Mr Syme brought to the "scratch" : a letter to the managers of the Royal Infirmary on the case of Mrs Hughes, the said-to-be "unscratched" victim of her husband's violence / by a prober.

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MR SYME BROUGHT TO THE "SCRATCH."

A LETTER TO THE MANAGERS

OF THE

ROYAL INFIRMARY,

ON THE

CASE OF MRS HUGHES,

THE SAID-TO-BE "UNSCRATCHED" VICTIM OF HER HUSBAND'S VIOLENCE.

BY A PROBER.

"Tueri pertinascitur culpam, culpa altera est."

EDINBURGH: PRINTED FOR THE AUTHOR.
1862.

TO THE

MANAGERS OF THE ROYAL INFIRMARY.

EDINBURGH, *April* 1862.

GENTLEMEN,—

In the printed Statement which you published relative to the neglect alleged to have been received by the woman Hughes—for whose murder her husband was tried on the 10th February last—you commence your remarks as follows :—" In consequence of the evidence given by Drs Annandale and Watson in the High Court of Justiciary, and of the observations made on that evidence in the course of the trial by the presiding Judge, you considered it your duty to investigate the case." Your social position and personal character held out the highest guarantee which the public could wish or expect, that in the discharge of your administrative functions, you would " be just and fear not." But from all I hear, your Statement has not afforded that satisfaction which the importance of the case, and the interests of the invaluable Institution over which you preside, demanded. If your inquiry was minute and searching, there is too much reason for the complaint, that the results as made known to the public are, to say the least, meagre and incomplete. *Protection* ought to be abolished in every department, as unsafe and not for the public good—rigid scrutiny, and open and vigilant surveillance and exposure being the best

means to detect and prevent the neglect, and secure the performance of duty. However laudable your motives, and however delicate and difficult the investigation, the important interests involved in your Inquiry demanded that your Report should be full and unreserved; but a defect on your part has been to a great extent indicated by the protest taken by two of the Members of your Board—viz., Dr Alexander Wood and Mr William Cowan—on the ground that they consider that your minute "does not explain the facts on which the public are most likely to require information, viz.:—1st, The fracture of the ribs not having been detected; and 2d, The patient not having been visited by the principal Surgeon."

It is whispered out of doors, but of the truth of this I have no means of obtaining information, that you did at one time prepare a minute dealing with these two important particulars, and that a not unnatural desire to preserve peace in a charitable Institution induced you to alter that minute and suppress any reference to these, in consequence of Mr Syme having resorted to his usual threat of resignation. If this be true, I can, to a certain extent, sympathise with your manifest reluctance to publish a minute so emasculated; but the taunts on that point come with a bad grace from the operator, who might have allowed you time to recover from wounds which he had himself inflicted. In Mr Syme's last letter of March 20th he even takes credit, on the authority of Mr Hope, one of your body, for compelling you to publish at all. You are bound to explain on what authority Mr Hope made such a statement to Mr Syme, while Mr Syme is equally bound, in justice to Mr Hope, to explain whether the communication from that gentleman, which he alludes to in his letter, was of an official character, or of a private nature; and if the latter, to explain how he has so violated the confidence which should subsist between gentlemen. But Mr Syme is far too acute not to see that the public would demand information on these points, and yet, if the rumour I have referred to be correct, while preventing you from publishing what would probably have brought out the truth, he rushed himself into print with a statement, the particulars of which I shall now proceed to examine.

