

Authentic narrative of the case of the late Earl St. Maur / by Charles J.B. Williams ; with the short-hand notes of the retraction and apology [of the Duke and Duchess of Somerset].

Contributors

Williams, Charles J. B. 1805-1889.

Publication/Creation

London : Longmans, Green, 1870.

Persistent URL

<https://wellcomecollection.org/works/dgez5ft>

License and attribution

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

AUTHENTIC NARRATIVE

OF

THE CASE

OF

THE LATE EARL ST. MAUR.

BY

CHARLES J. B. WILLIAMS, M.D. F.R.S.

WITH THE SHORT-HAND NOTES OF THE

RETRACTATION AND APOLOGY.

LONDON:

LONGMANS, GREEN, AND CO.

1870.

LONDON: PRINTED BY
SPOTTISWOODE AND CO., NEW-STREET SQUARE
AND PARLIAMENT STREET

P R E F A C E .

THE TRIAL in the case of Williams *v.* the Duke and Duchess of Somerset having been brought to a sudden termination by the Defendants, through their counsel making, and my leading counsel accepting, their complete and unreserved retractation of, and apology for, all the charges and imputations in the libel circulated by Her Grace the Duchess of Somerset,—no opportunity was afforded to me personally to explain the real history of the case, and to disprove in detail the serious mis-statements of facts which the libel contained. If I and my witnesses had been examined in Court, this explanation and correction would have been complete ; but my leading counsel undertook by himself to represent my case in his opening speech, and when this speech was made, it appeared to myself and to all my friends who were in Court, an imperfect statement of the case, and quite insufficient to supply the place of such evidence as myself and witnesses were prepared to give.

The want of this evidence is the more to be regretted, as the libel, with all its errors and mis-statements, written as it was, when the mind of the writer was, as her learned counsel states, ‘ a chaos incapable of fixed thought,’ was published in full in several of the daily journals, and in one without even the interspersed

comments of the Solicitor-General. This renewed and extensive publication of the libel, notwithstanding its complete retraction in Court, and in the presence of the Duke of Somerset, has produced, on the minds of some persons, an erroneous impression that my conduct may have been such as to afford grounds of complaint.

It is to correct such erroneous impressions, and to supply to the medical profession and to the public those explanations which the Solicitor-General informed the Court I was about to give, that I have drawn up the following careful statement of the case. It will be found to contradict, on ample evidence, the statements in the libel on which the chief charges are founded, especially the following :—

The libel states that on the morning of the 30th of September I was sent for a little after eight, and that I did not come till twelve.

I prove that the message reached my house at a quarter before nine, and that I was with the patient, in Dover Street, at nine.

The libel asserts that I behaved rudely to Dr. Hardinge, who was called to attend the patient before I came; and that in all that followed, I was actuated by a feeling of jealousy towards him.

My statement shows that these charges were wholly without foundation. At first sight, I did not recognise in Dr. Hardinge, a medical man and an old acquaintance; but when he told me his name, I recollected him, and treated him with all courtesy; which he acknowledges in his own letter. There was

not a shadow of ground for the notion of 'jealousy' or 'rivalry,' in my mind.

The libel states that my rough examination, and 'pinching the throat,' immediately brought on the attack of spasm, in the afternoon of September 30th, which proved fatal.

My statement positively denies that my examination was rough, or that I ever 'pinched' the patient's throat; and I prove that he was quiet after this examination; and that the spasm did not come on till several minutes later, when I was in another room.

The libel states that I gave the Duchess no notice of the performance of the operation of tracheotomy.

The statement shows that, to spare her Grace's feelings, I withheld the announcement of the operation till the arrival of the surgeon made its immediate performance possible: *then I distinctly told her Grace that making an opening in the windpipe was the only chance of saving life, and that the surgeon was come to do this.*

The libel makes sundry charges of neglect, apathy, want of consideration, not giving warning of danger, &c. &c.

The statement details the full particulars of my attendance on Earl St. Maur, which consisted of four visits; the three first, each of about an hour's duration; the last, of more than two hours, besides an interview of about an hour with the Duchess alone. It describes

the careful examination, the anxious consideration, and the minute instructions and warnings which were given to the patient on each and every occasion. The nature of the disease, obscure at first, became gradually more apparent, through the scrutiny of scientific investigation; and was approached, if not quite determined, by a diagnosis, which would account for all the symptoms, and especially for the last unexpectedly rapid strides of the disease to its fatal end.

My conscience is clear that throughout this short but anxious and painful charge, I acted in good faith and to the best of my ability and judgment; and I have no doubt that the verdict of my own profession will be in my favour. It is with feelings of deep satisfaction that I refer to the statement at the end of this Preface, which expresses the deliberate opinion of some of the most eminent and enlightened physicians and surgeons in this country.

The retractation and apology of the Duke and Duchess of Somerset in Court (see Appendix) has 'frankly, and freely, and most unreservedly withdrawn' all those imputations in the libel which reflect on my professional honor and character. This is so far satisfactory to me, as an act of justice, albeit somewhat tardy. It is still more satisfactory to me to prove that all the charges and imputations were, from the first, absolutely without foundation; but it is far more gratifying to me—I feel it to be a positive honor—that throughout this painful and embarrassing trial, and amid opposing influences of high rank and noble

birth, I have received the support and approval of those whom I most esteem and venerate in my own honorable profession, and of my numerous other personal friends.

CHARLES J. B. WILLIAMS.

49 UPPER BROOK STREET:

March 12, 1870.

We, the undersigned, after a careful and anxious consideration of the case of the late Earl St. Maur, as described in detail by Dr. Williams, desire to record our unanimous opinion that Dr. Williams's view of the most probable nature of his Lordship's disease was correct, and his treatment of it skilful, appropriate, and in strict conformity with the established teachings of medical science.

(Signed)

THOMAS WATSON, M.D.

WILLIAM FERGUSSON.

GEORGE BURROWS, M.D.

JAMES PAGET.

WILLIAM JENNER, M.D.

JOHN ERIC ERICHSEN.

WILLIAM W. GULL, M.D.

RICHARD QUAIN, M.D.

FRANCIS SIBSON, M.D.

THE CASE
OF THE
LATE EARL ST. MAUR.

ON my return from abroad, on the 18th of September 1869, Sept. 18.
I found a letter from Earl St. Maur, requesting me to give
him an appointment in my own house. My son, Dr. Theodore
Williams, told me that he had written twice before, and my
son had replied, informing him when I should return. I wrote
to make the appointment for September 21st. On the 20th Sept. 20 or
or 21st I received a letter from the Duchess of Somerset (Lord 21.
St. Maur's mother), requesting me not to say anything to
alarm her son, but to give him as cheerful a view as I could
of his case, as he was very nervous, and apt to think gloomily
of himself. The Duchess also expressed her anxiety to know
my opinion, and intimated her intention of calling on me for
the purpose, enquiring at what hours she would find me at
home. To this letter I replied, stating my hours. Her Grace,
however, did not call till the 27th of September.

Lord St. Maur brought me a letter from Dr. Fairbank, of Sept. 21.
Windsor, which was as follows:—

WINDSOR: *September 18th, 1869.*

DEAR SIR,

I have been requested by Lord St. Maur to write you a short
account of the condition in which I first saw him, and of his subse-
quent treatment and progress. I was anxious that he should see some
physician in London to corroborate my opinion, and impress more
fully and properly on his lordship's mind the necessity of following
out certain rules, which I thought would meet the necessities of his
case. About five weeks since, I first saw Lord St. Maur, and found
him suffering from rapid and difficult breathing—unable to speak many
words without producing a deep, harsh, dry cough. He said that

while dressing for dinner he had made a few passes with a rapier, which exertion caused a sudden spasm about the respiratory apparatus, and for a few minutes he '*felt as if he must die.*' This passed off; but he sent for me in order to ascertain what to do in case he should be seized in the same way again, and to ask whether it were dangerous. I found on examining the chest that the sternum was depressed, the subclavicular region prominent, and the whole chest rather barrel-shaped. Very little movement at the upper part on inspiration or expiration. Resonant on percussion all over. On auscultation, very little and distant sounds of air movement—especially on expiration, and a very little hoarse rhonchus behind at the bases of both lungs. The cough was very troublesome, insomuch that a short sentence would be once or twice interrupted by it. On questioning, I found that his lordship had had a certain amount of dyspnœa on severe exertion ever since he was 12 years of age (he is now 34); that he could run very fast for 100 yards, but completely lost his breath afterwards, and was obliged to lie down. During the last year, this dyspnœa has increased very much, and especially after one or two colds. His lordship, thinking to 'clear his lungs,' has been taking long and tiring walks, and in other ways has increased his respiration. He has lived a frugal life, with a great deal of both mental and bodily exercise. I concluded that the case was one of *emphysema*, coming on very gradually, increased very much by the exertions taken with a view of removing the dyspnœa, and accompanied most probably by some degeneration of the lung tissue. To produce a little relaxation of the dry mucous membrane, I ordered a mixture containing Vin. Ipecac. with some Mucilage and Syrup of Tolu, with repeated applications of mustard to the chest, a vapour or Turkish bath, to avoid all active exercise, going up stairs and up hills as little as possible. Light generous diet; three or four glasses of claret or sherry during the day. After ten days of this treatment, the condition of the chest was much improved. There was more movement during respiration, the cough looser, but still troublesome. I ordered then a little Ac. Nitr. dil., and Tr. Camph. Co. with the Vin. Ipecac.; to continue the mustard poultice every other night, and to take drives or even to ride a quiet horse.

