

Blatchford (J. W.)

EULOGY

ON

SAMUEL M^CCLELLAN, M. D.,

PREPARED BY ORDER OF THE

MEDICAL SOCIETY OF THE STATE OF NEW-YORK,

AND READ AT THE ANNUAL MEETING IN ALBANY,

FEBRUARY 3, 1857,



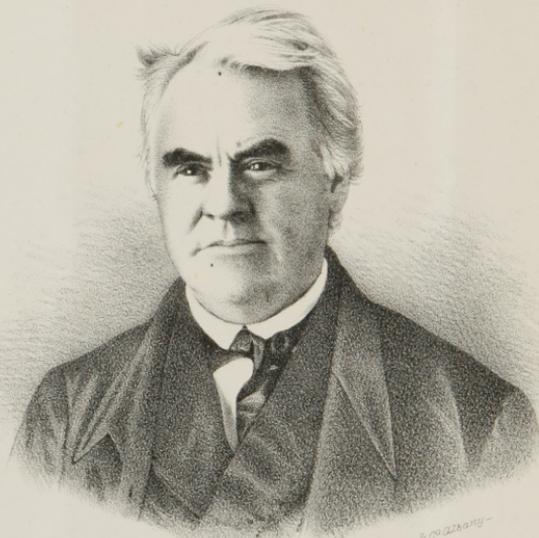
BY THOMAS W. BLATCHFORD, M. D.

ALBANY:

C. VAN BENTHUYSEN, PRINTER, 407 BROADWAY.

1857.

BIOLOGY



Engraving by Robert R. Taylor

Sam, M. Clellan

SAMUEL M' CLELLAN, M.D.

Born: June 14th 1787.

Died: April 8th 1855.

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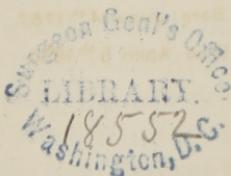
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[“On motion of Dr. Goodrich, Dr. T. W. Blatchford was appointed to prepare a eulogy on the late Dr. Samuel McClellan, to be read at the next annual meeting.”—*Transactions* 1856, page 210.]

The resolution of Dr. W. D. Purple, adopted by this society in 1849, “requiring a professional obituary of suitable length” in case of the death of a member, made that duty devolve upon the censor living nearest to the former residence of the deceased. By a resolution adopted at the last meeting, I was appointed to prepare a eulogy upon the late Dr. Samuel McClellan, to be read at the present meeting of the society.

EULOGY.

Samuel McClellan, the subject of this notice, was the son of Hugh and Sarah (Wilson) McClellan, and was born on the 13th day of June, 1787, in the town of Coleraine, in Berkshire, (now Franklin county,) Mass., and was one of ten children, eight of whom reached maturity. His father had been a captain of the Massachusetts minute men in the war of the revolution, and served with his company in the capacity of a scout. As such he was attached to the army of Gen. Gates, and was absent on an expedition for cutting off Burgoyne's communication with Canada, at the time of the battle of Bemis' Heights. He was a decided Presbyterian in his religious preferences, and belonged to the Scotch church, conscientiously adhering to all its observances with strict integrity; all his children to a great extent inherited the same characteristics.

The early education of Dr. McClellan was derived principally from the common schools in the immediate neighborhood of his father's residence. He subsequently attended the academy at Deerfield in his native State. After leaving the academy he alternately taught school and labored on his father's farm. Being of a studious turn of mind, he employed his leisure hours in profitable reading, and at the age of about twenty-one he commenced the study of medicine with his brother, Dr. John McClellan, of Livingston, Columbia county, in this State, and who, although his senior by fourteen years, outlived him a number of months. He continued in the study and practice of his profession with his brother about four years, bringing to it the steady habits and robust health of a young New England farmer. He was examined and licensed to practise medicine by the Columbia County Medical Society. His brother's health at that time being feeble

and precarious, and unable himself to attend to much business, a large portion of professional labor devolved upon the subject of this notice. These duties he discharged to the entire satisfaction of his brother, and of those who employed him as his brother's substitute. His being thus early thrown upon his own resources must have been of incalculable advantage to the young physician; and, although he never enjoyed the advantage of listening to the lectures of learned professors, perhaps few young men who did, could boast of a better school or of better clinics.

