Statements, &c.;, respecting the cases of Christina Cameron and David Hutcheon / by the House Committee of the Royal Infirmary, Dr. Johnston, and Mr. Morison.

Robt Dyce Esqr M.D. with Mr Morison's
Compliments

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STATEMENTS, &c., RESPECTING THE CASES OF CHRISTINA CAMERON AND DAVID HUTCHEON, BY THE HOUSE COMMITTEE OF THE ROYAL INFIRMARY, DR. JOHNSTON, AND MR. MORISON.

(Copy) Minute of Meeting of the Committee of the Managers of the Royal Lunatic Asylum, Infirmary, and Dispensary of Montrose, held on the 2d June, 1852, and appointed to investigate into, and report on, the cases of Christina Cameron, who died in the Infirmary on the 17th ult., and of David Hutcheon, now under treatment in the Infirmary, and on any other cases the Committee may judge necessary. Present—David Mackie, Esq., Convener, and the Rev. Dr. Paterson, John Aberdein, John Ross, and Robert Walker, Esquires,—Mr. Mackie, Preses.

The Committee, before further procedure, direct the Secretary to furnish Mr. Morison and Dr. Johnston with copies of the Report of the Infirmary Committee, dated 31st ult., regarding the case of Christina Cameron, and to request of these gentlemen, to lodge with the Secretary, by 6 o'clock to-morrow afternoon, any observations or remarks on the Report they may think fit; in particular, that Mr. Morison should furnish a detailed statement of the case of Christina Cameron, from the time of her admission to her death; also that Dr. Johnston and Mr. Morison should lodge statements of the case of David Hutcheon generally, and particularly while under their charge, respectively.

The Committee direct Mr. Burnes to transmit a copy of this Minute to Mr. Morison and Dr. Johnston, and adjourn till to-morrow (3d June), at 7 o'clock P.M., to meet in the Town-Hall.

(Signed) D. MACKIE, P.
ADAM BURNES, Secy.

Statement regarding the case of Christina Cameron, an Infirmary Patient, under Dr. Morison's charge, who died in child-bed, in the Infirmary, on the 17*th May*, 1852.

Christina Cameron was received into the Infirmary on the 30th April last, and entered in the register as suffering from dropsy. The patient was taken in labour about one o'clock on the morning of Friday the 14th May, and on Dr. Morison being informed of the circumstance, he directed that a Midwife should be sent for, but did not attend himself, nor did he visit the patient before twelve o'clock, his usual hour of coming to the Infirmary. Dr. Morison made another visit on Saturday—the child died on that day. The mother was dangerously ill on Sunday. Dr. Morison's visits on that day were in the afternoon about two o'clock, and at twelve o'clock at night. Dr. Morison did not consult with Dr. Johnston on the patient's case, although specially instructed to do so in all cases of doubt and danger. As submitted and approved of.

(Signed) ROBT. MILLAR,
31st May, 1852. Chairman of the Infirmary Committee.

Observations on Statement made by the Chairman of the Committee of the Royal Infirmary, by MR. MORISON.

1st,—" The patient was entered in the register as suffering from dropsy." It is well known to medical men that dropsy is very frequently only symptomatic of some other disease, more especially of the heart, liver, or kidneys. The Infirmary Register being kept for the inspection of the House-Committee, an *essentially non-medical body*, it did not strike me at the time, nor does it now appear to me either to be necessary or customary to enter the name of the disease in strictly scientific terms. The word " dropsy " expressing one of the most marked and prominent, though by no means the only symptom, of the diseased liver, was therefore selected by me as sufficiently accurate and appropriate.

2d,—" Mr Morison did not attend the delivery himself." In the Royal Infirmary no patients in a state of pregnancy are admissible, and if discovered to be so, are at once dismissed as unfit, provided their bodily condition is such as to permit the step to be taken *without danger* to the patient. In the present instance, the patient, on the Monday previously, was very anxious to be discharged, but not anticipating so speedy a delivery, and, at the same time having a due regard to the danger of so doing, I refused her permission to go. In the Dispensary practice also, no patients are attended during labour; I, therefore, did not consider myself called upon to make any exception in this case. Directing the nurse to get a midwife to attend to the ordinary duties of the labour, I thought would have been all that was required of me. In this, perhaps, I may, in the opinion of some, have committed an error of judgment. I, however, felt myself bound to have attended the case had it proved difficult or unmanageable under the charge of the midwife, and, therefore, directed the nurse to let me know if anything untoward should happen. Not hearing from the Infirmary, I performed all the duties required of me at the Asylum in the forenoon, as usual, before paying my daily visit there.

3d,—" My visits were very few for a case so serious." I had seen the patient daily since her admission. Once on the Friday, when I found all doing well; *twice* (not once as erroneously stated) on the Saturday; *twice* on the Sunday, when alarming symptoms made their appearance; and twice on Monday, when she died.

4th,—" I did not consult Dr Johnston, although specially instructed to do so in all cases of difficulty or danger." I have no knowledge of any special instructions on this head, farther than we should mutually consult each other when we felt doubt as to the *nature* of the disease, or the *treatment* to be pursued. In this case I felt no uncertainty either as to the nature of the complaint, or as to the plan of of treatment I ought to have pursued, otherwise I should have acted as I have always hitherto done under similar circumstances.

(Signed) T. C. MORISON.

