gave her. It had the effect of allaying the fits. I do not recollect if he used the forceps in delivering her. I do not recollect if he removed the placenta while she was under the influence of chloroform. He delivered her successfully, and she had a good recovery. This case took place some years ago. I F remember the case of Mrs H., wife of J. H., in the Seatown of Cullen. It was rather a stiff case. The pursuer was in attendance. The first thing he did was to take water off. He did so because the water would not come till he drew it off. After he drew the water off, the labour progressed. He delivered her by the forceps. Her delivery was successful. She was under chloroform. She had a good recovery. She and the child are both alive now. I remember the case of Mrs R., wife of W. R., Seatown of Cullen. The pursuer was in attendance on her while in labour. G Mrs R.'s was a difficult case. She was very weakly at the time, and she had not strong pains to take the child forward. The presentation was natural. The pursuer gave her chloroform. *She had not strong pains, and he put back the head and took down the feet.* Mrs R. had been weakened by previous disease. She could not have been delivered unless the child had been turned. She was safely delivered. Both she and the child are still alive. I remember the case of Mrs S., wife of J. S., Lintmill, Cullen. The pursuer was in attendance along with me at that case. It H was a stiff case. It was a big child. The presentation was natural. The pursuer used the forceps, and the delivery was successful. She was under chloroform at the time of delivery. She and the child are still living. I remember the case of Mrs J. T., Cullen. The pursuer was in attendance with me on her. It was a case of twins. I delivered her of the first one. That was before the pursuer was called. Her labour pains left her, and the pursuer was then sent for. When he came he broke the water, and took down the child without pains. In this case I suppose the I breaking of the water was difficult. I could not have done it—it was too far away. The pursuer delivered her safely of the second child. The mother is alive, and both children were alive for some time after the birth. One of the children lived for

some years. I cannot say how long the other one lived. Mrs T. was not under A chloroform at the time of delivery. I remember the case of Mrs C., wife of W. C., in the Seatown of Cullen. The pursuer was in attendance with me on that case. It was a very difficult case. It was a case of twins, and the presentation was the foot of one child, and the hand of another. Mrs C. had previously been in bad health. Before her delivery he sent for another—I think Dr Carmichael, Buckie. He came. After he came, the pursuer delivered the woman. I do not recollect if he delivered her of both children or not. The pursuer did not use forceps in the delivery. Both B children were still-born. Mrs C. had a middling recovery. I know that she died months after. I cannot tell what was the cause of death. She had not been well since conception. Her death was not in consequence of her delivery. I remember the case of Mrs W. M., Cullen. The pursuer was in attendance with me on her. It was rather a stiff case. The pursuer delivered her, and used the forceps. The delivery was successful. Mrs M. had a good recovery, and she and the child are both alive. Mrs M. was under chloroform when delivered. I remember attending Mrs. C M., wife of J. M., D., at two of her confinements. The pursuer was there on both occasions. On the first occasion, the pursuer delivered Mrs M. There was a flooding took place after her delivery. He did not use the forceps on that occasion. Mrs M. had a very good recovery. On the second occasion I delivered Mrs M. before the pursuer arrived. She took a flooding on the second occasion. Her recovery was a fair recovery. I remember the case of Mrs M., wife of J. M., Cullen. The pursuer was in attendance with me on her. It was a very stiff case. The pursuer delivered D her. He gave her chloroform. I do not recollect if he used the forceps. She had a good recovery. I remember attending Mrs T. on two of her confinements. The pursuer was in attendance on both occasions. In both cases he gave her chloroform, and in both cases he used the forceps. In both cases he delivered her successfully. Mrs T. and the children are all alive. I have been with the pursuer at all the confinements of Mrs W. in Cullen—five or six. Her labour at her first confinement was tedious. The pursuer delivered her on that occasion, as well as on all the other E occasions. They were all successful. He never gave Mrs W. chloroform, nor did he ever use the forceps. At her first confinement, Dr Milne, of Banff, was also in attendance. I remember the case of Mrs G. F., Seatown of Cullen. That was a case of twins. Pursuer was in attendance, along with me, there. He was called in after the first child was born, because her pains had left her. He gave her something to try to increase the pains. The pains increased a little, and he delivered her. *He turned the child in the womb.* She was delivered safely. She got chloroform. She F had a flooding after the birth, but had a good recovery. She and the child are still alive. I know the case of Mrs F., wife of J. F., Seatown of Cullen. The pursuer and I were in attendance on her. The presentation was a knee. The pursuer took down the feet. The delivery was successful, and she recovered very well. The child was still-born. He did not use the forceps, nor chloroform. Mrs F. is still alive. I remember the case of Mrs W. S., in Cullen. The pursuer and I were in attendance; it was a fair delivery. The pursuer delivered her. No chloroform was G used, nor did he use the forceps. I attended with the pursuer on her a second time. He gave her chloroform, but did not use the forceps. The delivery was "fine" and the recovery good. I attended, along with the pursuer, on Mrs M., Seatown of Cullen. It was a hand presentation. I think Dr Milne was present; and I do not recollect if he or the pursuer delivered her. Dr Gardiner, of Portsoy, was also there. All three medical men attempted in turn to turn the child. One of them succeeded, but I cannot say which of them. Mrs M. was under chloroform. I think both Dr H Milne and the pursuer gave her chloroform. She had a good recovery. The child was still-born. I remember Mrs T. F.'s case. The pursuer and I attended her. It was rather a stiff case. The pursuer took off the water. The pursuer delivered her, using both chloroform and the forceps. Both mother and child are alive. In the great proportion of these cases I called in the pursuer, because I could not deliver them myself. I never saw the pursuer fail in using the forceps. I never saw him injure any woman in the use of the forceps; nor did I ever see him use any patient I harshly. I never attended with the pursuer at any case where the mother died at delivery. I think the pursuer is qualified to practise as a midwifery surgeon. I

A consider him a competent and skilful accoucheur, and quite qualified to use the forceps. I hold a diploma from the Medical Society of Aberdeen as a midwife. I still practise.—All which I depone to be truth, as I shall answer to God; and I depone I cannot write. Ten words delete. (Signed) JAMES GORDON, Comr.

Sedt. 6 hours. (Intd.) J. G., Comr.

FRANCIS GEORGE, Clk.

The Commissioner of consent adjourns the diet for proceeding with this commission till to-morrow at eleven o'clock forenoon, for further examination of Mrs B Hay, and for the examination of Margaret Mair or Reid, Mary Smith or Davidson, and Janet Donald or Wilson, all of whom are in attendance here to-day. Two words delete.

(Signed) JAMES GORDON, Comr.

At Banff, the ninth day of February, one thousand eight hundred and sixty-seven years. In the presence of the said James Gordon, Esquire, Commissioner.

C Present—Agents as before.

Compared the said Mrs MARGARET GARDINER or HAY, who being again solemnly sworn and examined for the defender, depones—I think it is about eight years ago, I am certain it is not more, since I attended at the case of Mrs F., wife of the said W. F. I mean by her case being a stiff case that the labour was slow. The presentation was a natural head presentation. It was her first child. The mouth of the womb and other parts were of the usual form and size. The child was about the usual size. I do not recollect how long I was in attendance before the pursuer was sent for. He was in attendance at least an hour before he used the forceps. The labour pains were going on slowly at that time. He did nothing to Mrs F. before applying the forceps. *He introduced the forceps during a labour pain.* He delivered the woman immediately. I think the case of Mrs W. F. was about ten years ago. The pursuer was sent for to see her because of the fits she took. She was suffering from hysteria at the time. There was nothing peculiar about the case except the hysteria. No instruments were used. Mrs H.'s case occurred about eight or nine years ago. I mean by this case being a stiff case that the labour was slow, and, in the other cases I call stiff cases, I just mean that the labour was slow. I had been in attendance upon her between twelve and twenty hours before the pursuer came. The water he drew off was urine. Taking off the water is no great difficulty for a doctor to do, but I could not do it. Mrs H. was under chloroform when the pursuer delivered her with the forceps. I have read no books upon the subject of chloroform, nor its use. I cannot say whether it is skilful or unskilful to deliver a woman by the forceps while she is under the influence of chloroform. I suppose Mrs H. was rendered unconscious by the chloroform. I attended Mrs R., along with the pursuer, about sixteen or seventeen years ago. Her weakness and slowness of labour were the only peculiarities of her case. *It is not an ordinary thing in the case of a natural presentation, as this was, to turn the child. I never saw it done before. I have seen it done since by the pursuer. I never saw it done* G *by any other person.* The other case in which I have seen it done by the pursuer, was in the case of Mrs G. F., deponed to by me in my examination in chief. In the case of Mrs R., the pursuer attached to the foot of the child either a piece of tape or a handkerchief, I do not remember which. This was done, not to draw the child, but to hold the child until he got the rest of it down. He did not use the forceps. The case of Mrs J. S., Lintmill, of Cullen, occurred about eleven or twelve years ago. She was a stout woman, and the child was a big child, but there was nothing unnatural H in the case. I had been in attendance upon her twenty or twenty-four hours before the pursuer came. I suppose the pursuer was in attendance about two or three hours before the child was born. I attended Mrs T.'s case about ten or twelve years ago, but I cannot exactly say. The pursuer was sent for about eight or ten hours after the birth of the twin I delivered her of. Labour had ceased. I think the presentation was natural in the second twin. He did not use chloroform nor the forceps in delivering her. I cannot say if it was the child I delivered her of that I lived some years. The other child lived a month or two. Both children were quite well after birth. I do not know how long the child that died in a month or two continued well. I cannot say what was the cause of its death. I attended Mrs C.'s

case, with the pursuer, upwards of twenty years ago. I suppose I was between A twelve and twenty hours in attendance on her before the pursuer came. I can sometimes tell, and sometimes not, if the child be living before the birth. From the position the children were in I did not think them alive. Their not being in a proper posture, I thought both children were dead. *I never saw a child born alive where an arm was presented.* There may be cases, but I do not know of them. There are cases where children are born alive with a foot presentation. My reason for thinking that in this case the presentation was the foot of one child and the hand B of the other, was that the foot of the one child and the hand of the other were blue after the children were delivered. Mrs C. was able to go between the bed and the fireside after the delivery, but I do not think she went beyond that. She never recovered right owing to her weak state and previous state of health. I cannot say if her delivery was, or was not, connected with the cause of her death. She was not put under chloroform. I attended Mrs W. M.'s case about seventeen years ago. I had been in attendance upon her between eight and ten hours before the pursuer came. C The presentation was natural. The only peculiarity about the case was that the labour was slow. *The forceps were introduced during a labour pain.* He used the forceps within an hour or two after he came, and the child was born within half-an-hour or twenty minutes thereafter. I attended Mrs M.'s first case about seven or eight years ago. She had given birth to several living children before that, but I attended her on none of these occasions. The first one I attended her for was a very natural and easy delivery. There was no peculiarity about it save the after-flooding. D It was not in consequence of any difficulty in the case that the pursuer was there. On the second occasion I delivered her with perfect ease. I attended Mrs M.'s case, with the pursuer, about fifteen or sixteen years ago. It was a natural presentation. I suppose the slowness was the only peculiarity about the case. That was her first child. She has never had another. I never heard that Mrs M.'s perineum was ruptured upon that occasion. The first of Mrs T.'s confinements I attended was fifteen or sixteen years ago. It was her first child. I was a few hours in attendance before the pursuer E came. Everything was natural about the case. The labour was slow. *The pursuer introduced the forceps during a labour pain.* I think Mrs T. was under the influence of chloroform when she was delivered. She was delivered in about twenty minutes or half an hour after the forceps were introduced. Mrs T.'s second case was about six years ago. It was a natural case, only the labour was very slow. She was in labour, I think, six or eight hours before the forceps were introduced. *It was during a labour pain they were introduced,* and while Mrs T. was under the influence of chloroform. F She was delivered a few minutes after the pursuer used the forceps. Mrs T. was a healthy person then, and still is, and she was strong at the time. She had no convulsions or flooding. In introducing the forceps, Mrs T.'s person was not exposed. I do not recollect of any of the persons I attended with the pursuer being exposed. I think the pursuer delivered Mrs D. W. on the first occasion deponed to where I and the pursuer attended her. Dr Milne was there at the time of delivery, and I am not sure which of them delivered Mrs W. I suppose she had been twenty-four G hours in labour before Dr Milne came. She was delivered about four or six hours after Dr Milne came. I was present at the time of delivery. I did not hear Mrs Henderson, the minister's wife, suggest that Dr Milne should be sent for, and I cannot say who proposed that he should be sent for. It was a natural presentation, and I suppose the slowness of the labour was the only peculiarity about it. In Mrs W.'s other confinements they were all natural. I attended the case of Mrs G. F., Seatown of Cullen, about eighteen months ago. There was no difficulty in giving H birth to the twin of which I delivered her. The presentation of the other child was a natural presentation. The pursuer was sent for two or three hours after the birth of the first child, because the labour pains had ceased. She was a young woman, but weakly. She had a flooding, but no convulsions. The flooding was a little after the birth of the second child. There was no flooding after the birth of the first child. Mrs F. was very much the same after the child was turned as she was before. *There was no peculiarity about the case, except that the labour was slow. There I was nothing alarming before the child was turned.* That, and the case of Mrs R., were the only cases where I saw the child turned by any one. The pursuer used no

A instruments on that occasion. It is about two years ago since I attended Mrs J. F.'s case. I had been there two or three hours before the pursuer came. I do not know whether or not the child was alive when I went, or when the pursuer came. From the appearance of the child after the woman was delivered, my opinion is, that the child was not long dead, but I cannot say how long. Mrs M.'s case was about fifteen or sixteen years ago. I did not know, from the appearance of the child, how long it had been dead. I do not think it was alive when I went. My reason for thinking B so was because the hand was presented. I have no other reason. I never learned to write. I have not read much on the subject of midwifery since I got my diploma. Re-examined for the pursuer—Depones, I do not think the occasions on which the pursuer used the forceps were in the interval between labour and pains.—All which I depone to be truth, as I shall answer to God. Ten words delete.

(Signed) JAMES GORDON, Comr.
FRANCIS GEORGE, Clk.

C

Compeared MRS SMITH or DAVIDSON, midwife in Cullen, who, being solemnly sworn and examined, depones—I am seventy-eight years of age. I have practised as a midwife in Cullen for nearly forty years. I have known the pursuer ever since he came to Cullen. The doctors are generally called in in difficult cases, but the practice of midwifery is in the hands of the midwives. I remember the case of Mrs P., wife of Mr P., Cullen.

D The defender objected to the questions now put, and answers given, and to any question being put to this witness about any case or cases other than those specified in the counter issue.

The Commissioner repelled the objection, and allowed the examination to proceed, against which judgment the defender appealed to the Lord Ordinary.

The pursuer was called to attend that case, which happened about sixteen or seventeen years ago, and I was called in to assist. Mrs P. had a large family previous to E the confinement above deponed to, but I cannot say how many. It was about six o'clock at night I went to her. The pursuer was with her when I went. I found that the child was big. I did not know when I went what the presentation was. The child was delivered about ten o'clock same night. The pursuer delivered her, and I was present. I do not remember if the pursuer used the forceps or not. The child was born with a head presentation. I think the pursuer turned the child. I do not exactly know what part of the child was presented. I was only there as an assistant, and I did not F think I would be called upon to mind. The child was not alive when born. There was no breath in it; but the pursuer, by great exertion, brought it to life again. He gave Mrs P. chloroform, and delivered her under its influence. The child was extra big—I never saw one so big, neither before nor since. The child was weighed, but I do not remember the weight of it. Mrs P. had a good recovery, and she and the child are both living. The case was a bad case in many respects, arising from the G bigness of the child, but nothing else. I remember the case of A. L.'s daughter. I attended that case with the pursuer. I was there first. I went there at three o'clock in the morning. The pursuer came between twelve and one o'clock the same day. He was sent for because I could not deliver her. It was a lingering labour case, and no pain. The pursuer delivered the woman an hour after he came. He used the forceps, and he gave her chloroform. The delivery was very successful. The woman had a good recovery, and the mother and child are both alive. It was H during labour pain the forceps was used. He used the forceps for about a quarter of an hour or twenty minutes. This case was about four years ago. I remember the case of Mrs R., wife of J. R., Cullen. The pursuer was in attendance with me on that case. I was there first. About twenty minutes after I went I sent for the pursuer, and he came in about a quarter of an hour after he was called. I sent for I him because I saw it was a case I could not manage. It was a case of twins, and the extremities were so entangled through other that I could do nothing with it. It was a foot presentation. Neither of the children were born before he came. He did not use the forceps, but he gave her chloroform. He turned the second child, but not the first. Her pains were strong at the time the pursuer was sent for, and they continued so until she was delivered. She had a good recovery. She and the chil-

dren are still alive. I remember the case of Mrs L. The pursuer and I were in A attendance. The pursuer was there first. We were both sent for at one time. It was a bad kind of a case. I do not recollect now why it was a bad case. It was a leg presentation. The pursuer delivered her. I do not think he used the forceps. I do not remember if he used chloroform. I do not think he did. The delivery was successful, and the woman had a good recovery. The mother is living, but I do not think the child is living. This case was about eighteen or nineteen years ago. I remember the case of I. M. The pursuer and I attended that case. I was B there about twelve hours before the pursuer was called. He was called because I saw it was a case I could not do. It was a big child. The pursuer delivered her about half an hour after he came. He used the forceps and chloroform. It was a head presentation. *He introduced the forceps during a pain.* He fixed the forceps, when he got them pliable, to the child's head. *The fixing of the forceps took place during a labour pain;* and during a labour pain he attempted to extract the child by the forceps. The delivery was successful. Both mother and child are alive. She C had a good recovery. Before the pursuer came, another medical man was called, but he was not at home. Dr Wilson, the defender, called before the pursuer. The defender was the medical man that was sent for. The defender said he was going from home, but would be back in time. He was not back in time; the woman was delivered before he came. This case occurred about two or three years ago. I remember the case of the daughter of W. S. That case occurred about two years ago, or rather more. The pursuer and I were there. I was a whole day there before D he was sent for. It was a case of lingering labour, and I wished him to be present. It was a head presentation. The pursuer delivered the woman about two hours after he came. I cannot say if he used the forceps, but he used chloroform. She had a good recovery for some time. When the pursuer came she had some pains—a little. He let off the water from the womb, and after that the pains increased. There was flooding after the birth—a good deal. The mother and child are both alive. A few days after her confinement she took ill. I attended her, but I do not E know what was the matter with her. She continued a good while poorly. I do not attribute that illness to anything that took place at her confinement. She was safely delivered. I have been at other cases of midwifery with the pursuer, but I cannot tell how often. I never saw him fail in using the forceps in any case—he was always successful. I never saw him hurt any of his patients, or treat any of them harshly. He appeared to me to treat them very kindly. I consider he is quite qualified to use the forceps. I consider him a competent and skilful practitioner of F midwifery. I would have no hesitation in calling him in to operate in a difficult midwifery case. I have had no fatal midwifery cases in my practice during the last ten years.

Examined for the defender, depones—I am still in practice. Of late years it is quite common to call a medical man without a midwife. I did not see Mrs P.'s child turned. I can give no reason for saying that the child was turned. I do not know, from my own knowledge, if it was anything but a head presentation all along. G There was nothing in particular about the case except that the child was large, so far as I recollect. There was nothing alarming before birth but the big child. There was no flooding or convulsions before birth. She was in good health before her delivery. There was nothing peculiar about Mrs L.'s case except slow labour. She was a young, healthy woman. There was no flooding or convulsions before the birth. In Mrs R.'s case there was nothing but a foot presented. I knew that the H extremities of the child were entangled when I examined the woman and felt her. I felt that the extremities of both children were down to the pelys and entangled. My reason for thinking that the child was entangled was because of the strong pains, and I thought the one child could not get past the other. The foot and the breech, which I also felt, belonged to the same child. I knew that there was another child there, but I did not reach it with my hand. It was the child I felt that the pursuer first delivered the woman of. I do not know what was the presentation of the second child. There was no flooding or convulsions before or after the birth of I either of the children, so far as I recollect. I do not know whether or not Mrs R.'s second child was turned. In Mrs L.'s case I felt that it was a leg presentation. I

A do not know if the child was turned before the birth. I do not know how long Mrs L.'s child lived. The only peculiarity in I. M.'s case was that it was slow labour and a big child. There were a few people in the house at the birth. Mrs D., Mrs M., and I. M.'s mother were the only people present. *I heard on that occasion the pursuer read a letter said to be from the defender to Dr Greig, Portsoy.* The parties present when he read the letter were I. M., her mother, and me. I did not on that occasion hear the pursuer call the defender by any name. While I was attending I. M. I heard the defender say that he was going to the country, but would be back in time to attend at the delivery. I was in the way of seeing I. M. after her confinement. I saw nothing the matter with her after her delivery. She said nothing to me. There was nothing peculiar about Mrs S.'s case except slow labour. Letting off the water from the womb is an operation of difficulty sometimes. It is often difficult when the water cannot be reached. I consider that in some cases, when the water cannot be reached, it is necessary to take it off, because the child cannot get past it. I cannot say how long she was ill after her confinement. She was in an ordinary way on the third day after her confinement. I heard that she was removed to Banff. She called for me some time ago, and told me that she was still weakly, but in much better health. I was not at the confinement of the wife of A. M. *I do not remember seeing any medical practitioner turn a child in the womb except Dr Sharp.* All which I depone to be truth, as I shall answer to God; and I depone I cannot write. Ten words delete.

D

(Signed)

JAMES GORDON, Comr.

FRANCIS GEORGE, Clk.

Compeared Mrs JANET DONALD or WILSON, relict of John Wilson, crofter in Portknockie, who, being solemnly sworn and examined, depones—I am sixty-six years of age. I have known the pursuer for at least twenty-six years. I know Mrs Spence or Geddes, wife of John Geddes, innkeeper, Portknockie. I was present at her first confinement. It was twenty-six years ago come April. The pursuer was there. She lived at the Bauds of Cullen at that time. Before I went to the case, Mrs Sharp, a midwife, was there. She is now dead. The pursuer had not come when I went there. I do not remember how long I was there before the pursuer came. Mrs Geddes was taken ill on a Tuesday, and she was not delivered till the Friday following. I cannot say at what hour. *I saw the pursuer try to deliver her. He did not manage to deliver her. In trying to deliver her he used the forceps. When he failed to deliver her, Mrs Geddes' father suggested that another doctor should be got, and the pursuer told them to get any doctor they pleased. Dr Carmichael, from Buckie, was sent for, and he came. Dr Carmichael, when he came, delivered Mrs Geddes. He used the forceps. Dr Carmichael used his own forceps, I think. Dr Carmichael succeeded at first in extracting the child.* I think Dr Carmichael's forceps slipped once. The delivery was successful. I did not see the pursuer do anything that I considered improper in the treatment of Mrs Geddes. I think the pursuer did all he could for Mrs Geddes. It is so long since I cannot recollect whether the pursuer treated Mrs Geddes kindly or not. The woman and child both lived. Interrogated: Have you ever attended any other midwifery case where the pursuer was present?

The defender's procurator objected to the question, and to any question being put to the witness about any case or cases other than those specified in the counter-issue.

The Commissioner repelled the objection, and allowed the examination to proceed, against which judgment the defender appealed to the Lord Ordinary.

And the question being repeated, the witness depones—I was present at the case of A. S., where the pursuer was. Mrs Wright, a midwife, was also present. When I went to A. S.'s house, Mrs Wright was there, and the pursuer was sent for. He was sent for some hours after I went there, but I do not remember how many. He came and delivered A. S. He used the forceps, and gave her chloroform. The pursuer was sent for because Mrs Wright could not deliver A. S. The delivery was successful. I do not know why Mrs Wright could not deliver her. She had a good recovery. Both she and the child are still living. I was present with the pursuer at the case of E. L. She then lived at Portknockie. She now lives near Portsoy. The pursuer

was there when I went. He delivered her. He used the forceps, and gave her A chloroform. She had a good recovery, and she and the child are still living. From what I have seen of the pursuer's practice I think him capable of using the forceps. I think him a competent and skilful midwifery doctor.

Examined for the defender—Depones, I am not a midwife. In Mrs Geddes' case I saw the pursuer use the forceps repeatedly without delivering the woman. I do not recollect if the pursuer said, previous to Dr Carmichael's coming, that the child was dead. The pursuer said, when the child was born, "*The little devil is alive yet.*" B After the child was born the pursuer swore at me, and *threatened to kick me out at the window.* I did not hear him swear at Mrs Geddes. *Mrs Geddes' father proposed that another doctor should be sent for.* After Dr Carmichael came the pursuer tried to deliver Mrs Geddes with the forceps. I do not know if he tried more than once. After Dr Carmichael was sent for the pursuer continued to use the forceps. Dr Carmichael delivered the woman in fifteen minutes or half an hour after he came. I saw the child after it was born; *the back of its head and brow were cut.* Dr C Carmichael seemed to have no difficulty in delivering the woman. There were other people present at Mrs Geddes' confinement. Bell Donaldson, now wife of William Lobban, near Portknockie, Ann Badenoch, now wife of John Duff, at Cruats, and Mrs Kemp, wife of John Kemp, then at Bauds of Cullen, now at Whyntie, were present at Mrs Geddes' confinement. Mrs Geddes' husband and father were also present. I saw Ann Smith's child born; it was a head presentation. Ann Smith had no convulsions or flooding. She was a healthy woman. Everything was right D about the case to my knowledge, except that the labour was slow. In the case of Elizabeth Legg the child's head was presented. There was no flooding or convulsions in her case. I considered the pursuer not so successful, in the case of Mrs Geddes, as Dr Carmichael, because Dr Carmichael delivered her. All which I depone to be truth, as I shall answer to God; and I depone I cannot write. Eight words delete.

(Signed)

JAMES GORDON, Comr.

FRANCIS GEORGE, Clk. E

Compared MARGARET MARR or REID, midwife in Fordyce, who, being solemnly sworn and examined, depones—I am sixty-eight years of age. I have practised as a midwife for the last thirty-nine years. In Fordyce the midwife is called, except in difficult cases. I have known the pursuer since a very short time after he came to Cullen. Interrogated—Do you remember the case of Mrs M.?

The defender's procurator objected to the question, and to any question being put F to this witness about any case or cases other than those specified in the counter-issue.

The Commissioner repelled the objection, and allowed the examination to proceed, against which judgment the defender appealed to the Lord Ordinary.

And the question being repeated, the witness depones—I remember the case of Mrs M. about twenty-four to twenty-six years ago. I attended at her confinement. It was her first confinement. The pursuer was sent for some hours after I got there. I saw it was a big child, and I had no speedy way of relieving Mrs M., and so I G sent for the pursuer. He came. He used the forceps within an hour after he came. He delivered the child. It was a natural presentation. She had a good recovery. She and the child did well. There was nothing peculiar about the case except that it was a big child, and I could not deliver her. Mrs M. had no flooding. I remember the case of Mrs O., wife of J. O. I attended her. Dr Klingner was sent for, but he did not come. Dr Gardiner, Portsoy, was sent for, and he came. Dr Gardiner wished the pursuer to attend. He was sent for, and he came. The pursuer delivered H the child very soon after he came with the forceps. Before the pursuer came Dr Gardiner had repeatedly tried to deliver the child with the forceps, *but failed.* I rather think the pursuer brought forceps with him, but I am not sure. I cannot say whether he used his own or Dr Gardiner's forceps. I think it was pursuer's own forceps he used, but I am not sure. The pursuer extracted the child at the first attempt he made. The reason for sending for a medical man was that the child was large, and the woman not well formed. The woman had a good recovery. There I was no flooding. Chloroform was not used. I think this case was fifteen or sixteen years ago. The woman and child are both alive. Mrs O. was a broad woman, with

A a narrow pelvis. This was her first child, but she had a family after. These are the only two cases I have attended with the pursuer when he used the forceps. I have attended many easy cases with him, where he did not use the forceps. I never attended with him at any case which proved fatal either to mother or child. In one of the cases the child was still-born, but that was no fault of his. From what I saw at the two cases before deponed to, I think the pursuer is capable of using the forceps. From what I have seen of his practice, I consider him a competent and skilful
B practitioner of midwifery.

Examined for the defender, depones—Mrs M'Donald might have been six hours in labour after I went, and before the pursuer came. *I think it was during a labour pain that the pursuer introduced the forceps*—I think so, but I am not sure. The child was delivered within five or ten minutes after the forceps were introduced. I think Mrs O. had been six hours in labour before the pursuer came. I do not remember if it was during a labour pain, or in an interval between the pains, that the forceps
C were introduced by the pursuer.—All which I depono to be truth, as I shall answer to God; and I depone I cannot write. Three words delete.

(Signed)

JAMES GORDON, Comr.

FRANCIS GEORGE, Clk.

Sedt. eight hours

(Intd.)

J. G., Comr.

Pursuer's case closed.

DEFENDER'S PROOF.

Mrs JANET KEMP OR LONGMORE.