A few days since I saw the patient, and found his chest in a much more favourable condition, and recommended some cod-liver oil; but as it would most probably cause sickness, I thought eating the fat part of bacon boiled would be the best substitute.

I told Lord St. Maur that he was suffering from *emphysema*, i.e. dilatation of the air cells, which he had doubtless increased by his efforts to overcome the dyspnœa. I recommended him to get abroad this winter, and even two or three winters; to avoid for several months any *active* exercise, or anything likely to make him respire more than was absolutely necessary; to use the vapour or Turkish bath once or

twice a week; to avoid sudden or long-continued efforts of speech. He asked me what effect would be produced if he still went on with his exertion, and took no heed of his difficulty of breathing. I told him that it would certainly become worse, and that ultimately the right side of his heart would become dilated, and the venous system gorged, &c. &c. He did not seem inclined to give up his active exercise, &c. &c., so I thought it better to tell him plainly what would be the consequence; and I think that he is now quite determined to do what is considered right by his medical advisers. He was very anxious to learn how long he might go on in this way; so I told him with care there was every possibility of him living for 30 years, or to the full age of man, but that if he neglected himself I could not say how long; but that he would certainly become worse if he took exertion which caused him to breathe more than usual; and that in time, with care, the lungs might recover their resiliency, &c. &c.

I regret that this account is so long, but I thought it right to tell you exactly what I have done and said to his lordship. I shall be happy to hear from you if you have anything particular to point out.

I remain, dear Sir,

Very faithfully yours,

THOS. FAIRBANK.

In answer to my enquiries, Lord St. Maur gave the following account of himself:—He had always been used to active exercise, and his breath was not short generally; but on running long or fast the breathing would become noisy, like that of a ‘roaring’ horse. During the last year, when residing at Tangiers, in Morocco, and not always well fed, he was in the habit of riding fast for several hours daily, under the notion that it would improve his breathing powers. On one occasion, when something put him in a violent passion, he put his horse to full speed, which brought on a severe fit of palpitation, and his breath has been shorter ever since. For the last nine months he had had an occasional dry cough, and frequently a pain in the centre of the chest, which he thought was first brought on by his long sitting, engaged in writing. He had still persevered with active exercise, chiefly walking, under the idea that it would prevent his breath from getting shorter.

ept. 21.

He further told me that, six weeks ago,* on making a few

* Dr. Fairbank dates it before the 7th of August, when Lord St. Maur first consulted him.

passes with a rapier, he was suddenly seized with what he called 'extreme oppression, spasm, and panting,' and when he recovered from this, there followed frequent cough and shortness of breath. He sent for Dr. Fairbank, and under his treatment he gradually improved, as stated in Dr. Fairbank's letter; but the breath still remained short on exertion, with occasional slight attacks of difficulty of breathing in the morning. He had lost strength and colour. The pulse was now 80, weak and unsteady. Appetite, sleep, and other functions natural.

On a careful examination of the chest, I did not find any obvious abnormal appearances in the motions and shape of the chest. The sounds on percussion were also normal. Breath-sound distinct in every part, especially the inspiration, which was rather louder and harsher than natural. No prolonged expiration, wheeze, or crepitus. Above left scapula, breath and voice-sounds tubular. Heart-sounds very weak. Slight venous murmur in the neck.

As these signs, especially the natural motions, shape, and percussion-sounds of the chest, the loud inspiration, and the absence of prolonged expiration or wheeze, disproved to me the presence of emphysema, I concluded that the condition mentioned by Dr. Fairbank was a temporary one,* resulting from bronchial congestion, consequent on the first attack of difficulty of breathing after the rapier exercise, and had now passed away.

But there remained the loud inspiratory sound throughout the chest, and the tubular sounds above the left scapula; and I suspected that these were due to the same cause—some consolidation in, or tumor pressing upon, the inner part of the summit of the left lung. But the signs were too equivocal to guide to any definite opinion at that time; and in prescribing for the patient, and in explaining to him his symptoms, I attended principally to the weakness of the circulation, for which I prescribed medicine containing quinine and iron, and an anti-spasmodic pill at night to counteract the tendency to spasmodic breathing, which he still felt

* Dr. Fairbank has since told me that he agrees with me in this conclusion.

occasionally in the mornings. Regular hours and nutritious diet were enjoined, and a careful avoidance of all excitement and exhausting exertion. In accordance with the request from the Duchess, I gave Lord St. Maur as encouraging a view of his case as I could, and proposed to write to Dr. Fairbank, supposing that he would be under that gentleman's care at Bulstrode. Lord St. Maur said, however, that he was not likely to see Dr. Fairbank, but would soon come to me again if he did not feel quite well.

I was, however, by no means satisfied as to the true nature of the case, and depended on further investigation to throw light on it. Two or three days later, the Duchess (who had not fulfilled her intention of calling on me) sent a letter by a messenger, saying that the bearer would give me an account of the patient, who wished to visit his sister in Wiltshire, and expressing the hope that I would write to dissuade him from doing so, as the whooping-cough was in the house. I thereupon made inquiries as to the health of the patient, and was informed that he was better, but had sometimes slight attacks of difficult breathing, which were described as being in the throat, and having a choking character. This account again suggested to my mind the possibility that these attacks were of the nature of laryngeal spasm, excited by the pressure of a tumor on the windpipe and inferior laryngeal (or recurrent) nerves within the chest, and such tumor would account for the tubular sounds which I had found above the left scapula.

Sept. 23 or
24.

I told the bearer of the letter* that I had hoped to see the Duchess, to explain my views of Lord St. Maur's case, and the necessity of my seeing him again soon. She suggested that I should write to that effect to the Duchess, which I did; and I also wrote to Lord St. Maur, advising him not to go into Wiltshire, as I wished to see him soon again, as his case required further investigation.

* To the best of my recollection, this was Miss Lydiate, who sent in her card with that name upon it, as a messenger from the Duchess of Somerset; but I have also an impression that there was another message from the Duchess, brought by a female servant, a day or two later; and the report about the throat attacks may have come through the latter.

Sept. 27.

On the 27th of September I received from the Duchess a letter announcing her intention to call on me that day between two and four, but giving me no time to reply.* I altered my appointments so as to be at home. Her Grace came at two; and in an interview, which lasted nearly an hour, I explained the results of my examination, and made many enquiries as to the previous health and habits of the patient. I stated that I had found no signs of emphysema remaining, but there were signs of some disease at one part of the left lung, which might be either consolidation of the lung or something pressing on it, either of which might cause cough and shortness of breath, and might prove to be serious, but this disease did not appear to be very active at present; and the most prominent symptoms now were those of weakness of the heart and system generally, for which I had prescribed tonic medicine, careful and quiet living, and nutritious diet. The Duchess asked numerous questions about climate and plans for the winter, to which, in consequence of the uncertainty of the disease, I could only reply conditionally; but I urged on her Grace the absolute necessity of my seeing the patient again as soon as possible, as his case required further investigation and more constant watching. It was thereupon agreed that he should be brought to my house at four P.M. on the 29th.

Sept. 29.

In the forenoon of the 29th a letter came from the Duchess to say that Lord St. Maur had had a bad 'attack of breathing' that morning, and would not be well enough to

* This is a copy of the letter:—

'BULSTRODE, GERRARD'S CROSS.

'Sunday.

'MY DEAR SIR,

'I shall go up to London to-morrow (Monday) in the hope of finding you disengaged, and able to see me between the hours of two o'clock and a quarter past four, when I must return to the station. I am so very anxious to see you about St. Maur.

'I beg to apologise for asking you to see me without waiting to settle an interview beforehand; but I may not have another opportunity, so must take my chance of finding you disengaged. I shall try at two o'clock first, and perhaps your servant would tell me if any other time before a quarter past four would do.

'Believe me, truly yours,

'JANE G. SOMERSET.

'St. Maur is here, and stronger.'

come to my house at four, and requesting me to call in Dover Street at six P.M.