Statement of the Case of Christina Cameron, by Mr. MORISON.

Christina Cameron, age stated to be twenty-five, apparently older, unmarried, admitted from the country 30th April, 1852, seen by me on the 1st of May, when I examined her case, and found the usual symptoms of chronic inflammation of the liver, accompanied by general dropsy. The symptoms of inflammation to which I have referred were, great pain over the region of the liver, increased on pressure, pain extending up to the right shoulder—the liver itself being distinctly felt enlarged and hardened beneath the lower edge of the ribs—cough and slight difficulty of breathing—rapid hard pulse (beat 108 per minute)—tongue dry, of a brown colour, and thickly furred—constant nausea and loss of appetite, with occasional vomiting.

The history she gave me of her case prior to admission was that she had lately travelled from Ross-shire, across the hills, in search of employment, and had been exposed to severe cold and wet—a likely cause to produce affections of the liver. Whilst upon her journey southwards, she first experienced pain in her right side. For some time before her admission, this pain had been very severe,

in consequence of which she was largely bled from the arm by a surgeon in the country, to her immediate though temporary relief.

Amongst other questions put to her was, whether the menstrual discharge was *regular* or not; to this she replied in the affirmative, and that she had been so *three weeks* previously.

A day or two afterwards, my suspicions were aroused; and, on making a closer examination, I became convinced, despite her assertions to the contrary, that she was decidedly pregnant. Acting on this conviction, I directly charged her with the fact, although she, as is usual in such cases, denied, and persisted in her denial, until within a few hours of her delivery. Of course my treatment after this was based upon the carefully formed opinion that she was suffering under dropsy, from disease of the liver, combined with pregnancy. The precise prescriptions ordered in this case are entered in a book kept for the purpose at the Infirmary, and a copy of them is herewith annexed.

On the morning of the 14th, she was seized with the pains of labour. I was sent for, and gave the nurse directions to get a midwife to attend her, but to let me know if any difficulty should occur. My reasons for so doing were, that cases of pregnancy are not admissible into the Infirmary, nor are attended from the Dispensary. Under these circumstances, therefore, I considered that a midwife was the proper person to attend a case like the present, *unless* some unforeseen difficulty should occur. At six o'clock in the morning, the patient, after a speedy and safe delivery, gave birth to a seven months' child. When visited by me at the usual hour for Infirmary practice (twelve o'clock), the mother and child appeared to be progressing favourably. I did not visit her a second time on Friday. Up to this day, she had been seen by me daily. On Saturday, the 15th, I visited her at twelve, and found the child dying, and called again in the afternoon at half-past five, when I learned from Mrs. Napier that the child was dead.

Up till the forenoon of Sunday, the 16th, the mother appeared to be progressing favourably; the pain in the side, though not removed, being better—the dropsy, both of the limbs and body, *still continuing*. At about eleven o'clock in the forenoon, the patient somewhat suddenly complained of intense pain over the whole of the abdomen, with excessive vomiting of green matter. I saw her at half-past one, and again about twelve at night, next morning between eleven and twelve, and again at three in the afternoon. She died at half-past six in the evening. The immediate cause of death being peritonitis, or inflammation of the lining membrane of the abdominal cavity.

(Signed) T. C. MORISON.

Extract from the Prescription Book of the Montrose Royal Infirmary, of prescriptions ordered by Mr Morison in Christina Cameron's case:—

PRESCRIPTIONS.

Hydrarg Chloridi, grains v.
Pulv. Jalapæ, grains xv.

Magnesiæ Sulphatis, oz. ii.
Liq Ammon Acet.
Sp. Ætheris Nitrici.
Potassæ Bitartratis, a. a. oz. i.
Aquæ Font. a pint.
A table spoonful three times daily.

Hydrarg Chloridi, scruple i.
Extract Taraxaci, drachm i.
Divide into xviii. pills, one every four hours.

Hirudines, xii.
To Right Side.

Emplast Lyttæ, 4 ⋈ 4.
To Right Side.

Ol. Ricini, oz. iii.
A dessert spoonful every morning.

After Delivery.

Sp. Ætheris Nitrici, oz. s.s.
Liq. Ammon Acet. oz. iii.
Aquæ font. oz. iv.
A table spoonful three times daily.

For Peritonitis.

Hydrarg Chloridi, scrup. i.
Pulv. Opii. gr. vi.
Sapon Castil, Q. S.
Divide into xii. pills, one every hour.

Cataplasma. Sinapis to abdomen.

Statement of the case of Christina Cameron by Dr Johnston.

Montrose, 2d June, 1852.

Gentlemen,—As requested by your minute of this date, I beg respectfully to state my opinion regarding the case of Christina Cameron, who was admitted a patient into the Montrose Infirmary on 30th April last.

Never having been consulted, I have no knowledge of the treatment of this case, farther than what appears from the Prescription Book of the House, and from inquiries I have to-day made at the servants of the Institution.* I think it right to state that I have also seen the Midwife† who attended the patient. The prescriptions I have marked in another page, at the end of this letter, as it is unlikely that any of your number will thoroughly understand their composition and effect.