I reside at Loanhead, in the parish of Rathven. I am married, and have had ^A five children. I was present at the confinement of the late Mrs Andrew Longmore, in which she died. I think she was taken ill about twelve o'clock at night. I went to the house about seven o'clock on the following evening. Mrs Simpson, the midwife, was there when I went. I did not hear her say anything about the presentation of the child. I do not think I heard her say that the head of the child was presenting naturally. Dr Sharp was there before I went. He was using instruments when I went in. He continued to do so for about a quarter of an hour afterwards. *I tied* ^B *a cord* round the child's ankle by Dr Sharp's direction. It was a thin piece of cord like *twine*; *it was not tape or riband*. After the cord was tied round the ankle, the doctor tried to bring forward the child. He pulled *very hard*, as I thought, to do so. I cannot say whether it was at the cord or the leg that he pulled. He said he could make nothing of it. Then, after a short time, he said he would put the child back; that if it would not come the one way, it would have to go the other. While this operation was going on, I saw *a great deal of blood* coming from the woman. ^C I thought it was an unusual quantity of blood. Dr Carmichael, Buckie, was then sent for. I think Mrs Longmore died betwixt nine and ten o'clock at night. I was there when Dr Carmichael arrived; Mrs Longmore was just dying. After she was dead, he proposed that the body should be opened. I think Dr Sharp said that there was no use for it—that it would do no good. I know what labour pains are. I thought Mrs Longmore had *labour pains after Dr Sharp began to use the forceps*. (*Q.*) Did these labour pains display the usual appearances? (*A.*) I could not exactly say; he ^D was using the forceps when I thought she had the labour pains. (*Q.*) Were the pains that Mrs Longmore had when you and Dr Sharp were in the room like the pains you have had yourself when you were confined? (*A.*) I thought so. I thought Dr Sharp handled Mrs Longmore *very roughly*. He did not shake her, but I thought he pulled her very roughly. I thought he acted *roughly* in the way in which he tried to push back the child; he put his hand in and put it back. I don't think I saw anything peculiar in the bed when I was looking at it after the delivery was over. ^E I did not see bits of flesh in the bed; but *I saw what I thought were bits of flesh in a tub amongst water*. There were two bits; they seemed to be about two inches long, but the one was a little longer than the other. I don't think I was mistaken in thinking they were bits of flesh; *they were like bits of raw flesh*. I did not see Dr Sharp make any examination of the woman while I was in the room. I cannot say that I examined her person either before or after she was dead.

Cross-examined—Dr Wilson is our usual family doctor. We have no other doctor ^F but him. There were two women in the room besides Dr Sharp and myself with Mrs Longmore—Mrs Eliza Cowie or Geddes, and Mrs Ann Lobban or Paterson. I

A think I was in the room the whole time. There are two apartments in the house. I went "ben" for the woman's husband. I think that was the only time I was out of the room where Mrs Longmore was. It was a very distressing scene, and we were considerably agitated. When Dr Sharp was endeavouring to make the child come away, he had his coat off. Mrs Longmore was partly under the bed-clothes. *The tub in which I saw what I took to be bits of flesh was standing outside*—in the barn, I think. Some one had taken out the clothes and put them into it. It was the following day when I saw it. I was washing the clothes, and I came upon the bits of flesh, as I thought they were. I did not see any bits of raw flesh in the room. I thought those I saw in the tub had come from Mrs Longmore, because they were among the *clothes that had been about her when she died*. I left them in the tub. I could not say whether Mrs Longmore's pains were constant or intermittent, because she did not live very long after I came in. I could not say whether the bits of flesh were dark in colour; they seemed to have blood upon them.

C

MRS ANN LOBBAN OR PATERSON.

I am the wife of Alexander Paterson, and live at Bards of Cullen. I have eight children. I recollect the Cullen market day in November, 1863; I went to Mrs Longmore's confinement on that day. There was a midwife, Mrs Simpson, there when I went. It was between four and five o'clock. Mrs Longmore was in bed; she was suffering pain. The labour pains were going on. Mrs Simpson said she knew her labour would be slow, but that everything was in a fair way. Dr Sharp was not there then; he came after night drew on. (Q.) *Did the labour pains go on after Dr Sharp arrived?* (A.) *Yes, she had pains.* (Q.) *Were they labour pains?* (A.) *She just had pains, so far as I recollect.* (Q.) *Did they come at intervals, with a pause between, or was it a constant pain?* (A.) *There was a pause between them.* (Q.) *They were just ordinary labour pains?* (A.) *Yes; these pains continued after Dr Sharp came.* I do not recollect if they entirely ceased before her death or not. I do not recollect how long they continued after Dr Sharp came. I saw blood in the room—I could not say how much. I saw it on the floor at the bedside. It was coming from the woman. (Q.) *Did you do anything when you saw this blood?* (A.) *There was nothing done till after the woman was dead; the clothes were lifted then. The clothes were put down when Dr Sharp was working with her; it was Mrs Geddes who put them down.* Dr Sharp asked for something to put below his knees. The blood was partly on the floor and partly on the bed. After the woman died, I heard Dr Sharp say that there was a rupture in the womb, and that it was a cross birth. Dr Carmichael said that after death it was common that there was a separation—that the child should be taken out. Dr Sharp said there was no use for it. When Dr Sharp was trying to deliver the child, he put up his hand and took hold of one of its feet. *He then asked for his bag, and took out a piece of cord that was in the bottom of it, and Mrs Janet Longmore tied it round the child's leg by his orders. After the cord was tied, Dr Sharp pulled by it.* (Q.) *Did he pull gently or hardly?* (A.) *Just between the two. I am sure he pulled by the cord, and not by the leg. The cord was like a piece of thick twine; it was not tape.* [32 F, G.]

Cross-examined—Dr Sharp has been the medical man who attended us for any ill health in our family. We have not required any doctor lately. Dr Wilson has never attended our family. It was between four and five o'clock in the morning when I went to Mrs Longmore's. I went back to my own house occasionally during the day, but I returned to Mrs Longmore's. My house is distant about a quarter of a mile. I might have remained for about two hours when I first went to Mrs Longmore's. I then went away; I could not say how long I was absent, but I was back again in the forenoon before dinner. (Q.) *Did you go to your own house again?* (A.) *I went at times to see what was doing, and came back when I could get.* I spoke to Mrs Longmore after Dr Sharp came. She did not complain to me of any particular pain. She was then growing weaker. She had the appearance of being a weakly constituted woman. I don't recollect whether or not she vomited. There might have been something said about the rupture before she died, but I do not

recollect. I was a good deal agitated, and there was reason to be so. She was A always getting weaker and weaker after Dr Sharp arrived. I could not say that she remained sensible down to the very time of death, but after Dr Sharp was done with her, she knew me, and spoke sensibly enough to me. I do not think the pains continued down to the very time of death, for she was lying quite quiet before she died. I could not say how long before her death the pains had ceased.

Re-examined—Dr Sharp administered chloroform to her before he used the forceps. He was in the house some time before he administered the chloroform. I do B not think he was there two hours before doing so, but it might have been three quarters of an hour, or an hour. He did not touch her for a time after he came. I did not notice how often he applied the forceps. I don't think he applied it so often as four times. I don't think he tried it more than once. He tried it to no purpose. (Q.) How long was he employed in using it to no purpose? (A.) He was not long—some minutes, perhaps. I don't think he tried it a second time. C

DR DUNCAN CARMICHAEL.

I am a surgeon and M.D., and practise in Buckie. On 16th November, 1863, I was called to see Mrs Longmore, Bauds of Cullen. When I arrived, she was speechless, senseless, dying. She died in about a quarter of an hour or twenty minutes after I arrived. After death, I performed the Cæsarian section to extract the child. D The intention was to see if the child was alive, but we found that it was dead. *The child was in the uterus. I saw no rupture in the uterus, and no trace of one;* but I may mention, that in performing the operation I did not look for anything of the kind. I performed the operation exactly as if the individual had been alive. It was about a quarter of an hour or twenty minutes after death. I made no searching incisions. I saw the uterus—that side of it which was next the fore part of the abdomen. I took care not to be very rough in my incision. *I did not cut off any bits of flesh from E the woman's person.* The placenta was adherent. I would not say that it was wholly adherent, but it was mostly so. I could not detect any flooding while I was there, but I believe there was a flooding previously. I saw some appearances about the house to indicate that there had been a flooding; I saw blood, but I cannot say to what extent or in what quantity. It was from having seen the blood that I formed the idea that there had been a flooding. *The head of the fetus was entirely within the F uterus. It was not thrust through any rupture of the uterus, nor through any part of it, until I made the incision, and then the head was taken through the incision.* [33 A.] I did not examine the woman's private parts before I performed the Cæsarian section. I found no tumour in the uterus, or in the regions of the uterus. I found no growths in the bowels. Of course there were the child and the placenta. I did not examine the woman's pelvis, and therefore cannot say whether there was anything peculiar in its formation. I saw no deformity. She had the appearance of being well formed. There were appearances as if the child had been turned; at G least the child was not exactly in the usual position in which we find it. The feet were down; that is the appearance we might expect after the child had been turned. There was a string or something tied upon one of the legs of the child. Dr Sharp told me so much, at least, of what he had done; but I cannot say that I remember exactly all that he said. He said he believed the woman's death had been caused by rupture of the uterus. It was I who proposed that the Cæsarian section should be performed. I think that at first Dr Sharp did not seem to have any anxiety H about assisting at it, but he consented very readily. I do not recollect him saying that he daren't do it; and that the people in the country-side would not submit to it. I sent some person to get the permission of the people of the house; I do not know whom I sent; I think it was one of the women, but I am not sure. I know that there was a search for the husband. I did not perceive any particular clots of blood in the womb. There was blood, but the quantity was not noticeable. I did not contradict Dr Sharp when he stated that the woman had died from rupture of I the uterus. It was a matter of opinion, and I thought he had a right to his opinion. He expressed that opinion both before and after the Cæsarian section had been per-

A formed. I did not particularly examine the cord that was tied to the child; but, as we might expect in a case of the kind, it was red and bloody. I did not form any decided opinion as to what was the cause of the woman's death. I do not know what was the cause of her death.

In 1841, I was called to the case of a Mrs Helen Spence or Geddes. Dr Sharp was there when I arrived, and he informed me that he had attempted to extract the child by the forceps, but that he had been unsuccessful. *He suggested some other mode of operation; I cannot say decidedly just now whether it was craniotomy, or what it was; but I objected to it, because I thought it would be dangerous or fatal to the child. After I arrived, Dr Sharp again tried the forceps in my presence, but was still unsuccessful.* I was then asked to try it, and succeeded in bringing a living child into the world. The mother and child are still alive. *I succeeded at the first attempt I made.* I don't think I injured the child's head in that operation. I took hold of the child once only, and it was successful. (Q.) What you mean is this, that when an attempt with the forceps is successful, the head is generally uninjured, and therefore you think it was so in this case? (A.) Yes. There were some marks of injuries *on the back of the child's head, and also on the cheek.* It is not unusual, however, for marks to be there when the forceps is used, even when the child is delivered alive and well. I applied the forceps in the usual way—laterally, towards *the side* of the head. My usual practice is to take a hold of the head by the side; I therefore think—as my first attempt was successful—that I could not have injured the *front nor the back part* of the child's head. If I had inflicted any injury, the mark of it would have been on the *side.* (Q.) Did any labour pains intervene between the unsuccessful attempts made by Dr Sharp in your presence and your successful attempt? (A.) The labour pains were very moderate, *almost imperceptible;* at least I cannot say that they were more than scarcely perceptible—I mean perceptible to me. I have still in my possession the forceps which I then used. It was a forceps with a lateral curve; and I think Dr Sharp's was what is called the straight forceps, which is fully more in use. I cannot say whether the straight forceps or the forceps which I used is the most liable to slip. I use the one with the lateral curve, and I find it handy. The straight forceps is a good instrument too; but I have a partiality for the other, with which I am best acquainted. (Produces forceps.) This is what is generally called the short forceps; the long forceps is some inches longer. I could not say whether Dr Sharp's was longer than this; but I think it was the straight forceps.

Cross-examined—I have known many other instances where a medical man has succeeded in extracting a child after a professional brother has failed. It was not an unusual circumstance that Dr Sharp should have failed, and that I should have succeeded. (Q.) You say you made the Cæsarian section as if you were making it upon a living person, and did not look for rupture—might there have been a rupture, although you did not see it? (A.) *The inner coats of the uterus might have been ruptured; but it was not ruptured through and through.* If that had been the case, I would have known it, because *the child would have protruded through.* It would have been in the *cavity* of the abdomen, and there would have been blood there. Now, there was no blood there. Any flooding was in the inside of the uterus. I am aware that the certificate of registration given by Dr Sharp stated the cause of death to have been rupture of the uterus. I said nothing about that. I had a *different opinion,* but I did not express it directly. I am not very sure, but I may have done it indirectly. I can give no opinion now as to what was the cause of death. (Q.) What prevented delivery when the foot was down, and you were able to use extracting force, in Mrs Longmore's case? (A.) I did not use extracting force in Mrs Longmore's case. The child was delivered, not by the natural passages, but by incisions in the belly. (Q.) But why did you not use extracting force when the foot was down? (A.) Because the child could not have been born alive in that way. The mother was dead for about a quarter of an hour or twenty minutes before I performed this section. (Q.) Would it have required a good deal of trouble to have delivered the child by the natural passage? (A.) It would have been very troublesome to the child to have delivered it by the natural passage; and it is customary in these cases to deliver through the abdomen. When we got the child out, we made no further examination of the woman. Our object was merely to get the child out.

By Lord Ordinary—When I came, the woman was moribund, and incapable of A undergoing any operation. I did not try to do anything with her.

Cross-examination continued—(Q.) Was there anything to have prevented you from delivering the child in the ordinary way? (A.) The thing that prevented me was that I knew that the woman was moribund when I went there; and I knew that it was the only chance of getting a living child, and that the woman would die before there was any other attempt at delivery. I saw it was hopeless to attempt to save the woman. (Q.) Could you have performed the operation upon a living B woman? (A.) It could have been done. It has been done, but I have never done it. However, I performed the operation as it would have been performed upon a living woman. She was so lately dead, that there was no dissection, and no searching examination.

Re-examined—I cannot tell whether there could have been a fatal rupture—a rupture which would have been necessarily fatal to the woman—without my having seen it on the examination which I made. (Q.) But you said that the child would C have protruded through the uterus if there had been any serious rupture? (A.) I don't know that it would have protruded; it might have intruded. It would have gone out of the cavity of the uterus and gone into the cavity of the belly; but it did not do so. *There was no rupture through the uterus.* (Q.) Can there be such a thing as a fatal rupture when only the inner coats are ruptured? (A.) There may; a person might lose so much blood by the large arteries as to cause death. (Q.) Did you see any signs of blood to account for a fatal rupture of the uterus? (A.) There D was some blood in the cavity of the uterus, and there were some appearances of blood about the house to indicate that there had been a flooding. But I did not suspect that that was the cause of death. I did not see much blood, but there may have been. I saw nothing that led me to suppose that the woman had died from rupture of the uterus. (Q.) Was it your opinion that she died of rupture of the uterus? (A.) That depends upon what you mean by rupture of the uterus. If you mean rupture of the whole coats, *I did not see any signs of that*, so that I do not think that E was the cause of death. But I cannot say whether or not she died of rupture of the internal coats. (Q.) Did you see enough of blood to account for a rupture of the inner coats which would have been necessarily fatal? (A.) *No, I did not see much blood.* (Adjournment.)

F

FRIDAY, MAY 17.

Dr SHARP, the pursuer, recalled.

G

Admissibility of this recall objected to.

Objection repelled.

Mr Fraser, for the pursuer, excepted.

(Q.) First, as to Mrs Longmore's case, are you aware of three different positions in which the head of the child can be? (A.) There are four positions. (Q.) *In which of these four positions was the head of the child?* (A.) *I really don't remember. I don't keep an account of these trifling matters. It is quite unimportant whether it be in the first, H second, third, or fourth position.* [70 C, D, 78 H, 80 B.] I cannot, from memory, say which of the positions it was in. The waters had escaped before I proceeded to the patient. I do not know how long they had escaped; I never inquired as to the particular time—at least I do not recollect of having done so. The head of the child did not recede until I attempted to apply one blade of the forceps. I should say that Mrs Longmore was just approaching to the second stage of labour—that is, the os uteri not entirely dilated, but flaccid and dilatable; had there been any pains, it I was giving no resistance to these pains bringing forth the child. The labour was still in the first stage, but just approaching to the second stage. I don't know—at

- A least I forget—how long she had been in that first stage of labour. I could only learn that by being told; she was under the care of a midwife. I just inquired how long she had been in labour; and the midwife said she had been there since very early in the morning—I think from five o'clock. That was my only source of information. I had no other means of satisfying myself that that was the case. The midwife is the principal person on an occasion of the kind.
- B In the case of Mrs Geddes I did not use the catheter. It was not required, because there was no water in the bladder. *I could feel externally if there was any quantity requiring the application of the catheter.* I had used before the forceps which I used in this case. I had no others at that time; I was only begun in practice. I had succeeded with it in some previous cases. (Q.) You told us yesterday that the forceps slipped in this case as usual—what did you mean by that? (A.) *I mean by that, that it slipped many times—I could not say the number.* When I applied it first it slipped, the second time it slipped, the third time it slipped, and on each attempt, I say, as usual it
- C slipped. I really could not say what was the position of the child's head in this case, because I did not keep an account of it. *It is a very trifling matter,* and I do not record the positions; besides, it is twenty-six years ago. (Q.) In this case, as in Mrs Longmore's, you think the position of the head was immaterial? (A.) Yes; it was natural. (Q.) What do you mean by natural? (A.) The position that is most commonly adopted by Nature in bringing forward a child. (Q.) Which is that position? (A.) There are four positions. (Q.) Which of these four? (A.) *Well, the*
- D *first.* (Q.) In what diameter of the cavity of the pelvis did the long diameter of the child's head lie? (A.) At that period, immediately before labour, the face was situated in the *hollow of the sacrum*—that is, in the longest diameter of the outlet of the pelvis. I always use Hamilton's forceps. In this case it was *the common short forceps.* I introduced my forceps in the axes of the pelvis—*not of the outlet* of the pelvis. I felt the ear of the child before I introduced the forceps; that is the part to be seized upon. The head remained resting on the perineum for a good many
- E hours, I do not now recollect how many. I was called there, I think, in the forenoon; I visited again about three o'clock, and again about seven o'clock, if I recollect aright, and the head made no progress during all that time. That would probably be for six or eight hours. There was no constitutional irritation, otherwise I would have applied the instruments much earlier. The reason why I applied the forceps at all was because the head was impacted in the pelvis. I did not apply the forceps *antero-posteriorly*; I applied them *laterally.* (Q.) As to Mrs Mair's case, do you
- F consider it safe to rely upon the statement of a patient as to the state of her own bladder? (A.) I always examine for myself. I ask the patient, and then examine for myself. If there be such a quantity of water in the bladder as would render the application of instruments dangerous, *it can be detected by the hand.* It is very seldom I try the catheter unless I cannot detect it; and I very seldom find myself err in that respect: I never found my diagnosis of that state of matters to be incorrect. *Mrs Mair's pelvis was contracted at the brim.* It was not contracted at the outlet, so
- G far as I am aware. I ascertained its contraction by tactile examination—that is, by touch with the fingers; after putting the person under chloroform, I can do it freely. I put her always under chloroform when I am about to attempt to apply the forceps. (Q.) *Where was the child's head when you performed craniotomy?* (A.) The pelvis of the mother was contracted antero-posteriorly to the extent of *three inches*, so far as I could ascertain. I tried with pretty powerful traction to extract the body of the child, but when it came to the head I found that the head was so much ossified
- H that *it stuck there at the brim of the pelvis.* It yielded so far, but not enough to allow it to be extracted. It was at *the brim it was detained.* (Q.) How long had the head been impacted at the brim? (A.) The midwife in attendance was such a person that I could not depend upon her word for an instant, and therefore I could not say positively. Immediately on arriving there *I found the head impacted at the brim of the pelvis*, but how long it had been so previously I could not say. It must have been so for some considerable time, because there was *very considerable constitutional*
- I *irritation.* What I mean by being much ossified is, that there is a much greater, a much stronger deposition of osseous matter in the bones of the cranium of the child than usual. When a bone is very strongly ossified, it is very resisting to any instru-

ment applied to break it. So much was it ossified here that it defied the point of the A crotchet to take hold of it. *I do not consider it good practice to bleed a patient at any stage of labour when she is much exhausted. I would consider it very bad practice to take twenty ounces of blood from a woman in that state.* [64 F, 67 D, E, 68 F, G, 66 B.] *I remained about a quarter of an hour or so in the house after the delivery of Mrs Mair. I had used the forceps, craniotomy, and turning, and I considered that it was a very formidable case.* (Q.) *How long do you stay with a patient when it is not a formidable case?* (A.) *I probably stay five or ten minutes, or sometimes an hour.* The length of time I stay depends upon the circumstances of the case. If I see anything B threatening, I remain till the danger is over. Before the child was extracted I formed a diagnosis that it was dead. (Q.) Suppose there were blue echymosed spots on the child's body after it was born, would you consider that these could have been caused previous to the child's death? (A.) Generally, indeed very often, when a child dies, echymosed spots are over the body, proceeding from what cause I will not say, because I do not know. (Q.) Suppose there was an echymosed mark upon two particular parts of the body, and that these marks could be accounted for by force C used to the child, would you then say that these marks could have been inflicted before the child was dead, if there was no echymosis on the rest of the body? (A.) There were no such marks upon that child. I saw the body of the child, and there were no echymosed spots on it that I saw.

Cross-examined—The compressing force of the forceps which I used in Mrs Geddes' case was very weak; how much it was I could not say, for I never proved it. I did not take twenty ounces from Mrs Mair when she was in a weak condition. D In that case, I first employed the *forceps, then turning, and then craniotomy.* I never heard until yesterday of pieces of flesh having been torn from the person of Mrs Longmore, and of these having been seen lying about. (Q.) May there have been some clotted blood which might have had that appearance? (A.) Well, it assumes an organised appearance when left for a time. (Q.) But was there clotted blood? (A.) There was some blood which came from the person at the time. (Q.) And do you suppose these women mistook that for pieces of flesh? (A.) It must have been E mistaken for pieces of flesh.

Mrs HELEN SPENCE or GEDDES.

I am the wife of John Geddes, vintner, Portknockie. I was confined on the 16th of April, 1841. My labour commenced on Tuesday, the 14th. It was progressing F favourably. Dr Sharp was called in, and he first came about five o'clock on Thursday morning. He remained for about an hour. He returned at three o'clock in the afternoon. I was feeling worse then. Dr Sharp did not stay. My mother wished him to stay, but he would not. He said he was going to a *tea-party* at Cairnfield, which is *six miles* from the place where I live. He said if I was not better by six or seven o'clock, to send for him. He was sent for, and came back—I suppose about nine o'clock. *He was then in a great passion, and swore.* I don't know what he G was in a passion about. I was lying on a bed on the floor, and he lifted me up and put me into the bed. *He shook me very hard.* I don't know why he did that. On the first occasion when he called he felt me about the stomach, and took me up in his arms and shook me back and forward. I do not recollect if he examined me when he called about three o'clock. On the last occasion he used the forceps to me. He fixed it, but it slipped. *It slipped six times* before Dr Carmichael was called. The midwife assisted Dr Sharp when he was using the forceps. I suppose he kept work- H ing at me with the forceps for *two or three hours.* After that he went away to Cullen, and said it was for a change of instruments. He used the forceps once after he came back; it slipped again. I did not hear Dr Sharp say anything to Dr Carmichael about the state of the child. I heard him say to my mother, and to the midwife, that one of the child's eyes was blown out. He also said the child was dead. My father asked him if the child was alive. He said, No; and that it *must be destroyed* before it came into the world. *My father objected to this, and said he would not allow* I *it to be done until he got more skill.* Dr Sharp said, "You may bring five hundred, if

A "they be medical gentlemen, but I was first called, and I will deliver the child myself." Dr Carmichael came. After he came, Dr Sharp tried the forceps *twice*, and it *slipped* both times. *He said he gave me up.* Dr Carmichael then applied his forceps. *It never slipped*, and he delivered me of a female child. She is still alive. I am sure that no labour pains intervened between the time when Dr Sharp tried his forceps and when Dr Carmichael tried his. The child's head *was very much swelled.* There were injuries upon it—*on the back of the head, and on the left eye, on the side of the*

B *nose.* There was a cut there. The wound gave forth matter for *seven weeks* after the birth of the child. Mrs Duff and Mrs Lobban were in the house.

Cross-examined—My husband keeps a public-house. I have seen Dr Wilson in it. He has been in it lately. He has spoken very little to me about this case. He has not gone over the whole thing with me, so far as I recollect. He has taken refreshments in our house, but not frequently. It is twenty-six years now since the confinement took place of which I have spoken. I don't think I will forget what

C took place then so long as I have my senses. Perhaps I have told the story of it to Dr Wilson when he was in our house. If I have done so, it was the same thing as I have stated to-day. When Dr Sharp returned he was *in a passion.* I don't know what reason he had for being so. He "*damned me to hold my peace; what was I crying out for?*" *He lifted me up in his arms, and shook me back and forward.* He did not take me by the hands, but lifted me up in his arms. That was my first child. I have had five children. That was the most painful labour I ever had. I

D did not need the forceps at any confinement except that. He wrought with the forceps for about three hours, but, of course, he was not working with it all that time. He was three hours in the house before he went to Cullen. Dr Carmichael was not long in coming after he was sent for; I suppose about an hour. I think he was there by four o'clock in the morning. I could not say that I felt the child moving at the time Dr Sharp said it was dead. I could not say whether there were any labour pains going on then. I had my senses about me all the time. I was

E suffering great pain. My father and mother are both dead. I did not lose my senses at any time before the delivery of the child. I recollect everything quite distinctly. I don't think my memory has been aided by going over the story lately. Dr Wilson did not come to ask me about the story, nor did I go to tell him. *I happened to meet him at another woman's confinement about eight years ago, and the thing was mentioned in the course of conversation.* I am quite sure that when I was ill, and when Dr Sharp's forceps were slipping, he did not propose to send for assistance. I could

F not say what kind of dress he had on. *He had his coat off when he was trying the forceps.*

Mrs ANN BADENOCH OR DUFF.

I am the wife of John Duff, Portknockie. I was present at Mrs Geddes' confinement in 1841. I saw Dr Sharp there. He was not there when I went; he came in

G towards eight or nine o'clock at night. Mrs Geddes was then lying on a bed on the floor, and he ordered her to be put into a bed. *When he was putting her into the bed, he gave her what I thought a very unbecoming shake.* After he had been there some time, he went away, saying he would be back in a quarter of an hour. He went to Cullen. He did not stop longer than he said he would. When he came back, he examined her. He did not shake her again. He did not touch her except with the instrument. *He swore at her when she cried out.* He "*damned her to hold her tongue;*

H "*the women would be thinking he was killing her.*" I saw Dr Sharp use his forceps on this occasion; it always lost its hold. I was there when Dr Carmichael came. He delivered the woman in a very short time. I saw the child after it was delivered. It was in a *very ugly state.* The *back* of the head and the *forehead* were marked. I did not hear Dr Sharp say anything about the child being alive or dead before it was born; but I saw him speaking to Mrs Geddes' father when I was in the inside of the bed, although I did not hear what he was saying.

I Cross-examined—I have been at many confinements besides this one. I have heard the doctor tell a woman in labour to hold her noise, but not "*damn them*" to do it. Mrs Geddes was crying a good deal. There were a good many neighbour

women in the room. The skin was broken on two parts of the child's head when A it was delivered. [52 H, I, 53 B.]

JANE GEDDES.

I am the daughter of Mrs Helen Spence or Geddes. I have a mark on *the back* of my head, and *one near the right eye*. (Witness being asked to show these, exhibited her head to the medical gentlemen present.) I do not recollect when I received these B marks: *I have had them all my life*. I was twenty-six years of age on the 16th April last.

Cross-examined, and being asked by Mr Fraser to put her finger on the spot in the front part of her head, indicates a point in *the corner of the right eye*.

MRS ANN BRUCE OR WOOD.

C.