For reasons totally different from those contained in the Protest, Mr Syme drags you before the public by publishing on 12th March

last in the newspapers a letter strongly animadverting on the extract of the minute, which was sent by you to him "for (his) my private use." Not content with this breach of confidential communication, he again rushes on March 21st into the public press, and in his letter laments the painful position of "having to determine between protecting from the negative censure of their (? your) silence a gentleman of extraordinary excellence" (the House-Surgeon appointed on his recommendation, while the House-Physician who had charge of the case is left to his fate) "and giving offence" to you, the managing Board. A few days previous to this, so irresistably indignant was he at any alleged forbearance of acknowledgment of the infallible management of his Hospital department, he is found thundering *ex cathedra* in the Theatre of the Infirmary to his assembled students; and next morning, March 18th, his professorial tirade is forthwith transferred by him to the columns of the fourth estate of the "realm." Such an exhibition, outraging all the unities of time, place, and action, recalls the poet's characteristic description of the arrogant man, who—

> "Drest in a little brief authority;
> Most ignorant of what he's most assur'd,
> His glassy essence—like an angry ape,
> Plays such fantastic tricks before high heav'n,
> As make the angels weep."

But it is impossible to pass over without comment his unjustifiable charge of misapprehension on the part of the presiding judge, who, he broadly asserts, was "apparently more influenced by the representations of the counsel in the defence of the panel, than by the evidence adduced and sworn to at the trial." Never did judge preside over a trial with more impartiality than the Justice-Clerk did over that of Hughes—take a clearer legal view of all the bearings of the case—or sum up the evidence with a more enlightened spirit; and it is no exaggeration to say that his remark that "the reception which the deceased woman met with in the Infirmary was not satisfactory, and was not what in the circumstances it ought to have been," has evoked from the inhabitants in every rank throughout the city, with the exception of the unenviable demur of Mr Syme, a spontaneous outburst of heartfelt approval and confidence. Those who are curious in inquiring into the causes of professional predilections and antipathies, will find very interesting information on the subject in the printed Report of the

Trial in the action of Damages at the instance of Dr Glover in 1855 against James Syme, Professor of Clinical Surgery in the University of Edinburgh. Mr Syme was tried for the libel, was convicted, and found in damages by a Jury. The present Justice-Clerk was then Dean of Faculty and Counsel for Dr Glover, and in cross-questioning Mr Syme upon oath, asked him—"I understand you never entertained an opinion that the case (referring to a patient of Mr Syme's) would terminate fatally?" to which Mr Syme replied, "*I never did.*" The Dean continued his interrogatory, "I ask your opinion—Did the case, or did it not threaten to terminate fatally?" Mr Syme answered, "*I never thought so.*" The Dean then said, as you never entertained an opinion that the case would terminate fatally at any time, how do you reconcile the statement you made in your letter to the Lord Provost, viz., "if the case had terminated fatally, as it threatened to do," with the opinion now given by you upon oath? To this, all the Professor could say was, "that the case frightened his clerk, but it did not frighten him." It is said, Mr Syme has a very retentive and expiatory sense of remembrance for favours received, and in that sense his obligations to the party he is indebted to must have been indelibly impressed upon his memory from long suffering. It also appears that Mr Syme and his House Surgeon do not always coincide in opinion, and that even Mr Syme's own opinion on the same case admits of varied construction. Mr Syme is however never wrong, *nullius addictus jurare in verba magistri.* And here his self-importance, and the high value he sets on his Hospital services, are indicated with the usual threat in his public letter, extensively circulated, of "withdrawing from the Infirmary," and "tendering his resignation."

On the 19th of March, previous to his commencing his Clinical Lecture, Mr Syme, in order to enable his Students to contradict a calumny which he said had been circulated against the Infirmary, addressed the class, premising that he would "*state the facts of the case, taking care that nothing should be stated which does not admit of proof.*" I shall dismiss the story he speaks of as to the calumny, with the same sense of disbelief Mr Syme introduces it, viz., as being "a pure fabrication,"—an unsubstantial pageant, the baseless fabric of a vision—and proceed to the examination of the facts, which Mr Syme so publicly professes to deal with, placing

by way of contrast in parallel columns, the two statements relative to these facts—the one made by Mr Syme, and the other sworn to by the witnesses on the day of the trial.