The treatment of this case appears to me suitable for certain cases of dropsy; but for pregnancy, or pregnancy complicated with dropsy as a disease, I consider the treatment altogether unsuitable, and likely to induce premature labour, in a state of the system more than usually disposed to diseased action. Judging from part of the prescriptions, I have no hesitation in inferring that the patient, while under treatment, was labouring under the constitutional effects of mercury.‡ In this state the additional action of powerful diuretic and purgative medicines,§ and the application of a mustard poultice,‖ leeches, and a blister, would, in my opinion, be very apt to induce premature labour, or abortion in the earlier stages of pregnancy. It appears to me that treatment of such severity was not called for, as I am aware when the patient entered the Infirmary she had walked from Braco to my house, and thence to the Infirmary, a distance of eight or ten miles.

The combination of pregnancy and dropsy as a disease may, but very rarely does occur, and it therefore humbly appears to me to be your province to learn whether Mr Morison, with the usual delicacy, removed the woman from the public ward (where she was lying), to a private ward, in order that he might have recourse to the only infallible means of ascertaining pregnancy, and consequently the exact condition of the patient—viz., a peculiar manual examination, and the use of the stethoscope.¶ I think it right to mention that, on Friday the 14th May, the day of the patient's delivery, I happened to be in the Infirmary about six o'clock in the evening. So soon as I entered the Female Surgical Ward, where the patient lay, a patient of mine named Agnes Duncan, from Johnshaven, ex-

* Professional, truly! He slanders for a week, and then only seeks to prove the truth of his assertions by questioning servants.—T. C. M.

† Two hours after his visit to the Infirmary. His feverish anxiety to see the Midwife renders his intention throughout only the more apparent.—T. C. M.

‡ Medical men, especially if they refer to the medicines ordered, will be surprised that he should so "unhesitatingly infer" this.—T. C. M.

§ See Prescriptions.—T. C. M.

‖ The mustard poultice was applied *after* delivery *for Peritonitis*. So much for candour.—T. C. M.

¶ This I *had* ascertained without resorting to the examination to which Dr Johnston alludes—one, under the circumstances, neither necessary nor decent.—T. C. M.

claimed, "*O come awa' Sir, you that has some sense, and tell us what to do here.*" Mrs Napier the matron then came forward and asked me what she was to feed the child with, and of her own accord, and with reference to the question she had put to me, she folded down the bed-clothes* to show me the mother's breasts, when I observed that they were in a state of ulceration on the under surfaces, the result, I presume, of blistering.† Although aware that I had no right to interfere with Mr Morison's patients, I used the liberty, in what appeared to me to be a special case, to give some advice generally regarding both mother and child. I may also state that I learned that, on Sunday afternoon, 16th May, Dr Steele called at the Infirmary, unaccompanied by Mr Morison, and prescribed a blister. This proceeding, I may remark, appears to me inconsistent with the rules laid down by the House Committee, that the one Medical Officer of the Institution is always to be the substitute of the other.

I do not think it necessary to take any particular notice of the Report of the Infirmary Committee, of which a copy has been sent me; but I may be allowed to say that you may perhaps learn from the Midwife who attended at the delivery of the child, and from the woman Agnes Duncan whom I previously mentioned, and who I understand is a respectable person, the mother of a family, in what state the patient's body was when taken in labour, how long she was in labour, and if her delivery was speedy and safe.

I may be allowed to state in conclusion that it is very unusual to omit a *post mortem* examination of the patients who die in the Institution. In this case Mr. Morison, whose duty it was to conduct such an examination, did not deem this necessary, and of course it is impossible now to determine with precision the exact state of the patient previous to delivery, and at death.

I have the honour to be,

GENTLEMEN,

Your mo. ob. servant,

(Signed) DAVID JOHNSTON.

Observations by Dr. JOHNSTON *on the Statement by* Mr. MORISON, *regarding the case of Christina Cameron.*

Since I was furnished with a copy of Mr. Morison's statement, I have seen Dr. John and Dr. George Todd of Friockheim, one of whom bled Christina Cameron, and both of whom attended‡ her immediately previous to her admission into the Infirmary. Dr. John Todd saw her on the 27th April, the day on which the Rev. Mr. Walker granted her a line of admission into the Infirmary. I have the permission of both these gentlemen to state that the woman was not labouring under dropsy—her limbs were swollen, but not to a greater extent than what is usual in pregnant women, especially those engaged in out-door agricultural labour. Both these gentlemen at once discovered Cameron's pregnancy, and when she complained of swelling in the limbs, told her that she was with child, and that her swelled legs were a consequence of her pregnancy. The woman did not deny that she was pregnant, but, on the contrary, said that the father of the child was in Inverness-shire.

The first time that Cameron consulted Dr. Todd, her only ailment was an affection of one of her ankle joints.

Shortly after this—viz., on the 27th April, being three days previous to her admission—she again applied to Dr Todd, and then for the first time complained of a pain in her side. This complaint could not therefore have been of very long standing. She was bled in Dr Todd's house, and afterwards walked home, a distance of five or six miles.

* Mrs Napier has denied that she did do so.—T. C. M.

† That such an effect on the breasts should be the result of *a* blister, applied over the right hypochondrium will be new to the profession generally. *No ulceration did exist*, but probably Dr. Johnston has mistaken excoriation (a not uncommon occurrence in dirty people) for this condition.—T. C. M.

‡ What is the precise signification of the word "attended" here?—T. C. M.