I called at that hour, and found him just arrived. He was fatigued, weak, and with an unsteady pulse. He told me that, two days before, he had been again (in spite of the warnings from Dr. Fairbank and myself) endeavouring to improve his breath by exercise, and had walked continuously for three hours and a-half; that he was so much exhausted that he could eat no dinner, and took only soup and mulled claret. Next morning, on awaking, he was attacked with a severe fit of difficult breathing, which 'almost suffocated him.' He had felt exhausted and weak ever since, and had been able to take very little solid food. This morning he awoke feeling faint, and on rising had another severe attack of 'choking' difficulty of breathing, which so much weakened him as to oblige him to postpone his journey for two hours. He said that he had borne the journey pretty well.

On listening to the chest, I heard the inspiratory sound loud in every part, and somewhat harsh in tone, especially at the upper parts of the chest, as if from some constriction of the trachea; but there was no laryngeal stridor, or even hoarseness (such as would be present in laryngitis). The tubular sounds were still distinct above and within the left scapula (shoulder-blade), but I could neither hear nor feel abnormal pulsation in any part, which would give conclusive evidence of the existence of aneurysm.

Still, the increased harshness and almost tracheal character of the breath-sound in the upper parts of the chest, and the recurrence of fits of difficult breathing, which, from the last description, seemed more clearly to have been laryngeal (in the throat), increased my suspicion as to the existence of an intrathoracic tumor.* I expressed my apprehensions to the Duchess, and proceeded to explain that her son's condition was so serious as to require much more care and

* A tumor within the chest, which, by pressing on the windpipe, may cause cough and more or less permanent difficulty of breathing, by impeding the passage of air to the lungs; and by pressing on certain nerves which regulate the muscles which open and shut the glottis (or opening into the top of the windpipe) may also cause spasm of the glottis, a more severe difficulty of breathing, in fits which, when intense and prolonged, often prove fatal.

attention than he had hitherto received. I ascertained that he had seen no medical man since his visit to me on the 21st. I told the Duchess that in future he must be constantly watched by a medical attendant close at hand, as he was likely to require prompt and frequent aid in the attacks which had been increasing in severity. I urged that he must be strictly restrained from all exertion, not only from the long walks which had been so injurious to him, but even from the exertion of going up and down stairs, and therefore that all his apartments should be on one floor. I pointed out the need of his having frequent supplies of such food and light wine as he was able to take. His inability to eat much solid food had added to his weakness, and I advised that more of the soups and such nutriment should be supplied. To prevent the faintness which seemed to have brought on the severe spasm on the morning of this day, I recommended that some egg-flip (an egg beaten up with a dessert spoonful of brandy and a little boiling water added) should be given him on first awaking in the morning.

In reference to my requisition that Lord St. Maur should have more regular and constant medical attendance, the Duchess asked me to find for him an experienced medical man to reside in the house. I replied that it might not be easy to find one immediately, but that I would make enquiries, and, if possible, get one to come on the next day (Sept. 30) in time for my visit, which I arranged to be at three o'clock. I told the Duchess that Lord St. Maur must not return to Bulstrode,* as he was obviously very weak, and required rest; and it was necessary that I should have a further opportunity of investigating his case, which was still one of some obscurity.

The Duchess showed me a back room on the ground floor where a bed might be prepared for him. It was small but lofty, and I said it would do for the present; and having

* I am quite sure that I gave this intimation on this day, the 29th; but the Duchess, in her usual confusion of dates, blamed me for allowing her to go on with arrangements for returning to Bulstrode on the 30th. I distinctly said that he was not to return before the following day, October 1st; and so I told Mr. Barker when I engaged him, and he can attest the fact.

prescribed a tonic of ammonia and citrate of iron, and an anti-spasmodic pill of stramonium and compound galbanum, I took my leave.

On the morning of the 30th of September, at a *quarter before nine*, a message was brought to me, written on a scrap of paper, to the effect that Earl St. Maur had fallen on the floor in a fit of difficult breathing. I immediately went upstairs for a bottle of chloroform, and then taking a cab I arrived in Dover Street *before nine*. Sept. 30.

As this contradicts a chief charge in the libel—*that Dr. Williams was sent for soon after eight and did not come till twelve*—I think it well to mention that my statement can be proved by the testimony of two of my servants, who received the message, and two of my daughters, who were at breakfast with me when the message was given to me, and saw me leave the house. My return to my house at *ten* can be attested by two of my servants. Also Dr. Hardinge, in a letter to me, writes:—‘I was sent for about 8·15; you came about 9.’ This thoroughly demonstrable fact, *that I went as soon as I received the summons*, entirely refutes the charges of neglect made and reiterated several times throughout the libel. There are several other errors with regard to time; showing that the mind of the Duchess must indeed have been a ‘chaos’ when she wrote the libel.

On my arrival, I learned that Lord St. Maur had passed a quiet night, and on awaking at eight, the egg-flip had been brought to him, and it appeared that enough water had not been added, for it was too strong; and, in swallowing it, he coughed, and; hastily reaching to ring the bell (which was at some distance), the spasm attacked his throat with such difficult breathing, that he fell out of bed on the floor, where he was found by the servant almost insensible, and having voided his fæces in his struggle. I found Dr. Hardinge, who, as he resides near, had been called in; and he told me that after applying the fumes of sulphuric and chloric ether, mixed with chloroform, to the nostrils, the spasm soon relaxed, and the patient regained his consciousness. I asked Dr. Hardinge ‘Was the breathing laryngeal, like in spasm of the glottis?’ He replied, ‘Yes, as in laryngitis.’ This confirmed my

previous suspicions ; and I told Dr. H. that I feared that the attacks were caused by a mediastinal tumor, probably aneurysmal, pressing on the windpipe and recurrent (or inferior laryngeal) nerve. I added that the cause could not be laryngitis, as there had been no previous symptoms of that inflammation, but only several milder fits of dyspnoea like that just passed. To this Dr. Hardinge made no reply ; and after a few minutes' further conversation, during which I said that I was glad he had been able to give prompt assistance, and give me an account of the attack, we parted on quite friendly terms.

I mention this, because the Duchess, in the libel, has taken up and dwelt much on a strange misconception that I had quarrelled with Dr. Hardinge, and 'behaved with womanish rudeness' to him, which is totally without foundation. When I first saw him, I did not recognise him, not having met him for many years, but when he told me who he was, I recollected him, and spoke to him as to an old acquaintance. So far from being annoyed at finding him with my patient, I thought it most natural that, residing so near, he should be called in at this sudden attack, even before any message reached me ; and I should have advised his continued attendance for the same reason, but that at the request, of the Duchess, I was in a few hours to bring a competent medical attendant to remain constantly with the patient. Dr. Hardinge, in a letter to me dated 19th November 1869, writes: '*I assure you I was not at all aware of any incivility on your part when I met you, on the 30th September, at the Duchess of Somerset's ; indeed, my feeling on the subject was quite the contrary, and I have said so.*' Yet this fancied rudeness on my part towards Dr. Hardinge seems to have originated the erroneous notion which pervades the libel, that I entertained and acted under a feeling of jealousy or rivalry towards him, and that I sacrificed the life of the patient to this feeling—a charge than which nothing could be more monstrous or more utterly without foundation. It is well that such charges have now been 'utterly, absolutely, and unreservedly withdrawn.'

I remained after Dr. H.'s departure, and found the patient

quite free from cough and spasm, lying on his left side, with his head quite low, and able to speak in a weak voice. The pulse was steady, and the breathing tranquil, but it was now accompanied with a laryngeal sound. He told me that he had neglected to take the anti-spasmodic pill the night before, but had slept pretty well, and felt no difficulty of breathing until the too strong egg-flip set him coughing, and as he was alone he made a great effort to reach the bell-rope, which brought on the spasm, under which he fell out of bed, and lost his recollection, remaining on the floor till Dr. Hardinge arrived. He said he was now quite easy, and I did not think it right to disturb him with any further examination.

The Duchess seemed so fully aware of the serious nature of this formidable attack, that it appeared to me quite unnecessary to make a formal announcement of it. In fact, the patient had obviously been in a dangerous crisis; and now that that danger had passed away, instead of converting alarm into terror by dwelling on it, I considered it my duty to calmly point out what could be done to guard against its return, and especially to avoid all such occurrences as those which seemed to have provoked the spasm in this instance — swallowing a too stimulating liquid, and making a sudden violent effort to ring the bell. Accordingly, I advised that his food should be restricted to bland and soft kinds of nutriment, in small quantities, and at short intervals, particularly specifying mild soups and broths, milky food, and only diluted wine. I also directed that he should not again be left alone, as he was in the morning, but that he should be constantly watched and attended to. The Duchess then asked me to recommend a nurse, which I did; and an experienced one was in the house within an hour from that time.