I am a midwife in Portknockie, and have been so for eighteen years. I have a certificate of qualification from Dr Christie, Aberdeen, dated 1849. I have had upwards of seven hundred midwifery cases under my care. I recollect the case of Mrs Catherine Mair, wife of George Mair, Bobbin, who lived at Portknockie. Her confinement was on 19th December, 1856. She was in common labour when I came to attend her. The symptoms were the usual symptoms of natural labour. I made D an examination of her person, and the size of the mouth of the womb. The labour was progressing slowly, but naturally and favourably. This state of matters continued over Thursday and through Thursday night, till Friday through the day. There was nothing peculiar about the labour but its slowness. I sent for Dr Sharp about six o'clock on Saturday morning, and *he came about eight, in the dawn of the morning; the lights were not out*. I told him how long Mrs Mair had been ill. I sent for the doctor because the labour was slow, and I thought that any doctor E would relieve the woman when he came, because everything was natural. I was not frightened at the case in the least. I anticipated that he might use instruments. Mrs Mair was quite sensible when Dr Sharp came. She put up her hands and said, "I will never rise off this bed." She appeared to be a little alarmed and frightened at the doctor. She said, "That man will do for me." The pains got a little weaker at that time, but the patient herself was quite strong. *The labour was pretty far on. The waters had escaped. The womb, as regarded the vagina, was quite natural, and the F head was resting on the perineum. The womb and the vagina formed one. The head had not rested on the perineum long before Dr Sharp came. The presentation was one of the cranium; I put in my hand and felt the hair on the child's head*. Mrs Mair, senior, was present. As she had been with some women in confinement before, and as she might think I was stating the wrong thing, I asked her to examine for herself. She said she thought there was no use for a doctor, as the child would be here soon; but I took her hand, and made her make the same examination as I had done. There G was no tumour in the vagina or regions of the womb, so far as I could ascertain. To my touch the pelvis appeared to be of the ordinary size. I had no difficulty in making my examinations. Mrs Mair had no fever or convulsions at this time, nor was there any flooding. Things were still going on naturally when Dr Sharp came. The mother-in-law asked if there was any danger. He said, "*No; I will deliver her in five minutes, granny*." I thought he was quite in earnest when he said that. He used the forceps after that. I suggested that he should take H off the water before he used the forceps. I saw him go into the bed, as if to use the catheter, but I do not know if anything came. I did not give him any vessel to hold the water. I had given the woman an injection before he came. He did not say that he was to use the forceps before taking off the water. He had it in warm water; that is what is always done immediately before using it. Mrs John Mair, the mother-in-law of Mrs George Mair, and her daughters, Ann and Helen, were in the room besides myself. The forceps were never locked I by Dr Sharp. I tried to tie it several times with a piece of tape, but it was never locked, so far as I knew. *He tried to force it to lock by grasping it closely, while I*

A tied it firmly, but it would not lock. He did not say why he wanted it tied, but he always wanted me to tie it firmly, because it would not lock. I have seen a forceps locked since, but I never saw it tied. He tried the forceps several times, but it always slipped. *It was when the woman was in pains that the forceps was introduced; I have no doubt of that. During the intervals of these pains Dr Sharp sat down and rested himself.* He gave no reason for the forceps slipping. He was a little out of temper at the time, and occasionally used an oath. It was when he was trying to B extract the child that the forceps slipped. After he had used the forceps he went away for a little time; he would be away for about an hour. When he came back he said he would have to break up the child. *The head of the child was still presenting* when he said that, and the woman had still slow labour pains, but she was under chloroform. I suggested that another doctor should be called in. Dr Sharp said there was no doctor to be got. I said there were two in Cullen; and he replied that there were none of them better than *old wives*. I said we could get Dr Mac- C gregor from Cullen. I do not know what remark he made about that. It was also proposed that Dr Carmichael should be sent for; but he refused to send for him. He did not give any reason to me for refusing. He then said he would send a boy to Cullen for his dead irons; and the boy went, and brought back these instruments. (Shown No. 53, a common Portknockie poker.) *I saw Dr Sharp use a piece of pointed iron like that, with a knob at the end.* I cannot say that that is the same article which he used, but it was exactly like that. The thing he used was not like scissors; it had D only one blade, and there was a small knob at the end. I have seen what is called a perforator; Dr Sharp did not use any instrument like a perforator. *When he used the instrument like that now produced, he took hold of it with both his hands, placed his left foot against the bed, and used it as if he were stabbing the child.* He did that several times. He used great force. He injured the private parts of the woman while doing this. I made an examination to find out whether the child was alive or dead before this operation commenced. While the doctor was out, I put my hand on the woman's E abdomen, and felt the child moving. Dr Sharp said the child was alive, but he would be obliged to destroy it in order to save the mother. Mrs Mair, sen., and her two daughters, were also looking on while the child was being stabbed in the way I have described. The stabbing broke up a large piece of the crown of the child's head, about the size of a teacup, and the brain came out. I gathered this up and put it into a small basin. *Dr Sharp then sent Helen Mair to William Wood, the shoemaker, for a pair of his best pincers, and began to pick off pieces of the brain with the F pincers.* After doing this he bled the woman on the arm with his lancet, and took off two soup platefuls of blood from her. *I held the first plate.* The arm was bound up again after the blood was taken off. It was after using the perforator that he took off the blood. He then went out for some time, and after that he sent to Portsoy for Dr Gardiner to come and turn the child. Word was sent back that Dr Gardiner was not coming, and Dr Sharp then said that he would be obliged to do the work himself. I noticed that the woman's perineum was very much mangled, and that small G pieces of her private parts had been torn away. When Dr Sharp bled her, I asked him what was his reason for taking off blood. He said she was too strong, and he required to do so. I said I had never seen it done in such a case; but he said she was too strong. She was pretty unruly under the chloroform—tossing about very much, and crying out. She was not weak; the doctor would not have taken off the blood if she had been weak. It was before another doctor was sent for from Portsoy that I observed the rupture of the perineum and the laceration of the private parts, H because the woman herself wanted me to examine her at the time Dr Sharp was out. for she was very ill. Dr Gardiner did not come. Dr Sharp afterwards turned the child. There were two women in the bed to assist him—Elizabeth Mair, who is now dead, and one of the sisters-in-law. Dr Sharp took off his coat and rolled up his sleeves before he turned the child. When he brought down the feet of the child, he asked for a piece of cord or line, and attached a piece to each foot; he then twisted the two strings round his hand, and put his foot against the bed, and drew with all I his might. *I am sure he pulled by the string, and not by the leg.* I could not say whether he had the two legs fastened in one loop, as I was standing at his back. Dr Sharp only stayed so long in the house after the child was extracted as to get his clothes

on; he stayed perhaps between ten and fifteen minutes. I saw the child after it was A
 extracted. It was of the natural size. *I saw marks on its head, and there was a pretty
 firm mark round one of the wrists, as if it had been firmly fastened by a cord.* It was
 not much out. *I pointed that out to Helen Mair, and her sister and her mother. I
 saw some bits of flesh, which I gathered up and put into a basin.* After the woman
 died, I saw places about her private parts from which flesh had been torn. From
 my experience in seven hundred midwifery cases, I consider that Dr Sharp did not
 treat this woman well or skilfully. *The child was extracted between nine and ten B
 o'clock on the Saturday night and the woman died about one o'clock on the Monday
 morning.* When I first came to the house, Dr Sharp was not there. I did not look
 into the woman's private parts, but I felt them with my hands. From what I felt,
I am sure that, if I had looked in, I could have seen the head of the child easily. The
 placenta was not displaced; everything was right. There was no flooding and no
 convulsions.

Cross-examined—I kept a public-house in Portknockie for twenty years down to C
 the last term. Dr Wilson was often in my house; *but Dr Sharp has been in it oftener
 than Dr Wilson.* I never spoke to Dr Sharp in my house about this case, nor to
 Dr Wilson. (Q.) You never said a word to him on the subject? (A.) Never further
 than as it was the news of the country-side. I said to Mr Colville, the agent for the
 pursuer in this case, that I had nothing to say to him further than I had told the
 other agent before that, and I thought it was not proper that I should tell them both.
 The other agent to whom I had told it was Mr Forbes, Portsoy. I knew a Mrs D
 Robert Forbes; I attended her as midwife. Dr Bidie was the medical man who
 attended her. He happened to be away from home when she died, and Dr Sharp
 was called in. I do not recollect the date of this case; it is some years ago. Dr
 Sharp did not incline to interfere. The woman died soon after he came; she lived
 more than a few minutes after he came. She would not allow him to come to the
 bed. He said he would not harm her; that she need not be afraid of him; but she
 said she was afraid. I asked the doctor why she was afraid; and he said he supposed E
 some person had been saying he would do her harm. I said I did not think so. She
 got excited. (Q.) Did you wish the doctor to deliver her then and there? (A.) Of
 course I left it to himself. She died in the time of her delivery. Dr Sharp did not
 rebuke me for the manner in which the woman had been treated. He abused Dr
 Bidie, but he did not abuse me. I had nothing to do with the case at all; I had given
 it up to Dr Bidie for some days before that. (Q.) Did you look on Dr Sharp with
 the same friendly feeling after that? (A.) Well, there was not much difference. F
 Dr Sharp may have looked down upon me for it; but it made no difference to me.
 I have seen Dr Sharp use the forceps in some cases that were very easily done, and
 in some that were not. He sometimes used it successfully, but in the generality of
 cases he used it unsuccessfully. (Q.) What were these cases? Mention them.
 (A.) One of these cases was that of Widow Tait, Portknockie. *The child was taken
 out with a rope. The woman was delivered in one way or other, and she lived, but
 the child was dead-born.* In the case of Margaret Mair, Portknockie, the child died G
 a little after it was born. *The bone of the eye was broken with the forceps.* The
 mother survived. The father of that child was George Bridie, Portknockie. This
 case happened some time ago. I cannot say how long. (Q.) Tell us of a third
 case. (A.) I have not had many cases of that kind. (Q.) Then these two are all
 that you recollect of? (A.) I was not in many cases with Dr Sharp. I never had
 many cases that required the forceps; I was able to manage the most of my cases
 myself. I would not say that I could have managed Mrs Mair's case myself; but I H
 think if the case had been well managed, the delivery could have been easily effected.
 Dr Sharp was not sent for at first in that case. It was the patient's wish that she
 should have Dr Macgregor or Dr Wilson, who were both in Cullen at the time, but
 they could not be got, and then Dr Sharp was brought. Mrs Mair, sen., said she
 thought there was no use for a doctor, but the doctor had been sent for by that time.
*When Dr Sharp used the forceps, the bedclothes were thrown off, and I stood beside
 him when I tried to tie it.* Some doctors always throw off the clothes when they I
 use the forceps, but some don't. I know what a crotchet is; it is an instrument for
 pulling away the head when there is anything broken off from the brain. (Shown

- A No. 53.) It was an instrument like that which Dr Sharp used; it was not a crotchet. Dr Sharp went in his gig for the instruments. I did not see him bring a box or case with him when he returned. He had his forceps with him when he came; he did not send for it. The woman was under chloroform from the time when Dr Sharp first began to use the forceps until night; but she was never quite under it. She spoke all the time, and screamed out. It was after he broke up the child that Dr Sharp took blood from the woman. He said she was too strong. She was under chloroform at that time. (Q.) *Do you swear, upon your solemn oath, that you saw Dr Sharp take blood from that woman?* (A.) *Yes, I do.* Mrs Mair, I think, was about twenty-one or twenty-two years of age. This was her first confinement. I have had one fatal case among the seven hundred which have been under my charge. Of course when the doctor is called in, I do not consider that the case is in my hand; but in the cases in which I have acted alone I have only had one case where the woman died. Whenever I see anything serious I always send for a doctor.
- C Re-examined—In the case of Mrs Tait, where I have said that a rope was used, I was called about six o'clock in the morning. Dr Sharp came, I think, about ten o'clock in the forenoon. Everything was apparently going on very well. I had the woman lying on a mattress on the floor, but the doctor caused her to be lifted into bed, and examined her. The presentation was one of the cranium. He used the forceps. Then he turned the child, and got a piece of small packing-rope, which he fastened round both ankles, enclosing both in one loop. *He held the line firmly in D his hand, and pulled upon it, and extracted the child in that way.* The child was dead. The woman lost much blood at the time of the delivery. Of course the doctor was covered with blood.

MRS ANN WOOD OR MAIR.

- E I am the wife of John Mair of Portknoekie. I remember the confinement of my daughter-in-law Catherine, in December, ten years ago. I went to the house in the morning, after twelve o'clock, but I do not recollect the exact time. Mrs Wood, the midwife, was then with my daughter-in-law; there was no one else there at that time. The labour had commenced, and was going on quite naturally, but slow. The head of the child was in the right place; I felt it with my hand. A medical man was sent for, I think about six o'clock. It was Dr Wilson who was sent for, F but he was not at home, and then Dr Sharp was brought. He came during the morning, but I do not recollect the exact hour. He warmed his hands at the fire when he came; and after he had examined her, I asked him what he thought of her condition. He said, "Everything is perfectly regular; she will be delivered very soon." I saw Dr Sharp use a forceps, but it slipped. After remaining in the house a short time he went away, and I think he did not come back till he was sent for. After he had used the forceps, he sent away for more instruments, and what he G called his dead irons were brought. He said he would have to break up the child's head in order to save the woman's life. After he had broken up the head he said that it was mortified, but I knew that it was not. I wanted more medical assistance to be sent for, and I said to Dr Sharp that I would send for Dr Wilson, and the other doctor who was in Cullen at that time, but he said that he would have none of them, and that we might as well send for old wives. I also wished Dr Carmichael of Buckie to be sent for. Dr Sharp said he would not have him, because he H had charged £2 for a case he had been called to before. Dr Sharp wanted another doctor from Portsoy; and a man was sent for him, but he did not come. Dr Sharp then went out; and when he came in again, I met him in the passage, and asked him to go in to the woman and deliver her. He asked me if I thought that his arms were made of stone or marble. He then went in, and took off his coat, and in about half an hour he delivered the woman. I went out of the house when he began to I take out the child. *I was not in when he bled my daughter-in-law,* but when I returned to the room I saw *two platefuls of blood* standing on the table beside the bed. [36 C.] I saw the child after it was extracted. When I went to look at it, Dr Sharp ordered me away, for it was a child that ought not to be seen. *I examined it; I saw*

a rope round the shackle-bone and the hough (the wrist and the ankle.) [36 B.] These were tied together in one loop. The child's body was then lying on the table near the bed. I unloosed the cord, and took it off the child, and threw it down on the floor. The child was as pretty a child as ever was born. The body was quite soft, and there was nothing wrong with it. The rope was round one wrist and one leg; I am quite sure of that. I saw the woman's private parts. There was more blood coming from them than there should have been. *I saw a bandage on her arm where she had been bled. My daughter, Helen Mair, took the garter off her leg, and put it on for a bandage.* I first saw the bandage when Dr Sharp was trying the forceps. There were a good many people who called to see Mrs Mair on the Sunday, but the room was not crowded. *She was far from well that day.*

HELEN MAIR OR SLATER.

I am the wife of George Slater, Portknockie. I recollect the confinement of my sister-in-law, Catherine Mair, which led to her death. I was in the bed with her before Dr Sharp came. He used instruments, but they did no good. The forceps slipped very often. *He uttered oaths when it slipped,* and appeared to be in a passion. He sent to Cullen for more instruments. He also sent me for a pair of *shoemaker's pincers.* He was very rough with his patient; he shook her very much. *He broke down the child with what we would call an old poker.* (Shown No. 53.) It was with an instrument just like that. It was not with an instrument like scissors. It was just a single bit of iron, sharp at one end, and with a knob at the other. He took hold of it with both hands, and used it with much force. He gave very strong blows with it, just like stabs. *Dr Sharp bled Mrs Mair, and I gave him my garter to bind round her arm after he had done so. I saw him take two platefuls of blood from her arm with the lancet.* I could not say at what time of night it was he bled her; but it was after he had used all his instruments. It was after he had used the poker, and after I had gone for the shoemaker's pincers. It was after he had bled her that he turned the child. He said he must turn the child in order to save the mother. I saw the child's body a few minutes after it was extracted. There was a cord about its legs. My mother loosed the cord. *The head of the child was to be seen when Dr Sharp used the poker.* I did not see it. There was no appearance of the feet of the child at that time; the head was still presenting. There was a great deal of blood coming from Mrs Mair's private parts.

Cross-examined—My husband is a fisherman at Portknockie. We have seven children. I don't recollect when we were married. I know Mrs Wood, the midwife. I have not spoken to her about this matter farther than as it came up in conversation. I have not been speaking to her about it since we came to Edinburgh. I thought Dr Sharp was in a passion because his instruments slipped so often. I did not think that it was because there were so many women in the room that he was angry. I think it was the right arm from which he took the blood; but I can't be sure. The woman was not under the clothes when he turned the child. *The cord that was on the child was round one of the wrists and one of the ankles.* I could not say whether it was one piece of cord that was round both, or two pieces of cord, one round each. Dr Sharp tied it. Mrs Mair was always moving a little; she was never quite under the chloroform, although she got a good deal of it; she never lost her consciousness, but was always sensible of what was going on. I was in the house on the Sunday morning. There were not many people there. I do not know whether there were a great many people seeing her that day. *She was not going on well when I saw her; she was getting weaker.* She was sensible enough, although she was not speaking much. I do not recollect when I first spoke to any one about Dr Sharp having bled the woman; but I have spoken about it often. I have spoken very little to Dr Wilson about this case. I have not spoken to him about it within the last week. Dr Wilson was the last doctor I had, but I have had several doctors. Mrs Wood delivered me at my last confinement.

Re-examined—It was when Dr Wilson's agent spoke to me that I first began to

A talk about this case, within the last year or two. Dr Wilson called on me along with his agent. That was the first time I spoke to him about it, or he to me. I have been speaking to my neighbours, of course, about the case.

MRS ANN MAIR.

B I am the wife of John Mair, Fisherman, Portknockie, and have eight children. I recollect the confinement of my brother's wife, Catherine Mair, on 19th December, about ten years ago. I was called to her on the Thursday morning when she grew ill. I was the first. Mrs Wood came after me. She remained a short time, and then went home. She was called back afterwards, and I remained for a considerable time. She did not send for assistance till next day. She then sent for Dr Wilson, or another doctor, but they were not at home, and Dr Sharp was brought. *He came just as the day was dawning on Saturday morning, about eight or nine o'clock.* He warmed his hands at the fire, and then looked at the woman. My mother asked what he thought of her, and he said he would deliver her in *five minutes*. He did nothing to her for a few minutes, but then he commenced with his instruments. He wrought with them for more than an hour, and then went away for about an hour. My sister was obliged to go for him, because Mrs Mair was in such a state. When he came back he used the forceps, but it always slipped. He went away again after this to a house at the head of the town, which we call George Wood's, and John Mair went for him there. My sister Helen and my mother were also in the house at this time. Margaret, Catherine's sister, was also going in and out. Dr Sharp, when he came back, sent to Cullen for what we call the dead irons. He said the child was alive, but that he would be obliged to break it up in order to save the mother. I said he should save her. I was in the bed at that time, keeping on the chloroform with one hand, and keeping down the child with the other. I felt the child move. I saw him begin to break up the child. (Shown No. 53.) *He used an instrument just like that. I could only compare it to the thing that a butcher sharps his knives with. He did not use anything like scissors. When he was breaking up the child, he held this instrument with both hands, setting his foot against the bed, and drove it with great force.* When he made the drive, the force drove the child up the woman's breast, and I cried to him to let me out of the bed. After he had used that instrument, he sent Mrs Slater for a pair of *shoemaker's nippers*, and these were brought. My mother and I ordered him to send to Cullen for more assistance, but he said the doctors there were as good as old wives. I wanted him to send for Dr Carmichael, of Buckie, but he would not have him. He then bade my husband go to Portsoy. My husband asked for his gig in which to go to Cullen. Dr Sharp was not willing to give it, but my husband took it and went to Cullen. *I saw Dr Sharp bleed the woman after he had used all these instruments.* He then turned the child, and then tied what we call a 'line back,' or piece of strong cord like this G (producing cord) round the thigh and round the wrist. *It was just a piece of haddock line. He dragged out the child by this cord, and delivered the woman.* I could not say whether both the leg and the arm were tied in one loop, but the cord was round them both. After the child was extracted I got out of the bed; and when I was looking for a bandage, my mother took off the string and laid it on the table. I took it up and put it into my pocket, to let them see it at home. It was a little coloured. Dr Sharp did not get the line from any of us; *I don't know where he got H it.* He put the chloroform on a towel, and I kept it on the woman. When he was breaking the child, I wanted to get out of the bed, for fear it would do me harm. He said she was too strong, and that was the reason he bled her. He kept her down with chloroform; but it did not keep her down sufficiently. He applied two bottles of chloroform before the child was turned. When I wanted to get out of the bed, *he swore at me to stop there, and I had to stop.* Mrs Mair was not sensible at that time. When Mrs Wood was dressing the body of the child, she showed me the I mark of a cord round the wrist, and blue marks on the thighs. *Mrs Mair, before she died, asked me to examine her, and I saw that there were pieces out of her private parts, caused by the strokes the doctor had given her in breaking down the child.* She

asked me if I had ever seen any one in that state before. She did not say anything A about the cause of her death.

Cross-examined—I have been attended by Dr Wilson, Dr Sharp, and Dr Carmichael. It was Dr Wilson who attended me last. He has been our doctor for about twelve months. *When Dr Sharp left, after working with Mrs Mair for an hour, he went to George Wood's.* Wood is a fisherman. I do not know what Dr Sharp went there for. He did not tell me he was going there. Wood was not ill. Dr Sharp remained about an hour away. We sent through the town for him, and B found him there. Mrs Mair was in labour when he went away. He just said, as he was going out, that if she grew worse he would deliver her. I did not see him send for any instruments. He had his instruments with him in gray paper, with a pocket-handkerchief rolled round them. I think it was *the right arm* which he opened when bleeding the woman. The wound was tied up with my sister Helen's garter. The woman lay quieter after the bleeding; she was not so strong. The turning of the child was the very last thing he did before pulling it out with the C rope. There was only one string attached to the ankle and the wrist. I am sure he swore at me when I wanted to get out of the bed. My assistance was necessary; and I wanted to go away. *I heard him swear at times when the irons slipped;* but I was paying little attention to that. The ankle on which there were marks was on the same side of the child as the wrist on which there were marks. *I was in the house on the Sunday. There were very few people there. Mrs Mair was kept quite quiet that day. She did not seem to be doing well that day; she was just dying.* I could D not say whether the cord was attached to the wrist and the ankle on the same side of the child, but it was attached to a *wrist* and an *ankle*.

Re-examined—It was the forceps which Dr Sharp had with him wrapped up in a paper parcel. He sent a boy to Cullen for a bottle of chloroform, and for what we call the dead irons.

E

MRS CATHERINE SINCLAIR OR WILSON.

I am the wife of John Wilson, cooper, formerly of Seatown of Cullen, but now of Glasgow. I was first confined on 17th March, 1860. Dr Sharp was then my medical attendant. I felt him begin to use instruments. I was put under chloroform, and I don't know how long he continued to use instruments. I could not say whether he treated me roughly or not. There was a rupture. I don't know F whether it took place before or after the child was born. I came to Edinburgh to have it treated. *Before I left Cullen, Dr Sharp took me by the hands, and asked me not to tell any person where I was going, or that he had given me a letter, or the nature of the injury to the parts—not even my own sister.*

G

DR CHARLES BELL.

I am a physician and M.D. of the University of Glasgow, a Member of the Royal College of Physicians, Edinburgh, and Vice-President of the Obstetrical Society. I have had a considerable, but not very extensive, practice in obstetrics. I have heard all the evidence which has been led in this case, on the part both of the pursuer and of the defender. Before stating the opinion which I have formed with regard to the individual cases brought under the consideration of the Court, I may H be allowed to remark, that I feel a little delicacy in expressing my opinion on this occasion; and I must say that I think it would have been better for all concerned if it had never come before the Court. It is, however, a very important case; and I think its importance goes beyond the individuals more particularly concerned in it; for it is of great moment that the correct principles of practice should be laid down on this occasion. I shall be very sorry if anything I have to say is contrary to what Sir James Simpson or Dr Keiller would have said in the circumstances. I look I upon them as men of high talent and great experience, and both of them most successful teachers—perhaps more so than any others in the present day. There-

A fore I have great hesitation in expressing my opinion where it differs from theirs; but it is quite clear to me that their opinion was given upon a *hypothetical case altogether, and that hypothesis seems to me to have been overturned in a great many instances.*

With regard to Mrs Longmore's case, I think there was malpractice. There was not due care taken when Dr Sharp first saw the patient. He did not make himself fully aware of the nature of her labour. He did not fully examine her on the first B occasion. He then left her; and we have no evidence, so far as I have heard—but I shall be glad to be corrected—that when he returned he examined her a second time. He then, I think, committed an error in practice in proposing to apply the forceps in what he said was a cross birth. *He showed a want of skill in not delivering the child after having applied the forceps. He appeared to me to commit a great error and a malpractice in delivering the child by drawing at the cord which he had tied round its legs, in place of adopting the more usual course of using traction gently upon the limbs* C *themselves.* I think there was a great want of skill displayed in tearing the parts of the mother. I think it showed a want of skill in the application of the forceps, that the blood should have flowed when he introduced the instruments. *I think he showed a want of knowledge, according to our present ideas on the subject, when he said that to ascertain the position of the child's head was of no importance. It is of the utmost importance;* and I hold that no man can apply the forceps, or any instruments whatever, without making himself fully acquainted with the position of the child; D because it enables him to know in what direction to turn the head in making traction. I think that he committed an error in practice in not ascertaining for himself that the bowels were free, and that there was no accumulation there, and also that the bladder was not distended; and the only certain way of making that known is by applying the catheter. It is usual—I may almost say invariable—that the accoucheur who uses the forceps shall use the catheter first, so that there shall be no chance of accumulation in the bladder. If there is accumulation in the bladder, E it will render the delivery more difficult and more dangerous to the mother; therefore I consider that he was wrong in trusting to the hearsay of the midwife on that occasion. In making my remarks, I beg it to be distinctly understood that I have no personal feeling whatever. *I think that this case will not be confined to this narrow locality, but it will be known in other parts of the country, and upon the principles which are now established may depend the lives of many individuals. Therefore it is important that the proper practice—not my individual ideas of practice, but the proper principles of* F *practice—should be fairly explained.* Then, further, I think it was an error to apply the forceps, or to propose to apply the forceps, before the first stage of labour was completed, unless—which does not appear in his evidence—the parts were easily dilatable, and could be readily distended by his hand—I mean the *os uteri*. I think it was an error of practice—and it is contrary to the usual principles laid down by our best authorities—to apply the forceps before ascertaining that Nature was not able to do her own work. It was formerly supposed absolutely necessary that the G head should rest for a certain number of hours, and that the pains should have continued regularly to return, before instruments were used. Now, that is not so imperative; and many people say that you are to be guided by ascertaining that the head is actually locked or impacted in the pelvis, and that the pains have had no effect for some time in advancing the head. It does not appear to me that on this occasion Dr Sharp took the proper means of ascertaining that. It is usual, when a medical man is going to apply the forceps, that he should sit down by the patient, H watch the pains, and apply his finger to the head of the child; and if he has an accurate sense of touch he will be able to know if the head advances the twentieth part of an inch. If the head is advancing ever so little, you are not justified in applying the forceps, because it is quite possible that Nature would be quite able to finish the labour. It never does to interfere with Nature. We are only there to assist Nature; and where we go beyond mere assistance, we do wrong.

Next, with regard to the case of Mrs Helen Spence or Geddes, I think it is unnecessary to go over it in the same detail as the case of Mrs Longmore, because there seemed to me to be there also the same want of attention on the part of Dr Sharp, in order to make himself fully acquainted with the position of the child, and to pre-

pare the woman for the operation before he proceeded to operate. I think he showed A
 great want of skill in *shaking* the patient. The effect of that was to *alarm* her, to
 interrupt the regular return of the pains, and to change a *simple* case of labour into
 a *tedious* one. That appeared to me to be the natural result. Then there appeared
 to me to have been great *want of skill* in applying the forceps. I never heard of any
 one applying the forceps, and it slipping *eight times*. I never heard of any one—
 and I certainly think it is *malpractice*—persevering in applying the forceps for
 two hours. I beg it to be distinctly understood, however, that in saying that B
 I disapprove of instruments being used for two hours, I mean the repeated intro-
 duction of the instruments and their slipping, and the introduction of them
 again. I do not refer to the fact that the forceps may be introduced, and the
 accoucheur wait for a pain to come before he uses traction. If there is no other
 reason than merely to save time—if the woman is going on satisfactorily, if
 there is no fever, no flooding, no excitement, no appearance of the child suffering
 by the duration of the labour, no harm might arise from the forceps being left C
 in the uterus for two hours, and traction being used on them from time to
 time when the pains came on; but that is a totally different thing from repeated
 application of the forceps. If, as has been represented, the forceps was weak,
 any man who had any regard for himself, or regard for his patient, would have
 applied another forceps. He would have seen at once if it was too weak by its yield-
 ing, and it is wrong to re-introduce a forceps when you find that it yields—unless,
 indeed, there was some necessity, which, however, does not appear from the evidence D
 given by Dr Sharp, for hurrying delivery. But even in that case, if he had not
 another forceps with him or at home, he could have applied to some of his profes-
 sional brethren; and I have such perfect confidence in the generous feeling of medical
 men generally, that whatever were his feelings with regard to these men, or what-
 ever was the state of their friendship, I am sure that no one would have refused to
 supply him with his own forceps. Therefore I consider there was undue haste on
 this occasion. In this case also he stated—and I think it was an error, and shows E
 that there was a *want of skill*—that it was a *first position* of the child, and that the
face of the child was in the *hollow of the sacrum*. In the *first position* the head of the
 child is in the right sacro iliac synchondrosis, *it is not in the hollow of the sacrum*;
 and the great object of ascertaining the position of the child early, is that you may
 gently turn the head into the hollow of the sacrum, and thereby facilitate labour.
 But he treats a *knowledge of the position as of no importance*; and it appears to me
 that he has an imperfect knowledge of the positions, otherwise he never would have F
 said that the head in the first position was in the hollow of the sacrum. When the
 face is in the hollow of the sacrum, it is nearly the last stage before the head is
 delivered; and he might just as well say that the face in the second position was in
 the hollow of the sacrum. The second position makes a more difficult case. It adds
 very much to the duration of labour, and the difficulty of natural delivery. But I
 merely refer to the second position now for the purpose of pointing out this, that you
 turn the head from left to right in using the short forceps. Therefore it was G
 important to know what position it was in. I think there was a want of skill in
 applying the instruments in the *long diameter* of the child's head, and not in the
transverse. By so doing, however *powerful* the instruments he had might have been,
 they would have *slipped*. The forceps cannot be applied in that direction with suf-
 ficient security to enable you to withdraw the head, particularly with the *short*
forceps. The long forceps is different, but the short forceps must always, if it is
 skilfully applied, be applied in the *short diameter* of the head and *over the ears*. Had H
 he applied it over the ears, as seemed to have been the case in Dr Carmichael's appli-
 cation of the forceps, you would have had no injury on the *forehead*, particularly
 not in the *inner angle of the right eye*. I do not care a bit about the scar; it is of no
 importance. It would have been a fearful scar, indeed, if it were still perceptible
 after twenty-six years, or whatever the time may be. There may have been a deep
 cut, and still the scar may not be very perceptible now. Indeed, candidly, in look-
 ing at the woman's face, and feeling her head, unless the bone had been injured as I
 well as the skin, I do not think there would be any great trace of the injury now.
 But there was sufficient evidence to show that the forceps was *wrong* applied.