Even allowing the presence of liver complaint, I maintain, without going into professional particulars, that the disease did not exist long enough to effect that change of structure and enlargement of the liver, which only could produce dropsy. Certainly there was not what Mr. Morison calls chronic inflammation, at least of such standing as to produce dropsy.*

Mr Morison does not state what his "closer examination" of the patient was, when, despite her assertions, he became convinced that she was pregnant; but, if he did discover her pregnancy at this early stage (of which I may be allowed to doubt),† it does appear to me extraordinary that the active treatment already commenced should have been persevered in up to the day of delivery.

In regard to the commencement of labour I affirm, and am prepared to prove, more especially by the evidence of Agnes Duncan, from Johnshaven,‡ that labour came on early on the forenoon of Thursday, the 13th May, and that on the afternoon of that day the parturient pains were frequent and severe, and continued so until the child was born, at six o'clock on the following morning. It appears to me that it was Mr. Morison's duty, and I would certainly have considered it mine, to have attended the poor woman when in labour. Mr. Morison states that he did not think it was his duty to attend, because cases of pregnancy are not admissible into the Infirmary; but if he was aware, as he states that he was,† that the woman was pregnant, a day or two after her admission, it is somewhat extraordinary that he should have allowed her to remain in the house till labour took place, when it is well known that she was not so ill as to prevent her from being removed.§

Mr Morison's statement is incorrect, that, until the forenoon of Sunday the 16th, the mother appeared to be progressing favourably. On the contrary, the patient was so seriously ill on the night between Friday and Saturday,‖ that Mrs Napier, the matron, instead of sending for Mr Morison, which she ought to have done, or for me, if Mr Morison was not at hand, again got the assistance of Mrs Alexander the midwife, who attended at the delivery of the child the previous morning.

(Signed) DAVID JOHNSTON.

Montrose, June 7, 1852.

Remarks on the Case of Christina Cameron, as reported by Dr. JOHNSTON, *by* Mr. MORISON.

In his observations respecting this case, Dr. Johnston commences by stating that, "not having been consulted by me, he has no farther knowledge of the nature of the disorder and the treatment pursued than he was enabled to gather from a perusal of my prescriptions, and from inquiries made by him on the 1st of June *(fourteen days after death)*, of the servants of the Infirmary, and of the midwife who attended the patient.

Upon such data, nevertheless, he does not hesitate to assert that "the treatment of this case appears to him altogether unsuitable, and likely to induce premature labour." "Judging from part of the prescriptions," he says, "I have no hesitation in inferring that the patient, while under treatment, was labouring under the constitutional effects of mercury. In this state, the additional action of a mustard poultice, leeches, and blister, would, in my opinion, be very apt to induce

* How can Dr. Johnston possibly know how long this woman may have had disease going on in the liver when he himself never saw her? This statement medical men will at once perceive is made at random, and for the evident purpose of misleading the *unprofessional* public.—T. C. M.

† Such despicable impertinence requires no comment.—T. C. M.

‡ The individual so elegantly quoted by Dr. Johnston, in his statement of this case, as styling him "a man of sense."—T. C. M.

§ Be it recollected that Dr. Johnston's entire knowledge, by his own showing, was derived from servants *fourteen days after the woman's death. Why* the woman was not discharged when I discovered her pregnancy has already been explained.—T. C. M.

‖ A deliberate falsehood—T. C. M.

premature labour or abortion, in the earlier stages of pregnancy." He adds, "it appears to me that treatment of such severity was not called for, as I am aware that, when the patient entered the Infirmary, she had walked from Braco to my house, and thence to the Infirmary, a distance of eight or ten miles."

From Dr. Johnston's admissions as to the sources of his knowledge of this case, and the nature of the grounds he has for forming an opinion upon it, I consider it would be derogatory to myself to refute any conclusion he may have come to. In my statement of the case, however, I mentioned that, a day or two before the admission, she had been largely bled by a surgeon in the country, by whose advice she obtained a line for admission into the Infirmary, plainly showing that he considered her disorder a serious one—a walk of eight or ten miles under these circumstances was by no means likely to improve her state of health. To my knowledge, also, before coming to the Infirmary she called at the house of another medical practitioner in the town, by whom she was described as looking "most miserably ill."

For the information of the members of the Committee, I beg to add that, during the fortnight preceding delivery, she took in all but thirty-seven grains of calomel, five of which were administered upon the first day, along with fifteen of jalap —a moderate purgative merely, and one that, to be effective, required the administration of castor oil in the morning. The only other laxative, not "powerful purgative," medicine administered was a dessert spoonful of castor oil on the mornings of Wednesday and Thursday preceding labour. The diuretic remedies termed "powerful" were of the mildest kind, and administered in usual doses—they were utterly incapable of injuring even a woman in pregnancy.*

The patient had no one symptom whatever of a person labouring under the constitutional effects of mercury at or before the time of her delivery, and in fact it is a matter of regret to me that she *was not* under the influence of this drug, as I have no hesitation in stating that the peritoneal inflammation after birth, if it occurred at all, would most probably not have been fatal.

That Dr. Johnston having originated a false and malicious report, should now endeavour to establish its truth by resorting to the unworthy and unprofessional means he has done does not astonish me, but his assertion of the extreme rarity of dropsy accompanying pregnancy certainly has taken me by surprise.†

* Refer to Prescriptions.—T. C. M.