The assurance that Dr. Hardinge gave me, that Lord St. Maur's attacks were, as I had already inferred, of the nature of laryngeal spasm, increased my suspicions that the disease from which he was suffering was a *deep-seated tumor in the chest*, most probably aneurysm, which, by pressing on the *windpipe*, caused the habitual shortness of

breath, cough, and pain of the chest, which had existed for several months; and also produced the harsh inspiratory sound which I had noticed on the 21st and 29th; and, by pressing on the *left recurrent nerve*, caused the fits of laryngeal spasm, the first of which was probably the severe attack which occurred after sword exercise early in August, and the last of which was that which had just taken place, and was witnessed by a medical man for the first time.

Being thus gradually led nearer to the inference that Lord St. Maur was the subject of a formidable and intractable disease, I had to consider how I could best perform the painful duty of fully communicating my fears to the Duchess and other relatives. I had already begun to prepare her Grace by saying that I feared that the cause of the attack was a tumor in the chest, pressing on the windpipe and its nerves, and I again expressed this apprehension this morning; but I had not explained the formidable nature of the suspected malady, and of the fearful results to which it would probably lead. On consideration, I thought it better to defer the complete announcement of my opinion of the probable nature of the case until my visit in the afternoon, when I expected to have an opportunity of further examination.

Another reason for this delay, was that the Duchess, although greatly alarmed at the morning attack, supposing her son to be dying, yet asked me no questions as to the reality or amount of danger, and as her Grace complained of confusion in her head, her heart complaint, and the fatigue and anxiety which she had gone through in the last two hours, I judged it unadvisable prematurely to increase her alarm. Further, there appeared to be no relative or friend with her to comfort or support her, only servants, and those few and by no means efficient. In the afternoon, I expected that there would be the comfort of having a medical attendant constantly at hand, to give aid and direction in all the serious contingencies which the suspected disease might entail in its course. These considerations led me to defer till the afternoon the full announcement of my opinion. Did the nature of the malady and the particular course of this case justify me in this delay? Could the speedily fatal result

have been foreseen, or had it been even probable, the unfavourable opinion should have been announced without consideration of feelings or convenient seasons. But, in addition to the uncertainty as to the correctness of this opinion, my experience and reading with regard to cases of the supposed disease enable me to affirm, with some confidence, that so speedily fatal a result could not have been foreseen; and that it was not a probable, but an exceptional result. Even the most rapidly fatal of intrathoracic tumors, aneurysms of the aorta, commonly last, with symptoms more or less urgent, for several weeks, and sometimes for months, before they destroy life; and other tumors, glandular and malignant, are usually still slower in their course. In Lord St. Maur's case, on the other hand, except one severe attack in August, for which he saw Dr. Fairbank only three times, there had been no urgent symptoms until after his long walk on the 27th of September, only three days ago. There had been only a few slight attacks before this period; and in the last two days there had been only one on each morning, more severe certainly, but in each case it had passed off without any special treatment. Even the much more formidable spasm of this morning, intense and dangerous as it must have been, yielded readily to the simple remedy of applying to the nostrils the vapour of ether and chloroform; and might be ascribed rather to the aggravating circumstances that brought it on, than to the advancement and extent of the organic disease. By the careful avoidance of all such circumstances, I had reason to hope that the attack might be averted, at least till the following morning, that being the time of the day in which it had hitherto occurred. Therefore, not anticipating any early return of the dangerous symptoms, I judged it safe, and more considerate to the feelings of the Duchess, to defer the full announcement of my opinion, and of the nature and prospects of the case, till the afternoon. After watching the patient for some time, and observing his tranquillity and the ease of his breath, I prescribed a composing anti-spasmodic mixture of Valerian, ether, and chloroform, and left him about ten, promising to return soon

after three, when I expected to provide his special medical attendant.

About noon, when [I] was engaged with my morning patients, the following note (unsigned) was brought from the Duchess:—

20 DOVER STREET.

DEAR DR. WILLIAMS,

St. Maur has vomited much, and got hardly anything down. He complains of faintness.

I immediately wrote in reply, to the effect that if the breathing was easy, the vomiting had probably been a relief; and that the faintness would subside on giving chicken broth, and arrowroot with a very little brandy, in small quantities, at frequent intervals. As the symptoms did not indicate danger, and as I was engaged in important consultations, I did not think it necessary to visit the patient before the time appointed, and I sent word to that effect.

As soon as I had finished with my morning patients, I drove to St. George's Hospital to find a medical attendant for Earl St. Maur. After making enquiries of several of the surgeons, Mr. Jones, the resident medical officer, strongly recommended to me Mr. Barker, who had formerly been house surgeon, and had subsequently had much experience in both medicine and surgery. He was also well known to my son, Dr. Theodore Williams. I saw Mr. Barker, and mentioned that I suspected intrathoracic tumor in the case, which he would have charge of; and appointed him to meet me in Dover Street at half-past three. I also told him that he might have to go to Bulstrode on the following day (Oct. 1), if the patient was well enough. This shows that I was quite unaware of the hasty preparations to go to Bulstrode on this day (the 30th), which in the libel the Duchess lays to my charge.

I arrived in Dover Street about a quarter after three. The Duchess told me that she expected me at twelve, and that she had again sent for Dr. Hardinge, and that he remained a long time expecting me to come. I reminded her Grace that both this morning and on the evening before, I had fixed the time of my visit at or soon after three, and that I had been

so much engaged with important consultations that I could not come before. Her only reply was, 'My head is so confused, I am losing all my memory.'

Her Grace said that Lord St. Maur had had no return of the difficult breathing, and that the vomiting soon ceased. She did not tell me what remedies Dr. Hardinge had used, but said that he had expressed his opinion that the case was one of laryngitis. On this I remarked that I did not think that he would hold that opinion if he were made aware of the previous history, and of the total absence of the usual symptoms of inflammation of the larynx.* But I neither expressed nor felt any displeasure or dissatisfaction at his having been again called in; and so far from being jealous of him, if his presence could be a comfort to the Duchess in my absence, and before the arrival of the permanent medical attendant, I was rather pleased than otherwise that he had been there.

I found the patient stronger, and able to sit up in bed. He told me that the vomiting was brought on by his drinking too much mulled claret—a beverage not ordered by me, and not proper for him, if made, as usual, hot with spice. On making a further slight examination of the front of the chest, I heard still the slight laryngeal sound noticed in the morning, and the harsh inspiratory sound down the chest. I also with one finger gently touched the outside of the larynx, asking if it was tender. He replied quietly, 'a little on the left side.' The breathing was then quite tranquil. Finding his pulse flagging, I advised him to take some chicken broth, and I went into the adjoining room to Mr. Barker, who had just arrived. I believe that the Duchess

* I really did not at that time suppose that Dr. Hardinge could maintain this opinion, formed only from this day's observation of the case, when the recent attack made the patient unable to bear a proper examination. The whole previous history of the case, the absence of hoarseness or other permanent affection of the voice, except in and after the paroxysms of dyspnoea, the absence of any laryngeal cough or breathing, and of pain or tenderness in the larynx, and the possession of a clear, strong voice, completely negative the notion that the case was one of laryngitis. Many of the most eminent physicians and surgeons in London, who were to give evidence at the trial, unanimously agreed on this point, that whatever doubt might remain as to the true nature of the disease, it certainly could not be laryngitis or laryngeal ulcer.

alone was with the patient. After I had been three or four minutes conversing with Mr. Barker,* we were hastily called to Lord St. Maur, whom we found struggling with the most severe laryngeal spasm that I ever witnessed. He was breathing with tremendous effort, with a tight hissing noise in the larynx, and throwing his arms about in great distress. In a hoarse whisper, he said, 'Do something for me, or I shall die.' These were his last words. Immediately after, the eyes were fixed in a wide stare, with pupils largely dilated,† and the whole powers and consciousness seemed concentrated in the violent efforts to breathe through the almost closed glottis.‡ I tried to give him ether and water, which was at hand, but now the swallowing was difficult, and soon I could get nothing into his mouth.§ Mr. Barker and I then plied the nostrils with ether vapour from a handkerchief, which is well known to be the most effectual way of applying it. (At the beginning of the attack I had sent for chloroform, but it did not come in time.)

Seeing no symptoms of relief, and feeling sure that the spasm must soon end in suffocation,|| I said to Mr. Barker, 'Tracheotomy is the only chance.' He assented, and, going outside the door, I begged him to go as quickly as possible for the nearest operating surgeon of eminence, mentioning Mr.

* Mr. Barker attests the accuracy of this statement, which entirely disproves the charge in the libel (now retracted), that the spasm immediately followed and was produced by my examination. I need hardly add that I did not *pinch* the patient's throat, as stated in the libel. I only touched it softly to ascertain if it was tender. I hope that I shall not be considered egotistical if I add that I am not *rough* or *clumsy* in my examinations, as implied in the libel, as can be attested by thousands of my patients. My brother practitioners generally give me credit for some gentleness and skill in this respect.