If there be one part of your minute more than another with which the public sympathises, it is that where you state you are unanimously of opinion "that on the subject to which his letter relates, Mr Syme's observations are uncalled for, and that in any view the publication of them in the newspapers was injudicious, and calculated to injure the Institution." But since the case has been published, the public is surely entitled to receive information on the two important points referred to in the Protest. I beg to call your attention especially to the first—the all essential fact unnoticed by you—the non-detection of the fractured ribs.

I.

STATEMENT *made by Professor* SYME *to his Students on the 19th March last, which was published next day in the "Daily Scotsman."*

"The House Surgeon found there was not a scratch on the person of the woman."

I.

STATEMENT *on Oath by the Witnesses on the trial.*

Drs Littlejohn and D. R. Haldane, in their examination upon oath in Court, swore that they made a *post-mortem* examination of the woman Hughes' body, and signed the report, certifying it upon soul and conscience. In that report the external injuries on the poor woman's body, on which Mr Syme asserts not a scratch was found, are thus described:—"There was ecchymosis around both eyes, most extensive round the left. There was dingy red discoloration of the forehead and upper half of the face, with some swelling on the

left side. There was an abrasion of the skin just below the centre of the lower jaw, surrounded with some ecchymosis. There was extensive ecchymosis of the outer surface of each arm, and in the case of the left arm dingy red discoloration, which extended down the forearm. There were several abrasions of the skin and ecchymosis over the back and behind each shoulder; these were most numerous on the left side. There was a large ecchymosis over the sacrum. There were several abrasions of the skin and ecchymosis about the left knee, and over the front of both legs. On examining the head, the scalp was found considerably thickened, owing to the extravasation of blood into its substance. There was also blood between the scalp and the bone. There was extravasation of blood into the right temporal muscle. The left temporal muscle was infiltrated with blood, and was in an almost diffluent condition."

From the preceding description, the woman's body (regarding which Mr Syme says "*the House Surgeon found there was not a scratch on her person*") is proved to have been covered with bruises and contusions from the crown of her head to the feet. The House Surgeon, as will afterwards appear from his evidence, has deponed on oath as to the state she was in upon examining her when she was brought to the Infirmary—viz., "that she had received very severe injuries," "I saw severe bruises on the back, and a good

number of *wounds* about *her ribs* and *her person generally.*" Such evidence, in my opinion, must bring Mr Syme to the *scratch* for an explanation of his meaning.

The full and particular account of the chest—the injuries and lesions found externally and internally—which the Report details, deserve especial notice. And here I take the liberty of making a passing remark on the subject, on which you as Managers are directly interested, viz., as to the light in which the *post-mortem* Reports by an official, who is appointed and paid by you, are considered by you as being private or public property, and whether they are accessible to inspection by your order and without professional authority. I have no complaint to make on the present occasion, seeing such a document was made use of *pro bono publico* in court at the trial, and therefore readily accessible. But I beg to draw your attention to the following extract of a letter written by your eminent and highly esteemed Pathologist, which appeared in the "Medical Times and Gazette" February 13, 1858:—"With regard to the Pathological Register, I have to state that, according to a regulation of the Managers of the Infirmary, no extract with a view to publication can be made from it *without the previously obtained consent of the* Physician and Surgeon who had charge of the case; the object of this regulation being to prevent thea ppropriation by others of *what is the literary property of the medical officers and Pathologist.*" When was that minute passed by you, and what are its terms? I understand that in Glasgow, and I have heard that in London also, the Newspaper Reporters are admitted to the meetings of the Hospital Managers, where such reports are brought up; and is there any reason why the same rule should not obtain in Edinburgh?

II.