A There is no other explanation given of how the injury to the *occiput* and the *forehead* could have been done, except by the *improper application of the forceps*. It appeared to me to show a *want of skill* to propose breaking up the child's head under the circumstances.

- I go next to the case of Mrs Catherine Mair. What struck me in this case first was, *the total neglect of preparing the patient*, and ascertaining her particular condition before using the forceps, just the same as in the other cases. I need not go over
- B the same ground again, as I think that a great many of the objections apply to this case as to the two former—particularly that Dr Sharp did not make himself fully acquainted with the woman's state before proposing to alter it. I think there was a great want of skill displayed in not being able to lock the forceps in this case. If the forceps was applied at all and properly, he should have been able to lock it, and if he did not and could not lock it, he should have made himself thoroughly acquainted with the reason why he could not do so. *I think it was a great want of skill and*
- C *disregard of all precedent in introducing the blades of the forceps during a pain*. Of course, I have the same objection to make with regard to his applying the instruments too hastily in this case, and that he has not furnished us with sufficient reasons for having had recourse to instrumental interference. He also showed *great want of skill in breaking up the head of the child with a poker*. I do not care whether it was with an old or a new poker; such an instrument was never heard of in such circumstances before. Then, with regard to the next point, I am sorry to
- D go apparently in opposition to Sir James Simpson, but I think there are some points which he *overlooked* when he looked at *these pincers*. He very properly showed you the picture of an instrument in a book which was somewhat similar in outline on the one side to the shoemaker's pincers, but he overlooked the fact that, in addition, there was a *square shoulder* on the other side with *sharp edges*. No doubt the instrument represented in the book was approved of by Sir James Simpson, although even in regard to it there is no recorded experience. I do not pretend to doubt,
- E however, that it may be a very useful instrument as represented in that book; but *it is very different from shoemakers' pincers*. These pincers are so formed as to have a *shoulder*, as it were. Now, the natural consequence of introducing that instrument into the vagina or private-parts of the woman, and laying hold of the child's head, would be, that when it came down to the narrow passage it would *hook upon the private parts of the woman*; and I think it may very well be supposed to be the cause of *the tearing of the flesh* which was spoken of. Then, I think, there
- F was an error and a malpractice in having performed so important an operation as craniotomy without the *proper instruments*. That is one of the most serious operations in midwifery. It is certain death to the fœtus, and may cause serious injury to the woman. It is an operation which seldom calls for haste; in short, it is a case in which it is necessary to have a *consultation*. That was not done here. Perhaps that may be looked upon as a moral error; but it was a decided and practical error not to have had the *proper instruments* by him when he entered upon that operation.
- G When he broke up the head he had no means beside him to extract it; and the consequence was, that he simply broke up the head, and could do nothing more until he got the friendly aid of the cobbler's forceps. In his evidence Dr Sharp named over the instruments, and, if I am not very much mistaken, he implied that he had them in his pocket. If so, why did he not use them? What was his reason for adopting such an instrument as I see lying on the table (the old poker) in preference to the admirably-adapted instrument which he named himself, the
- H craniotomy perforator? Then if he had—as he named, in going over the list of instruments required on that occasion—the craniotomy forceps, why did he not use it, which he could have done, without the least chance of injuring the patient's private parts? I think there was great want of skill in perforating the head with any instrument whatever without guarding the woman's private parts with his hand. It is the duty of an accoucheur on all occasions, and there can be no departure from it without malpractice, that in applying instruments, whether the forceps, which are
- I the smallest, or the perforator, which is the most serious, he should guard the woman's parts by passing it along his hand, and, of course, with a certain amount of force, but gently inserting it through the cranium. *The idea of using the per-*

forator as a bayonet, and stabbing the head, is unprecedented. I am not surprised A that, in attempting to perform this operation in that way, he might as often stab the woman's private parts as the child's head. Then he mentioned that there was considerable ossification of the head. If the head was strongly ossified, it would offer a greater resistance to an instrument such as that, which has not a very sharp point; but even although it had a sharp point, it would not go at once into the skull, but would glide off it, and go into the private parts of the woman. Therefore, I say, it showed a great want of skill even to use that instrument (pointing to No. 53 of B process.) It is possible that the mere circumstance of puncturing the head might be done by it very easily, but not scientifically or safely; because, if you will look at that instrument you will see that it will make a small opening, and you will require to repeat the blows, while you cannot be sure of hitting at the child's head, or that you will put the instrument into the same hole, or even in the neighbourhood of it. Therefore, in using such an instrument as that, the inevitable consequence was, that the patient must be injured; and I consequently think that it C showed a want of skill to attempt to perform this very dangerous operation with such an instrument, and without having a *proper instrument* with which to perform it. We are told, further, that it was absolutely necessary, to enable the child to be delivered, that the woman should be bled, and that she was bled to the extent of two soup platefuls. It is not stated that it was a small soup plate; and when you consider that it was in the house of a person in the humbler ranks of society, you may reasonably suppose that it was a big soup or broth plate—that, even of a D medium size, is usually capable of containing fifteen ounces; therefore, if he took two soup platefuls from this patient, he must have taken close upon thirty ounces of blood. *That was a decided malpractice under the circumstances. I think that as it is unprecedented in the history of medical cases to bleed the patient after the head of the child is perforated—I may be wrong, but I never met with a case of the kind—so I question if there is any case on record where thirty ounces of blood were taken from a woman after she had been so long in labour as to justify E craniotomy, unless there was high vascular action, fever, swelling of the parts, a dread of convulsions, or something else of that kind.* That was the only justification for bleeding, but we have none of these circumstances mentioned in this case. I think it was malpractice also—and I am going upon the evidence—under the circumstances to *turn the child*. I am quite aware that in many cases where there is limited room in the pelvis, we are able to deliver the child by means of turning, but that is done at an early stage of the labour. I don't know that it is F a common practice—it certainly never has come under my observation—to turn a child after opening the head, because it generally happens that when the head is opened you are able to deliver by other means, such as by craniotomy forceps, or by the crotchet. I think it was malpractice—and certainly, so far as I know, quite unprecedented—to tie an arm and a leg of the child, and then to drag at the cord in order to deliver the child. I think, under such circumstances, it was impossible to deliver the patient without great injury to her private parts, because you were G dragging through, by means of great force, which has been stated to have been adopted on this occasion, a larger body than could easily pass through the parts. The forceps is never used where there is a chance of injuring the soft parts of the mother. We always, where the forceps is necessary, endeavour to prepare the soft parts of the system of the mother for such an operation. (Q.) Is it malpractice for laceration or injury to the soft parts of the mother to occur while craniotomy is being performed? (A.) A certain amount of bruising, a H very slight abrasion, might take place; but I think the sort of injury that is more generally done to the soft parts of the mother is bruising, and not tearing so as to draw blood. (Q.) If the perineum were lacerated, and if the wounds of the nature you have described took place either during the time the forceps was being used, or during the time the craniotomy instruments were being used, would it matter, in your opinion, at what period the injury was inflicted? (A.) With regard to the rupture of the perineum, that might take place in very good practice, and it is very I apt to take place even in the best operator's hands in certain circumstances, but it is not very common to the extent of passing through the *sphincter ani*. Rupture of

- A the perineum generally takes place at the moment of the extraction of the child. In this case I think it could very easily be explained by the fact that the child was doubled up, and delivered by means of the arm and leg being tied together; and as there must have been a certain amount of swelling after the manner in which the parts had been heated, the passage of a larger body through them must have required a considerable amount of force to bring the body through the passage of the mother. (Q.) Does it make any alteration, in your opinion, when I remind
- B you that the rupture of the *sphincter ani* occurred in the case of Mrs Wilson and not in the case to which you are now speaking? (A.) It is true that in this case we have no evidence to show that there was any very extensive tearing of the perineum; but we have decided evidence that there was great injury done to the external parts of the mother by stabbing with the poker. (Q.) You calculated that there must have been about thirty ounces of blood taken from Mrs Catherine Mair, would you still be of opinion that it was malpractice if a less quantity had been taken? (A.) I
- C think *bleeding at all would have been malpractice.*
It is my decided opinion that the cases of Mrs Longmore, Mrs Helen Spence or Geddes, and Mrs Mair, were all treated *unskilfully* by Dr Sharp. Of course I have given my own opinion; and I have laid down the general principles of practice.
- D Cross-examined—(Q.) Do you think that the treatment by Dr Sharp in every particular of these cases was wrong? (A.) I do. (Q.) There was no part of his treatment that was correct? (A.) There may have been some parts. Certainly it would have been a most extraordinary circumstance if he had committed an error in every instance; but I say that his general practice in these cases was wrong, and contrary to the usual system at the present day, or at any time during the last *fifty or a hundred years.* I heard Sir James Simpson's evidence, and I agree with his opinions to a certain extent. I think, however, that he gave an opinion with regard to the bleeding, when he was not aware of the circumstances of the patient when she was bled; and I am quite satisfied that had he been here now he would have given
- E the same opinion as I have done. (Q.) Is there any other particular in which you differ from Sir James Simpson's evidence? (A.) I think the purport of my examination answers that question most clearly and distinctly, because I have gone over the individual instances in which I consider there was malpractice; and if Sir James had heard all the evidence, I have no doubt he would have agreed with me. I cannot particularise any points of difference just now, for I forget the particular things he said. I think the thing he approved of most was the shoemaker's pincers,
- F but he approved of them without having *properly examined them.* (Q.) Did he not take the pincers in his hands? (A.) I don't know. (Q.) You saw him? (A.) He may have had them in his hands. (Q.) What makes you think he did not properly examine them? (A.) Because I am satisfied that neither Sir James Simpson nor any other man who understands the proper practice of midwifery would recommend *such an instrument* to be introduced into the private parts of a woman. (Q.) *Suppose he had no better instrument to use at the time?* (A.) *There was no necessity for*
- G *hurrying.* (Q.) I am putting a hypothetical question—Supposing he had no better instrument to use than that, was he not justified in using it? (A.) I don't think he was. (Q.) How soon could he have got a better instrument? (A.) He could have got one by sending to Cullen; and, more than that, he said he had the instruments in his pocket—at least he led me to believe so in giving his evidence. (Q.) Suppose he had not the proper instruments in his pocket, and required to have sent to Cullen for the proper instrument, when could he have got it? (A.) I don't know,
- H for I never was at Cullen. (Q.) Then why do you say it was improper for him to use the pincers when you don't know when he could have got a proper instrument? (A.) *He ought not to have ventured upon the operation at all until he had the proper instruments.* (Q.) Then you think he should have left the woman undelivered until he had gone to Cullen for the proper instruments? (A.) Decidedly. (Q.) Suppose that in his opinion he could not have left her undelivered, what was he to do then? (A.) I don't know exactly the purport of this question, because he left other patients
- I undelivered in very similar circumstances. (Q.) How do you know? (A.) Because he stated that in the evidence. I am only going upon the evidence. (Q.) What other case was similar to Mrs Longmore's? (A.) I think it was very similar to the

case of the person whom he first attended. He left her repeatedly when she was in A as urgent a condition as Mrs Longmore. (Q.) Then you think these two cases were the same? (A.) They were not the same certainly in point of presentation and condition of the child, but they were the same in this, that no medical man would have left Mrs Longmore under the circumstances that he represented her to be in, in the way he did. I am decidedly of opinion that no person is justified in entering upon an operation *without the proper means of performing it.* (Q.) Do you always carry a craniotomy forceps with you? (A.) Certainly not; neither do B I carry a forceps, nor do I approve of any one carrying a forceps, because they may be led to use it needlessly in order to save time. (Q.) Suppose you were away out in the country, and could not deliver without your forceps, or had to perform the operation of craniotomy, and had not your craniotomy forceps, and it would require an hour or two hours to send for them, would you not use the pincers? (A.) No, I would not; I would rather have waited for one or two hours, which, under the circumstances, would have been of no consequence. (Q.) But take a case where C you could not wait? (A.) We must take the case we have in hand. (Q.) But take a case where there was a necessity for immediate action, would you have used the pincers? (A.) I don't think I would have done so.

By the Lord Ordinary—*Would you in any case whatsoever have used the pincers?* (A.) *In no case whatsoever would I have used these pincers.*

Cross-examination continued—I have never had a case which has been under my care from the beginning, which has ended fatally. I have been called in to such cases, D but I have never had one in my own practice. Sometimes the child has been dead-born, and sometimes it has died soon afterwards, but I have never had a fatal instrumental case in my practice. I have used the forceps in about the same proportion of cases as other medical men do; but where a case is well conducted by an experienced medical man from beginning to end, it is very rarely that you require to use the forceps. I understand one of the witnesses to say that the forceps had been used eight times in one case; but suppose it were not eight times, but only six or five E times, that would make no difference in my opinion. I still disapprove of the repeated application of a forceps which was proved to be a useless instrument. (Q.) Would you sanction two trials? (A.) Certainly. (Q.) Or three? (A.) Not if I had ascertained—which I would have done by the first application of the instrument—that it was a weak and useless instrument. *It is contrary to proper rules of practice to introduce the forceps into the uterus during a pain.* (Q.) *Is it contrary to practice to introduce it into the vagina?* (A.) *There is no object for F introducing it into the vagina. It is contrary to the usual rules of practice to introduce it either into the uterus or the vagina during a pain.* (Q.) Suppose the pain comes on when you are using the forceps—what do you do then? (A.) Retract it at once. (Q.) How often would you apply it in that case? (A.) It would depend entirely upon how the pains were. I would wait for an interval of the pain, and if I found that the pains were frequent, I would wait until they were less frequent, and I had the opportunity of applying the forceps with safety to the mother, G as well as to the child. (Q.) Would you have applied the forceps eight times in that case? (A.) No; I don't think I should. (Q.) Six times? (A.) No. (Q.) Three times? (A.) No. (Q.) Twice? (A.) Certainly; I would have applied the forceps a second time if I failed the first time in consequence of the pains being present; but I would take very good care not to introduce the forceps again, except immediately after a pain, when, generally speaking, I would have plenty of time to apply the forceps before another pain came on. (Q.) May a child come doubled up, H arm and leg, through any pelvis? (A.) Yes; but certainly no experienced medical man would draw it through doubled up, arm and leg, unless sometimes when the child has been a long time in the birth. There have been instances of laying hold of it and it coming down in that way. It is made to come down by the force of the uterus, which is called natural evolution or spontaneous evolution, or by the spontaneous expulsion of the uterus. (Q.) What do you mean by spontaneous expulsion? (A.) It is the delivery of the child by the natural contractions of the uterus, I unaided by external force. (Q.) What is the difference between spontaneous expulsion and spontaneous evolution? (A.) You may have spontaneous expulsion of the

- A child in the natural position; but in a cross birth, when the labour has been tedious, you may have what is called spontaneous evolution. The child turns upon itself doubled up by the powers of the uterus, and is expelled. (Q.) Is it assisted by the medical man? (A.) It may be, and properly too. (Q.) Does the medical man assist in a case of spontaneous expulsion? (A.) That is a case which very rarely occurs. It does occur where people are delivered without being aware of it, and there are instances of children being born after death. (Q.) By spontaneous expulsion? (A.) By contraction of the uterus. (Q.) By spontaneous expulsion without medical assistance? (A.) Yes. (Q.) In what position was the child, unless it was in the first position when its face was in the hollow of the sacrum? (A.) It was in another of the positions. There are only four positions recognised by the practitioners of this country. If you were to take Baudeloque's arrangement that would be the fifth or the sixth presentation; but we do not recognise that position here. I think he makes out six presentations. (Q.) Do doctors differ as to how many positions the child may be in? (A.) Not in this country. (Q.) Do the doctors in this country differ from doctors in foreign countries? (A.) To a certain extent. We do not admit the position of the child being turned either into the sacrum or into the os pubis, except as the child is passing through the pelvis, when the face naturally is turned into the hollow of the sacrum. But that is not the first position. (Q.) In what position was the child unless it was in the first position when its face was towards the hollow of the sacrum? (A.) That is a very natural position when labour is far advanced. (Q.) Which position was it—the first, second, third, or fourth? (A.) *It was in neither of these positions if its face was in the hollow of the sacrum.* (Q.) How can a medical man who is called in to a woman in labour satisfy himself as to the length of time she has been in labour except from information given to him by others? (A.) I do not think he can do so, except from hearsay evidence. (Q.) You allow hearsay evidence, then, in certain cases? (A.) Certainly. How should you know a woman was in labour at all—how should you know that labour had actually commenced—unless you trusted to a woman saying, 'I have got pains?' That is all hearsay evidence. (Q.) And in examining into the condition of a woman to whom you have been called, do you not sometimes trust to the statements of her friends as to her position? (A.) No. Before operating, I would satisfy myself as to her condition. I would trust neither to the nurse nor to the patient to tell me that the bladder was empty. I don't think it is a safe practice, because there is nothing more common than for a patient to say, 'Oh, sir, I have been making a great deal of water,' when not a drop has been passing. The water is simply the liquor amnii passing off during a pain; while the bladder is being distended with urine, and you only ascertain that by careful examination, and subsequently by introducing the catheter. (Q.) Would not binding a child by the arm and leg be a more difficult operation than extracting it by the head. (A.) I should think so; but that is a thing I have never had any experience of, and I trust never may. (Q.) If a child could not be delivered by means of the forceps, is it likely that it could be dragged through a contracted pelvis by the arm and the leg in a doubled-up position? (A.) Perfectly. (Q.) Quite easily, I suppose? (A.) Yes; but in such a case as this you must take the evidence along with you. In this case the head was resting on the perineum, showing that the head had passed through the pelvis. The head is not represented as being larger than natural; it had passed through the pelvis, which was said to be only three inches, and had rested on the perineum. (Q.) Of what case are you speaking? (A.) Of that case in which it was doubled up. (Q.) Was it not a contracted brim? (A.) It is not proved so on the evidence, and for this simple reason, that had it been a narrow, contracted brim, the head of a full-grown child would not have passed through it; but you have distinct evidence to show you that the full-grown child's head *was resting upon the perineum.* Under these circumstances, I think it is possible to deliver a child doubled up, without great injury to the mother, but only by the exertion of *very great force.*

DR JAMES PATERSON.

I am possessed of a physician's degree and a surgeon's diploma, and I lectured **A** for twenty three years on midwifery in the Andersonian University, Glasgow. My principal practice is in midwifery cases, but I have a very good general practice. I have heard the evidence now given by Dr Bell, and I concur in it to a great extent. I think that, as a whole, Dr Bell has given a most talented and fair description of what any ordinary medical man would have done under the circumstances which have been explained to us. I rather differ from him on one point, with regard to the child being brought through so easily when doubled up. I cannot comprehend **B** that, because in this case, more especially, we were told by Dr Sharp that he examined and found the brim of the pelvis only three inches in the antero-posterior diameter. Now, I cannot comprehend how a child could be brought through that space at the full time, with the head fully ossified. That, I may say, is the only point on which I differ particularly from Dr Bell; with the description that he has given, I am perfectly satisfied. But I would take a different view of Mrs Longmore's case with regard to my objections to the practice followed. The evidence, **C** more especially the medical evidence, was exceedingly conflicting. Dr Sharp swears distinctly that when he applied the first blade of his forceps the head of the child receded, and he infers from that, very naturally, that the uterus was ruptured. It is precisely what I would have expected on using the forceps in such circumstances, because, if the uterus was ruptured, then there can be no doubt whatever that the child would recede when the forceps was applied to the head, especially when he commenced to lock it, and the resistance was encountered. In saying that, I am **D** following Dr Sharp's own evidence, because I am guided in my medical opinion solely by his statements, taking them for granted. But I cannot help saying that *I dispute their truth*, as I shall prove by the evidence of Dr Carmichael, and of other witnesses who appeared in the case.

With regard to Mrs Longmore's case, we have it satisfactorily ascertained, at all events, that there could be no pelvic deformity, for she had given birth previously to several children, naturally, safely, and well. Now, I am not aware, from the his- **E** tory of the case as given in the evidence, that there were any symptoms of rupture of the uterus previous to the introduction of the blade of the forceps. Dr Sharp declared that the pains were gone, or all but gone. The patient was almost moribund, or *in articulo mortis*. If that was the case, then extensive rupture must have taken place before he entered the house. Dr Sharp, even after the inspection of the body, says that the head of the child was out of the uterine cavity and into the abdominal. Now, *I agree most thoroughly with the remarks of Professor Sir James **F** Simpson with regard to the causes of rupture of the uterus. He explained them most satisfactorily and most scientifically; but when I take into consideration that Sir James Simpson said any man making the post mortem examination could not fail to observe this rupture of the uterus, I agree most thoroughly with that declaration. Now, granting that all this had been the case, the patient was in the last stage of exhaustion, according to Dr Sharp's own declaration; and I cannot see upon what principle of practice or propriety he had recourse to the operation of turning under such circumstances. The **G** woman was exhausted almost to the point of death; and I should have considered it much better, and far more like the practice he should have adopted on this occasion, to have seated himself calmly by the bedside, and to have watched the patient sink by the hand of Nature, and not to have been himself the instrument of hurrying her to her long home.* Now, to depart from that, I will take Dr Carmichael's view of the case. He came within twenty minutes of the decease of the individual. He saw that the case was utterly and perfectly hopeless, and he most judiciously refused to interfere. **H** I see no step for him but the one he adopted. Well, he proposes—although I must confess that I do not see upon what principle—to perform the Cæsarian section with the view of saving the child. With that we have nothing to do, for it was impossible to save the woman in the circumstances. *But he tells us distinctly that in opening the cavity of the abdomen, he found that the child was not out of the uterine cavity, and was not in the abdominal cavity.* Now, I cannot, as a medical man, and as

- A** an obstetrician who has devoted considerable attention to the subject, reconcile these two things. I am bound, however, to believe Dr Carmichael, for I must say it is *impossible I can take the statements of Dr Sharp*. The one was obliged almost to form that theory in order to bear out his views. He had before that expressed an opinion that the uterus was ruptured; and he says, 'You will find that the uterus is ruptured if you make your inspection.' Dr Carmichael makes the inspection, and finds *no such thing*. I am therefore bound to believe that the uterus
- B** was not ruptured; and in these circumstances I think it was quite within Dr Sharp's power to have delivered the woman by the natural passages *by the aid of the forceps*. The uterus not being ruptured—as it could not be, otherwise Dr Carmichael must have seen it—it was physically impossible for the child's head to escape out of the *uterine cavity* into the *abdominal*; and when he applied his forceps, he would have found no difficulty whatever, provided he applied *it properly*, in securing the head in the right manner, by carrying the blades over the sides of the
- C** head, as described by Dr Bell, and if he got it properly introduced and properly locked—and he had no right to try to extract with it until it was properly locked—the head of the child would then be dovetailed within the blades of the instrument, and it could not by almost any possibility have slipped, if the instrument was anything like the thing at all. I agree very much with Dr Bell in his remarks upon the fact that the forceps slipped so frequently. It strikes me that Dr Sharp said his forceps was too weak, or at all events it had not sufficient resisting power. I
- D** think with Dr Bell that he was quite entitled to try it *a second time*; but beyond that I cannot see how he was at all entitled to persist with the same forceps which he had found to be perfectly *inadequate* to accomplish the delivery.

With regard to the case of Mrs Geddes, that is a very singular case indeed. The presentation is natural. Everything is going on just as well as we could naturally expect it. The midwife says there is no danger. She is perfectly satisfied with the history and the progress of the case, only it was slow. Every medical man of

E experience must have met with hundreds of cases where the labour turns out slow, in consequence of the weakness of the pains, the deficiency of what we call proper uterine action. This may occur without any hazard to the patient. It is a very common circumstance; I believe there is hardly anything that annoys us more as medical practitioners than the lingering nature of labour, arising from a deficiency of uterine action. At the same time, that does not imply that there is any imminent danger to the mother. It only requires patience and trust in the natural

F powers; and I will go upon this, which may be laid down as an axiom in midwifery, that natural delivery is both better and safer than artificial delivery, however well or skilfully that artificial delivery may be performed. *Now, I think the forceps in this case was quite uncalled for*; and, indeed, I am almost of opinion, in the first case, that of Mrs Longmore, that had it been left wholly to old Dame Nature—one of our best and most experienced accoucheurs—the case might have terminated well and satisfactorily. I feel very much my high responsibility when I venture

G that opinion against a professional brother; but, under all the circumstances of the case, with the evidence so clearly brought out and so well established, I cannot help arriving at the conclusion—that if he had simply left Nature alone she would have done the work wisely and well. With regard to the application of the forceps to the child in the different positions, this, to a certain extent, is professional quibbling. At the same time, I perfectly agree with Dr Bell that before you are warranted in using instrumental means to accomplish delivery, you are bound to make yourself

H thoroughly acquainted with the nature of the presentation; *and I must confess it struck me as very astonishing indeed, when to-day Dr Sharp said it was a matter of little moment what the presentation was. God forbid that any practitioner following the obstetric part of our profession should cherish such an idea!*

With regard to the management of that unfortunate case of Mrs Mair, I dare scarcely trust myself to advert to it. I have no hesitation in saying, that *a grosser case of mismanagement never came to my knowledge*. I have been nearly thirty-five

I years in practice. I have delivered, I believe, very nearly 5000 women, and although I am sorry to say I have not been so successful as my friend Dr Bell in avoiding deaths, yet the fatal cases in my practice have been very few, compara-

tively speaking—I think about one in a thousand; but after all the experience I A have had, and judging fairly and honestly of the various evidence I have listened to since yesterday morning, I must arrive at the conclusion that there was *a vast amount of malpractice*, and such as, I think, no well-informed medical man would tolerate. In making these very strong remarks, I am quite aware that they may be taken as militating to a certain extent against the very profound and judicious remarks of Sir James Simpson; but I am of opinion that if Sir James had not been put into the witness-box until he had heard the evidence which has been disclosed B to-day, his judgment would have been a very different one indeed; and I believe in my heart and soul, that if, after having heard that evidence, the question had been put to him, “Sir James, would you consider that, under these circumstances, a practitioner would have acted wisely and well, who did as Dr Sharp has done?” he would have answered *in the negative*.

As to the case of Mrs Wilson, I am perfectly willing to admit, as Sir James Simpson admitted, that laceration of the perineum is not an infrequent occurrence C even under the best management. At the same time I must say that in all my experience, with the exception of one case, I never met with such an extensive laceration as is stated to have occurred here. The case to which I have referred as the only exception happened in the delivery of a woman by a very bungling operator in New York. The woman came to this country to get advice, and she consulted me. I found the perineum lacerated in precisely the way as was described here. She underwent a suitable operation, and left this country perfectly cured. D That is the only case of extensive laceration that has ever come under my notice. I admit that even under the best management, and with the greatest care, there may be a partial laceration of the perineum, but nothing like such an extensive destruction or lesion of parts as we heard described here.

These are all the remarks that occur to me on the various cases; and I have only further to say, as Sir James Simpson said, that it was exceedingly against my will that I have appeared in this Court to give evidence against a professional brother. E

Cross-examined—(Q.) What were the additional facts that Sir James Simpson did not hear? (A.) *The whole evidence of malpractice was only brought out to-day.* (Q.) But what are the important facts that you found upon? (A.) The too hasty resort to instrumental aid, the unskilful use of the instruments, and the unskilful management of the cases generally. (Q.) What are the particular facts which you think would have altered Sir James Simpson’s opinion if he had heard them? (A.) I think I may condescend upon two—first, *the abstraction of two soup-platefuls of blood from Mrs Mair, with respect to whom Dr Sharp swore that he never bled her at all.* The second fact is the application of a piece of cord round the leg and arm of the child for the purpose of effecting delivery. I am satisfied Sir James would have said that that was *improper conduct.* I might specify more, but these are the most important facts that I think would have altered Sir James’s opinion. I heard Dr Keiller describe Mrs Wilson’s case. (Q.) Do you differ from him? (A.) Dr Keiller did not hear how the accident arose. (Q.) But do you differ from him G in anything he said? (A.) No, I do not particularly. (Q.) Are you the Dr Paterson who gave evidence here in Dr Pritchard’s trial? (A.) Unfortunately I am. (Q.) Is the speech you have made to us to-day a part of any lecture you have given at the Andersonian University? (A.) I do not recollect of having ever had to lecture on such a subject at the Andersonian University.

Re-examined—(Q.) *Was not the fact of turning after he had used the craniotomy forceps another point which you think would have altered Sir James Simpson’s opinion?* H (A.) *Yes; but I thought the two sufficient.* (Q.) Are not all the points relied upon by Dr Bell points that would have influenced Sir James in altering his opinion? (A.) I am sure they would have altered his opinion? (Q.) These are the points on which you rely? (A.) They are some of the most prominent.

DR JOHN CHRISTIE.