† This remarkable dilatation of the pupils continued till the patient's death; but after the operation I observed one pupil (I think the left) much more dilated than the other, and I pointed this out to Mr. Holmes, as having been described as a symptom of intrathoracic tumor, pressing on portions of the great sympathetic nerve.—Dr. John Ogle, *Medico-Chirurg. Trans.*, Vol. 42, 1858.

‡ The opening at the top of the windpipe.

§ At this time the Duchess asked me to give him something out of a bottle. I said I did not know what it was, and added, 'but you see he cannot swallow.' I knew nothing about its having been left by Dr. Hardinge, which was stated in the libel to be my reason for refusing to give it.

|| Messrs. Holmes, Barker, and Smith, whose arrival is mentioned further on, all testify to the almost dying state in which they found the patient.

Cæsar Hawkins and Mr. Pollock, in Grosvenor Street, as the nearest which I could think of. On his way, Mr. Barker recollected Mr. Holmes, of Clarges Street, as nearer.

In the meantime, I was doing all that I could do to sustain life;* applying ether vapour to the nostrils; wetting the throat and upper chest with ether, and covering it with my hands to cause a strong burning sensation on the surface; pressing the chest at each expiration to help the now shortening breath: for the insensibility was now complete, the face ghastly pale and covered with cold sweat, the pulse very weak and irregular, whilst the hissing noise in the larynx showed that the spasm was as tight as ever. Then returned Mr. Barker, and announced 'Mr. Holmes, surgeon to St. George's Hospital,' who was accompanied by Mr. T. H. Smith, of John Street, Berkeley Square. As these gentlemen, breathless with haste, went to the other end of the room to make preparations for the operation, I turned to the Duchess, who was behind me, and said, distinctly and emphatically:—
'The only chance of saving his life is by making an opening in the windpipe, and Mr. Holmes is come to do this.'†

I then turned round immediately to attend to the almost dying patient, and although I did not hear the Duchess

* The nurse can attest this, in refutation of the assertion in the libel that 'Dr. W. did nothing, said nothing,' &c. She also, as well as myself, positively denies the truth of the statement that we 'let the patient drop back like a log of wood.'

† The nurse (Mrs. Burfoot) who was with me, tending the patient, distinctly heard me say these words, and can attest the fact. It may be asked why I did not earlier apprise the Duchess of the proposed operation before Mr. Barker went for the surgeon. One reason for not doing so was, that I was so engrossed in watching, and, so far as was possible, ministering to the almost dying patient, that I dared not turn from him for one instant to explain and discuss the question of the operation. A second reason was, that I really thought that it would be more painful and agitating to her Grace's feelings to be told of the operation beforehand, and to be kept in dreadful anxiety lest the surgeon should not arrive in time, than to be made acquainted with this last resource of art only on the arrival of the surgeon, with the certainty that his aid is at once available. The question of the expediency of performing tracheotomy in cases of intrathoracic tumor will be considered further on. When after death the Duchess reproached me with not having asked her permission for the performance of the operation, I reminded her Grace of my having given her this intimation. Her Grace was understood, both by Mr. Holmes and myself, to admit the fact, her Grace's complaint simply being, 'But you did not tell me it was an operation.' I replied to this effect, 'was this a time for explanations when your son was, so far as we knew, dying?'

make any reply, there was no apparent word or sign of objection; and immediately the Duchess joined us in giving directions for the operation, and for moving the bed, on which the patient lay, to the window at the other end of the room. This was observed by the surgeons as well as by myself and the nurse.

When the incision was made into the windpipe, the patient showed not the least sign of feeling, as all the surgeons can testify. His features were unchanged, and his hand, which I held, was motionless. Little more than an ounce of blood flowed from the wound—a trifling amount for this operation. At first little air passed by the opening. Mr. Holmes then applied his lips to the wound to suck out any blood that might have flowed into the trachea, but little came. After a few minutes, the air passed more freely, and the laryngeal breathing ceased, and there was now a manifest* improvement in all the symptoms. The pulse improved in strength and steadiness. The livid pallor of the lips and cheeks gave place to a little colour. The face and hands, which had been quite cold and clammy, regained some warmth. There was no return of consciousness.

Still I was grieved to see that the relief, although apparent, was by no means so complete as it usually is in successful cases of tracheotomy. The breathing was still laborious; † the spaces between the ribs and above the collar-bones (technically termed the intercostal and supra-clavicular spaces) were drawn in at each inspiration, proving that there was an obstruction in the windpipe below the artificial opening—such, in fact, as could be produced only by an

* The improvement in all the symptoms here referred to was observed by Messrs. Holmes, Barker, and Smith, who attest it.

† Messrs. Holmes, Barker, and Smith all attest that the breathing was still laborious. Mr. Barker observed the drawing in of these intercostal and supra-clavicular spaces. Mr. Holmes remembers observing that the first intercostal or infra-clavicular space was drawn in. Mr. Smith left not long after the insertion of the tube, and had not therefore the same opportunity of observing this drawing in. This laborious state of breathing made it necessary to supply air as pure and fresh as possible from the open window, as in all cases of extreme difficulty of breathing. The exposure to cold thereby, complained of in the libel, was too short to be injurious, and was counteracted by warm flannels, which were applied as soon as they could be procured.

aneurysmal or other tumor pressing on the lower part of the windpipe. I expressed to Mr. Holmes my fears thus unfortunately confirmed, and that we must not look for complete or permanent relief, and he took the same view, both as regards the existence and nature of the obstruction, and the probable result; and I may here mention that Mr. Barker concurs in my views as to the nature of the disease.

The spasm of the glottis had been completely relieved.* There was no longer the hissing noise in the throat; and by lighted matches we found that air passed both by the wound and through the nostrils, but there was an insufficient supply of air to the lungs. The jaws were no longer firmly clenched, and some power of swallowing was regained, so that I was enabled to give in spoonfuls warm chicken broth, and brandy and barley water;† and these supplies had a manifest effect in restoring strength to the pulse and warmth to the surface, after intervals of flagging, which recurred several times. About an hour after the operation, the closure of the jaws returned, and prevented the supply of nourishment: we endeavoured to remedy this by introducing a cork between the teeth, but with only partial success; and the flagging of the pulse and inequality of the respiration became more evident. At about a quarter after five, there was a slight indication of returning consciousness. The patient turned his head first on one side, then on the other, and the Duchess then spoke to him a few words in a loud voice, and he looked round with something like intelligence.‡ But this was but

* All the signs of improvement in the condition of the patient mentioned in this and the remainder of this account were also observed by Messrs. Holmes and Barker, who, moreover, observed no other signs of consciousness than those mentioned below.

† The assertion in the libel that I *choked the patient with chicken broth* is an absurdity; as every medical man knows that the artificial opening below in the windpipe rendered choking—that is, stopping the breath in the throat—impossible. It was equally false that I ‘choked every effort to speak.’ All present can testify that there was neither power to speak, with a hole in the windpipe, nor even consciousness to make the effort.

‡ The partial or complete restoration of intelligence shortly before death has been noticed in several diseases. Supposing this case to have been one of aneurysm of the arch of the aorta, and that the suffocation was brought on by the sudden swelling of the aneurysm, that swelling would diminish when the failure of the heart's power reduced the arterial pressure; and with this diminution there might be a partial recovery of consciousness.

the flickering of the lamp before its final extinction, for in a few minutes the pulse became weaker and slower, and then stopped; and lastly the respiration slackened, and, after a few gasps, ceased, about an hour and twenty minutes after the performance of the operation.

On taking a retrospect of this melancholy history, thus terminating in death with such awful rapidity, I can explain its course and its symptoms throughout, only on the supposition that there was *an aneurysm* of the arch of the aorta*, probably at its posterior aspect, which by pressing on the windpipe and left recurrent nerve, produced difficult breathing, both constant and in paroxysms, and that this aneurysm, in the last three days of the patient's life, increased with such fearful rapidity as to give little time for investigation or warning, during the short period of twenty-four hours, when the patient was under medical care; that is, from six P.M. of the 29th, when I saw the patient for the second time, to half-past five P.M. of the 30th, when he died.

The existence of an *intrathoracic tumor* was recognised as a *possibility* on my first examination on the 21st,† but it became probable only when I first heard of the slight attacks of difficult breathing becoming somewhat of a laryngeal or choking character (about the 23rd or 24th). The fatal walk of three and a-half hours on the 27th obviously gave a sudden increase to the disease; the fits of difficult breathing becoming more intense, and the general health and strength suffering more in consequence. Therefore, when the patient came under my observation for the second time, on the evening of the 29th, although the physical signs were still not conclusive, yet the fits of decided laryngeal dyspnoea (diffi-

* An *aneurysm* is a swelling of an artery into a pouch or sac, from the yielding of a portion of the coats of the artery. Such swelling or tumor pulsates with each beat of the heart, which keeps it always distended with blood; and this distension tends to enlarge the tumor, which, pressing on the adjoining parts, may irritate, compress, and displace them in various ways, and may thus cause distressing and fatal disease, or may end by the rupture of the tumor and sudden death by hæmorrhage. Aneurysm affecting the aorta, the great artery of the body, is one of the most intractable and fatal of diseases.