About the year 1813, he left the pleasant scenes of his early professional labors, upon which he always loved to look back, and removed to the town of Schodack, in Rensselaer county, a mile and a half west of the delightful village of Nassau. He was immediately introduced to a most extensive and successful practice. Very soon after his settlement here, a malignant fever (Typhoid Pneumonia) prevailed extensively throughout that part of the county, as an epidemic. His time was fully occupied. He was often heard to remark that for weeks together he almost constantly lived in his saddle, sleeping only occasionally, and then at short and irregular intervals. His success in treating this disease, in whatever shape it manifested itself, was extraordinary. It was the subject of remark by the community at large; and from that early and successful beginning, he established a reputation as a skilful physician, which he ever after maintained.

In June 1815, at the age of 27, he married Miss Laura H. Cook, daughter of Philip Cook, Esq., of Richmond, Mass., but then a resident of Schodack. This connection proved a very happy one, happy for themselves, happy for their children, happy for their friends—home under their roof was a home for all with a hearty welcome for each, and no one who has enjoyed it can ever forget the amenities which uniformly clustered there. When the Dr. died, he had been married 40 years; his widow still survives him and is in the enjoyment of a good measure of health for one so far advanced in life's checkered journey. He left also two sons and three daughters. His daughter, Mrs. Barber, of Homer, died about 11 years before him.

Immediately after his marriage he removed a little nearer the village where he continued to reside until his death.

At the time of his removal, Dr. Mellen was the principal practitioner in that vicinity, but soon after he removed to Hudson, where he died. Dr. Ebenezer D. Basset succeeded Dr. Mellen and still occupies the same field.

About the time of his settlement, Dr. McClellan found the following gentlemen practising medicine in his immediate neighborhood, with whom he ever maintained the most friendly professional intercourse, all of whom he survived with one exception. At East Greenbush, Dr. John Miller; at Sand Lake, Dr. Harris; at East Nassau, Dr. Gale; at Chatham, Dr. Root; at Chatham Centre, Dr. Joel A. Wing. Dr. Root of Chatham still survives, and is filling out the measure of his days in active usefulness, enjoying the confidence of long tried friendship.

Dr. McClellan's popularity as an instructor of medical students was very considerable, and, for a physician in a country town, with no professional ensign to attract, and no city advantages to offer, has, perhaps, seldom been surpassed. He possessed the faculty of communicating instruction in a pleasing, winning manner, gaining the attention, and securing the confidence of his pupil in a remarkable degree; and now, his warmest admirers are to be found among those whom he instructed. Those who knew him longest, loved him best. Among the students who enjoyed the advantages of his instruction, were the following, some of whom have risen to considerable eminence in their profession. Garrison, Squires, Bell, Chadsey, Beckwith, Coventry, Simpson, Herrick, Miller, Cole, Carmichael, Boyce, Dan'l Haynes, &c.

Of his character as a medical practitioner, I shall let one of his early pupils speak. The following communication has been received in answer to a request to furnish any incidents in the life of Dr. McClellan, calculated to illustrate his peculiarities as a physician. From others of his pupils I have received that which is only confirmatory of what Dr. Chadsey states. One says that "one of Dr. McClellan's prominent characteristics was an untiring and never-failing devotion to his engagements, even in chronic cases, which he visited perhaps only once a week. When the appointed time came he was certain to meet the engagement, unless circumstances rendered it impossible; but

neither storm nor wind, cold nor heat, ever prevented." Again, "Every case of disease for which his attention was solicited, if of a serious character, enlisted all his energies, whether the subject was poor or rich, obscure or of commanding influence." Another peculiarity was "his untiring perseverance in the use of remedies, even when, to others, the case seemed hopeless," and this hope inspiring principle sometimes gave rise to unkind remarks from those who could not appreciate his motives, though he could point to many recoveries when by others the cases had been considered hopeless. Again, "The attachment of his patients and their implicit confidence in him, arose in part from his uniform urbanity of manner and affectionate regard for them, added to a countenance which had power to charm the most indifferent." The same correspondent further remarks, "In my judgment his crowning excellency as a practitioner, consisted in an unusual power of discrimination and the proper adaptation of remedies."