A I am a Member of the Royal College of Surgeons of England, a Fellow of the College of Surgeons of Edinburgh, and a Graduate of Medicine in the University of Aberdeen. I do not possess any special midwifery diploma. I have been in practice in Aberdeen since 1839, and have had a large practice in midwifery during that time. I devoted myself specially to that department when I commenced practice. I have heard the evidence of Dr Bell and Dr Paterson, and concur in the remarks they have made. There are just one or two points on which I would like to express

B my opinion. *With reference to Mrs Longmore's case, Dr Sharp, on being asked with regard to the positions, seemed to treat a knowledge of the position of the child presenting as a very trifling matter. He did the very same thing with reference to Mrs Geddes's case. My impression from that is, that the man who holds a knowledge of the position of the child at the moment that he is to use the instruments for the purpose of delivering to be of no moment, carries in his hand an instrument which is more likely to end in injury to both mother and child than in any beneficial result. I merely say that in corroboration*

C of the opinions stated by Dr Bell and Dr Paterson. *Then, as to Mrs Mair's case, Dr Sharp stated to-day that when he arrived there he found the head impacted at the brim of the pelvis. Now, if the head at the time he arrived was so impacted, the only operation which he ought to have attempted in the first instance was craniotomy. He ought to have taken to that at once. There was nothing but mischief, nothing but death could have resulted from the attempt to apply the forceps, as it was brought out by the witnesses to-day; but I must say that I cannot believe the evidence of Dr Sharp in this*

D case. *We have undoubted evidence that the head was already resting on the perineum; and we have undoubted evidence that after failing in his attempts with the forceps, with the head at the lower part of the pelvis, he then perforated the head by this cylindrical instrument, and had recourse to the shoemaker's pincers; whereas Dr Sharp stated yesterday that he turned the child first before proceeding to perforate, and that he perforated behind the ear, if I recollect rightly. Now this cylindrical instrument is a very rude and a very improper one, if he used anything like it. Still I could conceive it possible to per-*

E *forate the head with it in the hands of a skilful man without any other instrument, and in some extraordinary exigency which I could hardly imagine; but to imagine him getting into the head with such an instrument, and to apply the pincers for any practical purpose, I hold to be utterly impossible. In Dr Sharp's evidence to-day, he said the head remained above the brim of the pelvis. He does not succeed in bringing the head through the contracted part of the pelvis, but he has turned the child; the head lies above the brim of the pelvis, the body of the child is occupying the free space of the pelvis, and this instrument,*

F *which I measured yesterday—the one which Dr Sharp himself specially approved of—had a breadth of between two and a half and three inches. If you are to add that to the mass of the child's body in the cavity of the pelvis, there is nothing but violence of the most extraordinary description which could have thrust it there; and after having got it into the pelvis, it was utterly impossible to seize the head by that instrument. I am therefore bound to believe, according to the evidence to-day, that Dr Sharp perforated the head whilst it was low down, before turning, and not in the situation where he represents that*

G *he did it. Such an instrument carried deep into the body of the mother, alongside the mass of the child, must have been attended with violence of the extremest description, and of the most dangerous character to the woman. If words of mine could add any intensity to the feeling expressed by the other gentlemen, with regard to the nature of the malpractice, I most assuredly would use them. I think that the annals of midwifery contain few grosser cases of malpractice.*

Counsel for defender puts in No. 53 of process.

Defender's case closed.

Certified. W. PENNEY.

SHARP V. WILSON.

THE defender being not altogether satisfied with certain statements made by some of the witnesses, considers that he is entitled to publish the following correspondence in relation to the evidence now led:—

SHARP V. WILSON.

CULLEN, 4th June, 1867.

Dear Sirs,—Dr George Greig, of Portsoy, in his evidence relative to the case of Alexander George, late farm overseer in your employment, says that I altered the dressings which he had applied. [Page 30 D.] The injury sustained by George was of a most serious character; and the dressings used by Dr Greig were very different from what I had ever seen or heard of being used in the case of a very bad, and which I then regarded as a fatal compound—comminuted fracture of both bones of the leg. I certainly thought the dressings insufficient, and was in the act of removing them when Dr Greig called a second time, and expressed himself as pleased with what I was then doing. Do you recollect what the dressings applied by Dr Greig really consisted of?

I am,

Gentlemen,

Yours truly,

JAMES WILSON, Surgeon.

Messrs W. & P. Fortune, Farmers,
Broom, Portsoy.

BROOM, FORDYCE, PORTSOY, 5th June, 1867.

Dear Sir,—We are in receipt of yours of the 4th, and beg to state that we distinctly recollect of the case of the late Alexander George. The dressings applied by Dr Greig to the fractured limb of George were a few cotton rags and pieces of an old hat-box.

We are,

Dear, Sir,

Yours truly,

W. & P. FORTUNE.

James Wilson, Esq., Surgeon, Cullen.

CULLEN, 5th June, 1867.

Dear Sirs,—I am just now in receipt of yours containing the required information. Dr Greig, in his evidence in Court, says, "I had neither friendly or unfriendly communications with Dr Wilson after that date." (The date the accident took place.) I think you may recollect that I showed you a letter from Dr Greig, in which he requested me, as a mutual friend, to advise you to settle his account for attendance on the late Alexander George. This took place the day before George died, and on the day you received Dr Greig's account, and a threatening letter from Dr Greig. Am I right?

I am,
Gentlemen,
Yours truly,
JAMES WILSON, Surgeon.

Messrs W. & P. Fortune, Broom, Portsoy.

BROOM, PORTSOY, 6th June, 1867.

Dear Sir,—You are quite right. You showed us a letter in the same hand of writing as the one we received the same day from Dr Greig, in which he demanded payment of his account. We certainly thought the account exorbitant, considering that we had more than once intimated to the doctor, through Mrs George, that his services were not required.

We are,
Dear Sir,
Yours truly,
W. & P. FORTUNE.

James Wilson, Esq., Surgeon, Cullen.

CULLEN, 13th May, 1867.

Dear Sir,—As we are to start in a day or so for the Court of Session, and as I understand Mr James Wilson, farmer, Knowes of Deskford, has been cited to appear, will you be kind enough to furnish me with the dates on which he either proposed, or seconded me as parochial medical officer for Deskford. This is merely for the purpose of showing the Court that I, not the pursuer, hold the office of parochial medical officer.

I am,
Dear Sir,
Yours truly,
JAMES WILSON.

Mr John Reid, Inspector of Poor, Deskford.

PAROCHIAL BOARD OFFICE,
DESKFORD, 14th May, 1867.

Dear Sir,—I am just in receipt of yours of yesterday's date. I enclose excerpts from minutes of Parochial Board transactions as requested by you, also certificate; and,

I am,
Dear Sir,
Yours truly,
JOHN REID, Inspector of Poor, Deskford.

James Wilson, Esq., Parochial Medical Officer,
Deskford, Cullen.

(Excerpt from Minutes of the Parochial Board, Deskford, dated 25th April, 1862.

Mr Bryson, factor for the Earl of Seafield, proposed, and Mr James Wilson seconded the motion, that "Dr Wilson be re-elected medical officer of the Board for the ensuing year." The motion was unanimously agreed to, and Dr Wilson elected on same terms as formerly.

(Excerpt from Minutes of Parochial Board, Deskford, dated 16th May, 1864.

Mr James Wilson, Knowes, proposed that Dr Wilson be re-elected medical officer of the Board. Mr John Cowie seconded the motion, which was unanimously agreed to.

Extracted by JOHN REID,
Inspector of Poor for the Parish of Deskford.

I hereby certify that Dr James Wilson, Cullen, has, as Parochial Medical Officer for this parish, attended very regularly to my orders to visit the sick poor, and they express themselves highly pleased with his attention and kindness when visiting them.

JOHN REID,
Inspector of Poor for the Parish of Deskford.

14th May, 1867.

CULLEN, 14th May, 1867.

Dear Sir,—I leave this morning for Edinburgh. I may be asked if I hold the appointment of parochial medical officer for the parish of Cullen. Now, I understand the medical officer is to be appointed to-day. Will you kindly let me know the result as soon as possible, also enclose certificate to the effect that I have acted as parochial medical officer for the last ten years.

I am,

Dear Sir,

Yours truly,

JAMES WILSON.

Mr John Allan, Inspector of Poor, Cullen.

CULLEN, 14th May, 1867.

Sir,—I have to inform you that the Parochial Board of this parish, in a meeting held this day, did unanimously re-appoint you medical officer for the whole parish of Cullen, and I have to request that you will, at your earliest convenience, intimate to me your acceptance of said appointment, or otherwise.

I am,

Sir,

Your obedt. Servt.,

JNO. ALLAN, Inspector of Poor.

Doctor Wilson, Cullen.

CULLEN, 14th May, 1867.—I hereby certify that James Wilson, Esquire, Surgeon, Cullen, has acted as medical officer to the Parochial Board of Cullen for the last ten years, and that he has discharged the duties devolving on him as such to my entire satisfaction, and, so far as known to me, to that of the whole members of the Board.

JNO. ALLAN,
Inspector of Poor for the Parish of Cullen.

CULLEN, 26th October, 1867.

My Dear Sir,—A statement was lately made in Court by Dr Sharp, of this town, which, I think, to say the least of it, and to use a mild adjective, was ambiguous. In the course of the Doctor's evidence (page 7 B), he says—"I have been employed by Lord Seafield's establishment since 1840." This may be a purely poetical licence coming from a master of arts; for if the poets of old came within a century of the birth of some great hero, they were contented. However, in modern times we, for the most part, especially when on oath, try to be more correct than the ancients. Will you, therefore, without any reference to the statement made by the individual in question, be kind enough to simply give me the date on which you entered on duty as resident physician to Lord Seafield's establishment at Cullen House; also the date of your retirement from duty? I myself, as you are aware, attended Lord Seafield's establishment during your occasional absences, and after you retired from Cullen House, from the 16th of May, 1862, to the 18th November, 1866. No doubt you are aware that my evidence in Court, in connection with the celebrated churchyard case, gave great offence to a certain party, because, forsooth, I spoke the truth! and that, after the demise of poor Mrs Tate, as far as regarded the administration of pills and powders to the denizens of the Big House, "my occupation was gone."

Hoping you are in the enjoyment of good health and spirits, and that, in the course of post, you will answer my queries,

I am,

My dear Sir,

Yours truly,

JAMES WILSON.

Dr James Edward,
Birchfield, Grantown, Inverness.

BIRCHFIELD, GRANTOWN, Nov. 15th, 1867.

My Dear Sir,—I am very sorry I have been unable to answer your note till now. I have looked over my papers, but regret I cannot tell when I first went to Cullen House, which, however, I left at Whitsunday, 1865. I have heard little or nothing from my friends in Cullen since I left.

With best compliments,

I am,

Yours very truly,

JAS. EDWARD.

Dr Wilson, Cullen.

CULLEN, 8th May, 1868.

Dear Sir,—Knowing that you have acted as master coachman to Lord Seafield for the last twenty years, I expect you can inform me correctly as to the time when Dr Edward came to live and act as family physician to Lord Seafield and his establishment at Cullen House. I have written Mr Bryson twice on this subject, but have received no reply to my notes.

I am,

Dear Sir,

Yours truly,

JAMES WILSON.

Mr William King, Coachman,
Cullen House, Cullen.

CULLEN HOUSE, 8th May, 1868.

Dear Sir,—Dr Edward first came to reside at Cullen House, as physician to Lord Seafield and his establishment, in the month of January, 1855.

I am,

Dear Sir,

Yours truly,

WILLIAM KING.

Dr Wilson, Cullen.

ABERDEEN, BANFF, AND KINCARDINE PEOPLE'S JOURNAL.

[Saturday, June 1st, 1867.]

A DISPUTE BETWEEN DOCTORS.

The fact that "doctors differ" has been strikingly illustrated during the past week by a case in the Court of Session. The action is for £1000 damages for defamation—the pursuer being Dr Hugh Sharp, and the defender Mr James Wilson, both medical practitioners at Cullen, in Aberdeenshire. It seems that, in 1864, a woman in that district was taken suddenly ill, and her usual medical attendant (Dr Greig, of Portsoy) being indisposed, Dr Sharp was called to her assistance. After an illness of ten days, she was safely delivered of a child. But after this occurrence Dr Wilson wrote to Dr Greig, at Portsoy, a letter, expressing astonishment that Dr Sharp should have ever been engaged as his substitute on the occasion, and reflecting on the professional qualifications of Dr Sharp. In particular, he stated, in reference to a certain operation, that he (Dr S.) "had no more idea of how to do it than a child;" and, as if to give weight to the assertion, he mentioned in the letter certain other cases in which he said the patients had been wrongly treated. This reached the ears of the pursuer (Dr S.), who immediately raised the action, alleging that that was only part and parcel of a long series of persecutions which he had experienced at the hands of Dr W. ever since he came to the parish. Amongst the witnesses for the pursuer are Professor Sir J. Y. Simpson, the highest authority in Scotland; Dr Keiller, and others, who justify the practice adopted by the pursuer; while, on the defender's side, there were Dr Paterson, who figured so conspicuously in connection with the Pritchard case; Dr Bell, Edinburgh, and Dr Christie, of Aberdeen, &c., who condemn the pursuer's practice in strong terms. The case seemed to have its origin in a professional jealousy between two competing practitioners in the same parish, but it involves a point, the decision on which is looked forward to with no little curiosity by members of both the legal and the medical profession.—Edinburgh Correspondent of *Inverness Advertiser*.

SHARP VERSUS WILSON.

To the Editor of the People's Journal.

Sir,—I observed, in your last week's *Journal*, a paragraph, headed "A Dispute between Doctors," and quoted from the Edinburgh correspondent of the *Inverness Advertiser*. Now, as the *Inverness Advertiser* is not circulated in this district, and as the *People's Journal* is read at almost every fireside in the county, I think I may be justly allowed a space in it to express my ideas regarding the paragraph just referred to, it being, on the whole, calculated to convey to the minds of your readers a most erroneous idea of certain facts. The paragraph professes to give a brief account of an action of damages, in which I am defender, which has been raised in the Court of Session by another practitioner; and I deem it my imperative duty to contradict certain statements made in the paragraph, and to offer a few remarks of explanation as to the leading features of the case.

The Edinburgh correspondent of the *Inverness Advertiser*, in his bungling and incorrect paragraph, says that "amongst the witnesses for the pursuer are Professor Sir James Y. Simpson, the highest authority in Scotland; Dr Keiller, and others, who justify the practice adopted by the pursuer; while on the defender's side there were Dr Paterson, who figured so conspicuously in the Pritchard case; Dr Bell, Edinburgh; and Dr Christie, of Aberdeen, &c., who condemn the pursuer's practice in strong terms." Now, it is only proper to state, for the information of all who may have seen this paragraph, that "Sir J. Y. Simpson, Dr Keiller, and others," never knew or heard of the practice adopted by the pursuer, as sworn to in the Court of Session, before Lord Kinloch, on Friday, 17th May last.

The Edinburgh correspondent of the *Inverness Advertiser* further says that "the case seems to have had its origin in a professional jealousy between two competing

practitioners in the same parish." This may be true ; but if that jealousy has been aroused by my success in obtaining private practice and receiving parochial appointments formerly enjoyed by another, I cannot be held in any way blameable for it. I never asked any one to employ me, and turn the cold shoulder on other practitioners.

As to the case itself, the public will soon be able to judge who is right and who is wrong, as I believe a full report of the evidence is to be published in the form of a pamphlet. The case was of so extraordinary a character, that I feel proud of having written the letter upon which the action of damages has been founded, as by so doing I have been instrumental in bringing to light what I considered most dangerous medical practice.—I am, yours, &c.,

JAMES WILSON, L.F.P.S.G.,
Parochial Medical Officer and Public Vaccinator to
the Parishes of Cullen and Deskford.

Cullen, 3d June, 1867.

CULLEN, 19th June, 1867.

My Dear Sir,—As I know you enjoy a good laugh, I send you an exact copy of a very singular announcement, the production of my learned friend, the pursuer, which appeared in two shop windows in Cullen during part of the day on Tuesday last. Mr Strachan, saddler, and Mr James Grant, shopkeeper, were the exhibitors of this talented effusion I now send you. What a pity I have not the original—the handwriting is quite a treat of itself. I write it as regards capitals and punctuation exactly as the original appeared.

(Copy.)

Dr Charles Bell of Edinburgh
Dr James Paterson of Glasgow (of Pritchard case fame)
Dr John Christie of Aberdeen
Are to be tried by the Medical profession for
having given false evidence on oath!!!
Before Lord Kinloch on May 17th 1867.
(Signed) Hugh Sharp A M M R C S E
Cullen June 18th 1867

Surely the man's head must have been in a very strange position when he wrote this announcement. Hoping to hear from you soon,

I am,

My dear Sir,

Yours truly,

Dr Paterson, 6 Windsor Place, Glasgow.

JAMES WILSON.

6 WINDSOR PLACE,
GLASGOW, 21st June, 1867.

My Dear Sir,—I am in receipt of your favour of the 19th inst., containing the very silly and foolish production of your talented friend, Sharp, who, in addition to his other degrees, ought, by all means, to have the letters K.P. annexed to his name, which would indicate Knight of the Pincers or Poker. It is so very contemptible, and proceeds from such a source, that it is really not worth minding. At the same time, there can be no doubt that it is strictly libellous ; and, moreover, every shopkeeper who had the bad taste to display it can be brought in for an equal share of the crime and its consequences. It is well that Dr Bell, Dr Christie, and I can quite afford to smile at the insignificant, though venomous and wicked, effusion of this downright and characteristic blockhead ; and I am sure they will agree with me in saying that Sharp is a man, or rather a fool, not worth spending powder upon. I am both astonished and disappointed you have not yet got a verdict in your favour before this date. I do most sincerely sympathise with you in all the circumstances

of the case, and do most confidently expect a judgment in your favour. You ought, by all means, to publish your case, with a strict analysis of the evidence, which would show to the medical profession in what quarter the perjury or false swearing lies!!!

Believe me,

My Dear Wilson,

Most sincerely yours,

Dr J. Wilson, Cullen.

JAMES PATERSON.

P.S.—I may yet force an apology from the Knight; I suppose money he has none. J. P.

EDINBURGH, 27th June, 1867.—The Lord Ordinary, having heard parties' procurators, and made avizandum, and considered the process, proof, and productions—Finds it proved that, on or about the 12th February, 1864, the defender wrote and transmitted to Dr Greig, of Portsoy, the letter, No. 9 of process: Finds that the said letter is of and concerning the pursuer, and represents him as incompetent and unskilful in the practice of midwifery, and more especially states regarding him, "It is too bad to see a man allowed to attend women who, I believe, is no more capable of using a forceps than an infant. This is at least the third case of the sort that has fallen under his hands since I came to Cullen:" *Finds that the defender has failed sufficiently to instruct his allegation of incompetence and unskilfulness on the part of the pursuer, in the specific cases set forth in the Record:* Finds the defender liable in damages to the pursuer in respect of the statements contained in the said letter: Modifies the same to the sum of Fifty Pounds; for which sum decerns in favour of the pursuer against the defender: Finds the defender liable to the pursuer in the expenses of process, deducting therefrom three-fourths of the expenses of leading the proof taken on commission: Allows an account thereof to be given in, and remits the same to the Author to tax and report.

W. PENNEY.

[Defender appeals to the Inner House.]

THE LANCET;

A JOURNAL OF BRITISH AND FOREIGN MEDICINE, PHYSIOLOGY, SURGERY,
CHEMISTRY, CRITICISM, LITERATURE AND NEWS.

[LONDON, *Saturday, August 3d, 1867.*]

SHARP *v.* WILSON.

Our Edinburgh correspondent has sent us a detailed account of the trial in the case of Sharp *v.* Wilson, which was noticed in the *Lancet* of June 22d as having created a good deal of excitement in Edinburgh. The demand upon our space forbids our giving this week more than the result of the trial before the Lord Ordinary Kinloch, who decided that the defender had failed to establish that the pursuer was guilty of malpractice, and had libelled the pursuer in such terms as to render him liable in damages, which were fixed at £50, with court expenses. This decision has given general satisfaction to the profession in Edinburgh.

SHARP *v.* WILSON.

To the Editor of the Lancet.

Sir,—Will you allow me, through your columns, to ask of the Edinburgh correspondent his authority for stating that the decision in our Court of Session case, as pronounced by Lord Kinloch, had given general satisfaction to the profession in Edinburgh?

I am,
Sir,
Yours, &c.,

JAMES WILSON, L.F.P.S.G., & L.M., Defender.

Cullen, N.B., *7th Sept.*, 1867.

CULLEN, *12th July*, 1867.

My Dear Sir,—The famous pincers newly introduced into the catalogue of midwifery instruments by a practitioner from the far North, and approved of by some of the savans of the modern Athens, was unfortunately lost for some time. I employed a man a whole day to visit every shoemaker's shop, also all the pawnbroker's offices, both in the High Street and Cannongate, in the hopes of getting a pincers similar to the one brought from Portnockie, and used by the pursuer as a craniotomy forceps, but I was unsuccessful. These pincers are numbered. In Edinburgh I find numbers 3 and 4 most in use, which are much smaller, and less formidable-looking weapons than number 5. After a good deal of trouble, however, I am happy to state the identical pincers, number 5, which belongs to Robert Forbes, at one time journeyman shoemaker to William Wood, shoemaker, Portknockie, was found in Adair's Hotel, High Street, Edinburgh, and which I have now the pleasure of sending you along with an ordinary Portnockie poker and piece of line back. As you expressed a wish that you would like to exhibit such apparatus to the Obstetrical Society, and also find for them a place in the Museum, I have much pleasure in now forwarding them, making bold to say that they will stand unrivalled. Sir James in his evidence very sagely remarked that "when one is driven to his wit's ends, he is very glad to get anything." Had I been in the pursuer's place, and driven to my wit's ends, I would have immediately used a tongs, which is always to be found at the fireside of the poorest man. By introducing a common kitchen or parlour tongs, the oval-shaped blades guided along the groove between the index and middle fingers into the uterus, little harm could be produced to the soft parts, and as much tractive power might be exercised on the child's head as could possibly be effected by the pincers. I now send you. As, no doubt, you are aware a pincers is used for

the purpose of stretching; the square shoulder is made to rest on the last, which forms the fulcrum, the upper leather is then seized by the blades of the pincers, and stretched as desired. The pincers is not used for pulling out nails or tacks, as some suppose; in fact, the pincers cannot be used for any practical or mechanical purpose whatsoever, unless a fulcrum can be obtained. The pincers which the pursuer showed in court was a number 2 pincers. The poker is one of the ordinary kind, seen at the fireside of every fisherman here; and the line back is made of strong hemp, and quite capable of suspending a weight of 10 or 12 stones. I hope I have been sufficiently explicit in my description of the apparatus forwarded, which I am to have lithographed for the benefit of aspiring accoucheurs.

I am,

My Dear Sir,

Yours truly,

JAMES WILSON.

Dr Charles Bell,
28 Northumberland Street, Edinburgh.

28 NORTHUMBERLAND STREET,
EDINBURGH, 15th July, 1867.

My Dear Sir,—I beg leave to acknowledge the receipt of your letter, and to thank you for sending me the pincers, poker, and cord, which came in time to enable me to exhibit them to the Obstetric Society. I regret, however, that the subject of your case was not discussed in the style I expected, for, in place of entering on the obstetric view, the time of the meeting, after I read my paper, was occupied with reading the Lord Ordinary's decision, and criticising the credibility of your witnesses which was entirely disbelieved, in consequence of a letter which had been received from the pursuer, who represents that all of them have denied the truth of their evidence given before the Court. Is this the case? Not supposing for a moment that such a statement was likely to be made, and far less that the people were so unprincipled to act in this manner, I was a good deal surprised, more especially as I had formed a very favourable opinion of them. Mrs Wood, your principal witness in the case of Mrs Mair, seemed a most intelligent woman, and gave an excellent evidence, and, as she was able to resist the attempt of Mr Fraser to overturn her evidence in cross-examination, the statement, that she had repudiated all that she had said, does appear very remarkable to me. I should, therefore, like to hear if there is any foundation for this report. My opinion very much, however, is that your case ought to have been tried before a jury. There cannot be a doubt that the decision given by the Lord Ordinary is contrary to common sense, evidence, and justice. He does not accuse your witnesses of falsehood, yet he does not put the slightest belief in their statements. There is surely great inconsistency in this, more especially when he believes every word said in favour of the pursuer. What is the reply given to Dr Christie; and has Dr Paterson taken any notice of the advertisement published by Dr Sharp? Really, after the decision given in your case, one is scarcely safe to go to Court. For my own part, I would not care for having my name associated more with Sharp. Nothing that he could have done could tend to throw more distrust on all that he said before the Court than this advertisement, which, he must be perfectly aware, has no foundation in truth. There is not an item of my opinion given before the Court which is not founded on written evidence. I have been again looking over the interlocutor of the judge, and it would be difficult to imagine anything more pitiable than it is in many parts, and there never was a document which deserves to be more severely criticised for the gross ignorance it displays. I sincerely regret the verdict of the judge in your case, not only on your account, but also from the effect it will have on the profession in general. Nothing but the height of imbecility could have induced any judge to give such a decision. If the evidence, such as you produced, is to be ignored because it is marvellous in the opinion of the judge, although he cannot say it is untrue, no crime, however glaring, can be punished. I sincerely hope the judges of the Inner House will show more talent in their decision

than the Lord Ordinary has done. Whatever may be the result, I should think Sharp's midwifery practice will not be very extensive in future. Wishing you much success, and hoping to hear from you soon, believe me,

My Dear Sir,

Yours very faithfully,

C. BELL.

Dr James Wilson, Cullen.

CULLEN, 17th July, 1867.

My Dear Mrs Wood,—I send you a copy of a letter just received from Dr Bell, of Edinburgh. I wonder what this man, Sharp, will try next, after denying the bleeding of Catherine Mair.

Yours truly,

JAMES WILSON.

Mrs Wood, Seafield Cottage, Portnockie.

SEAFIELD COTTAGE,

PORTKNOCKIE, 17th July, 1867.

My Dear Sir,—I return you the copy of Dr Bell's letter. This conduct of Dr Sharp does not at all surprise me after his evidence in Court, and after putting such advertisements in the shop windows of Cullen. Tell Doctor Bell that I, and your other witnesses, are ready and willing to go a second time, if required, to Edinburgh, and tell the judge the same story. When Dr Sharp swore that he did not bleed Catherine Mair, I wonder he was not afraid that she would have risen from the grave and confronted him. You may recollect the night on which Catherine Mair was delivered, when you and Dr M'Gregor were in my house, I said that the case would yet be brought to light, it would not hide, and my words have come true.

In my evidence I see I used the word "brain" instead of "skull." I said "he began to pick off pieces of the brain." I meant skull. Dr Sharp called the pincers a turcus. Anne Mair, in her evidence, says she does not know where Sharp got the line. If you ask George Wood (George) I think he will be able to give you some information on this point. Lord Kinloch did not believe us about the poker. What a pity that old Katie Mair is dead; but I suppose that although the Apostle Paul had risen from the dead and been put into the witness-box to have given evidence on a subject, the judge would have believed only what evidence suited himself. He would have said that exaggeration would account for the evidence. I am just as sure as I am alive that it was during a labour pain, and not in the interval between the pains, that he attempted to introduce the forceps. The bedclothes were thrown off, and I had the use of my eyes and ears. Sharp says in his evidence that the reason why he could not introduce the forceps was because there was no room. If there was no room, why did he persist for hours in attempting to introduce them? This would surely injure the woman; a person might as well persist in attempting to force a key that was too large into a lock—the lock would be surely damaged by such a proceeding. Sharp, in his evidence about the pincers, makes quite a mess of it, and I think his own evidence is far more against him than even ours.

The head was in the vagina when he used the poker and the pincers; and I have known you lift the head out of the vagina with the forceps as easily as you could lift an egg from an egg cup. If the woman had had half a dozen good strong bearing-down pains she would have been delivered without the forceps, or anything else. She was frightened when the Doctor made his appearance, because she expected either you or M'Gregor. Sharp had on a big ugly hairy cap, and was newly out of the typhus fever, the time he came to attend Catherine Mair. She had moderate pains at that time, but she had not one good labour pain after Sharp made his appearance. I send you a certificate I got from Doctor Henderson, which, I hope, you will be so kind as to send to Dr Bell, that he may judge for himself whether we are telling the truth or not.

What a pity you did not bring up the case of Alexander M'Hattie's first wife; but Lord Kinloch would not have believed the witnesses.

I am,

My Dear Sir,

Yours truly,

ANNE WOOD.

Dr Wilson, Cullen.

CULLEN, 18th July, 1867.

My Dear Sir,—Anne Mair, in her evidence, states that she did not know where Sharp got the line back. Mrs Wood informs me that she thinks it was from you the line back was obtained. You may remember the confinement of Catherine Mair in the month of December, 1856.

I am,

Dear Sir,

Yours truly,

Mr Geoge Wood (George), Portknoekie.

JAMES WILSON.

PORTKNOCKIE, 18th July, 1867.

My Dear Sir,—Mrs Wood is right about the line back. The day Catherine Mair was ill, Dr Sharp came into my house and asked for a piece of line. I gave him a piece of new line, and made a hitch on both ends of it.

I am,

My Dear Sir,

Yours truly,

Dr Wilson, Cullen.

GEORGE WOOD (GEORGE).

CULLEN, 30th July, 1867.

My Dear Sir,—I duly received yours of the 15th inst., and was thunderstruck at the cowardly and utterly false statement that my witnesses had denied the truth of their evidence given before the Court. My witnesses will adhere to their statements made in Court to their dying hour.

I enclose copies of testimonials regarding the characters borne by my witnesses, signed by parties who ought to know them, and form a far more correct idea of their general character than Lord Kinloch could have been possibly expected to have done. I do not think Dr Paterson will take any notice of the libellous placards put into certain shop windows of this town.

When I last saw Dr Christie, he seemed determined on bringing Sharp to his sober senses. Sharp's conduct has certainly been very ugly indeed; he has maligned my local witnesses in the Obstetric Society of Edinburgh; and he has maligned my professional witnesses by placing calumnious advertisements regarding them in the shop windows of Cullen. Is this conduct merely an indication of incipient mania?

I am,

My Dear Sir,

Yours truly,

JAMES WILSON.

Dr C. Bell, 28 Northumberland Street, Edinburgh.

CASE OF SHARP *VERSUS* WILSON.