† Tumor pressing upon the inner part of the summit of the left lung.

cult breathing), made them more significant, and warranted me in entertaining and expressing my fears as to the existence of an intrathoracic tumor, and in insisting on the necessity of more constant medical attendance, and of more rigid injunctions to avoid all undue exertion and exhaustion in future. On my third visit, at nine in the morning of the 30th, when the attack of laryngeal dyspnœa had been witnessed for the first time by a professional observer, the probability of its cause being a tumor within the chest was increased; and although its greater intensity might be in some measure ascribed to the unfortunate accident of the patient's falling out of bed, in his effort to ring the bell when choked with the strong brandy and egg, yet the severity of the paroxysm, and the persistence for the first time of a slight laryngeal breathing after it, seemed to point out a progressive increase of the disease.

But the strongest evidence (short of *post mortem* inspection) of the seat and fatal nature of the disease occurred during my fourth and final visit, after three P.M. on the same day, 30th. Outstripping all calculation, this strangling spasm—this awful death-blow—fell after an interval of seven hours only from the last attack, instead of twenty-four, as in former instances. Nothing could exceed its overwhelming intensity, for in the course of two or three minutes of frightful struggle for breath through a tight hissing glottis, the voice was reduced to a hoarse whisper, then silenced for ever; the eyes fixed in a ghastly stare, with widely dilated pupils; the face overspread with the pallid hue and clamminess of death; the features set in rigidity; the jaws firmly closed; and consciousness so suspended that even the surgeon's knife elicited neither movement nor sound.

And the operation gave yet another proof of the real seat and nature of the disease. It analysed that state of suffocation, and proved that it had a twofold cause. No sooner was air admitted through the opening in the windpipe, than the laryngeal hissing ceased. There was no longer spasm of the glottis, and air passed by the nostrils as well as by the new aperture. And hence there were some signs of returning life. The pulse gained strength and steadiness, some colour and

warmth returned to the lips and face. The jaws relaxed, and liquids put into the mouth were distinctly swallowed. But the breathing, although not stridulous (hissing), was laboured still. At each inspiratory effort the spaces between the ribs and above the collar-bones became concave from atmospheric pressure, which found no sufficient entrance to the lungs through the windpipe, being still obstructed by something *below* the artificial opening. What could this be but the tumor still pressing on the lower part of the windpipe? * The operation had relieved the spasm of the glottis, caused by the pressure of the tumor on the recurrent nerves. But it could not resolve another element of the strangling disease, the tumor bodily compressing the tube of the windpipe itself. This remained beyond the reach of any remedy; and to its continued impediment to respiration, together probably with exhaustion of the powers of the heart, weakened by the long struggle, must be ascribed the inadequacy of the operation and the death of the sufferer.

But in tracing the evidences of the unusually rapid and unexpected increase of the disease in this case, do we not go far to prove that nothing but aneurysm could run such a course? Other intrathoracic tumors, simple or malignant growths, or glandular swellings, do not increase with anything like such rapid strides. But aneurysm may be quick or slow in its increase, according to the influences to which it is exposed by the constitution and habits of the patient. Excessive or long-continued exertion, excitement, and irregular living, will most surely hasten its course. Quietude of body and mind, with healthy but careful habits, generally retard the increase and fatal tendencies of aneurysms, and in a few cases lead to their obliteration and cure.

My distinguished friend and colleague, Liston, the surgeon, was carried off in the prime of his life and reputation by the same kind of aneurysm as that which I believe to have been the disease of Earl St. Maur. Of robust frame, and delighting in his strength, he indulged his passion for athletic exercises in no measured degree, and was also what may be

* The reader will observe that my letter to the Duke of 30th September, given further on, supplies documentary evidence that such was my opinion.

called a high liver. In this career he was attacked with choking fits, more than once relieved by hæmorrhage. Although strongly and repeatedly warned, he would not abandon his favourite exercises, and in six months the strong man was a corpse.

It is not improbable that Lord St. Maur's disease may have had its origin in that hard ride, in a fit of anger, in Morocco, eighteen months ago, which he mentioned to me in his first visit. It brought on violent palpitation, to which he was not otherwise subject; and he thought his breath shorter from that time. Some time later succeeded the dry cough and frequent pain in the chest, and which yet did not deter him from persevering in long walks and rides, which he fancied were good for him. Then came the first warning, in the fit of suffocation, brought on by rapier exercise, in which he felt 'as if he must die.' It can hardly be doubted that this was a laryngeal spasm. Wisely warned after this by Dr. Fairbank, he seems to have been afterwards more quiet in his habits, until the 27th of September, when, regardless of the warnings which I had so recently repeated, he took that fatal walk of three and a-half hours, which, in all probability, caused an increase of the aneurysmal tumor, and brought it into a state of dangerous activity. Each successive attack of spasm with laborious breathing would be likely to further distend the tumor, especially that of the morning of the 30th, aggravated, as it must have been, by his violent effort to ring the bell, and his consequent fall on the floor in a senseless state. Yet, even after this, the breathing was so easy, with only a slight laryngeal sound, and the voice so clear and strong, that there was no obvious evidence of the impending danger up to the moment of the last attack. That attack, commencing with intense laryngeal spasm and breath-struggle of tremendous force, must itself have caused a sudden increase in the size of the aneurysm, so that when the operation removed the laryngeal spasm, there was evidence of the tumor still pressing on the lower part of the windpipe with fatal persistence, and destroying all hopes of a favourable issue.

And here I would introduce the question as to the

performance of the operation of tracheotomy in such cases generally, and in this case in particular.

The operation of tracheotomy, or laryngotomy, consists in making a slit in the front of the windpipe, or trachea, and keeping it open by the insertion of a small metal tube. The object of the opening is to give a new channel for the supply of air for the breath in those cases in which the natural opening at the top of the windpipe is obstructed by disease or by a foreign body. The most common instances where such aid is wanted are those of *laryngitis*, or *inflammation of the larynx*, the organ of the voice at the top of the windpipe. In this disease the membranes become so much swollen as to cause more or less hoarseness or loss of voice, croupy or squeaking cough, and such an impediment to the passage of air as to make breathing through the larynx noisy, and more or less difficult. When this difficulty is great, there is danger of suffocation, especially in the spasmodic aggravations to which the highly sensitive and contractile structure of the larynx renders it liable. These are the cases in which tracheotomy is especially called for, and in which, if practised in time, it is most successful. The artificial opening below the seat of obstruction supplies the needful air to the lungs, and so life is preserved till the disease is cured, and the breathing returns to its natural channel. In all cases of inflammation, ulcer, or tumor of the larynx, causing much difficulty of breathing, permanent or in paroxysms, tracheotomy is a means of saving life, to be looked to, and prepared for, as the thing to be done when milder means fail. It is different with the dyspnoea caused by *intrathoracic tumors*. These produce not only *laryngeal dyspnoea* by pressure on the recurrent nerves which regulate the motions of the glottis, but also *tracheal dyspnoea* by direct pressure on the lower part of the windpipe itself. Whatever difficulty of breathing may be due to the pressure on the nerves going to the larynx, may be relieved by the operation for a time; but that proceeding from direct pressure on the windpipe is beyond the reach of that or any operation, and if this direct pressure exist to any great degree it would render the operation fruitless. Further, it must be borne in mind that aneurysm, the commonest kind

of intrathoracic tumor, may cause death by rupture and loss of blood, and in other ways besides by suffocation, and therefore that in such a case tracheotomy cannot be regarded in the light of a curative measure. Its power to give temporary relief will depend on how much the difficulty of breathing caused by the aneurysm is *laryngeal*, from pressure on the recurrent nerves only, and not *tracheal or bronchial*, from pressure on the windpipe or one of its branches. When there is time and opportunity for careful examination, these distinctions may be made from the character of the physical signs, so as to determine beforehand whether the operation is likely to be beneficial or not; but it may be repeated that in none does the operation promise the success that may be expected in simple laryngeal disease.

The case of Earl St. Maur belonged to this latter group. From signs and symptoms, I inferred the probable existence of intrathoracic tumor, most likely aneurysm, pressing on the windpipe (hence the tracheal breathing and permanent shortness of breath), and on the recurrent nerves (hence the fits of laryngeal dyspnœa). It was, therefore, not a case in which much could be expected from the operation; and in the absence of urgent symptoms, its performance could hardly be contemplated. In the morning of the 30th, I had no expectation that it would be required; and in the afternoon, when the last attack came on so unexpectedly and overwhelmingly, I recommended it as the last and only chance of prolonging life. Death was imminent. This offered the only means of averting it, which possibly it might do, unpromising as the case was, for a few hours—perchance, even days.