Says another correspondent, "One peculiarity in his character was his constant uniform cheerfulness. Although at times subject himself to depression of spirits, he never carried dejection into a sick room." In a sick room he was cheerful from principle. He believed in the healing power of cheerfulness, and there can be no question that a great deal of his success was attributable to that feature in his character. Conversing the other day, with a worthy lady upon the character of Dr. McClellan, who had been her family physician for nearly forty years, she remarked in substance, "The doctor did not give a great deal of medicine to his patients, but his mild, intelligent countenance and his never failing cheerfulness inspired them with confidence and courage which was the best medicine;" she might have added that "a merry heart" was a remedy of established reputation three thousand years ago. (See Proverbs, xvii-22).

The following is Dr. Chadsey's communication :

SCHENECTADY, *Jan.* 12, 1857.

T. W. Blatchford, M. D.;

My dear Sir : Yours of the 30th ult., came while I was absent from home, and I now hasten to answer it. The medical character of the late Dr. Samuel McClellan, like his moral and religi-

ous character, was honest, decided, firm, and energetic. He was a diligent student, well-read in all the branches of his profession, and kept himself well posted in all new discoveries and improvements. He was a constant reader of the best medical journals, and annually added to his library the works of the best medical authors. No book in his library was unread by him. He possessed the faculty of grasping at once the theory, principles, and views of the author before him, and of adapting them to his own purposes.

He possessed a most retentive memory. I never knew him to forget a patient, nor any of the circumstances connected with the disease, although years may have elapsed. This knowledge was always made available, when afterwards called to prescribe for the same patient, or for any in the same family.

His conversation with his students was almost always upon medical subjects. When at leisure in his office, or when riding on his daily visits to his patients, he would discuss the diagnosis, prognosis, and best mode of treating the case in hand, noticing the hereditary diseases to which they were liable, the causes remote and proximate, and every possible circumstance calculated to throw light upon the case. He did this in such a manner as to draw out the knowledge and opinions of his students, and confirm them when right, and correct them when wrong. So pleasantly and agreeably did he do it, that we felt the utmost freedom and social equality in his presence, while we loved and revered him as our teacher. It was doubtless this faculty which made him the most popular medical preceptor in the county. His office was always well filled with students, and I do not now remember that he ever had a student who did not make a successful practitioner. He was indefatigable in his endeavors to make them well qualified for their responsible duties.

Dr. McClellan loved the practice of medicine—not as a mere business by which to support himself—he loved his profession for its own sake. He visited the poor as freely and as cheerfully as the rich, and the warm glow of satisfaction which at times would suffuse his countenance, on the recovery of patients in the humbler walks of life, for whom great anxiety had been felt, told that his *heart* was in it, and that he cared more for their re-

covery than for the pecuniary remuneration to which he might be entitled. I have indeed, often thought that the joy he manifested in such cases, was quite equal to that experienced by the restored sufferer himself.

His retentive memory, his strong, well-balanced mind, his discriminating judgment, aided by his own extensive and rich experience, made him almost infallible in diagnosis.

On his first visit to the bedside he was not content with carelessly looking at the tongue, feeling the pulse, and asking two or three commonplace questions; but his enquiries usually extended to all the minutæ of the disease, its history and causes, predisposing and exciting, remote and contingent, inherent or acquired. He asked concerning the constitutional effects of former attacks of disease, and as to the existence of any idiosyncrasies, or any peculiarities in the action of remedial agents. He never would prescribe until he had as it were daguerreotyped the disease on his mind, in all its possible influences upon the system. When he could thus see it and know it, and only then, was he ready to combat it. When he had thus carefully formed his diagnosis, it was seldom varied, and seldom was he disappointed.

It was his acknowledged skill in diagnosis, together with his urbane and kind deportment towards his medical brethren, that made him the standing and almost only counsellor with the physicians around him. I have frequently known him to ride twenty, thirty, and forty miles to hold consultations. Physician and patient seemed equally anxious for his advice.

His remedial agents were always chosen for their simplicity and efficiency. He never prescribed general remedies for merely local diseases. His first object was to remove the cause, and afterwards, if necessary, combat the effects. He never played with disease, but endeavored if possible either to master it or modify it in its incipient stage. This he made the *point d'appui* in his practice. He never interfered with the *vis medicatrix nature*, but always strove to assist nature in her salutary efforts. If remedies failed to produce the desired effect, he resorted to others more efficient, without any undue regard for old conventional maxims. When he had decided on the treatment he deemed necessary to institute, no earthly power could easily

divert him from his purpose ; no false sympathy of friends ; no squeamishness ; no faint heartedness ; no undue tenderness, or sensibility. The fear of offending patient or friends by any directions or prescriptions never influenced him to turn aside from what he knew to be best. No *skilful* nurse or officious friend, could vary his determination.