Copy of Certificates in favour of Defender's Witnesses.

JANET KEMP OR LONGMORE. [Page 55 A.]

These certify that the bearer, Janet Kemp or Longmore (married), resides in this parish; is of most respectable character; and in full communion with the Established Church of Scotland.

Certified at Manse of Rathven, the 13th Day of May, 1867 Years,
By JAMES MACLACHLAN, A.M., Parish Minister.

ANN LOBBAN OR PATERSON [56 C.]

FREE CHURCH MANSE, CULLEN.

These certify that I have been for many years well acquainted with Ann Lobban or Paterson, wife of Alexander Paterson, Bauds of Cullen, that she is a woman of much respectability, and excellent moral character; and that she is a member in full communion with the Free Church of Scotland.

Given this 14th Day of May, 1867 Years,
By JOHN M'KAY, Minister of Free Church at Cullen.

HELEN SPENCE OR GEDDES [61 F.]

Mrs Geddes, Portknockie, wife of John Geddes, there, has been known to me for upwards of twenty years, and has always borne an irreproachable character.

WM. CLAPPERTON, Catholic Clergyman, Buckie.

Buckie, 13th May, 1867.

ANN BADENOCK OR DUFF [62 G.]

For many years I have been well acquainted with Mrs Ann Badenock, wife of John Duff, a native of this parish, in which she has resided all her lifetime. As a member of society and of the church she has uniformly and deservedly maintained an unblemished character, and I have ever regarded her as a most worthy parishioner, on whose truthfulness and integrity I can place the fullest reliance.

GEORGE HENDERSON, LL.D., Minister of Cullen,
Manse of Cullen, 11th May, 1867.

ANN BRUCE OR WOOD [63 C.]

Mrs Ann Bruce or Wood, widow, residing at Seafield Cottage, in this parish, has been long and favourably known to me. She is a person of respectable family, of steady integrity, of circumspect behaviour, of thorough veracity; and the community have the fullest confidence in her professional (midwifery) qualifications, which I have reason to know are of superior order.

GEORGE HENDERSON, LL.D., Minister of Cullen.

Cullen, 13th May, 1867.

ANN WOOD OR MAIR [66 E.]

Mrs Ann Wood, wife of John Mair, fisherman, Portknockie, in this parish, has been personally known to me for upwards of thirty-eight years, during which she has borne a respectable character.

She belongs to a family or tribe (Bobbin), which has been long noted for a good name among the fishing population; and I feel confident in bearing my strong testimony in her behalf as a decent, honest, trustworthy, and reliable person.

GEORGE HENDERSON, LL.D., Minister of Cullen.

Cullen, 13th May, 1867.

HELEN MAIR OR SLATER [67 C.]

These certify that I have for many years been acquainted with Mrs Helen Mair or Slater, wife of George Slater, fisherman, Portknockie; that she is a member of the Free Church; and, so far as known to me, of unblemished moral character, and that I believe her to be honest and truthful, and very unlikely to give any evidence in a Court of Law contrary to her convictions.

Given at the F. C. Manse, Cullen, this 14th day of May, 1867 Years,
By JOHN MACKAY, Minister of Free Church at Cullen.

ANN MAIR [68 B.]

These certify that Mrs Ann Mair, wife of John Mair (Duncan), Portknockie, has been long known to me as a member of my church; that she is a woman of good moral character, and of much respectability in her station, and that I have every

reason to believe she is incapable of giving evidence in any Court of Law contrary to her firm and honest convictions.

Given at the F. C. Manse of Cullen, this 14th day of May, 1867 Years,
By JOHN MACKAY, Minister of F. Church at Cullen.

CASE OF SHARP *versus* WILSON.

Mrs Janet Kemp or Longmore, Rathven ;
Mrs Ann Lobban or Paterson, Bauds, Cullen ;
Mrs Helen Spence or Geddes, Portknockie ;
Mrs Ann Badenoch or Duff, Portknockie ;
Mrs Ann Bruce or Wood, Portknockie ;
Mrs Ann Wood or Mair, Portknockie ;
Mrs Helen Mair or Slater, Portknockie ;
Mrs Ann Mair (Duncan), Portknockie ; and

Mrs Catherine Sinclair or Wilson, formerly of Cullen, now of Glasgow,—
witnesses of the defender in the case of Sharp *v.* Wilson, have been known to me for the last twenty years. Having had ample opportunity of judging of their general character, I have, on all occasions, found them to be women of sterling integrity ; and have no hesitation in saying that I would place implicit reliance on the truthfulness of any statement made by them in a Court of Justice. I feel confident in saying that every respectable inhabitant of Cullen would echo the sentiments now expressed by me.

WILLIAM SMITH, Provost.

Cullen, 30th July, 1867.

We concur with Mr Smith in his opinion regarding the general character of the witnesses referred to in the above certificate. They are all well known to us.

GEO. DAVIDSON, Bailie.

J. PETERKIN, Bailie.

Cullen, 30th July, 1867.

214 UNION STREET.

ABERDEEN, 24th September, 1867.

My Dear Sir,—I was led to believe that a cheque for the £10 I spoke of had been in Mr Cattanach's hands. It seems it was only offered ; and had I accepted Mr Sharp's apology, it would have been immediately forthcoming.

I am,

Yours very truly,

JOHN CHRISTIE.

Dr Wilson, Cullen.

6 WINDSOR PLACE,

GLASGOW, 24th September, 1867.

Dear Sir,—I have had several communications with Sharp's agent, and a pretty full apology for the document complained of ; but as for taking money from him, it is out of the question. His agent—rather a smart fellow—sent me a most doleful letter requesting me to have mercy for the sake of his poor wife and nine children!!! As to punishing the knight, and the silly asses the shopkeepers, at my advanced age, I deem it better to adopt the text—"If your enemy smite you on the one cheek, turn to him the other also." When you have your work completed, lose no time in getting it properly advertised ; it strikes me it will fairly damn the knight in future. I wonder how he can show face in Cullen again.

Hoping you continue well, and will yet meet the success you deserve,

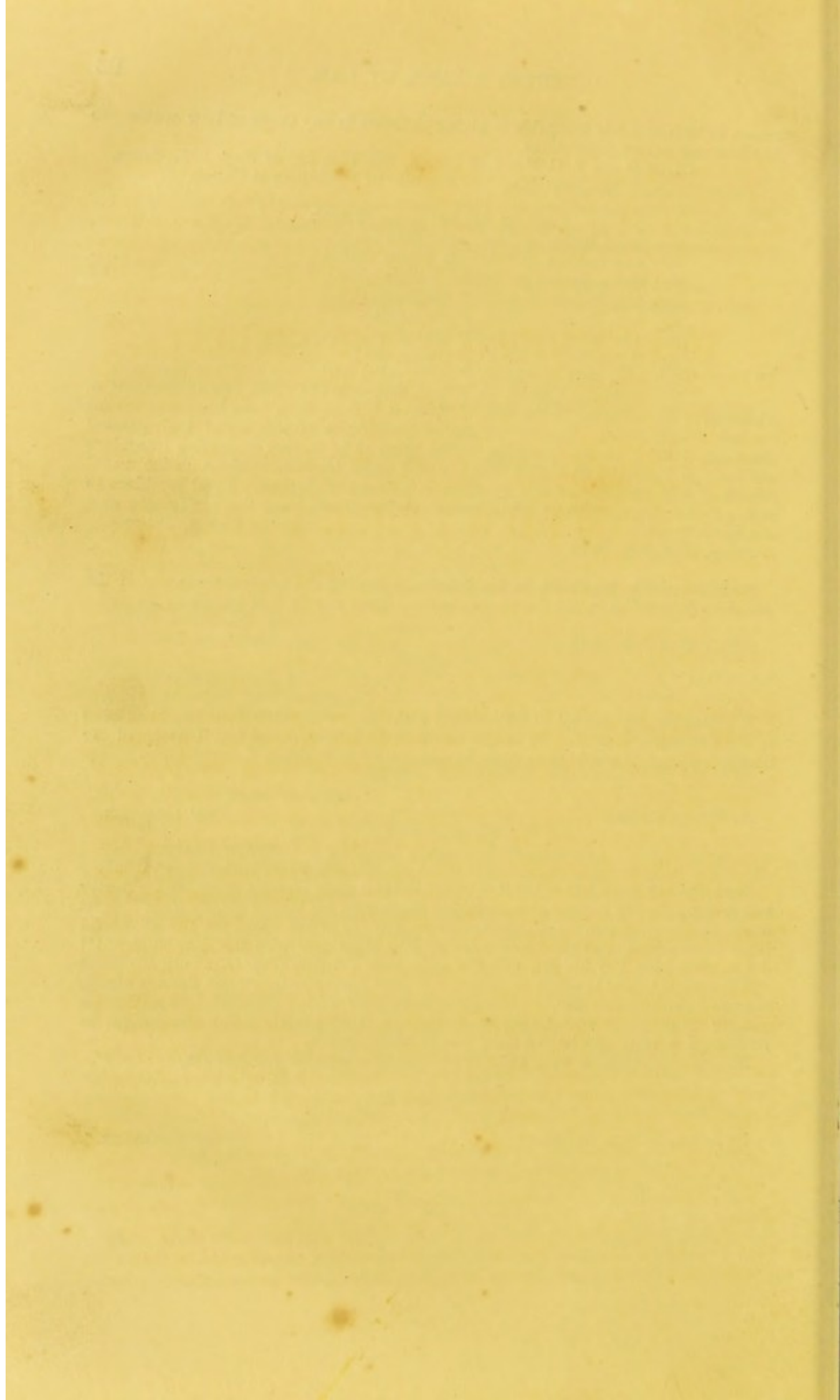
I am,

My Dear Sir,

Yours sincerely,

JAMES PATERSON.

Dr James Wilson, Cullen.



TO PRACTITIONERS AND STUDENTS

OF

MIDWIFERY.

GENTLEMEN,

Not being by any means satisfied with the finding of the Lord Ordinary Kinloch, I appealed to the Lords of the First Division of the Inner House in hopes that their Lordships might put matters on something like a proper footing.

The Lord Ordinary attributed exaggeration, to a great extent, on the part of my witnesses, to account for the blood-curdling depositions made by them, assuming very gratuitously that the minds of the witnesses must have been in a very excited state when the pursuer was operating on the deceased Mrs Mair, and that their imagination must have been naturally led to believe that the pursuer actually used a poker. (The same as represented by Fig. D.) The fact of some of my witnesses being distant relations of the deceased seemed to have a wonderful effect on his Lordship's mind; and his inferences, considering the calm, clear, and consistent evidence they gave, are anything but what might have been expected from a Judge of his standing and experience.

Mrs Anne Bruce or Wood, the principle witness in the case of Mrs Mair, was no relation to the deceased; and from the manner she has given her evidence and stood her cross-examination, I think she is a most unlikely person to have been excited to such an extent as to believe that an ordinary scissor's-shaped perforator was a poker! It is most singular,

and quite unprecedented, that three or four individuals could have been excited to such an extraordinary extent, as his Lordship, in the face of the evidence, seems to think, and all to imagine precisely the same chain of events to have existed. One would naturally think the chain would have lost some of its links, or would have contained links not fitting very exactly into each other. This theory of excitement, imagination, and exaggeration will scarcely be swallowed by a "discerning public," even although pronounced by a learned Judge. The cases of Mrs Longmore and Mrs Geddes seem to be totally incomprehensible to his Lordship.

I may here mention that Fig. D is a fair representation of the pokers usually seen at the firesides of fishermen along the Moray Firth; that the term "rope" is a provincialism for any cord, just as in some parts of America the word "rock" is often used to signify a pebble.

I append copy of the Interlocutor of the Judges of the First Division.

For your convenience I have drawn up the following

ANALYSIS OF EVIDENCE.

The evidence given by the defender's witnesses was not heard by Sir James Y. Simpson, Dr Keiller, and Dr Thatcher, the professional witnesses of the pursuer. The evidence on both sides was heard by Drs Bell, Paterson, and Christie, the professional witnesses of the defender. Sir James Y. Simpson, at page 41, letter A, states that he gives his opinion upon the case "as presented by the pursuer." At page 41 D, Sir James says, "But it is mainly on Dr Sharp's evidence that I have founded my opinion."

Dr Thatcher, at page 43 E, says, "Of course, my opinion is formed on the evidence I have heard," &c. (viz., that of the pursuer).

Dr Bell, at page 69 G, says, "I have heard all the evidence which has been led in this case, on the part both of the pursuer and of the defender."

In speaking of the opinions of Sir James, &c., Dr Bell, at page 70 A, says, "But it is quite clear to me, that their opinion was given upon a hypothetical case altogether, and that hypothesis seems to me to have been overturned in a great many instances."

Dr Paterson, at page 77 D, in speaking of the statements made by Dr Sharp, the pursuer, says, "I dispute their truth."

At page 78 A, Dr Paterson says, "It is impossible I can take the statements of Dr Sharp."

Dr Christie, at page 80 C, says, "But I must say that I cannot believe the evidence of Dr Sharp in this case."

By the following analysis of the statements made by the pursuer, and the evidence given by the defender's witnesses, it will be seen whether or not Drs Bell, Paterson, and Christie, had sufficient ground for calling into question the veracity of the statements made by the pursuer; and it will, at the same time, show the amount of importance that can be attached to the opinions of Sir James Y. Simpson, Drs Keiller and Thatcher:—

CASE OF MRS LONGMORE—[32 C.]

Pursuer's Statements, heard by Sir J. Simpson, Drs Keiller and Thatcher.

Evidence of Defender's witnesses not heard by Sir J. Simpson, or Drs Keiller and Thatcher.

Dr Sharp, the pursuer, at page 32 D, says, "She (Mrs Longmore) had no uterine pains—that is, pains of labour—for a great many hours before I was called."

Mrs Janet Kemp or Longmore says, at page 55 C, "I thought Mrs Longmore had pains after Dr Sharp began to use the forceps."

Mrs Ann Lobban or Paterson, at page 56 D, E, to the query, "Did the labour pains go on after Dr Sharp arrived?" replies, "Yes, she had pains. Yes, these pains continued after Dr Sharp came."

Mrs Eliza Cowie or Geddes (a witness of the pursuer), at page 37 G, says, "Dr Sharp came between four and five o'clock in the afternoon . . . the pains by that time were getting very weak."

Mrs Margaret Flett or Simpson (a witness of the pursuer), at page 46 A, says, "Mrs Longmore had some labour pains after the pursuer turned the child in the womb."

*Pursuer's Statements, heard by
Sir J. Y. Simpson, &c.*

*Evidence of Defender's witnesses
not heard by Sir J. Y. Simp-
son, &c.*

Dr Sharp, the pursuer, at page 36 H, says, "I did not, in that case, by traction on the cord, which had been placed round the ankle, attempt to deliver the child."

Mrs Janet Kemp or Longmore, at page 55 B, says, "I tied a cord round the child's ankle, by Dr Sharp's directions. It was not tape or ribband. After the cord was tied round the ankle, the doctor tried to bring forward the child. He pulled very hard, as I thought, to do so."

Mrs Ann Lobban or Pater-son, at page 56 G, says, "After the cord was tied, Dr Sharp pulled by it. I am sure he pulled by the cord, and not by the leg. The cord was like a piece of thick twine; it was not tape."

Dr Duncan Carmichael, at page 57 G, says, "There was a string or something tied upon one of the legs of the child."

Mrs Eliza Cowie or Geddes (one of the pursuer's witnesses), at page 37 G, says, "There was a cord attached to the foot of the child." 38 B, "I think Dr Sharp got it out of his pocket."

Mrs Margaret Flett or Simp-son (one of the pursuer's wit-nesses), at page 44 H, says, "He then attached a cord to the foot of the child, and attempted to draw it down, which I have seen him do be-fore."

What was the cause of death?

Mrs Longmore was the patient of the pursuer.

Mrs Longmore was not the patient of Dr Carmichael.

Before death the pursuer had expressed his opinion openly, that a rupture of the uterus had taken place.

Dr Sharp, the pursuer, swears upon oath that there was rupture of the uterus which caused death.

Dr Carmichael performs the Cæsarian section after death, and swears upon oath that no rupture and no trace of a rupture existed.

Sir James Simpson, in answer to the query—"Is it quite easy, in a *post mortem* examination to determine whether there has been rupture?" says, "Yes; it is quite impossible to fail in determining that."

What must be inferred from the following declarations on oath made by Drs Sharp and Carmichael?—

*Pursuer's Statements, heard by
Sir J. Y. Simpson, &c.*

*Evidence of Defender's witnesses
not heard by Sir J. Y. Simp-
son, &c.*

The pursuer, at page 32 G, says, "I could not understand what was retaining the child in utero, and I introduced my hand to examine it, and found that the head was through a rupture of the uterus." At page 33 A, he says, "He (Dr Carmichael) accordingly made the examination, and as soon as the external walls of the abdomen were opened, the head of the child appeared." At page 33 B, he says, "The rupture was on the left side at the upper third of the fundus." At page 37 A, he says, "The rupture of the womb was visible at once. When the walls of the abdomen were opened, the head of the child appeared instantly."

Dr Duncan Carmichael, at page 57 D, says, "After death I performed the Cæsarian section to extract the child. The child was in the uterus. I saw no rupture in the uterus, and no trace of one." 57 E, F, "The head of the foetus was entirely within the uterus. It was not thrust through any rupture of the uterus." 58 F, G, "The inner coats of the uterus might have been ruptured, but it was not ruptured through and through. If that had been the case, I would have known it, because the child would have protruded through. It would have been in the cavity of the abdomen, and there would have been blood there. Now, there was no blood there."

Dr Bell, at page 70 B, says, with regard to the treatment

of Mrs Longmore by the pursuer, "He showed a want of skill in not delivering the child after having applied the forceps. He appeared to me to commit a great error and a malpractice in delivering the child by drawing at the cord which he had tied round its legs, instead of adopting the more usual course of using traction gently upon the limbs themselves."

Dr Bell, at page 74 E, says, "If Sir James had heard all the evidence, I have no doubt he would have agreed with me."

Dr Paterson, at page 78 A, says, "I am bound, however, to believe Dr Carmichael, for I must say it is impossible I can take the statements of Dr Sharp. The one was obliged almost to form that theory in order to bear out his views." 78 B, "In these circumstances I think it was quite within Dr Sharp's power to have delivered the woman by the natural passages by the aid of the forceps."

Dr Paterson, at page 79 A, B, says, "But I am of opinion that if Sir James had not been put into the witness-box until he had heard the evidence which has been disclosed, his judgment would have been a very different one indeed."

Sir James Y. Simpson, at page 41 H, says, with regard to the case of Mrs Longmore, "I think those that do [fix a cord to the ankle of the child] are always in the habit of saying that they do not pull the foot by pulling upon the cord. I do not use a cord."

From the above analysis of evidence, it is reasonable to infer that Mrs Longmore ought to have been delivered by the forceps, and that no cord ought to have been used for extracting the child by pulling on the cord. Granting that a rupture of the uterus in reality existed, Dr Paterson, at page 77, F, G, H, condemns the practice adopted by the pursuer, viz., the attempt to turn, owing to the exhausted state of the woman. The pursuer, in the opinion of Dr Paterson, by attempting to turn, was instrumental in hurrying his patient to her "long home!"

CASE OF MRS GEDDES—[61 E.]

*Pursuer's Statements, heard by
Sir J. Y. Simpson, &c.*

Dr Sharp, the pursuer, with reference to the case of Mrs Geddes, at page 33, letter H, says, "But I was called away to a distance, to a place, I think, about seven miles farther west."

At pages 33 I, 34 A, the pursuer says, "But previous to that, I wished them to send for any medical man in the district."

The pursuer, 36 E, says, "I treated the patient with my usual tenderness! . . . I never swear at patients."

*Evidence of Defender's witnesses
not heard by Sir J. Y. Simpson,
&c.*

Mrs Helen Spence or Geddes, at page 61, letter F, says, "My mother wished him to stay, but he would not. He said he was going to a tea-party at Cairnfield, which is six miles from the place where I live."

Mrs Geddes, 62 E, "I am quite sure that when I was ill, and when Dr Sharp's forceps were slipping, he did not propose to send for assistance."

Mrs Janet Donald or Wilson (pursuer's witness), 52 F, says, "Mrs Geddes' father suggested that another doctor should be got."

Mrs Geddes, 62 C, says, "When Dr Sharp returned, he was in a passion. He damned me to hold my tongue; what was I crying out for? He lifted me up in his arms, and shook me back and forward."

Mrs Ann Badenoch or Duff, 62 G, "He swore at her when she cried out; he damned her to hold her tongue." 62 G, "When he was putting her into the bed, he gave her what I thought a very unbecoming shake."

Mrs Janet Donald or Wilson, 53 B, "The pursuer said, when the child was born, . . . 'The little devil is alive yet.'

*Pursuer's Statements, heard by
Sir J. Y. Simpson, &c.*

*Evidence of Defender's witnesses
not heard by Sir J. Y. Simp-
son, &c.*

Dr Sharp, the pursuer, 36 G,
"I am not aware that the
child was injured in any way
by my use of the forceps. I
saw the child after it was born.
There was no injury upon it,
so far as I recollect."

Dr Sharp, the pursuer, 36
F, "I do not recollect of say-
ing that the child was dead."

"The pursuer swore at me, and
threatened to kick me out at
the window."

Mrs Geddes, 62 A, B, "The
child's head was very much
swelled; there were injuries
upon it—on the back of the
head, on the left eye, and on
the side of the nose. There
was a cut there. The wound
gave forth matter for seven
weeks after the birth of the
child."

Mrs Duff, 62 H, "It (child)
was in a very ugly state. The
back of the head and forehead
were marked."

Mrs Janet Donald or Wil-
son (a witness of the pursuer),
53 C, "The back of its head
and brow were cut."

Dr Duncan Carmichael, 58
C, "There were some marks
of injuries on the back of the
child's head, and also on the
cheek."

Jane Geddes, 63 A, B (the
child), "I have a mark on the
back of my head, and one near
the right eye. . . . I have
had them all my life."

Mrs Geddes, at page 61 H,
"I heard him (the pursuer)
say to my mother, and to the
midwife, that one of the
child's eyes was blown out.
He also said the child was
dead, and that it (child) must
be destroyed before it came
into the world."

*Pursuer's Statements, heard by
Sir J. Y. Simpson, &c.*

36 H, "I never said that the eye of the child was blown out." 36 G, "I did not propose to Dr Carmichael to break up that child before he delivered it."

Dr Sharp, the pursuer, at page 33 H, I, says, "On applying my midwifery forceps I found it was too weak. . . . It slipped many times. I made the remark to the people, that if my forceps went on slipping there was only one alternative, and that was to break down the child." 60 B, "I mean by that, it slipped many times."

*Evidence of Defender's witnesses
not heard by Sir J. Y. Simpson, &c.*

Dr Carmichael, 58 B, "He (pursuer) suggested some other mode of operation; I cannot say decidedly just now whether it was craniotomy, or what it was; but I objected to it, because I thought it would be dangerous or fatal to the child."

Mrs Wilson (pursuer's witness), 52 E, "He (pursuer) did not manage to deliver her." 52 F, "Dr Carmichael succeeded at first in extracting the child." 53 B, "After Dr Carmichael came the pursuer tried to deliver Mrs Geddes."

Mrs Geddes, 61 G, H, "It (forceps) slipped six times before Dr Carmichael was called. . . . I suppose he kept working at me with the forceps for two or three hours. . . . He used the forceps once after he came back; it slipped again." 62 A, "After he (Dr Carmichael) came, Dr Sharp tried the forceps twice; it slipped both times. He said he gave me up. Dr Carmichael then applied his forceps; it never slipped, and he delivered me of a female child. She is still alive."

Mrs Duff, 62 H, "I saw Dr Sharp use his forceps on this occasion; it always lost its hold. I was there when

*Pursuer's Statements, heard by
Sir J. Y. Simpson, &c.*

*Evidence of Defender's witnesses
not heard by Sir J. Y. Simp-
son, &c.*

Dr Sharp, the pursuer, 34 A, "They sent for Dr Carmichael of Buckie, who came and used his own forceps. It did not slip more than once, but I rather think it did slip once."

Dr Sharp, the pursuer, 34 A, "Dr Carmichael's forceps was different from mine—it was stronger and straight. Mine was what is called Hamilton's forceps, double curve."

Dr Sharp, the pursuer, 60 E, "I did not apply the forceps antero-posteriorly, I applied them laterally."

Dr Carmichael came. He delivered the woman in a very short time."

Dr Carmichael says, at page 58 B, "After I arrived, Dr Sharp again tried the forceps in my presence, but was still unsuccessful. . . . I succeeded at the first attempt I made."

Dr Carmichael, 58 D, "I have still in my possession the forceps which I then used. It was a forceps with a literal curve, and I think Dr Sharp's was what is called the straight forceps."

Dr Carmichael, at page 58 C, D, "I applied the forceps . . . laterally towards the side of the head. My usual practice is to take a hold of the head by the side; I therefore think that as my first attempt was successful that I could not have injured the front nor the back part of the child's head. If I had inflicted any injury the mark of it would have been on the side."

Dr Sharp, the pursuer, at page 60 A, B, says, "In the case of Mrs Geddes, I did not use the catheter . . . I could feel externally if there was any quantity requiring the application of the catheter." On being asked the position of the child's head, he replied, 66 C, "I really could not say what was the position of the child's head. . . . It is a very trifling matter." 60 C, D, The pursuer states that the head of the child was in the first position. In answer to the query, "In what

diameter of the cavity of the pelvis did the long diameter of the head lie?" He states that "The face was in the hollow of the sacrum!"

Dr Bell says, at page 71 A, "I think he (the pursuer) showed a great want of skill in shaking the patient, &c. There appeared to me to have been a great want of skill in applying the forceps. I never heard of any one applying the forceps and it slipping eight times . . . and I certainly think it is malpractice persevering in applying the forceps for two hours." 71 C, "If, as has been represented, the forceps was weak, any man who had any regard for himself, or regard for his patient, would have applied another forceps." 71 D, "If he had not another forceps with him, or at home, he could have applied to some of his professional brethren," &c. 71 G, "I think there was a want of skill in applying the instruments in the long diameter of the child's head, and not in the transverse. By so doing, however powerful the instruments he had might have been they would have slipped." 71 H, "Had he applied it over the ears, as seemed to have been the case in Dr Carmichael's application of the forceps, you would have had no injury on the forehead, particularly not in the inner angle of the right eye." 71 I, 72 A, "There was sufficient evidence to show that the forceps was wrong applied. There is no other explanation given of how the injury to the occiput and the forehead could have been done, except by the improper application of the forceps. It appeared to me to show a want of skill to propose breaking up the child's head under the circumstances."

Dr Bell, at page 71 D, E, says, "I consider there was undue haste on this occasion. In this case also he stated—and I think it was an error, and shows that there was a want of skill—that it was a first position of the child, and that the face of the child was in the hollow of the sacrum; . . . but he treats a knowledge of the position as of no importance." 71 G, "It was important to know what position it was in."

Dr Paterson, at page 78 F, says, "Now, I think the forceps in this case was quite uncalled for." 78 G, "I perfectly agree with Dr Bell that before you are warranted in using instrumental means to accomplish delivery, you are bound to make yourself thoroughly acquainted with the nature of the presentation, and must confess it struck me as very astonishing indeed, when to-day Dr Sharp said it was a matter of little moment what the presentation was. God forbid that any practitioner following the obstetric part of our profession

should cherish such an idea!" 78 C, D, "It strikes me that Dr Sharp said that his forceps was too weak; I think with Dr Bell that he was quite entitled to try it a second time; but beyond that I cannot see how he was at all entitled to persist with the same forceps which he had found to be perfectly inadequate to accomplish delivery."

Dr Christie, at page 80 B, says, "Dr Sharp, on being asked with regard to the positions, seemed to treat a knowledge of the position of the child presenting as a very trifling matter. . . . My impression from that is, that the man who holds a knowledge of the position of the child at the moment that he is to use instruments for the purpose of delivering to be of no moment, carries in his hand an instrument which is more likely to end in injury to both mother and child than in any beneficial result. I merely say that in corroboration of the opinions stated by Dr Bell and Dr Paterson."

Sir James Y. Simpson, at page 39 E, says, "I have seen a forceps slip because it was too weak and yielding." Sir James Simpson was not aware, however, that wounds which gave forth matter for six weeks after the birth of the child existed on the forehead and occiput; proving that the short forceps had been placed on the long, and not on the short diameter of the child's head.

From the above analysis, it is reasonable to infer that the pursuer ought to have delivered Mrs Geddes by the forceps; that the slipping of the instrument was not owing to its weakness, but to its improper application. He ought not to have shaken his patient.

CASE OF MRS MAIR—[63 C.]

*Pursuer's Statements, heard by
Sir J. Y. Simpson, &c.*

*Evidence of Defender's witnesses
not heard by Sir J. Y. Simp-
son, &c.*

The pursuer, Dr Sharp, at page 34 B, says, "I really for-

Mrs Ann Bruce or Wood, at page 63 D, says, "He (pursuer) came about eight in the dawn of the morning. The lights were not out."

*Pursuer's Statements, heard by
Sir J. Y. Simpson, &c.*

get what time of day it was when I was called there, but I think it was about twelve o'clock."

Dr Sharp, the pursuer, at page 34 B, C, says, "On arriving I found her considerably exhausted, and the case demanding immediate interference. I attempted to apply a long forceps, but I could not do so, for the best of all reasons—that there was not room to apply it. I tried it various times, with an interval of perhaps half an hour between each attempt." 34 F, "The reason why the birth was prevented, was that the pelvis was contracted, in the antero-posterior diameter. So far as I was able to ascertain, it was about three inches." 60 H, "Immediately on arriving there, I found the head im-

*Evidence of Defender's witnesses
not heard by Sir J. Y. Simpson, &c.*

Mrs Ann Wood or Mair, at page 66 F, says, "He (pursuer) came during the morning."