† Dr Campbell, late lecturer on midwifery, in his work, p. 518, states that "sometimes premature labour is induced by the combined irritation of the dropsy and pregnancy, and the patient gradually sinks after delivery. I once witnessed a case of this kind when the disease had been *brought on by chronic disease of the liver*. Such cases are exceedingly intractable." The same authority recommends, in the treatment of such cases, mild diuretics, laxatives, and bleeding. So far from the complication of dropsy and pregnancy being the very rare occurrence Dr. Johnston represents it to be, Dr. Campbell had one patient in whom it occurred in two successive pregnancies—the second time proving fatal, twelve hours after delivery.

Burns, no mean authority as an obstetrician, states, edit. 8, p. 240, "Ascites, like œdema, may be excited, in consequence of some condition connected with gestation, or may be (as in Cameron's case) independent of it, arising from some of the ordinary causes of dropsy, *especially from disease of the liver*. In the last case medicine has seldom much effect in palliating or removing the disease, and the patient usually dies within a week or two of delivery, whether that have been premature, or delayed to the ordinary time."

Blundell, edit. 1840, p. 1118, "When the effusion is general there is much to be apprehended, for the water may accumulate so largely as to interrupt the great functions of the body, and in that manner destroy life. If a patient labour under one of these general effusions, dangerous in their consequences, of course your treatment should not be inactive. *You are justified in using the most powerful hydropic remedies*, including elaterium, besides the ordinary remedies proper in dropsical affections, and I should feel strongly disposed to make trial of bleeding."

At page 1119, he relates a case in several of its features resembling Cameron's, "This woman was freely bled, premature labour was intended, but parturition came on of itself in the course of four and twenty hours. The next day I found the patient a great deal better. The day afterwards she was so much improved that she appeared to be in a state of speedy convalescence; unfortunately, however, she was seized with puerperal fever, and sunk under the disease."——T. C. M.

In reply, I would simply observe that pregnancy is no uncommon occurrence between the ages of twenty-five and thirty, and that disorders of the liver, so often accompanied by dropsy, are likewise not uncommon at this age. In the present case the pregnancy had existed seven months—the disease of the liver but seven weeks. To the insinuation Dr. Johnston makes, that I was not aware of the woman's pregnancy, I simply reply that it was false, and that, under the circumstances, such an examination as he alludes to was *neither necessary nor decent*. If my word on this point were not sufficient, I could refer to the Matron of the Infirmary, and to Dr. Steele, to whom I mentioned my suspicions nearly a fortnight before the delivery took place.

Dr. Johnston states, "on Friday the 14th, the day of the patient's delivery, I happened to be in the Infirmary, about six o'clock in the evening," &c. &c. This was the occasion of his first visit that day to his patients, and *within two hours afterwards he called upon the midwife*—what passed between the two I have not heard, but upon her next seeing the Matron she inquired of her "if the two Doctors agreed well."

Dr. Johnston, although aware that I had visited this patient at the usual hour, and that, if anything were wanted, they had only to send down to the Asylum for me, "*took the liberty*," as he says, "to give some advice generally regarding both mother and child." A proceeding so unusual and so unwarrantable, according to every rule of professional etiquette, may naturally be supposed to have been distasteful to me, more especially as no explanation either verbally or in writing has ever yet been made. He cannot therefore be surprised that I should leave word with the Matron to send for Dr. Steele on the Sunday afternoon, during my absence, if the remedies I had prescribed should fail in their effect. I may here add that Dr. Steele prescribed nothing but what I had already left instructions should be applied, if necessary. Independently, however, of this unwarrantable interference with my patient, rendering me averse to speaking to Dr. Johnston on the case, I had other reasons for leaving this direction, since he had been constantly in the habit for some months previously of getting Mr. Joseph Johnston (the medical student to whom he hereafter refers in his statement of the case of the boy Hutcheon) to visit and prescribe for his Infirmary patients when not present himself; and before this, so far back as the month of May last year, getting Mr Niddrie (late surgeon in the town, now of Bervie), to perform the same duty for him; thus being the first to break that understanding to which he refers, "that one medical officer should always be the substitute of the other."

(Signed) T. C. MORISON.

Statement of the case of David Hutcheon, by DR. JOHNSTON.

MONTROSE, 2d June, 1852.

GENTLEMEN,—As requested by your minute of this date, I beg respectfully to afford the following information regarding the case of David Hutcheon, whose parents reside in Auchinblae, and who is at present under the care of Mr Morison in the Royal Infirmary :—

On the afternoon of 7th November, 1851, David Hutcheon, an apprentice painter in the employment of Mr Clark, and aged 17, fell from a height astride the edge of a plank, while painting the new house of Commieston. He was without delay brought to Montrose, and seen by Dr. Lawrence, who, upon finding the serious nature of the injury, ordered him immediately to be sent to the Infirmary; no admission line being required in case of accidents. He was placed under my care.

On examining him, I found the usual symptoms of rupture of the urethra, causing complete retention of urine, there being a swelling in the perineum half as large as his own head. Finding it impossible to relieve him by the use of a catheter, I placed him under the influence of chloroform and made an incision into this tumour, which gave exit to an immense quantity of urine and coagulated blood. The boy got immediate relief from this operation. He remained in the Infirmary

till 23d December, and during this time I almost daily introduced a catheter along the urethra, to keep the passage open during the healing of the extensive wound in the perineum. As the boy's general health then began to fail from his long confinement, and as I was aware he would be attended to by his uncle, Dr Croall, of Laurencekirk, I ordered him home to Auchinblae, supposing that the pure air of the country would restore him to health, and expedite the healing of the wound, which was almost, although not quite, healed. At this time nearly all his urine was passing naturally, and I marked him in the Infirmary Register "cured,"* fully expecting this must be the issue.