“ He knew his duty, and knowing dared perform it.”

Dr. McClellan was a Christian. He loved his Savior ; he loved the prayer-meeting ; he loved the family altar ; he loved the house of God, but knowing the influence the mind exerts over the physical system, especially when diseased, he never would himself, neither was he willing others should talk to his patients about death, in a depressing or discouraging manner.* He said his business was to heal the body and to do that it was his duty to avail himself of all the means in his power, and not the least of these did he consider a cheerful, hopeful state of mind. For this purpose he was in the habit of relating anecdotes in the hearing of his patients, even when they were very sick, until he caused them to laugh, in which he would join most heartily. This, he said, was good medicine, and at times the best. It affected the whole system, and excited to action every dormant fibre. When he considered the result of a case doubtful, his practice was to request the friends to send for the clergyman of their choice.

Up to fifty years of age Dr. McClellan was constantly in the habit of performing all the minor and most of the capital operations in surgery. He was a skilful operator. After he passed his fiftieth year, he declined all surgical operations ; for what reason I am not able to say. It was not for want of opportunity, nor of entreaty.

Dr. McClellan was greatly beloved by all who knew him, and but few persons within ten miles of his residence were willing to die or to be very sick without calling upon him. His practice

* There is an honest difference of opinion among physicians on this subject. While all would deprecate doing any thing to retard recovery, there are those who feel, that at the proper time, no subject is more appropriate to a sick room than that of religion ; and that frequently its cheering and consoling influence is of the most marked advantage. Where physicians are not in the habit of introducing it except in cases of approaching dissolution, the effect would be very likely to be injurious, but not so where the habit is different. If I am correctly informed Dr. McClellan, especially for the last few years of his life, was in the habit of frequently introducing the subject of personal religion, though not in a depressing and discouraging manner.

was very extensive ; during the three years that I was with him, he charged ten thousand dollars. To charge such an amount in a country practice required almost incessant toil.

I will close this communication by relating two or three anecdotes of the Doctor, which will illustrate certain points in his character, better than I could do in any other way.

He was called on a very hot day in July to visit a lady residing in a neighboring village, in consultation with her physician. The lady was of a highly excitable disposition, and strongly marked nervous temperament. She had been the subject of powerful religious excitement, and during this she had a dream which made a very deep impression on her mind already bordering on monomania. The case was represented to be hopeless. She dreamed that she was converted, that all her sins were forgiven, and that she had gone to heaven. Some of her weak, but well meaning friends viewed it as a premonition, and presumed that her departure was at hand. They gathered in crowds around her, and several of them praying all together, apparently vieing with each other who could pray the *loudest*, for her immediate entrance into heaven. At this stage of the Babel confusion the doctor arrived. He was amazed beyond measure at the scene before him, and for a moment scarcely knew what to do. He entered the room with a quiet noiseless step, almost unobserved by any one but the patient herself. Carefully avoiding the legs of those who were prostrate in prayer, he reached the bed side; the eyes of the patient were riveted upon his. He felt her pulse carefully, and in a low whisper said to her, "let me see your tongue." She immediately complied; after satisfying himself of the purely nervous character of her complaints, and the absolute necessity of perfect quiet, he suddenly turned around to a little man kneeling by the bed, and who seemed to be taking the lead, and as if he had been a child, quietly took him up under his arms, walked him carefully out of the room, allowing him not the least opportunity to remonstrate, and giving him a gentle push, said "friend you go home, this lady will not go to heaven to-day." The room was soon cleared, strict directions for perfect quiet with nourishing food, and very little if any medicine, soon restored the lady to perfect health.