The following is the description of the state of the chest given in the Report:—

Mr Syme's statement of facts is, that the House Surgeon "did not discover that there was a fracture of ribs, *for the very good reason* that it was *impossible to*

In opposition to Mr Syme's statement, the *post-mortem* examination discloses the following facts. I quote the *ipsissima verba*:—

do so, since they were *broken close to the back-bone, where the injury could not have been detected during life, and only admitted of being ascertained by dissection after death.*"

"On cutting into the integuments of the chest with a view to examining the contents of that cavity, *air was found in the cellular tissue of the left side.* There was slight extravasation of blood into the substance of the left pectoralis major muscle. *On opening into the cavity of the chest, a gush of air escaped from the left side.* There were between two and three ounces of fluid blood in the cavity of the left pleura. The left lung was much collapsed, and was pushed backwards and towards the spine. There was found *to be fracture of the fourth, fifth, and sixth ribs of the left side, the fracture in each case was very near the point of junction of the anterior with the two posterior thirds.* Corresponding to the fracture of the fourth rib, there was some extravasation of blood behind the pleura, but that membrane was not wounded. In *the case of the fifth rib the pleura was torn*, and a sharp point *of the posterior fragment of the rib projected inwards.* But there was no projecting fragment of bone in the pleura over the sixth rib. Corresponding to the projecting point of the *fractured fifth rib was a small wound of the pulmonary pleura of*

the surface of the lung, behind and around the wound in the pleura was a little extravasated blood. The right pleura and lung were healthy."

From this *post mortem* report it is therefore proved that the fractures, in place of being where Mr Syme asserts they were, "*close to the backbone*," were *about four inches from the breast bone, and eight inches from the back bone;* or, to explain the description of the physicians who the examination, that, taking the length of the sixth rib to be 12 inches, what it usually is in adult females, the fractures were a third of that length anteriorally from the fore part of the chest, and two-thirds posteriorally from the back bone. The fractures were where they most usually are found, and most easily detected. But more than this, the fractured point of one of the ribs had punctured the lining membrane of the chest, also the covering membrane of the lung, and the lung itself, thus allowing the escape of air into the outer cellular texture of the body; the emphysema thus afforded the most certain and unmistakeable proof of the nature of the injury during life—a fractured rib and injured lung. Had the Professor been cited as a witness, and made such a statement in Court as he delivered to his students, little as he seems to admire the charge of the presiding Judge, it would have been a merciful deliverance to him that that Judge had not been Dean of Faculty, and counsel for the prisoner at the bar.

III.

Mr Syme says in his address to his class—"It may be asked why did not the principal Surgeon see this case? In reply to such a question, I should desire it to be remembered that some years ago the Managers issued a circular to the Physicians and Surgeons of the Royal Infirmary, intimating that they were not wished to visit the Hospital on Sunday, except on account of urgent cases. I have accordingly

III.

Dr Annandale (Mr Syme's House Surgeon) depones upon oath at the trial, "That he was present when the woman Hughes was brought in, and took charge of the case. It appeared to me from the first she had received very severe injuries. She was partly insensible. I saw she had very severe injuries on the head, which were likely to produce partial insensibility. There were a good number of wounds

never made a visit on this day, except when having some reason for anxiety, or from being requested to do so; but nevertheless have very seldom been absent on Sunday. It happened that I did not go when the woman was in the Hospital, and the House Surgeon saw *no reason for requesting my presence, as he did not anticipate danger*, and moreover saw, as examination after death showed, that *the case was not one requiring or admitting surgical interference.*"

about her ribs and her person generally. The wounds appeared to have been caused by external violence, and not by accident. *It appeared to me from the first that it was a dangerous case.* If I had known there was so much blood extravasated I would have applied cold."

Dr Wm. M'Culloch Watson was next examined on oath, and stated, "The supposition that she would disturb the patients in the other wards led us to remove her to No. 10 Ward, the ward for cases of delirium tremens. *I considered it to be a surgical case.* She was not noisy in No. 10 ward. The woman appeared to be groaning and crying from pain. She was in a state of partial insensibility. She seemed to be unable to speak. I did not consider the case from the first to be a very dangerous one. I administered morphia. The increase of insensibility on Sunday caused me to apprehend danger, but I did not alter my treatment. If there had been extravasation, I would have left her to be treated by Dr Annandale. When cases come in, we fill up the name and disease. I put down delirium against this woman's name. I don't mean *delirium tremens*, but delirium generally."