About two months after Hutcheon's dismissal from the Infirmary, I was told by his late master, Mr Clark, that he was then in a much worse condition than when he left the Infirmary, and that he was unable to pass any of his urine by the natural passage. I told Mr Clark to inform the boy's friends that, if he was sent back to the Infirmary, I would do all that lay in my power to improve his state. Accordingly, he was readmitted under my care on 23d March last, with his urethra now entirely closed, and all his urine passing through a fistulous opening in the perineum.

I used every remedial measure I conceived proper and prudent. I ordered some new instruments from Edinburgh for his especial use, and also tried some instruments belonging to Mr. Morison, who offered the use of them upon one of the three occasions upon which I asked him to see this patient. Upon, I think, the last occasion on which Mr. Morison saw the boy, he proposed that the urethra should be opened by an incision. I dissented from this proposition, and gave my reason for doing so, which was, that from the circumstances of the case, a successful issue from such an operation was, in my opinion, an impossibility.

The boy having been nearly a month in the Institution, and there being no prospect of amendment, I with regret dismissed him on the 22d April last as *incurable*. On his dismissal, I wrote his uncle, Dr. Croall, the note which I beg to enclose, and which states my reasons for not retaining him longer in the Institution.

From the terms of your minute, I entertain doubts whether I am entitled to enter farther into the merits of this case, after the boy's third admission into the Infirmary, under the care of Mr. Morison. I therefore deem it unnecessary to do so *at present;* but, should you think it expedient that I afford farther information, I will be ready at any time to accede to your wishes.

I may be allowed to say, that you will obtain farther information regarding this case; the degree of attention bestowed by me on the boy; the state of the boy when last admitted, as well as his present state, from the following parties, viz. :—Mr Joseph Johnston, junior, medical student; Mr Clark, painter; and from the boy himself.

In concluding these remarks, I may remind you that I dissented from Mr. Morison as to the expediency of opening the urethra of this patient by incision. I have, since the boy's third admission, seen Mr. Morison perform this operation. I still think that no improvement in the patient's state will take place in consequence of the operation; but should he, contrary to my expectation, recover, it will give me satisfaction, as he is a very interesting boy.†

I have the honour to be, &c.,

(Signed) DAVID JOHNSTON.

Copy Letter DR. JOHNSTON, *Montrose, to* DR. CROALL, *Laurencekirk.*

MONTROSE, 23d April, 1852.

MY DEAR SIR,—I regret much that I have been obliged to send home your friend, D. Hutcheon, without having been able to effect any improvement in his urethra. I have been unable, after many lengthened and patient trials, to pass

* I believe Dr Johnston is the only surgeon in Montrose who would have considered him "*Cured,*" under these circumstances.—T. C. M.

† *Ergo*, if he were an *uninterestiug boy*, he would not be satisfied?—T. C. M.

the smallest instrument through his urethra. My opinion is that the urethra is completely obliterated, that there is nothing but a mass of organised lymph in the situation of the urethra, through which a *fistulous* track was kept open by the frequent passage of bougies, when he was last in the Infirmary, but which track is now closed up. Had I not taken this view of the case I would have laid open the urethra by an external incision. But as such an operation would only place him in the same situation he was in originally, when the wound in the perineum was open, I think no good is likely to result from it.

I am, &c.,

(Signed) DAVID JOHNSTON.

[The pathological idea upon which this opinion is founded will be new to most of the profession.]—T. C. M.

Statement of the Case of David Hutcheon, by Mr. MORISON.

David Hutcheon, aged 17, admitted into the Infirmary, under Dr. Johnston, on 7th November, 1851, with injury of urethra, from a blow in the perineum, caused by falling on the frame-work of a bed, with his legs astride. At the time of the accident, he states he felt great pain, and was unable to pass his water. Dr. Johnston punctured the urethra. The boy remained in the Infirmary till the 23d of December, when he was discharged "*Cured*" by Dr. Johnston.

At this time the lad states that the wound in the perineum was not closed up, and that his water had all along continued to follow through the fistulous opening.

Three months afterwards, on the 23d March, he was readmitted, under Dr. Johnston, for "stricture of the urethra"—little or no water whatever having latterly passed through the natural passage. Dr. Johnston failed in passing any instrument through the stricture. About a fortnight after his readmission, Dr Johnston, for the *first* and *only* time, *consulted* me about the case. I recommended him to employ smaller instruments, and, if he did not succeed in passing the stricture with them, to cut through the whole of the strictured part, and then to pass a catheter along the bladder, and retain it there—an operation undoubtedly both difficult and dangerous, but still the only one offering a prospect of cure or alleviation. Without having been again consulted, or hearing any more of the case, Dr. Johnston dismissed the lad as "*Incurable.*"

Shortly afterwards, having heard that he was going to the Royal Infirmary of Aberdeen, where the operation I had suggested would most undoubtedly have been performed, and having, by consultation, been implicated in the case, I resolved to readmit the lad, and did so on the 10th of May, on an Infirmary line, signed by the Rev. Dr. Paterson.