I knew that the operation, skilfully performed, was free from danger. In the then state of the patient it could give but little pain. As it proved, it gave no pain whatever; and it assuredly did prolong life for more than an hour,—more than enough to have saved the patient, but for the existence of deeper disease, which lay beyond the reach of any remedy.

It may be observed that in the preceding narrative, which

has been most scrupulously and carefully recorded, there is no mention of any manifestation of dissatisfaction or distrust on the part of the Duchess towards myself. Nor was I aware in the least degree that Her Grace was not fully confiding in the good faith and skill of the physician who was entrusted with the care of her only son suffering from a very obscure and dangerous malady, and who spared no pains, and wrought to the best of his ability, to do what the resources of art enabled him to do. Throughout this short but anxious and painful history, my conscience is clear that I acted with good faith, from pure motives, and to the best of my judgment. The case was very obscure at first; but during the very few days when it was brought under my observation, its serious nature was discovered and distinctly announced; and if, in its rapid strides to its fatal end, it outstripped all calculations, and gave no time for adequate warning or preparation, this must be referred to the inscrutable decrees of Him who holds in His own hands the issues of life and of death.

It was, therefore, to my utter astonishment that, when all was over, and I was beginning to express my heartfelt sympathy with the Duchess under this dreadful stroke, Her Grace began to upbraid me in such terms of accusation and reproach as I do not think proper to repeat now. Suffice it to say, that thus began some of those absurd and groundless charges which were afterwards repeated and enlarged on, in the libel,—charges arising from ignorance and misconception at a time when, as Her Grace's learned counsel says, 'her mind was phrenzied,' and 'was a chaos incapable of fixed thought.'*

These charges have now been 'utterly, absolutely, and unreservedly withdrawn.' Having become convinced that the impressions on which these charges were grounded were erroneous, the Duchess of Somerset assures me, through her counsel, that she no longer believes them; and he adds, 'I do, therefore, on her behalf, frankly and freely, and most unreservedly withdraw all those imputations which reflect on the professional honour and character of Dr. Williams.'

* See Retraction, Appendix at the end of this pamphlet.

Having accepted this full retraction and apology, I have written the preceding narrative in a spirit of forbearance and moderation; and I trust that the statement of facts, and the explanations which it contains, will fully confirm, in the mind of the Duchess of Somerset, the conviction that the 'impressions which she once believed, but now believes no longer,' were utterly false and unfounded.

But my narrative cannot be brought to a close without the mention of one act on the part of the Duke and Duchess which cannot be too deeply regretted under the circumstances—they refused to permit *an examination after death*. This procedure is one which ought never to be omitted in any case of obscurity or doubt, being proper not only for the interests of science, but also for the object of supplying information which is valuable in the physical history of a family. But in a case involving serious questions reflecting on the character and skill of the medical attendants of the deceased, an examination after death offers the only conclusive means of demonstrating the true nature of the case, and the real cause of death. Its performance, therefore, in such a case, becomes a positive duty, and the refusal to permit it incurs a serious responsibility.

In the presence of Mr. Holmes and Mr. Barker, I urged on the Duchess the duty and necessity of her allowing this examination to be made. My application was refused; and a message to the same effect, conveyed to the Duchess through her daughter, Lady Ulrica Thynne, was equally negatived.

In the evening of the same day, I wrote the following letter to the Duke of Somerset, and put it into the post myself:—

49 UPPER BROOK STREET: *Sept. 30th, 1869.*

MY LORD DUKE,

Nothing less than a strong sense of duty induces me to intrude on your Grace's attention in the moment of severe affliction; but I think that your Grace must perceive how important it is for the family and all concerned, that the real nature of Earl St. Maur's disease should be ascertained by *post mortem* inspection. That the death was caused by an obstruction to the free entry of air into the lungs, is certain; and it was not less evident to those who witnessed the last attack that

nothing less than tracheotomy could give a chance of relief. The failure of this measure leaves little doubt that the obstruction was below, out of reach of the operation, being caused by what I mentioned to the Duchess I was fearful of—*a deep seated tumor, pressing on the windpipe and its nerves.*

But certainty cannot be attained without examination, which would cause no disfigurement or mutilation of the corpse; and the knowledge to be thus obtained is valuable, not only to medical science, but especially in the history of a family, as showing the true nature of the diseases to which it is liable.

I trust that these considerations will induce your Grace to acquiesce in my proposal; and with sincere condolence, I remain,

My Lord Duke,

Yours faithfully,

C. J. B. WILLIAMS.

To his Grace the Duke of Somerset,
Bulstrode Park, Gerrard's Cross.

To this letter I received no reply.

Our medical literature supplies many instances of disease with symptoms so closely resembling those of the late Earl St. Maur, that their identity can hardly be doubted. I have collected the records of thirty-four cases of aneurysm of the arch of the aorta, attended with difficult breathing; and my son, Dr. Theodore Williams, has compiled the following statistical summary of their symptoms and results. They were all verified by *post mortem* examinations.

Analysis of 34 cases of aneurysm of the arch of the aorta, attended with fits of difficult breathing, and other symptoms closely resembling those in the case of the late Earl St. Maur.

The patients were 27 males and 6 females, the age and sex of one being unrecorded. The average age was 38, the youngest being 23, and the oldest 57. The difficulty of breathing varied in degree in the different patients, being much more severe in some than in others. In 20 cases it had a laryngeal character, and was accompanied by laryngeal

cough and stridor. In 14 it occurred in fits of a spasmodic kind, the intervals being comparatively free; in 3 the fits were so severe as to leave the patient insensible; and in 1, fæces were passed involuntarily. Difficulty of swallowing was noticed in 9 cases; loss of voice, partial or entire, in 5. In many instances, the aneurysm was not detected during life, being mistaken for other diseases; the physical signs being often obscure, and the laryngeal symptoms very prominent; 6 cases were mistaken for laryngitis; 1 for croup; 1 for ulcer of the trachea; and 1, on account of fits inducing unconsciousness, for apoplexy. Tracheotomy was performed in 6 cases; in 2 it gave no relief, having in one case been refused by the patient till too late; in 4 cases it gave relief; in 1 for several days; another lived 2 days after the operation; a third lived 12 days; and a fourth 16 days. The causes of death were as follows:—10 patients died from hæmorrhage, through the bursting of the aneurysm; 15 from suffocation, caused by pressure on the trachea and bronchi; 1 from serous effusion into the pericardium; 1 from ditto into the pleura; 1 from apoplexy; 1 from paralysis; 1 from the effects of a fall; 3 from collapse; and in 1 the cause of death was uncertain. In all these 34 cases a *post mortem* examination disclosed aneurysm of the arch of the aorta, pressing on, and fatally interfering with, the functions of various organs in its neighbourhood, especially those of respiration. In 23 cases the aneurysm pressed on the trachea and bronchi; in 6 of these the recurrent nerve was also involved; in 2 the recurrent nerve alone was involved. This pressure was the direct cause of death in 15 patients, and might have been fatal in many other cases, had they not died from bursting of the aneurysm, and consequent hæmorrhage. The duration of the disease, as observed in these patients, varied greatly; the principal cause of variation being, probably, that in many cases the early symptoms were obscure, and therefore overlooked. In one case, the symptoms were only observed a week before death, in 17 from 1 to 7 months, in 10 they lasted from 1 to 2 years, and in 1 instance for 8 years. Though this last case was so prolonged, the spasms were severe enough to induce insensibility, in

one of which attacks the patient died. In 4 cases the duration was unknown.

Dr. Gairdner states that 'spasmodic dyspnoea is a cause of death in a very considerable proportion of cases of aneurysm of the aorta. It may even be said that this symptom is rarely absent in those aneurysms which spring from the back part of the arch of the aorta.'—*Clinical Medicine*, 1862, p. 460.

I am indebted to my friend Dr. Sibson for pointing out several of these cases. It is well known in the profession that Dr. Sibson has devoted much attention to the study of aortic aneurysms, and his knowledge of the subject probably exceeds that of any other author.

Dr. Sibson has also sent me the notes of five cases of aneurysm of the arch of the aorta, from his practice at St. Mary's Hospital, which manifest great likeness to the case of Earl St. Maur. All these patients suffered from fits of suffocative difficulty of breathing, which in one case occurred periodically. In another, the attack induced unconsciousness. Dr. Sibson detected 'tubular sounds' above the left scapula during life in two of these cases. After death he found aneurysm of the arch of the aorta to be present in all.