Mr Syme, in his statement of facts to his students, avers, that "the House Surgeon saw no reason for requesting my presence, as he did not anticipate danger," and that gentleman declares upon oath: "It appeared to me from the first that it was a dangerous case." Mr Syme asserts "that the case was not one requiring or admitting surgical interference;" while the House Physician swears: "I considered it to be a surgical case." Mr Syme makes the House-Surgeon to say he "moreover saw, as examination after death showed," that surgical treatment was not required, forgetting that that gentleman had sworn: "If I had known there was so much blood extravasated, I would have applied cold;" while the House Physician, under whose care the patient was placed, deponed on oath that he "observed the most severe injuries about the head, and had a suspicion that the skull had been fractured, and that the increase of insensibility on Sunday caused me to apprehend danger, but I did not alter my treatment." "I was rather surprised next morning to have heard of her death; if there had been extravasation I would have left her to be treated by the House Surgeon." Has not the public ground for complaining, under all these circumstances, that the assistance of the head of the Surgical department had not been requested, for, in every view, a stronger case can scarcely be imagined where diagnostic skill was so much required to ensure efficient surgical treatment?

Mr Syme gives as a reason for not being at the Hospital while the woman was alive, that "some years ago the Managers issued a circular to the physicians and surgeons, intimating that they were not wished to visit the Hospital on Sunday, except on account of urgent cases;" and he calls in his Fidus Achates, the distinguished Professor of Materia Medica, whom he has long employed as a testing witness to his statements, and whose peculiar mnemonics caused so great a sensation in the course of the Laycock controversy. Professor Christison has no doubt of the accuracy of his friend's statement, as appears from the following extract of his letter to Mr Syme, which Mr S. sent to the newspapers for publication:—

Professor Christison's Statement.

MORAY PLACE,
March 19, 1862.

MY DEAR SYME,

I am surprised that any doubt has arisen as to the Sunday visit of the Medical and Surgical Officers of the Royal Infirmary having been put an end to by order of the Managers of the Hospital. The change took place between fifteen and twenty years ago to the best of my recollection, &c., &c.

I am, &c.

R. CHRISTISON.

Prof. Syme.

The Sunday minute which the Managers published is in the following words :—

"The Managers directed that the hour of visit on Sundays should be one o'clock, and recommended the Physicians and Surgeons to confine their visits to such cases as were urgent and required their attendance."

The Manager's minute distinctly shows that they merely altered the hour of visit on the Sunday, but did not put an end to it; what Professor Christison, on being appealed to by Mr Syme, says it did. The obvious reason for altering the hour by the Managers being, "not to interfere with the attendance of nurses or convalescents in the Hospital Chapel." It is impossible to imagine that any public body of men could ever entertain the thought of suspending altogether medical attendance upon the diseased and wounded on the Sabbath day, the medical man in charge being the only and indisputable judge of his professional duty.

The conclusions to be deduced from what I have stated, and they are drawn in no uncharitable spirit, but from the sincere conviction that good never comes from the suppression or perversion of the truth—are, 1st, That the non-detection of the fractured ribs was a mistake which ought to have been frankly acknowledged; and, 2d, That the not sending for Mr Syme was owing to the serious symptoms having been mistaken for the effects of drink, instead of pressure on the brain. There was no evidence of the woman being inebriated, but the contrary; but admitting that she had been drunk, this did not relieve the medical attendant from the duty of carefully examining the case, and ascertaining whether her wounds were occasioned by blows or falls, and whether the wandering and inco-