At another time a patient, formerly a strong muscular man had long labored under sympathetic irritation of the stomach, and for two weeks had been able to retain nothing whatsoever on his stomach. He had been under the care of a neighboring physician without relief, and had become very weak, emaciated, and excitable. After satisfying himself as to the true nature of the case, the doctor thought if he could produce a sudden powerful impression upon the whole nervous system, he could divert the morbid action, and relieve the stomach; accordingly he gave him a small dose of calomel, dry, mixing it with a little sugar, and allowing him one tea-spoonful of water to wash it down. With his huge arms folded on his breast, he took his stand immediately over the patient to watch him. He looked him full in the face with an intense stare. Very soon the man attempted to raise his head as usual to vomit. The Dr. quickly and forcibly put his head back upon the pillow with one hand, clenched his fist, and shook it menacingly in his face, saying in a rough and angry tone: If—you—raise—your—head—again—from—that—pillow—I—will—knock—it—back—so—hard—that—it—will—stay—where—I—put—it. And—if—you—vomit—up—that—medicine—I—will—pound—your—head—to—a—jelly.” The patient was amazed, alarmed, frightened. He gazed upon those large dark eyes which glared so fearfully upon him. The longer he gazed, the more alarmed he became, until finally he drew himself down and covered his head with the bed-clothes, not knowing what would befall him next. The agony was over, the stomach was quieted and the man was cured.

On visiting a robust, obstinate, self-willed, ignorant man, laboring under *strangulated hernia*, which had resisted the milder means for reduction for several hours if not days, the Dr. prepared a strong decoction of tobacco, and took it to the patient directing him to drink it. He swore he would not drink it—that he would die first. The Dr. said nothing, but unlocked his large case of instruments and spread them in fearful array very deliberately before the patient. After he had everything in order as if to operate, he turned around to the man, who by this time was almost petrified with fear, and said in a cool, deliberate, determined tone, “If you do not drink this tobacco tea immedi-

ately, I will cut your belly open in two minutes, whether you live or die." The patient drank it instantly; nausea and relaxation speedily followed, the hernia was reduced, and the patient saved.

At another time when about to extirpate a schirrous breast, the lady said to him with tears in her eyes, "my dear doctor how can you be so cruel and hard hearted as to do this bloody deed!" "My good woman," said the Dr., "if it was necessary to save your life, I could not only remove this breast but the other also, and amputate every limb of your body with as much pleasure as I would eat my dinner."

Fearing that I may have made this letter too long already, I add no more, but subscribe myself

Your obedient servant,

ALONZO J. CHADSEY.

Dr. McClellan, as might have been expected from his character thus faithfully delineated, by one who knew him well, and one so capable of doing justice to his memory, was a true lover of enlightened medical science, setting his face as a flint against all the *multi-formities* of quackery. He could see no propriety in throwing aside the accumulated wisdom of ages for ephemeral dogmas, advocated by disappointed, needy partisans. How could he consistently with the discharge of sworn duty, reject remedial agents of long tried and approved power, and substitute those of doubtful efficacy and short lived reputation; to say nothing of those robbed of all power by being reduced to the negation point itself. He felt that human life was too sacred a trust to be thus trifled with; not that he thought the science of medicine perfect, or that there was not room enough for improvement; by no means; he was willing to accept of aid from any source; he only required that the aid proffered should possess at least the semblance of rationality; that it should be in accordance with certain known and fixed principles, certain established laws, to gainsay which is simply absurd. All rational improvements he hailed with pleasure; but the longer he practised, the more extended his experience, the more wary he became of new notions and new remedies. Gray headed compeers can you blame him?

In the year 1829, he passed through a very severe ordeal; testing at once his patience as a man, and his skill and faithfulness as a physician and surgeon. It was that of a suit for malpractice; and as that was an occurrence which produced a great excitement and lasting impression in all this region, I will give some account of it, since I was one of the witnesses subpoenaed on the trial.

A young married man twenty-three years of age, residing at East Nassau, had been at Lebanon on business, and there met with an accident which proved to be a compound oblique fracture of both bones of the leg. The next day he was carried in a wagon a distance of nine miles to his house, which was six from the Doctor's residence; the friendly "Shakers" having adjusted the leg in a box in the best and gentlest manner they could, with suitable stuffing, bandages, &c. The Doctor was called to take charge of him immediately on his arrival. At first it was supposed to be a *transverse* fracture and after adjusting the bones, and applying bandages, the limb was placed on a double inclined plane, and the patient left comparatively easy. The next day or sooner, it was ascertained that the fracture was *oblique* in both bones. The inclined plane was then laid aside, and an extension apparatus put on, and all necessary directions given. The patient however was exceedingly irritable, and at times perfectly ungovernable. He was constantly interfering with the treatment by loosening bandages, and changing position, notwithstanding both patient and friends were repeatedly told of the consequences of such interference. The patient at last utterly refused to submit to extension, and insisted upon having the apparatus removed, let the consequences be what they might. Extension therefore was abandoned and the limb again placed on the inclined plane, but still his interference and that of his friends with the treatment was as constant as before, and the result was, as had been anticipated, a short, crooked leg—sloughing of the heel, the formation of abscesses, &c., &c.