On examination, I found an impermeable stricture, about an inch, or rather more in length, situated about five inches from the external orifice of the urethra. Behind this there was a fistulous opening, through which the whole urine passed, the state of the parts being very unhealthy and unnatural, and the patient's general health and spirits suffering from the constant pain and irritation under which he had latterly existed.

On the 11th of May I proceeded to operate in presence of Dr Johnston in the manner I had recommended to him, and succeeded in cutting down upon the point of a catheter pressed against the anterior part of the stricture, dividing the whole, and lastly introducing an elastic catheter into the bladder.

The lad is now, June 3d, progressing favourably, the natural passage being kept open by the repeated introduction of catheters. The fistulous opening shows symptoms of a disposition to close, and the surrounding parts are assuming altogether a more healthy appearance. The case will no donbt be a tedious one, but of its ultimate complete success I have no doubt.

(Signed) T. C. MORISON.

Observations by DR. JOHNSTON *on* MR. MORISON'S *Statement of the case of David Hutcheon.*

Mr. Morison is incorrect in stating, that I punctured the urethra, after the boy's first admission. What I did was, to make a deep incision, at least three inches in length into the tumour in the boy's perineum, as described in the statement already given in by me.

Mr. Morison is farther incorrect in stating that I only consulted him once. I am satisfied that I spoke to him about the case three times; but at all events he will no doubt recollect, that the first time I spoke to him on the subject, it was arranged that I should order smaller instruments from Edinburgh; and after these instruments came to hand, it surely cannot have escaped his memory, that he, at least on one occasion, tried to pass one of them through the boy's urethra.

I am not aware that Hutcheon was going as a patient to the Aberdeen Infirmary. I am satisfied, however, from what I know of the Medical Officers attached to that institution, that the operation described by Mr. Morison would not have been attempted;* and I am still of opinion that the boy has been subjected to a dangerous operation, without almost any prospect of his condition being improved.

The boy not being now under my charge I am unable to tell his exact state, but he will be able to give every information regarding his improvement or the reverse.

It is now nearly a month since the operation was performed, and it would be very satisfactory, both to Mr. Morison and myself, were the boy examined by competent parties, in order to determine whether or not any improvement has taken place.†

In the No. of the *Lancet*, published on the 29th May last, a case of Traumatic Stricture of the urethra is reported on page 519. The case appears to me very similar to Hutcheon's, only in this case the urethra was not obliterated.‡

It will be observed that the boy was treated in University College Hospital, and frequently dismissed much improved. He was then admitted into St. Mary's Hospital, and operated on by Mr. Coulson, one of the best London operating surgeons.

By reading the case carefully you will observe that, at the time of the boy's death, being four months after he was operated on, he had derived no benefit whatever from the operation.

It will farther be observed how nearly the treatment pursued in the University College Hospital coincides with mine, and also in the introductory remarks, how little encouragement is held out to the surgeon to undertake this very easily performed, but in its effects dangerous and nearly hopeless operation.§

* The Surgeons of the Aberdeen Infirmary will scarcely thank Dr. Johnston for his *good* opinion of them.—T. C. M.

† Nothing will give me greater pleasure than to have this case examined by COMPETENT surgeons; and I hope the general body of Governors will take the necessary steps to accomplish this and to *gratify* Dr. Johnston.—T. C. M.

‡ Dr. Johnston has not been able to refer to Mr. Coulson's apt remarks on this subject in the number of the *Lancet* for June 19th, 1852, which will no doubt prove highly edifying to him. Mr Coulson states, p. 582:—"Nothing but the most determined prejudice could induce certain persons to reject an operation because it may be possibly followed by secondary effects, which no surgical foresight can prevent or avoid. Such a mode of reasoning is at once unscientific and disingenuous. If it were admitted, the progress of surgery must be arrested at once. You are not to reject, without weighty reasons, a mode of treatment which has been followed by the most beneficial results in the hands of our most distinguished surgeons. In cases of old and obstinate stricture that have resisted all other methods of treatment, and where the health of the patient is about to give way, you are bound to ask yourselves—shall we allow the disease to progress until it becomes irremediable, entailing misery on the patient, endangering his life, and probably rendering another operation (puncturing the bladder) ultimately necessary, under unfavourable circumstances; or shall we attempt to relieve and cure the patient by a simple operation which holds out *every prospect of success?*"—T. C. M.

§ Indeed! See the last note.—T. C. M.

Perhaps had the operation not been attempted, Mr. Morison, who was in some measure implicated in the case, might have suffered in his professional character, and it might have proved prejudicial even to the Institution, whose interests it is very creditable in Mr. Morison to protect by every means in his power; but in doing so he should, I humbly conceive, have borne in mind the good old medical maxim, that the skill of the surgeon is often better shown in refraining* from using the knife than in using it to the imminent danger of the patient, without almost the possibility of the operation proving ultimately successful.

(Signed) DAVID JOHNSTON.

Montrose, 7th June, 1852.

Remarks on the case of David Hutcheon, as reported by Dr JOHNSTON, *by* Mr. MORISON.