Mrs Ann Mair, at page 68 C, says, "He (pursuer) came just as the day was dawning on Saturday morning, about eight or nine o'clock."

Mrs Ann Bruce or Wood, at page 63 E, F, says, in speaking of the state of matters at the time Dr Sharp arrived to attend Mrs Mair, "The labour was pretty far on. The waters had escaped. The womb, as regarded the vagina, was quite natural, and the head was resting on the perineum. The womb and the vagina formed one. The head had not rested on the perineum long before Dr Sharp came. The presentation was one of the cranium. I put in my hand, and felt the hair on the child's head. Mrs Mair, senior, was present. As she had been with some women in confinement before, and as she might think I was stating the wrong thing, I asked her to examine for herself. She said she thought there was no use for a doctor, as the child would be here soon; but I took her hand, and made her make the same examination as I had done." 63 G, "I had no difficulty in making my examina-

*Pursuer's Statements, heard by
Sir J. Y. Simpson, &c.*

pacted at the brim of the pelvis, but how long it had been so previously, I could not say. It must have been so for some considerable time, because there was very considerable constitutional irritation." 35 G, "The forceps never slipped in the course of this birth . . . I suppose I had been engaged several hours in attempting to use the forceps."

*Evidence of Defender's witnesses
not heard by Sir J. Y. Simpson, &c.*

tions. . . . The mother-in-law (Mrs Mair, senior) asked if there was any danger. He said, 'No; I will deliver her in five minutes, granny.'" 64 A, "He tried the forceps several times, but it always slipped."

Mrs Ann Wood or Mair, at page 66 E, F, says, "The head of the child was in the right place. I felt it with my hand. . . . After he (pursuer) had examined her, I asked him what he thought of her condition. He said, 'Everything is perfectly regular; she will be delivered very soon.' I saw Dr Sharp use a forceps, but it slipped."

Mrs Ann Mair, at page 68 C, in speaking of the condition of Mrs Mair at the time of Dr Sharp's arrival to attend Mrs Mair, says, "My mother asked what he (pursuer) thought of her; and he said he would deliver her in five minutes. He did nothing to her for a few minutes, but then he commenced with his instruments. He wrought with them for more than an hour."

Mrs Helen Mair or Slater, at page 67 C, says, "He (pursuer) used instruments, but they did no good. The forceps slipped very often."

*Pursuer's Statements, heard by
Sir J. Y. Simpson, &c.*

Dr Sharp, the pursuer, at page 35 G, says, "I attempted several times to use the forceps, but failed. I cannot say how many times I attempted it. I really forget now these trifling things. . . . I did not tie the forceps. It was not applied, and consequently it was never tied."

Dr Sharp, the pursuer, at page 36 E, says, "I did not swear at her."

Dr Sharp, the pursuer, at page 34 C, D, "Seeing, then, that the case demanded immediate interference, I commenced myself. I turned the child, but found that, after all, without the cerebrum and cerebellum being evacuated, and the cranium collapsing, I could not get her delivered." 60 G, H, "The pelvis of the mother was contracted antero-

*Evidence of Defender's witnesses
not heard by Sir J. Y. Simpson, &c.*

Mrs Ann Bruce or Wood, at pages 63 I, 64 A, B, says, "The forceps was never locked by Dr Sharp. I tried to tie it several times with a piece of tape, but it was never locked so far as I knew. He tried to force it to lock by grasping it closely, while I tied it firmly, but it would not lock. . . . It was when he was trying to extract the child that the forceps slipped." 65 H, "When Dr Sharp used the forceps, the bedclothes were thrown off."

Mrs Wood, 64 A, "He (pursuer) was a little out of temper at the time, and occasionally used an oath."

Mrs Slater, 67 C, "He uttered oaths when it (forceps) slipped."

Mrs Ann Mair 69 C, "I am sure he swore at me when I wanted to get out of the bed. . . . I heard him swear at times when the irons (forceps) slipped."

Mrs Wood, 64, B, C, D, E, F, "After he had used the forceps he went away for a little time; he would be away for about an hour. When he came back he said he would have to break up the child. The head of the child was still presenting when he said that, and the woman had slow labour pains. . . . He then said he would send his boy to Cullen for his dead

*Pursuer's Statements heard by
Sir J. Y. Simpson, &c.*

*Evidence of Defender's witnesses
not heard by Sir J. Y. Simp-
son, &c.*

posteriorly to the extent of three inches, so far as I could ascertain. I tried with pretty powerful traction to extract the body of the child, but when it came to the head I found that the head was so much ossified that it stuck there at the brim of the pelvis. . . . It was at the brim it was detained." 34 G, H, "I found it could not be extracted in that way, and then took the perforator, and perforated the head at the back of the ear to evacuate the brain. The head after that generally collapses, and there is little trouble in extracting the child; but in this case so strongly was the head of the child ossified that it did not contract, and I could not get my crotchet to take hold of the bone. Then I reflected what I would do, and I got these pincers (the shoemaker's), and an excellent instrument it is!" (Fig. B.) 34 D, E, "I got a pair of pincers from him (shoemaker), and applied it to the head of the child, and it answered the purpose wonderfully!" 61 D, "In that case (Mrs Mair's), I first employed the forceps, then turning, and then craniotomy" (see Diagrams, Fig. A.)

(Shown No. 53 process—a poker.) "I did not use an instrument like that in the

irons; and the boy went and brought back these instruments.

(Shown No. 53, a common Portknockie poker.) I saw Dr Sharp use a piece of

*Pursuer's Statements heard by
Sir J. Y. Simpson, &c.*

*Evidence of Defender's witnesses
not heard by Sir J. Y. Simp-
son, &c.*

operation nor anything at all
resembling it."

36 C, "I did not bleed the
woman (Mrs Mair.) . . . I am
satisfied in my own mind that
I did not bleed her." 36 B,
"I did not tie the arm of the
child."

pointed iron like that, with a
knob at the end. [See sheet
of diagrams, Fig. D]. . . .
The thing he used was not
like scissors; it had only one
blade, and there was a small
knob at the end. I have seen
what is called a perforator;
Dr Sharp did not use any in-
strument like a perforator.
When he used the instrument
like that now produced he
took hold of it with both his
hands, placed his left foot
against the bed, and used it
as if he were stabbing the
child. . . . Dr Sharp said the
child was alive, but he would
be obliged to destroy it in
order to save the mother. . .
Dr Sharp then sent Helen Mair
to William Wood, the shoe-
maker, for a pair of his best
pincers—[see sheet of dia-
grams, Fig. B]—and began
to pick off pieces of the brain
(skull) with the pincers. After
doing this he bled the woman
on the arm with the lancet,
and took off two soup plate-
fuls of blood from her. I held
the first plate. . . . It was
after using the perforator
that he took off the blood." 66 B (Q.) "Do you swear upon
your solemn oath that you saw
Dr Sharp take blood from the
woman?" (A.) "Yes, I do." 64 H, I, "Dr Sharp afterwards
turned the child. . . . When

*Pursuer's Statements heard by
Sir J. Y. Simpson, &c.*

*Evidence of Defender's witnesses
not heard by Sir J. Y. Simp-
son, &c.*

he brought down the feet of the child he asked for a piece of cord or line, and attached a piece to each foot; he then twisted the two strings round his hand, and put his foot against the bed and drew with all his might. I am sure he pulled by the string and not by the leg." 65 A, "I saw the child after it was extracted. . . . There was a pretty firm mark round one of the wrists, as if it had been firmly fastened by a cord. . . I pointed that out to Helen Mair and her sister, and her mother." 65 B, "I did not look into the woman's private parts, but I felt them with my hands. From what I felt I am sure that if I had looked in I could have seen the head of the child easily." (At the time the pursuer arrived.)

Mrs Ann Mair, 67 B, "There were a good many people who called to see Mrs Mair on the Sunday, but the room was not crowded."

Mrs Helen Slater, 67 H, "I was in the house on the Sunday morning. There were not many people there."

Mrs Ann Mair, 69 C, "I was in the house on the Sunday. There were very few people there. Mrs Mair was kept quite quiet that day."

Dr Sharp, the pursuer, 34 H, "I understood afterwards that the room had been crowded with fisherwomen, after the fashion there." (On Sunday.)

*Pursuer's Statements heard by
Sir J. Y. Simpson, &c.*

*Evidence of Defender's witnesses
not heard by Sir J. Y. Simp-
son, &c.*

Dr Sharp, the pursuer, 34 E, "I called back on the Sunday, about 12 o'clock, and found the patient in a most satisfactory state, with an excellent pulse, and complaining of nothing. . . She died that night."

Mrs Ann Mair, 67 B, "She (Mrs Mair) was far from well that day."

Mrs Helen Slater, 67 H, "She (Mrs Mair) was not going on well when I saw her; she was getting weaker."

Mrs Ann Mair, 69 D, "She (Mrs Mair) did not seem to be doing well that day. She was just dying."

Mrs Ann Wood or Mair, 66 F, "After he had used his forceps he sent away for more instruments; and what we call his dead irons were brought. He said he would have to break up the child's head in order to save the woman." 66 H, I, "I was not in when he bled my daughter-in-law, but when I returned to the room I saw two platefuls of blood standing on the table. . . . I examined it (child). I saw a rope round the shackle bone and the hough (the wrist and the ankle)." 67 A, B, "The rope was round one wrist and one leg, I am quite sure of that. . . . I saw a bandage on her arm where she had been bled. My daughter, Helen, took the garter off her leg and put it on for a bandage."

Mrs Slater, at page 67 C, D, says, "After using his forceps Dr Sharp sent to Cullen for more instruments; he also sent me for a pair of shoemaker's pincers. . . . He broke down the child with what we would call an old poker (shown No. 53). It was with an instrument just like that. It was not with an instrument like scissors. It was just a single bit of iron, sharp at one end and with a knob at the other. . . . Dr Sharp bled Mrs Mair, and I gave him my garter to bind round her arm after he had done so. I saw him take two platefuls of blood from her arm with the lancet." 67 G, "I think it was the right arm from which he took the blood." 67 E, "It was after he had used the poker, and after I had gone for the shoemaker's pincers. It was after he had bled her that he turned the child. . . . I saw the child's body a few minutes after it was extracted. . . . The head of the child was to be seen when Dr Sharp used the

poker. I did not see it; there was no appearance of the feet of the child at that time; the head was still presenting." 67 G, "The woman was not under the clothes when he turned the child. The cord that was on the child was round one of the wrists and one of the ankles."

Mrs Ann Mair, 68 A, in speaking of Dr Sharp's practice after he had attempted delivery unsuccessfully, says, 68 D, E, F, G, "Dr Sharp, when he came back, sent to Cullen for what we call his dead irons. . . . I was in the bed at that time keeping on the chloroform with one hand, and keeping down the child with the other. I felt the child move. . . . (Shown No. 53). He used an instrument just like that. I could only compare it to the thing that a butcher sharpens his knives with. He did not use anything like scissors. . . . After he had used that instrument he sent Mrs Slater for a pair of shoemaker's nippers, and these were brought. . . . I saw Dr Sharp bleed the woman after he had used all these instruments. He then turned the child, and then tied what we call a line-back, or piece of strong cord like this, round the thigh and round the wrist. It was just a piece of haddock line. (See sheet of diagrams, Fig. E). He dragged out the child by this cord and delivered the woman." 69 B, C, "I think it was the right arm he opened when bleeding the woman. The wound was tied up with my sister Helen's garter. . . . The turning of the child was the very last thing he did before pulling it out with the rope."

The evidence given in the case of Mrs Mair is most peculiar. Almost every statement made by the pursuer from first to last is flatly contradicted by the witnesses of the defender. The evidence given by the witnesses of the defender stands uncontradicted, and may be regarded as the most unwavering, substantial, and conclusive that was ever led in a Court of Justice by several individuals on one and the same subject. Not a single witness corroborates the statements of the pursuer. The pursuer says he thinks he arrived to attend Mrs Mair about twelve o'clock (in the month of December). The witnesses of the defender swear the pursuer arrived to attend Mrs Mair between eight and nine o'clock in the morning—in the dawn of the morning—"the lights were not out." On the Sunday, when the pursuer visited Mrs Mair, he states that she was in a most satisfactory state, with an excellent pulse, &c.

The witnesses of the defender say that Mrs Mair was then dying.

The fact that Mrs Mair died on Sunday night gives a brief but telling explanation of how matters in reality stood. The curtain fell, and the last act of the tragedy was ended!

By the statements made by the pursuer himself, it is shown that he was several hours engaged in attempting to lock the forceps for the purpose of extracting the child; that he was engaged for several hours in his attempts to use the forceps; that he could not get them applied for want of room; that very considerable constitutional irritation existed; that the head was impacted at a contracted brim; and that on the pursuer's arrival to attend his patient, he found her considerably exhausted.

Regarding the practice now detailed, Dr Christie, at page 80 C, says, "Then, as to Mrs Mair's case, Dr Sharp stated today, that when he arrived there, he found the head impacted at the brim of the pelvis. Now, if the head at the time he arrived was so impacted, the only operation which he ought to have attempted in the first instance was craniotomy. He ought to have taken to that at once. There was nothing but mischief—nothing but death could have resulted from the attempt to apply the forceps." The pursuer states that he turned the child and attempted to extract it after turning; that the brim was contracted in its antero-posterior diameter to three inches; that the head remained above the contracted brim—[See Fig. A]—that he then perforated the child's head at the back of the ear, and applied the pincers [Fig. B] to the head of the child, and it answered the purpose wonderfully. It will be here observed that two fingers must have been introduced for the purpose of guarding the soft parts of the mother. It therefore follows that the child's neck, the two fingers of the operator, and the pincers, all, and at the same time, occupied a space of three inches; which space of three inches was bounded on all sides by dense and unyielding bony structure. Dr Christie, at page 80 C, distinctly remarks that he cannot take the statements of the pursuer regarding the application of the pincers. 80 E, "To apply the pincers for any practical purpose I hold to be utterly impossible." Dr Christie further remarks, 80 F, G, "There is nothing but violence of the most extraordinary description which could have thrust it (the pincers) there; and after having got it into the pelvis, it was utterly impossible to seize the head by that instrument. . . . Such an instrument carried deep into the

body of the mother, alongside the mass of the child, must have been attended with violence of the extremest description, and of the most dangerous character to the woman. . . . I think that the annals of midwifery contain few grosser cases of malpractice."

At page 40 B, C, Sir James Y. Simpson seems to approve of the pincers; but the attention of Sir James seems to have been exclusively directed to the blades of the instrument—[see Fig. B]—when he says "It catches in the same way."

Dr Bell, at page 72 D, says, "I think there are some points which he (Sir James) overlooked when he looked at these pincers. He very properly showed you the picture of an instrument in a book which was somewhat similar in outline on the one side to the shoemaker's pincers, but he overlooked the fact that in addition there was a square shoulder on the other side with sharp edges." At page 75 C, Dr Bell says, "In no case whatsoever would I have used these pincers." 72 E, F, "There was an error and a malpractice in having performed so important an operation as craniotomy without the proper instruments."

Dr Christie does not believe the statements of the pursuer regarding the application of the pincers, but believes, according to the evidence of the defender's witnesses, that craniotomy was performed, and that the pincers was used by the pursuer for the purpose of extracting portions of the head when the head was low down before turning, and not after turning. The pincers could have reached the head when the head was presenting and resting on the perineum as sworn to by the defender's witnesses. The pursuer, at page 36 D, seems to forget his former declaration, when in his cross-examination he says, "The head of the child was easily got at with the scissors (perforator) because it was so far down." When the head was resting on the perineum it was quite possible for the pursuer to have applied the pincers for the purpose of extracting portions of the skull, after it had been broken up with the poker, as sworn to by the defender's witnesses.

The use of a poker as a perforator is condemned by Dr Bell at page 72 C: "He (pursuer) also showed great want of skill in breaking up the head of the child with a poker."

Dr Christie, at page 80 D, says, "Now, this cylindrical instrument (the poker) is a very rude and a very improper one, if he used anything like it."

The pursuer, at page 34 B, distinctly states that Mrs Mair

was in a state of exhaustion when he arrived to attend her. At page 61 A, F, the pursuer admits that it would be bad practice to bleed a woman to the extent of twenty ounces of blood during any stage of labour, when she is in a state of exhaustion.

It has been most satisfactorily proved by the evidence of four of the witnesses of the defender that the pursuer did bleed Mrs Mair.

The bleeding of Mrs Mair by the pursuer is condemned by Dr Bell at page 73 D. Dr Bell says—"Therefore, if he took two soup platefuls of blood from this patient, he must have taken close upon thirty ounces. That was a decided malpractice under the circumstances." At page 79 F, Dr Paterson also condemns the bleeding of Mrs Mair by the pursuer.

At page 41 F, G, H, Sir James Y. Simpson says that Dr Thatcher and Dr Hamilton used to bleed women in labour. Sir James does not, however, assert that they bled women when in a state of exhaustion; and no one requires to be told that to bleed a patient when in a state of exhaustion would be gross malpractice.

Sir James Y. Simpson also, at page 41 F, states that if Mrs Mair had been then in Edinburgh she might have been bled. Sir James here must mean to say that Mrs Mair might have been bled in Edinburgh during an early stage of her labour, when quite strong, for the purpose of relaxing the parts; or Sir James might have meant to say that Mrs Mair might have been bled in Edinburgh, because, doubtless, there may be as unskilful practice adopted in Edinburgh as there is adopted even on the shores of the Moray Firth. It cannot possibly be imagined that Sir James Y. Simpson, or any other man in his sane and sober senses, would allow a woman to be bled in any stage of labour if in a state of exhaustion, unless wilfully to run the chance of being found guilty of manslaughter!

The use of a cord is condemned by Dr Bell at page 73 F: "I think it was malpractice . . . to tie an arm and a leg of the child, and then to drag at the cord to deliver the child."

Dr Paterson, at page 79 F, also condemns the use of a cord: "The second fact is the application of a piece of cord round the leg and arm of the child for the purpose of effecting delivery. I am satisfied Sir James would have said that that was improper conduct."

Mrs Ann Bruce or Wood, one of the witnesses of the defender, says, at page 64 A, "It was when the woman was in pains that the forceps was introduced. I have no doubt of that."

At page 65 H, the same witness says, "When Dr Sharp used the forceps the bedclothes were thrown off."

From the following statements of the pursuer's own witnesses with regard to the introduction of the forceps by the pursuer during a labour pain, it would appear that it has been his usual mode of procedure.

At page 48 D, Mrs Margaret Gardiner or Hay, in speaking of the case of Mrs F., says, "He introduced the forceps during a labour pain."

At page 49 C, in speaking of the case of Mrs M., the same witness says, "The forceps were introduced during a labour pain."

At page 49 E, the same witness says, in speaking of Mrs T.'s case, "The pursuer introduced the forceps during a labour pain."

Mrs Mary Smith or Davidson, another of the pursuer's witnesses, at page 50 G, in speaking of the case of A. L.'s daughter, says, "It was during a labour pain the forceps was used." At page 51 B, the same witness says, in speaking of the case of I. M., "He introduced the forceps during a pain. . . . The fixing of the forceps took place during a labour pain."

Mrs Margaret Mair or Reid, another of the pursuer's witnesses, at page 54 B, in speaking of the case of Mrs M'Donald, says, "I think it was during a labour pain that the pursuer introduced the forceps."

Dr Bell, at page 72 B, C, says, "I think it was a great want of skill and disregard of all precedent in introducing the blades of the forceps during a labour pain." Regarding the cases condended on in the counter-issue, Dr Bell, at page 74 C, says, "It is my decided opinion that the cases of Mrs Longmore, Mrs Helen Spence or Geddes, and Mrs Mair, were all treated unskilfully by Dr Sharp."

Dr Paterson, at page 78 H, says, "With regard to the management of that unfortunate case of Mrs Mair, I dare scarcely trust myself to advert to it. I have no hesitation in saying that a grosser case of mismanagement never came to my knowledge." 79 A, B, "I am of opinion that if Sir James had not been put into the witness box until he had heard the evidence which has been disclosed to-day, his judgment would have been a very different one indeed."

Dr Christie, at page 80 G, says, "If words of mine could add any intensity to the feeling expressed by the other gentlemen, with regard to the nature of the malpractice, I most assuredly would use them."

From the above analysis it is reasonable to infer that the pursuer—if the patient was in reality in the state he himself describes on his arrival—ought to have at once performed craniotomy for the purpose of saving the mother, and not to have persisted for several hours in his mischievous and death-dealing attempts to extract the child with the forceps; that the pursuer ought not to have ventured upon such an operation without the proper instruments. It cannot be brought forward as an excuse for his using a shoemaker's pincers in lieu of a craniotomy forceps that emergency demanded such a procedure, because it was after his boy fetched from Cullen his craniotomy instruments (his "dead irons") that the pursuer had recourse to the shoemaker's tool. The pursuer seems to have been practising midwifery since 1832; no craniotomy forceps was in his case, and the pincers was used; the pincers, according to the evidence of the defender's professional witnesses, ought under no circumstance whatsoever to have been used; that it could not have been employed as a craniotomy forceps by the pursuer when the head remained above the contracted brim, as he himself states, without being attended with violence of the extremest description and of the most dangerous character to the mother. Sir James Y. Simpson does not appear to have properly examined the pincers, because neither Sir James nor any other man (as Dr Bell at page 74 E, F, says) who understands the proper practice of midwifery would recommend such an instrument to be introduced into the private parts of a woman. Sir James, in fact, does not seem to have realised the actual features of the case; or, hardened in the school of "meddlesome midwifery," to which it is well known he belongs, he thinks no more of the living and tender structures of the female pelvis, than of the perforated iron plates through which, some years ago, he dragged a dead foetus—building, on the success of his experiment, doctrines in regard to delivery, by turning in contracted pelvis, of the most dangerous kind. Looking to the whole evidence in this case, can Sir James reconcile his opinions with anything in the received doctrines of midwifery in the present day? Is there anything more brutal in the history of midwifery malpractice, than the tale brought out in the evidence for the defender—evidence not shaken in a single point—and can Sir James stand openly before the bar of professional opinion in defence of such practice, and claim, at the same time, for the pursuer credit for knowledge, skill, and conscientious care of his patient? He dare not! The avowal,

by Sir James, of a tolerance for such practice—his appearance in the witness-box to support it—is a libel on the profession to which he belongs, and most discreditable to the school of which he is a distinguished ornament. If the practice he approved in the witness-box be such as can be, in any sense, founded on his teaching, midwifery—so long taught with pre-eminent success in Edinburgh by his predecessors—is far on the downward road to ruin in Modern Athens, unless rescued by some better and abler expounder of its doctrines. The professional witnesses of the defender give no credence to the statements of the pursuer regarding the time he performed craniotomy, but believe the evidence of the defender's witnesses who were present at the confinement of Mrs Mair, namely, that he, the pursuer, perforated the head with the poker when it was low down resting on the perineum, before, and not after turning, and that the pincers was then used. By the evidence it is shown that the pursuer ought not to have bled Mrs Mair with the lancet to the extent of twenty or thirty ounces of blood when she was in a state of exhaustion. It is also to be inferred that no cord ought to have been used by the pursuer for the purpose of dragging away the infant from the mother. The evidence of Sir James Y. Simpson appears to have been given upon a purely hypothetical case, and must be regarded as altogether beside the present case, and totally invalid. But even then his evidence is not consistent with the best practice of the day, and exhibits a looseness and unformed state of opinion one does not expect to meet with in a man of Sir James Y. Simpson's pretensions in his special department of medicine. The evidence of the defender's professional witnesses, Drs Bell, Paterson, and Christie, who heard the proof both of the pursuer and of the defender, cannot possibly be gainsaid.

The above, gentlemen, is what I consider to be a fair and unprejudiced analysis of the evidence led in the case of "*Sharp v. Wilson*." A Reclaiming Note was lodged by me. The case, when carried into the Inner House, assumes the form of "*Wilson v. Sharp*." The evidence is re-debated by the counsel both of the pursuer and of the defender. The following Interlocutor, after hearing debate on both sides, was formally pronounced by the learned judges. It is for you, gentlemen, to study and to weigh well the chief points of practice and of logic contained in the undernoted Interlocutor, and to form your judgment accordingly.

RECLAIMING NOTE.

WILSON v SHARP.

FIRST DIVISION, MONDAY, *March 30, 1868.*

LORD ARDMILLAN—This is an action of damages for slander, contained in a letter addressed by the defender, a surgeon practising in Cullen, to Dr Greig, Portsoy. The letter set forth in this issue I need not read to your lordships. It is not disputed that this letter is of and concerning the pursuer, who is also a surgeon in Cullen; and it is clear that it does represent him as incompetent and unskilful in an important department of his profession—that of midwifery. There is no doubt that the letter is slanderous—that the charges have that effect; and further, the letter was gratuitous and uncalled for, not written in answer to questions, but a volunteered expression of opinion with regard to the capacity and conduct of the pursuer, calculated, and from its terms intended, to injure the pursuer's practice as a medical man in the department I have referred to. I must say, however, that I regret that Dr Greig, who received this letter in February, 1864, should, after keeping it for eight months, have communicated it to the pursuer. He had far better have put it in the fire. To meet the action of damages, the defender has taken the position of justifying the letter by proving malpractice or unskilfulness in four cases enumerated in the counter-issue. The defender must prove this issue in justification in order to succeed; and the burden of proof is peculiarly heavy, when the slander is, on the one hand, uncalled for, and, on the other hand, directly injurious to the professional character and to the patrimonial interests of the person slandered. The Lord Ordinary has found that the defender has failed to prove the specific allegations of unskilfulness put in the issue, and has decerned for £50 of damages. I have very carefully studied the whole case, and considered the ample argument from the bar. With regard to one of the cases specified, namely, the case of Mrs Geddes, a case where the mother recovered, and the child was safely brought into the world, that was a case which occurred in 1841, long before the defender commenced practice in Cullen, so that when he wrote the letter, he could have no personal knowledge of the facts; and I agree with the Lord Ordinary that it is out of the question to hold that charge of malpractice proved. In the case of Mrs John Wilson, where also both the mother and child survived, I think the defender has failed to prove his justification. The case of Mrs Longmore, in 1863, terminated fatally both for mother and child. The pursuer says—and it is so stated in the certificate of registration—that death was caused by rupture of the uterus. It is now said that that was an ignorant and inaccurate opinion; and that in any view Mrs Longmore's death was caused by the unskilfulness of the pursuer. There is some conflict, in this case of Mrs Longmore, between the testimony of the pursuer and that of Dr Carmichael, with regard to the existence of the rupture of the uterus. It would be very difficult, on the evidence before us, to come to a conclusion on that point; but Dr Carmichael uses an expression which may be said to be consistent to some extent with the pursuer's statement, and with the opinion of Sir James Y. Simpson, in which Dr Keiller and Dr Thatcher concur. I allude to what Dr Carmichael says at page 58 of the proof, where he speaks of the possibility of the inner coat of the uterus having been ruptured; and Professor Sir James Simpson, in speaking of the same subject, says, at page 39, that it is his impression—of course, he did not see the person—"that the uterus was partially ruptured through all its coats, perhaps, except the last, which lines the womb externally, and that in the act of turning the child got through." That opinion of Sir James Y. Simpson does derive some confirmation from the expression, to which I have adverted, used by Dr Carmichael; and Dr Keiller and Dr Thatcher concur in Sir James Simpson's opinion. Certainly the case is not satisfactorily explained, but I cannot see that unskilfulness is clearly proved; and therefore I cannot differ from the Lord Ordinary on that case. There remains the case of Mrs Mair—a very serious case, indeed, and one very difficult to decide. It occurred in 1856, the year in which

the defender commenced practice in Cullen; and it is not surprising that the testimony of some of the witnesses should, after the lapse of ten years, be inaccurate. On one point the evidence is directly contrary, and that with regard to a matter on which it is difficult to suppose a mistake. The pursuer says he did not bleed this woman. I think it proved that he did bleed her, and to a very considerable extent. Four witnesses—Mrs Wood, Mrs Slater, old Mrs Mair, and Mrs John Mair—concur in speaking distinctly and decidedly to this fact, and to the circumstances attending it. I observe that the Lord Ordinary is of opinion that the fact of bleeding is established, notwithstanding the pursuer's denial; and in this I think he is right. Looking to the evidence of Sir James Y. Simpson—certainly the highest authority on the subject—I cannot hold that bleeding in the course of the first labour is necessarily malpractice, though it is not the most approved practice at the present day; but the case occurred ten years ago, and it was once a practice recognised and approved of by the faculty. Nor can I venture to say, in the face of Sir James Simpson's testimony, that the facts proved here, with regard to the woman's state, are such as to make the bleeding of her, in the position in which she was, clearly an improper or unskilful act. If, indeed, I might venture to express an opinion, I should say that, according to my humble judgment, the propriety of bleeding Mrs Mair in the state of exhaustion in which she was, and after the survivance of the child had been abandoned as hopeless, and after the head of the child had been perforated, is, on the medical evidence before me, very questionable. Still, in the conflict of medical testimony, there is a doubt on the point; and, in a case of slander, in an uncalled-for letter, the benefit of the doubt must be given to the person who has been slandered. The defender must prove his justification; and, if he has left a doubt, that is a defect in his proof. On the other points of accusation with regard to this case of Mrs Mair—such as the employment of unnecessary force, the use of unsuitable instruments, and the introduction of forceps at an improper time, I have only to observe that, while I cannot say that the case is satisfactorily explained, I am unable to find sufficient grounds for differing from the Lord Ordinary. The defender has referred to part of the evidence taken for the pursuer on commission in support of the allegation of the improper use of the forceps. It has been suggested that the evidence taken on commission in Banffshire is incompetent, and I incline to think that evidence of the treatment by the pursuer of particular patients not alluded to in the issue, nor mentioned in the record, was not competent; but, even though it were, I am not satisfied that it can receive the effect for which the defender contends, as corroborating the evidence with regard to the time and manner of the use of these forceps in the particular case of Mrs Mair. It rather appears to me that there has been some misapprehension on this matter. On the whole, I have arrived, not without difficulty, at the same conclusion as the Lord Ordinary, chiefly because of the ultroneous and uncalled-for character of this letter, and of the great burden of proof which necessarily vested on the writer. I must express my regret—first, that the letter was written; then, that it was not destroyed by the receiver; then, that this action, giving greater publicity to it, was brought; and lastly, because of the plea of justification that has been taken.