In concluding this pamphlet, I have now only to say a few words to explain why it became necessary that I should bring this action against the defendants. No one who has read the libel (and as the Solicitor-General thought proper to read it entire in Court, it has been reported and spread through the length and breadth of the land) can fail to agree with the learned Judge (Mr. Baron Bramwell), who said: 'Dr. Williams certainly could not have done otherwise than bring the action he has done, because, as you must have heard, really it is a libel upon him in every way, one may say, as a professional gentleman.' And knowing as I did for a certainty that not only would the defendants be wholly unable to justify their charges, but also that the facts and assertions on which these charges were founded could in every instance be proved to be utterly erroneous and untrue,

I considered that a court of law would afford the only satisfactory means of completely vindicating my character from the attack which had been made on it, the gravity of which, as it has been withdrawn, need not now be dwelt on.

One concluding word on the personal and professional bearings of such a case of libel on the conduct, skill, and character of a medical man. I have now been practising my profession as a consulting physician during the last forty years, and never, among the thousands and tens of thousands of patients who have been under my care, has there occurred one instance in which, not merely has any such unheard-of charge as this recent one, but has any serious complaint whatever, been made, against my professional character and skill. I have been called on to minister in scenes more heart-rending, and amid sufferings far more agonising, than those of the death-bed of the heir of the house of Somerset; and although not less successful than others of my brethren in mitigating woe and in warding off the stroke of death, yet, in common with others, I have had to struggle unsuccessfully with the destroyer in those, in this mortal life, common cases of intractable and fatal disease, where vain is the help of man; and my endeavours, having been faithful and earnest, have been always appreciated, however unsuccessful. And this, I believe, is only what is the common experience of my professional brethren, and it is what we all have a right to expect from those who entrust their health, or that of their relatives, to our care,—that there should be, between the physician and the patient and his friends, that mutual candour and confidence which prevents all concealments and misunderstandings; and whilst all means are used which human skill and attention can apply, we should all be ever ready to acknowledge that results are determined by an overruling and an allwise Hand.

APPENDIX.

Copy of the Short-hand Notes of the Retracting and Apology on the part of the DUKE and DUCHESS of SOMERSET, conveyed through their leading Counsel.

Mr. HAWKINS, Q.C.: My Lord, after the last appeal which my learned friend the Solicitor-General has made to me, I feel that I am myself only discharging my duty to the Duke and Duchess of Somerset, who have done me the honour to place their interests in this case in my hands, and discharging the duty which I feel also due to myself and my own position, in stating at once, most frankly and fairly, that so far as regards every portion of that libel, which imputes to Dr. Williams guilt or misconduct, want of honesty, or want of integrity, or bona fides in his treatment of the case which was entrusted to his hands, I utterly, absolutely, and unreservedly withdraw them all. And, my Lord, I do more; for I think it due to Dr. Williams to say this, because perhaps this retractation of the libel might be deemed by my learned friend the Solicitor-General hardly to convey all I wish to convey. I wish to convey this. Without myself entering into a discussion at all as to what the nature of the Earl's disease was, with regard to which I apprehend we have little to do upon the question of the bona fides of Dr. Williams, I believe that Dr. Williams himself acted entirely to the best of his skill, and with all that knowledge which we know he possesses on the subject. My Lord, I do not know that I can do more than that. I do not think there is more that any human being could be called on to do. I am quite certain also that my learned friend the Solicitor-General will forgive me if, on the part of the Duchess, I make one or two observations with reference to the course which she has pursued in this matter.

My Lord, the statement of facts and the history of this most painful and melancholy case, as detailed by my learned friend, do not in all respects accord with the views which still prevail in the Duchess's mind. I do not mean these observations to be in the least degree intended either to impute, or in the least degree to suggest anything

that is at all derogatory to the personal honour or professional honour and character of Dr. Williams. As to the Duchess herself, I speak with reference to one most important matter. My learned friend the Solicitor-General says that, before the operation was performed, the Duchess was informed of the fact that the operation was about to take place. All I can say upon that part of the case is (and I think it due to her Grace that I should say it), that the impression upon her mind at the time she wrote that pamphlet (and I think at the present hour I am only speaking her feelings) was, that she had not been aware of that fact; because, most unquestionably, she felt that if she had been made aware of it, she never would have put her hand to any of the passages in that pamphlet. Of course it is not desired in a case of this sort—and I am quite sure my learned friend the Solicitor-General will not expect it of me—that upon the opening statement on the part of the Plaintiff, in making this apology and retractation, which I now offer on the part of the Duchess, that I should be taken to assent to every minute detailed statement and particular which he has offered to the jury. We all know that we act upon the instructions before us; and however honestly those instructions are given, however honestly the instructions contained in the brief may be given by those who instruct us, we know perfectly well that in a long investigation it turns out that many things are erroneous that in the outset were thought and entirely believed to be correctly stated. My Lord, I do not say this in the least degree for the purpose of reiterating or imputing to Dr. Williams one single particle of dishonour or breach of duty as a professional man; but, as I have already said, I frankly and fairly withdraw them, and I do desire it to be understood that I do it in the fullest and most unreserved manner. On the part of the Duchess, I think I ought to say this—I cannot speak it in the same language that my very eloquent and gifted friend the Solicitor-General could—I wish I could; I can use very few and plain terms to express what I mean, but my learned friend, I am quite sure, will feel that the position in which her Grace was placed was one of the most painful and one of the most distressing that human being could be subjected to or afflicted with. She witnessed the death, under the most terrible circumstances, of her only surviving son; and, my Lord, not only did she witness that death, but with her only son departed all the hopes of that noble house. Your Lordship may well believe that in that state of things her mind was frenzied, and that terrible and harrowing scene was ever present to her.

My Lord, she wrote and penned this statement, not, I am very happy to be able to say, for the purpose of circulation; and it never was circulated beyond those acquaintances and friends who were perfectly

well known to her. My Lord, it was written, not with the intention of gratifying any malignant feeling: it was written, not with the intention to do injury to Dr. Williams, but it was written under feelings such as I have already adverted to. It was written by her for the purpose of telling to those relatives and friends whose tender sympathies made them desirous of learning from her, who alone could relate it, the history of this most distressing case. She alone could relate it, for she alone had stood by that deathbed, and witnessed the ravaging horrors of it. My Lord, it was under those circumstances that she penned it; and as she penned it her mind was a chaos, incapable of fixed thought; she herself was able but little to judge and little to consider the words as they flowed from her pen; and she diverged unquestionably, over and over again, from the narrative she was desirous of giving, for the purpose of giving vent to her own feelings, and bewailing that irreparable loss which only two days before had happened to her, and for the purpose then of raising her voice in her agony of distress against a gentleman whom she then believed had been the author of her terrible misfortunes. My Lord, she then believed it—I am bound to say she believes it no longer; but I believe I should be false to the interests of the Duchess herself, and I should not myself be making this apology in the spirit that I desire to do, if I were to say that the Duchess merely retracted that which she had written. It is right to you that I should state on her behalf, and to Dr. Williams for his own satisfaction, this. It is a more gratifying thing, I am sure, to him to know that that which she then believed she believes no longer.

I am sure he will give me credit when I say so, and give the Duchess credit for having written what she then believed; and he will think that this apology and retractation is the more befitting, when I say that the advice, and the information, and the light which have, since the month of October, been thrown upon this most melancholy case by gentlemen of Dr. Williams's own high and honourable profession, have removed entirely from her mind the painful impressions which were then resting upon it and with which it was then clouded. Having her mind so relieved, and having come to the conclusion now that the impressions which she then formed—honestly formed—were erroneous, I believe that no human being will doubt that the honourable, that the high course which the Duchess ought to take is that which she now takes, in withdrawing all those imputations in the fullest possible manner. My Lord, I do therefore on her behalf, frankly and freely, and most unreservedly withdraw all those imputations which reflect on the professional honour and character of Dr. Williams; although the very melancholy and terrible circumstances, and the harrowing scene

which occurred upon that fatal, dreadful night of the 30th of September will ever be present before the eyes of the Duchess until her own eyes are closed in death. But, my Lord, as far as Dr. Williams is concerned, I regret extremely that this libel should have given him pain; and it will be a great satisfaction, I am sure, to him to know, as the fact is, that the very instant that the matter came to the knowledge of the Duke, every single pamphlet (they were issued only to those who were the immediate relatives and friends, and they were printed merely for that purpose) was withdrawn, and I believe that not one single one now, as far as they are concerned, is in the hands of anyone. My Lord, under these circumstances, I trust that my learned friend the Solicitor-General will give the Duchess credit for having at the time she penned this pamphlet acted with perfect bona fides, and in the belief of all she then stated, and I am quite sure he will give me credit for having made the apology and retractation in the spirit in which it is intended.

Verdict for the Plaintiff by consent: Damages, FIVE GUINEAS, with costs as between Attorney and Client.