Upon the admission of David Hutcheon into the Infirmary on 7th November, 1851, I was not consulted by Dr. Johnston as to the propriety of opening the urethra from the perineum, nor indeed upon any one occasion, during his first residence in the Infirmary, although it has been the rule (invariably observed by myself) to consult one another before undertaking any operation of consequence. Dr. Johnston, in his statement of this case, observes that "he almost daily introduced a catheter along the urethra to keep the passage open during the healing of the extensive wound in the perineum." This being the case, it appears to me that, if more skill or greater perseverance had been used, a catheter *might* have been introduced into the bladder, to the relief of all urgent symptoms, without so serious an operation as puncturing the urethra having been had recourse to.

When Dr. Johnston dismissed the lad (December 23), he observes,—"At this time nearly all his urine was passing naturally, and I marked him in the Infirmary Register, 'cured,' fully expecting this must be the issue;" thus clearly admitting that a fistulous opening did exist. According to the patient's own statement, corroborated by that of the matron, *about one-half* of his urine came through the opening in the perineum. To Surgeons, it is well known that fistulæ of all kinds are most difficult and most troublesome to heal, and none more so than such as are connected with the urinary organs—*small* fistulæ being to the full as intractable as larger ones. Under these circumstances, viz.—the existence of a fistulous opening in the perineum, Dr. Johnston would, I believe, stand alone in taking credit for the "cure" of the patient.

Dr. Johnston is in error when he states that I was, upon "three occasions," asked "to see the patient,"—the natural inference being that I was *consulted* upon these occasions. I was once, and only once, consulted by him as to the farther treatment of the lad. Upon that occasion I offered the use of my instruments, and suggested the propriety of sending to Edinburgh for a set of those bougies recommended by Mr Syme in cases of impermeable stricture; and, failing all these, I proposed "that the urethra should be opened by an incision." It is true that, in bringing my case of catheters to the Infirmary next day, Dr Johnston had the courtesy to ask me to see the patient again, and endeavoured, without success, to introduce a catheter, asking me to try likewise; *but no further conversation* as to any ulterior treatment took place between us on that or on any other occasion. About a fortnight afterwards the boy was dismissed as "incurable," the first intimation of this fact I received being from the Infirmary Register.

Dr Johnston did not in my hearing "dissent" from the proceeding I had suggested, consequently I heard no "reasons why such an operation was an impossibility." My reason for suggesting this operation was that, so far from being regarded as an impossibility by modern surgeons, it, or somewhat analogous one, is universally recommended by all surgical authorities of the day, amongst these I may mention—

Liston's Elements of Surgery.....p. 135
Liston's Practical Surgery,.....p. 483

* This from Dr. Johnston! whose fondness for the knife, and whose *skill as an operator*, are so widely known.—T. C. M.

Fergusson's Practical Surgery.....p. 616
Druitt's Surgeon's Vade Mecum .....p. 484
Skey's Operative Surgery.....p. 512
Acton on the Urinary Organs .....p. 78
Bransby Cooper's Lectures on Surgery .....p. 552
Syme's Stricture of Urethra.....p. 17
Lizars' Stricture of Urethra..... .p. 22

The first of these authors says, p. 135, "the stricture should be cut down upon and an opening made into the dilated part of the urethra, behind the stricture —the contracted part of the urethra is divided, and the catheter passed into the bladder. *Thus, even in the worst cases, the natural course is at once established,* and in every instance of difficulty and complication, the catheter, however passed, should be retained for two or more days. The above is the only advisable mode of puncturing by the perineum."

Fergusson says—"Sometimes in cases of impassible stricture it may be advisable to divide the obstruction with a knife, and thus permit the evacuation of the bladder and the introduction of an instrument at the same time. The most legitimate cases are those where, besides the obstructed condition of the urethra, infiltration is present (a no unusual complication), *or where there are fistulous openings connected with the urethra.*"

Druitt, op. cit., observes—"The operation of opening the urethra from the perineum is absolutely necessary in all cases of rupture of the urethra with extravasation of urine, and it may also be expedient in cases of old stricture with extensive urinary fistulæ."

Lizars, op. cit., remarks—"The patient, being rendered unconscious of pain by the administration of chloroform, is placed in the position for lithotomy, a large steel bougie or sound is introduced into the urethra down to the seat of the obstruction—an incision made on its point—the continuity of the canal searched for with a probe—the indurated substance forming the stricture cut open—a catheter carried hence into the bladder to ascertain whether the canal is capacious enough—then the sound withdrawn—a flexible gum catheter inserted at the meatus externus, and brought out at the wound—here doubled, and the point reinserted into the urethra from the wound into the bladder. I have never performed this *simple* operation in impermeable stricture, *unaccompanied with urinary fistulæ.*

Quotations without number might be adduced to show that, so far from there being any "impossibility" in this operaton being successful, it is the bounden duty of every surgeon (other means of cure failing) to have recourse to it, and thus relieve a fellow-creature from the painful and loathsome condition to which he has been reduced. South, in his translation of Cheliuss' Surgery, vol. 2, p. 436, observes, "if there be stricture, it is the surgeon's own fault if the stricture and retention of urine be not cured at one and the same time.

Backed by such authorities as these, I have no hesitation in asserting that the dismissal of such a case as "*incurable*" cast opprobrium upon the Royal Infirmary of Montrose, and would have been a lasting reproach on the medical profession in Montrose, had it been allowed to go elsewhere without an attempt at least being made for its relief, and I can with the utmost confidence appeal to the profession at large to say whether I have acted properly or not.

(Signed) T. C. MORISON.