LORD CURRIEHILL—That is my opinion also.

LORD PRESIDENT—That is my opinion also.

LORD DEAS—I concur in the results stated by Lord Ardmillan.

Interlocutor of Lord Ordinary adhered to, with expenses.

Such, gentlemen, is the Interlocutor pronounced by the Judges of the First Division of the Inner House of the Court of Session, and which, in my humble opinion, is far from casting a halo of glory around our Scottish Bench. One would naturally suppose that men who have risen to the office of judge would show, at least, something like common sense; but in the above, it cannot be said to appear. Lord Ardmillan

shows something like tact, perhaps, in snatching at any little bit of evidence in favour of the pursuer, and carefully avoiding the damning points. In the case, for instance, of Mrs Longmore, where he makes a feeble attempt to show, by the evidence of Sir James Y. Simpson, that death was caused from rupture of the uterus, his logic and arguments are alike lame and beside the case. His Lordship here shows an amount of ignorance regarding a subject on which he has presumed to sit on judgment quite appalling. Had the learned judges frankly owned that the whole subject was totally incomprehensible to them, and handed it over for decision to twelve men of ordinary rational intelligence, I would have been satisfied.

In the case of Mrs Geddes, where the pursuer failed to deliver her after eight attempts with the forceps, and when Dr Carmichael delivered her safely at the first attempt, his Lordship can see no unskilful treatment. Suppose his Lordship to be suffering from a raging tooth, and a bungling operator make eight attempts to relieve him of the offender, and fail, and another operator free him from torment at the first trial, would his Lordship excuse the first operator, and say no unskilfulness can be laid to his charge, if the first operator were to say, "My failure to relieve Lord Ardmillan of his diseased tooth was entirely due to the want of a forceps of sufficient strength?" I think his Lordship would be apt to say, "Why do you presume to practise dentistry with insufficient and useless instruments, and so subject me to unnecessary torment? You ought to be punished."

I would willingly put the following question to their learned Lordships:—

Had it not been for the timely interference of Dr Carmichael, and if Dr Carmichael had not objected to the operation suggested by the pursuer, do their Lordships think it very probable that Jane Geddes would have appeared in the High Court of Justiciary, and exhibited her head to the medical men, on the 17th of May, 1867? Or, in other words: Had not Dr Carmichael interfered, would Jane Geddes ever have been born alive? Their Lordships, I think, would have done well to have considered more thoroughly the case of Mrs Geddes before expressing their opinion in the manner they did concerning it. One of my professional witnesses considers it unskilful practice to shake a woman when in labour. I do not myself believe that swearing at a woman and at the bystanders would by any means improve the operation of shaking. Their Lordships, however, think it out of the question to hold such

treatment to be malpractice. If a learned judge, however, were subjected to such treatment, it is my humble belief he would alter his opinion, and immediately issue his dictum that the medical man ought to be well shaken in return. Had the pursuer, in fact, shown as much levity towards the Judge, when before him, as he did in regard to the cases of the unfortunate women—the occasion of this action—when giving his evidence, there cannot be a doubt but he would have, at least, threatened to lock him up for contempt of Court. A Judge, however, is sacred; my purse is not! Regarding the case of Mrs Geddes, I have this much personal knowledge of it, that I have, “many a time and oft,” put the points of two of my fingers into a mysterious indentation on the occipital bone of the head of her daughter Jane, whom the pursuer tried and failed eight times to bring into the world with the short forceps. Lord Ardmillan is of opinion that bleeding in the case of Mrs Mair, when in a state of exhaustion, is “very questionable practice.” It is my humble opinion there can be no question whatever about such practice. Had the following question been put by an impudent and bullying counsel to Sir James, what answer would have been returned by Sir James?—Would it be skilful or unskilful practice to take twenty or thirty ounces of blood from the arm of a woman in labour when in a state of exhaustion?

My counsel would have never insulted Sir James Y. Simpson by putting any such question; and Lord Ardmillan has grossly misrepresented this matter, professing, as he did, to see justice administered between man and man. In the case of Catherine Mair, with regard to the employment of unnecessary force, the use of unsuitable instruments, and the introduction of the forceps at the improper time, Lord Ardmillan agrees with Lord Ordinary Kinloch. This mode of disposing of evidence given by people in their sober senses, with the full enjoyment of the faculty of seeing and hearing, is certainly the most novel and convenient ever known in ancient or in modern times.

The pursuer thinks he arrived to attend Mrs Mair at twelve o'clock. The sun would have at that hour of the day been shining. My witnesses swear it was in the dawn of the morning: the lights were not out. Had there been anything of importance connected with the time of the pursuer's arrival, I have no doubt the Judges would have attributed the statement made by my witnesses as to whether the sun or the moon may have been shining to a mere misapprehension on their part, and to the excited state of their feelings. Or had the pursuer flatly

denied that he had ever attended Mrs Mair at all, or that he had ever heard of her case, the evidence of my witnesses would have been accounted for in the same manner. Had I myself been in the pursuer's position, and had I made up my mind to deny the bleeding, to have made a clean breast of the whole matter, I would have made the short, but simple statement, that I never either saw or heard of such a woman as Catherine Mair!

Regarding the case of Mrs Wilson, nothing is proved. The pursuer delivered her with the forceps; the perineum was ruptured; the pursuer asked her to keep the nature of the injury received a dead secret, and every one is left to form his own conclusions!

You will observe, gentlemen, that no attempt has been made to prove that the pursuer had been injured in his professional capacity by the letter I sent regarding my opinion of the pursuer as a practitioner in midwifery to Dr Greig. It was always my opinion that it was necessary for one to prove that he had actually sustained some loss, either directly or indirectly, before damages could be awarded him. The letter was a strictly private and privileged letter from one medical man to another medical man, about a purely professional matter, and cannot be reckoned actionable. The letter could never have damaged the pursuer, because it is not shown that a single individual—the deceased Dr Whyte excepted—ever saw the letter which Dr Greig kept in his possession for eight months. You will observe the pursuer was in the habit of showing my letter to all his friends, and even read it at the bedside of a patient immediately after he had succeeded in delivering her with the forceps. What the pursuer could have meant by such a procedure, it is difficult to imagine. Let us take a short and final review of the four cases named in the counter issue.

In the case of Mrs Longmore, the pursuer was the attendant. He attempted to deliver by the forceps, but failed. Dr Carmichael arrived when the woman was "in articulo mortis." Dr Carmichael did nothing. Mrs Longmore died undelivered.

In the case of Mrs Geddes, the pursuer was the attendant; he attempted to deliver by the forceps, but failed; he proposed to destroy the infant. Dr Carmichael interfered, delivered by the first attempt with the forceps. Both mother and child are alive and well.

In the case of Mrs Mair, the pursuer was the attendant; he attempted to deliver by the forceps, but failed. Neither Dr

Carmichael or any other medical man, save the pursuer, was in attendance. The pursuer was allowed to do as he pleased. Mrs Mair never rose off her bed after delivery, and she and her mutilated infant sleep in the old churchyard of Cullen.

In the case of Mrs Wilson, the pursuer was the attendant; he succeeded in delivering with the forceps. The perineum was ruptured, and she was treated in Edinburgh for the rupture, being duly cautioned by the pursuer to keep the nature of the injury she had received a profound secret from her relatives in Cullen.

To the general non-professional, as well as to the professional reader, it may not be out of place to review, in a few words, the finding of the Lords of Session. Without laying my opinion open to the charge of personal pique or private disappointment, I venture on the following brief critique of their Lordships' finding, in a style which cannot fail of being understood by all who take the trouble of reading the evidence. Their Lordships seem to have been of opinion that, in a case where the evidence was conflicting, the judgment should be in favour of the party who could bring forward witnesses best known in the scientific world. The evidence of Sir James Y. Simpson would no doubt weigh in their estimation against half-a-dozen others, although they might be men whose reputation extended far beyond the circle of their immediate practice. Dr Christie, of Aberdeen, Dr Paterson, of Glasgow, and Dr Bell of Edinburgh, possess a reputation beyond the towns in which they reside, yet their evidence is entirely set aside by the Lords of Session the same as although it had never been given; and the pursuer receives all the benefit that belongs to doubt, in a way which it is impossible to account for by the ordinary rules of judicial procedure. The pursuer, if he failed in proving that he was a skilful practitioner, one would have thought he would have failed in establishing a claim for damages; but the collective wisdom of the Supreme Court has decided otherwise. Dr Sharp, whose midwifery practice is at least doubtful, is pronounced by the Lords of Session to be above criticism. His practice may still deserve the condemnation of men eminent in the profession, but still he has the powerful protection of law. Human life is of no account when weighed in the balance against the reputation of a M.R.C.S.E. The pursuer, notwithstanding the solemn responsibilities attached to his profession, must not be injured, even although human life hangs in the balance. Burke, in his celebrated speech on

the impeachment of Warren Hastings, said "that death met infancy in the gates of life and strangled it!" If this was true in the case of a ruler of a mighty empire—and who will say it was not?—what will be said of those professed disciples of science who lay themselves open to the accusation of the great orator? It may be said—I trust that it is the case—that the Judges of the Supreme Court, in disposing of this case, failed in discerning its import, from their ignorance of a department of science not much studied by those engaged in the administration of the law. Midwifery, as a science and an art, may be a sealed book to the expounders of the law; and, dazzled by the reputation of one or two great names, the Judges disposed of the case *Sharp v. Wilson* in a manner which they thought would give least offence to the profession. In cases where the evidence is purely scientific or technical, it cannot be expected that the Judges should display the same acumen that they do in cases which do not require exceptional knowledge; but I cannot help regretting that an important branch of the medical profession should have suffered from this cause. In the interests of the profession, no less than of humanity, I must protest against the judgment of the Lords of Session, even at the risk of being considered presumptive. The defender was surely as much entitled to the benefit of the doubt in the judicial mind as the pursuer, more especially when it is recollected that the pursuer, by the judgment, is not cleared of the imputation that was thrown on his professional character. The decision reminds one of the verdict given by a jury, where there was strong presumptive evidence against the prisoner at the bar, although there was not sufficient legal evidence to convict him—"My Lord, we find the prisoner guilty, but the case not proven," was the finding of this sapient jury, and the decision in the case, *Sharp v. Wilson*, must strike every reader of the evidence as bearing a strong resemblance to the verdict noticed above. The pursuer has good reason to congratulate himself on a decision which saves his purse, and leaves his reputation to a discerning public; but it is hard on the defender, who has had to fight a costly battle in the interest of science, with no other reward except the approval of a good conscience.

The decision will have one effect, that, along with every other member of the profession, I cannot but regret. Henceforth practitioners will be more wary in expressing their opinions of the practice of any one they may think to be

wrong. To be martyrs in the interests of science may be all very good, but medical men are subject to the laws of our common humanity, and therefore they cannot afford to throw away their means in exposing the pretensions of the ignorant or the bungling in the profession. I bow to the decision as every good citizen is bound to do—to the voice of recognised authority, but that does not prevent one from feeling the loss and disappointment which the decision involves. The non-professional, as well as the professional reader, will be able, after reading the evidence, to form his own opinion as to the matter at issue, and I leave it to you and to an enlightened public opinion to judge between my opponent and myself. From the highest judicial authority I turn to free public opinion, before whose breath the prestige of a great reputation and the august decisions of our Courts of law are but as the thistle-down wafted across the autumn fields by the breezes that sweep from the mountain side. In appealing to public opinion, I appeal to a higher tribunal than the Roman citizen of old, when he appealed from the subordinate Courts of a governor or tributary king to imperial Cæsar, and with this advantage, that the decision of public opinion is likely to be more impartial than that of any who ever wore the imperial purple.

Gentlemen, I have appealed to you as practitioners and students of midwifery for your decision in the case of "Sharp v. Wilson." Do you consider that I have brought sufficient proof to show that I was justified in having written the letter on which this action has been raised against me? or, in other words, have I proved that the pursuer has been guilty of malpractice as a practitioner of midwifery?

Wishing those of you who have not yet commenced the actual practice of midwifery much success in your future career, hoping that those of you who are now busily engaged in practice, may enjoy many days to pursue your laborious avocations, and that the practice of no one of the profession may, in future, be of such a kind as to be capable of being doubted or called into question,

I have the honour to be,

Gentlemen,

Your mo. obdt. Servt.,

JAMES WILSON.

CULLEN, N.B., 6th November, 1868.

P.S.—The following correspondence, if it will not convey instruction, may, at least, afford amusement. J. W.

SCOTSMAN, *April 1, 1868.*SHARP *v.* WILSON.

This was an action of damages by one medical gentleman in Cullen, Banffshire, against another, for charging him in a letter to a Dr Greig, with unskilfulness in obstetrical practice. The defender pleaded justification. A proof was led before the Lord Ordinary (Kinloch), much of which was directed to prove that the pursuer was in fact unskilful, and had been guilty of bad practice in several cases condescended on. The Lord Ordinary found for the pursuer with £50 damages. The defender reclaimed; but the Court adhered, holding that the defender had not discharged the onus which lay on him to prove the truth of his charge. There was a doubt upon the medical evidence, and the pursuer was entitled to the benefit of it.

Counsel for the Pursuer—Mr Fraser and Mr Scott. *Agent*—Mr Walls, S.S.C.

Counsel for the Defender—Mr Clark and Mr Paterson. *Agents*—Messrs H. & A. Inglis, W.S.

GLASGOW SENTINEL, *April 11, 1868.*

HOW DOCTORS DIFFER.

The saying that "doctors differ" has passed into a proverb, and the difference between the opinions of medical men is often so great as almost to destroy all faith in the healing art. Unprofessional critics are inclined to be severe on the differences of medical men, and frequently there are good reasons for pungent criticism, especially when the differences take the form of personalities, which they sometimes do. The happy or unhappy differences which occur between medical men, we do not remember to have seen better illustrated than in the case of Sharp *v.* Wilson, two country practitioners residing on the shores of the Moray Frith, in a small town called Cullen. Personally we know nothing of either gentlemen, but a short time since we had a pamphlet put into our hands with a report of the evidence taken in the case, which, we may state, was decided last week, in the First Division of the Court of Session. Dr Sharp and Dr Wilson, it would appear, have the charge of the health of the inhabitants of Cullen and surrounding district, and owing to some cause or other there is a good deal of jealousy and rivalry. Dr Wilson, two years ago, wrote a letter to another practitioner in a neighbouring town in which he charged Dr Sharp with unskilful practice. As the letter was a friendly and confidential one, he probably thought he would hear no more of the matter; but the report reached the ears of Dr Sharp, who seems to have got possession of the letter, and on the strength of it raised an action against Dr Wilson in the Court of Session, and that gentleman pled justification, and called a host of witnesses in support of the charge he had made. The defender's witnesses were all agreed that the case referred to in the letter forming the basis of the action was bad, and some of the witnesses who are eminent in their profession characterised it in the extreme. The pursuer, on the other hand, called a number of witnesses to prove that he had treated the case in a proper manner; and some witnesses, among others, Sir James Y. Simpson, of Edinburgh, testified that he could see nothing wrong in the practice. For the information of our readers, we may here state that the case in dispute was a midwifery one, and as most of the evidence is of a technical character, we are unable to give any opinion as to its merits. One thing we are certain of—both sides cannot be right, and there is a possibility that both may be wrong; indeed, the impression on an unprofessional reader is that midwifery, as explained by the first authorities in Scotland, is in a very unsatisfactory state, when opinions so diverse are held by its different professors. When the case came before the Lord Ordinary last spring, he must no doubt have been considerably puzzled by the conflicting nature of the evidence; but after deliberation he decided in favour of the pursuer, awarding fifty

pounds of damages. Against this judgment the defender appealed, but the Judges of the First Division have affirmed the judgment, on the ground that the pursuer was entitled to the doubt raised by evidence. In other words, the pursuer has succeeded in obtaining a verdict of not proven, for that is what the judgment amounts to. The Judges of the Supreme Court do not say that he was right in his practice, but as the medical evidence was so conflicting they gave him the benefit of the doubt, which we are afraid will not be very satisfactory to either party; at least, if we were the pursuer, we would not thank the judges for a decision which left our medical reputation in doubt. Instead of rushing into litigation to vindicate his character, the pursuer in this case would have acted more prudently had he endeavoured to wipe out the imputation by skilful practice. A legal whitewashing is never very satisfactory, but it is eminently so when it is mixed up with doubts. The case is one, however, that has a deeper interest than the local reputation of a country practitioner, inasmuch as it raises the question whether a large part of medical science is not founded on hypothesis instead of logical induction. To the unprofessional mind, that branch of medical science known as midwifery, seems to be one that difference of opinion should be so minute as would scarcely give rise to dispute, yet we have here men eminent in the profession enunciating quite opposite opinions. After reading the evidence, one of course forms an opinion of his own as to the real merits of the case, but when the great legal luminaries of Edinburgh hesitate to give an opinion, it would be presumption on the part of a layman to venture on one. Dr Wilson, we suspect, will be more discreet in the future, whatever his opinions may be; and, as for his antagonist, we would opine that he will be a little less thin skinned, as the judgment he has got is not one calculated to flatter his professional vanity, and the fifty pounds of damages is but a poor equivalent for all the trouble and annoyance he has been put to, while at the same time his reputation as a surgeon is placed by the decision on such a footing that every one is left to form his own conclusions. Had the case decided anything, the money would not have been thrown away, but after all the trouble and expense nothing is decided, and the parties in the action leave off where they commenced, only, we should suppose, their purses are considerably lighter, if no new light has been thrown on science.

GLASGOW SENTINEL, *April 25, 1868.*

CASE OF SHARP *v.* WILSON.

To the Editor of the Glasgow Sentinel.

SIR,—I observed a very excellent leader in the *Sentinel* of 11th April, relative to the case of Sharp *v.* Wilson, lately decided by the Lords of the Inner House of the Court of Session. Would you kindly allow me a small space in your journal for the purpose of expressing my opinion regarding this extraordinary case, in which I am the defender? According to the decision given by the Lords of the Supreme Court, it appears that it is not legally requisite that a practitioner should be possessed of proper instruments wherewith to perform the most serious operations in midwifery practice, but that when it is necessary to have recourse to instrumental aid he is quite justified in sending to the nearest mechanic's shop, and possessing himself of any tool on which he can lay his hands. By this decision it is shown that, although a medical man is satisfied in his own mind that certain individuals, one after another, have been unfairly, unprofessionally, and most unskilfully treated by their medical attendant, he is compelled to stand quietly by, and is not justified in expressing one single word regarding his opinions in a private and confidential note to another professional brother. If he is bold enough to state that he believes a person has not had a fair chance for her life—although he can prove that the sick-room was converted by her medical attendant into a Pandemonium—that appliances and instruments and means were used unheard of in the annals of medicine or surgery in any Christian country—although he can prove all this, and although he sees woman after woman sink into the grave, he is not at liberty to say one single word to

another professional friend regarding the extraordinary treatment received by them, if an opinion is expressed, he is liable to be sued for damages in a court of justice, (?) because, forsooth, his opinion was never asked. The defender in the present case was allowed to plead justification for calling the pursuer's professional reputation into doubt. Medical men, who heard only the pursuer's own version of the case in Court, said they could see nothing wrong in the practice of the pursuer; medical men who heard the version both of the pursuer and of the defender condemned in the strongest terms the treatment followed by the pursuer in several cases. Thus, then, the medical men, in the eyes of the judges, seemed to differ in their opinions; the judges, being unable to comprehend those abstruse subjects connected with the practice of obstetrics, and with logical induction approaching to the meaningless comments of imbeciles, said, as there was a doubt on the subject, and as there was a difference of opinion in the medical evidence, they must give the pursuer, the accused party, the benefit of the doubt hanging on the propriety of the line of practice adopted by him in the treatment of certain patients, and give him a verdict of not proven. The defender doubted the skilfulness of the pursuer's practice in a private note before going into Court; and the Judges of the Supreme Court have publicly affirmed his decided opinion by also doubting it—a decision the pursuer could have obtained nearer home, at much less expense, and by parties far better qualified to judge than even the Lords of the Inner House. The pursuer went into Court for the purpose of vindicating his professional reputation—for the purpose of wiping off that foul stain of slander which had been thrown upon it by the opinion I expressed regarding it to Dr Greig, and it is for you and the public to judge whether or not his professional reputation, or his vanity as a skilful operator, has been improved or gratified by a long, wavering, and ruinously expensive litigation.

I, the defender, am of opinion I have made out my point at an immense sacrifice, but with a clear conscience, in bringing startling revelations in connection with the practice of our profession before the faculty, which must arouse some from the drowsy lethargy of ignorance to a sense of their highly responsible office; and I sincerely hope that the case of *Sharp v. Wilson* will be known and discussed in every quarter of the civilised globe, showing how "doctors differ," and that much good from their differences may yet accrue to the never-ceasing requirements of suffering humanity.

I am, Sir, yours, &c.,

JAMES WILSON, Surgeon, *Defender*.

Cullen, 20th April, 1868.

GLASGOW SENTINEL, *May 9, 1868.*

To the Editor of the Glasgow Sentinel.

SIR,—I have seen your excellent remarks under the head of "How Doctors Differ," and also a well-expressed letter on the same subject by Dr Wilson, and, in consequence, I have been induced to read again part of the evidence and of the decision in the case of *Sharp v. Wilson*, and it appears to me that it would have been more correct to have referred to that unfortunate case as a remarkable instance of the uncertainty of the law than as a specimen of how doctors differ. In that case the doctors were placed very much in the same circumstances as the knights in the fable of the gold and silver shield. Those who were examined on behalf of the pursuer saw only the silver side, while those for the defence saw both sides, and each gave their opinion according to their light. It is scarcely possible to imagine that any one who knows his profession could approve of the practice which was sworn to on that trial; and certainly not one of those who gave their opinion in favour of the pursuer, before they heard the evidence for the defence, would adopt the practice, under any circumstance, which was so justly condemned by the opposite party. The peculiarity of this case, therefore, was not so much the difference of opinion among the doctors, as the remarkable disregard, which is shown in the decisions, to justice and evidence. The witnesses brought forward on both sides

were much upon a par in point of position; yet those for the prosecution were believed, while those for the defence were considered unworthy of credit; although, in some of the most important parts of their evidence, they were fully borne out by the pursuer himself. The point in question was his unskilfulness in using instruments, and some of the witnesses swore he had failed to do so "eight times" in the same case, and he admitted that he had done so "many times." But the sage judge asserts "that this case cannot be set up as a case of malpractice." Suppose the learned judge, suffering from acute toothache, placed in the hands of a bungling dentist, who, after allowing his forceps to slip "eight times," or even "many times," left him unrelieved, and that another came and removed his tooth at the first attempt, to which would he give the palm of skill? The witnesses for the defence were either trustworthy or they were not; and this should have been decided before the doctors were allowed to give their opinion or their evidence. Had this been done much time might have been saved, and much unjust obloquy would have been prevented.

I am, Sir, yours, &c.,

30th April, 1868.

C. B.

To the Editor of the Glasgow Sentinel.

SIR,—A very extraordinary letter, at the same time characteristic of its writer, was only this day put into my hand, headed "How Doctors Differ: Case of Sharp v. Wilson," and addressed to the Editor of the *Glasgow Sentinel*, and recorded in your paper of the 25th ult., page 4, column 6, subscribed by James Wilson, surgeon, and dated Cullen, 20th April, 1868. The writer of that letter is notorious for his skill in writing letters which not only speak for themselves, but, at the same time, are unmistakable certificates of his own dear character as a man—a polite gentleman of real principle and Christian feeling. The enclosed copy of a letter* was written and subscribed by James Wilson, surgeon, Cullen, and personally handed to Mrs Simpson, midwife in Fenarchty. The original (now in my possession) was given to me in May last by Mrs Simpson; it had the honour of being duly presented in Court before the Lord Ordinary (Kinloch) in May last, and it was ruled that James Wilson, surgeon in Cullen, should not then and there be put in prison (as was the law) for contempt of Court, for daring to interfere with any witnesses—she (Mrs Simpson) having been previously examined by Commission (James Gordon, Esq., Sheriff-Substitute of Banffshire, Commissioner.) Hoping, for the sake of truth, you will oblige by giving these notes a place in your next impression,

I am, yours very truly,

HUGH SHARP, M.D., and M.R.C.S. of England, *Pursuer.*

Cullen, 4th May, 1868.

GLASGOW SENTINEL, *May 23, 1868.*

SHARP v. WILSON.

To the Editor of the Glasgow Sentinel.

SIR,—I have read with pleasure your remarks on this celebrated case, which has now become matter of public interest, and also the letters which have since appeared in your columns on the same subject. I shall be obliged by your giving a corner to the following remarks from a member of a different profession to that of the litigants, as I believe I express fairly the opinion of that profession in reference to this matter. The pursuer, in the letter which appeared in your columns last week, attributes to Dr Wilson a notoriety for skill in letter-writing. That certainly is a qualification that cannot be retorted upon him, for certainly a more ludicrous or

* The document referred to is one that has no bearing on the merits of the case, and we must decline being the medium of gross personalities, which can serve no good purpose.—ED. G. S.

pitiable lucubration never graced the columns of a newspaper than that which, in your last issue, purported to be subscribed by "Hugh Sharp, M.D., and M.R.C.S. of England, Pursuer!" Whatever may have been the contents of the document you so properly excluded from your columns, there can be no doubt that Mr Sharp found it convenient to be oblivious of the fact that the evidence which he so pompously (if not very elegantly or grammatically) tells you was taken by "James Gordon, Esq., Sheriff-Substitute of Banffshire, Commissioner," was held to be incompetently taken, and that three-fourths of the expenses of this Commission were deducted from the expenses in which the defender was found liable. As to the case itself, I quite concur in the sensible remarks of your correspondent "C. B." It will no doubt be fresh in the recollection of many of your readers, that when Dr Paterson was examined on the trial of Dr Pritchard, and stated that from the observations he made when professionally attending Pritchard's mother-in-law, he was satisfied Mrs Pritchard was being systematically poisoned by the administration in small doses of a narcotic poison, he was very severely handled by the presiding judge, the Lord Justice-Clerk, now Lord Justice-General. It was in vain that Dr Paterson stated that it would have been contrary to professional etiquette for him to have interfered. Equally vain that he explained that had he done so, Dr Pritchard would at once have desisted from his nefarious practices and sued him for the slander. The Lord Justice-Clerk would away with professional etiquette and all considerations whatever, when the life of a fellow-creature was at stake. In this view he had, no doubt, many sympathisers. But how does he act when a case like what he desiderated actually occurs? Certainly not in accordance with his previously expressed dictum; for the same judge presides over the Court which has mulcted a very talented and amiable member of the medical profession in heavy damages and ruinous expenses for doing the very thing Dr Paterson was censured for not doing. As Horace has so sagely asserted—

They know the right, and they approve it too,
Condemn the wrong, and still the wrong pursue.

When Dr Paterson was so unjustly assailed, the profession and others gave him not only moral support, but a tangible mark of appreciation in the shape of a handsome testimonial. Is not the present a case that eminently deserves some acknowledgment? Dr Wilson, by his fearless and unflinching defence of the practice of obstetrics, is a grievous loser in a pecuniary sense; and I think the medical profession, and, I am sure, many of the legal, would willingly lend him a helping hand. Hoping that this suggestion will be acted on,

I am, &c.,

A SOLICITOR.

To the Editor of the Glasgow Sentinel.

SIR,—In your paper, a few weeks ago, you gave a leading article on this extraordinary case, and in a subsequent issue a letter from the defender, which, together with the pamphlet of evidence lately published, cannot fail making the harrowing incidents which transpired in the course of the trial, pretty notorious through the length and breadth of the land. But in no locality will the startling revelations cause the amount of horrible interest as that which pervades the inhabitants of Cullen and neighbourhood, where the pursuer ostensibly practises the healing (?) art. I would not take upon myself to trouble you with any remarks on this case, but being a native of the ancient and royal burgh of Cullen, and having, besides, the lives of myself and family often placed at the disposal of a medical attendant, and in a populous district where only two gentlemen of the faculty practise, and where "our own doctor," in cases of emergency, cannot always be had, are considerations which at this time prompt me to make the following remarks:—In the first place, I might ask—Are medical men privileged freely to express their ideas regarding the professional abilities of each other, the more especially when the life of a human being is depending, or in danger? Or, instead of writing his opinions regarding the pursuer's qualifications to Dr Greig, should Dr Wilson have written to the Procu-

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ERRATA.

- At Page 87, 3rd line from bottom, 5th word, for "Author" read *Auditor*.
At Page 95, 6th line from bottom, 7th word, for "principle" read *principal*.
At Page 104, 2nd column, 17th line from top, for "literal" read *lateral*.