herent state of the patient's mind which followed their infliction, proceeded from effusion of blood within the head, or temporary cerebral excitement from drink. The whole mistake originated in a misapprehension as to the nature of the case, and the most experienced practitioners have been known to have been misled in important cases from such a cause; and it would be ungenerous not to extend the benefit of palliation to the two young Hospital officials, to this extent that in their diagnosis of the numerous cases brought under their charge, their professional dealings in the case of the woman Hughes arose more from the misleading influence of a misapprehension than from culpable neglect of duty. But what palliation can be urged in favour of Mr Syme's vindication of them, and his attack upon you in the face of the *post mortem* Report, as to "the extensive extravasation of blood which was found over the whole of the left side of the base of the skull, and in the posterior fossa of the skull in the right side," for which no treatment was administered, but on the contrary the worst remedial agent (morphia) was employed? Indeed Mr Syme's attempted defence is altogether unaccountable, seeing the Report concludes with the clear opinion, that death was occasioned, in the absence of all disease, by extravasation of blood in the head from the injuries the woman had received, and for that surely medical assistance was required.

Mr Syme in his lecture of 17th March last to his students commences thus: "Gentlemen,—I have hitherto never deviated from the subject strictly before us." Now, I must remind him that this was not his first class lecture reflecting injuriously on a Justice-Clerk. In the trial of Glover *v.* Syme referred to, he, the then Justice-Clerk, addressed the Bench, on the motion to apply the verdict and for expenses thus:—"That I saw published the report of a lecture by Mr Syme, and on the authority of that lecture, that I had assented to the substitution in the Criminal Courts of inadequate medical evidence for the best. I should never have noticed it, but that it might have created great distrust in the administration of public justice if that statement went forth without contradiction. It was a matter of great surprise to me to see such a remark made by Mr Syme, and I therefore think it right to notice, that that statement was a total and complete misrepresentation of what passed at the trial."

Again, it is said, although I think not truly, that experience teaches fools. It seems, however, to have little or no influence, in some respects, on Mr Syme; at least the lesson which the pub-

lished letter, so lately as in 1858 (see *Medical Times and Gazette*, p. 200) on his case of excision of the tongue should have taught, has been lost upon him. Mr Syme assigned as a reason for publishing his letter in the *Times* daily newspaper regarding the patient he operated upon, "that the public should be correctly informed on the subject." And he goes on to state "at the end of a week, when the external wound was quite healed, the patient died suddenly from an external disease, which might have been excited by any other irritation in a person of his constitution and habits." Now, it appears from the following extract from the Register Book of Deaths for the district of St Giles, in the city of Edinburgh—That "George Smith (Mr Syme's patient, whose tongue he excised) died in the Royal Infirmary, 16th December 1857; cause of death pyœmia, in consequence of operation for cancer, as certified by Frederick Gourlay, M.D. David Beatson, Registrar."

I have been induced to bring this case under your notice that the public might be apprised of the beneficial influence which the *post mortem* reports exercise over the medical department of the Hospital, and their salutary check both on Clinical lectures and treatment. And I may add, that that influence will be greatly promoted by your ordering such Reports to be kept open to inspection, and that no professional functionary has any control over them, on the assumed right of private property. My object in addressing this communication to you is to recommend you not to be deterred in the discharge of your duty by the threats of a man so offensively interfering as Mr Syme has shown himself to be. The confidence of the public can only be retained by your fearless and independent management. Be assured that the subscribers to the Institution throughout Scotland will watch with interest to see, whether in the future you are to manage that Institution, or be managed yourselves by Mr Syme. The great excitement which the trial caused showed that the case was of an exceptional nature, and although it be admitted that slips cannot be altogether prevented, even under the best regulations, yet it is obvious, that errors and mistakes must be of rare occurrence, when there is a discerning eye to see, and a detecting judgment to correct them. Mr Syme's line of duty was confined to admonition; his vindication of the party he came forward to defend was most uncalled for, and injurious in every respect. I feel confident, if you adopt resolutions to prevent the occurrence of similar neglect, and insist on their being carried into effect, that the public will neither withhold their pecuniary support from the invaluable institution over which you preside, nor moral support from you in the fearless discharge of your duty.

I am, Gentlemen,

Yours, &c.,

A PROBER.