The accident occurred on the 12th of Sept., 1827. In the summer of 1829 an action for damages was brought before the Rensselaer Circuit, Judge Wm. A. Duer presiding. The trial lasted from the 11th until the 17th of June, and resulted in a verdict for defendant of *six cents costs*. A great number of

witnesses were examined, both male and female. Every thing on the part of plaintiff and his friends was done to excite sympathy. The young gentleman appeared to be a perfectly helpless ruined cripple ; was *brought* into court, when many thought he might as well have *walked*. Indeed three or four of the medical witnesses testified that they had examined the parts concerned, and saw nothing to prevent his walking if he was so disposed.*

Among the witnesses were the following medical gentlemen— Drs. Hale, March, Langworthy, Spoor, Anderson, Beckwith, Wing, Van Arnee, Turk, Martin, Dayton, Haines, Ball, Bassett, Whitbeck, Crosswell, Squires, Blatchford, &c.

These gentlemen, with very few exceptions, and I now remember only a single one, testified to the good standing of the defendant, to his skill and judgment, approving the method of treatment pursued, and the apparatus selected.

The individual referred to whose testimony was strongly against the Doctor, and decidedly in favor of the plaintiff, left the country the same year or the year following ; but before he left he received a rebuke from the College in which he was a professor, which he never forgot, for immediately after the trial, that College, (Castleton, Vt., and to their credit be it told,) conferred upon Dr. McClellan the honorary degree of M. D., “ as a testimonial of their appreciation of his talents, and as some little reward for the annoyances and perplexities to which he had been subjected.” In like manner, and for a similar purpose, he was soon after, (1835,) elected a permanent member of this society, and that at a time when only two members could be elected during the year.

In the examination of witnesses, and in the summing up, the counsel for the plaintiff seemed to take it for granted that every “ surgeon must be an Astley Cooper ;” and every physician a Benjamin Rush ; and that they must be held answerable for any deficiency in skill or judgment. The counsel for defendant, on the other hand, contended that a well educated mind and ordinary skill with proper attention, was all that the law demanded or any one had a right to expect. By the kindness of Hon. Hiram P. Hunt, one of the counsel for the defence, I have been

* If I have been rightly informed, it was not long after the trial that he throw away his crutches and made his lame leg do good service.

favored with the perusal of his copious notes of the trial, and also with a sketch of Judge Duer's charge to the jury. The charge is so very clear and lucid in stating the law, and sifting the evidence, and is also so entirely in accordance with sound common sense, that I think I shall be doing both the profession and the public a favor by transcribing it, especially so, since the evil of such litigation is a growing evil, and has already reached such a point, that medical men are very reluctant to undertake the management of broken bones or dislocated joints, not because they feel themselves incompetent to the task, but simply because they are unwilling to be subjected to the expense, annoyance, and mortification of a trial, to say nothing of the unjust system of mulctuary practice now in vogue.

Is it not humiliating to know that there are those in our profession who are ever ready, not only to lend their influence to these vampires, when solicited, but sometimes to originate the thought, and urge it on, when they must know there is no just ground for action? Perhaps their motive may be to gratify a pique against the surgeon, for some imaginary wrong, or having been disappointed in their own success, they hope to rise upon the fall of a brother. Such motives, however, are too base, too contemptible and low, to be harbored in any honorable breast, or by any one who deserves the title of physician. Not that ignorance and incompetence should be shielded from the arm of justice; by no means; but I am now speaking of educated men, professional brethren, in good and regular standing. Would it not be more to our credit—more in accordance with the spirit of our excellent code of medical ethics to hide a brother's faults, rather than to expose them, remembering that we too may have faults which would appear to less disadvantage in the shade, than in the foreground of the picture.

Nearly all of these vexatious suits let it be remembered are brought in consequence of supposed errors in reducing fractures or dislocations, and some of our best surgeons have been made to suffer, and yet the ignorant quack, who professedly knows nothing save that which "comes to him" intuitively, or the better informed charlatan, who with unblushing effrontery promises to cure what he knows is incurable, passes on un-

molested*. They may offer human victims as a daily sacrifice upon the altars of their humbugs, either by administering that which directly destroys life, or withholding that which would restore and prolong it, and no legal advice is sought, no summons issued, no jury impannelled, but when a well educated surgeon, by more than ordinary skill and by uncommon diligence and attention, restores to soundness and activity a broken, dislocated, shattered extremity, although, perchance, on close examination it is found not quite as straight, nor as long as its fellow, though abundantly capable of performing any service for which it was intended, then forsooth the surgeon must be dragged before the public in regular court costume, and defend a suit against an ingrate, not a man, or submit to an extortionate settlement; and especially so if he has the reputation of being possessed of property sufficient to pay if the game succeeds.

In this suit, the judge charged in substance as follows: "The law holds surgeons responsible for all requisite skill." There is a difference between *skill* and *diligence*. Men differ in skill according to talents. The law, therefore, requires only the ordinary skill of a well educated surgeon. As to diligence the rule is different inasmuch as this is in the power of all men nearly in an equal degree. This may again be modified by age of patient, sex, &c. It is also a general rule that with patients of discreet minds the surgeon should explain his operation. Then in sound minds, the surgeon is not bound to use force to compel a patient to submit to an operation, even if the surgeon supposes it necessary to save life. As to children and persons not capable of deciding for themselves, the surgeon must not operate without consent of guardian or parent. The case then presents two questions. 1st. Whether the defendant has manifested proper skill. 2d. Whether he has manifested sufficient diligence. First then, as to skill, Dr. Anderson gave it as his opinion that extension was improper. But defendant shows by other witnesses that his mode was an approved one. It then becomes unimportant to you to decide between these *modes*. For a sur-

* "By an anomaly in legislation and penal enactments, the laws, so stringent for the repression and punishment of fraud in general, and against attempts to sell poisonous substances for food, are silent, and of course inoperative, in the cases of both fraud and poisoning, so extensively carried on by the hosts of quacks who infest the land."

geon is not answerable for his judgment in a particular case. It must be left to the surgeon himself.

You are then to inquire into defendant's skill on the mode adopted, and also his diligence in treating the case. The fracture was supposed to be transverse, and therefore defendant set about making an inclined plane, but when the fracture was ascertained to be oblique, the defendant wished for his "extension box;" some little time elapsed, and defendant is not responsible for it even if he acted under a mistake from wrong information. The leg was properly reduced and all necessary directions given.

Dr. Turk, living near by, was called in, found the leg in proper position and again properly dressed by him and he left it so. Dr. Martin was in the room the same day Dr. Turk dressed it, or the day after, and the plaintiff said the extension had been loosened by plaintiff's father. The next time defendant was there, after Dr. Turk dressed it, Drs. Whitbeck and Beckwith accompanied him, extension was then off. Bones were displaced and overlapped, and were not brought into apposition at that time. It follows then, either that Dr. Turk was mistaken as to leaving bones in proper position, or that extension had been taken off after Dr. Turk left. Defendant told plaintiff he would have a short leg if he did not let it be extended. If defendant had plaintiff's consent to reduce it, he ought to have done it, but not if prevented by plaintiff's own choice, or if you believe that plaintiff had taken off extension, or deceived defendant, but you must be convinced beyond all reasonable doubt that defendant did desist in consequence of the refractory conduct of plaintiff. Other evidence throws light on this point, viz., that of Dr. Haines. Dr. Haines went with defendant, defendant was not obliged to abandon plaintiff, though he would have been justified out of regard to his own reputation. Dr. Haines says the limb was not extended, and that defendant then told him he had abandoned extension in consequence of plaintiff's opposition. *If this is true all responsibility is taken off from defendant*, and it is perfectly natural. There is nothing to impeach Dr. Haines' testimony. This is the substance of this cause. What was the reason that extension was abandoned? Whitbeck, Beckwith,

Martin, Dusenbury, and others tell you it was by plaintiff's own directions. The heel sloughing is not unusual, and besides the defendant applied the proper remedies. Plaintiff repeatedly slipped down in bed against a rope contrary to defendant's positive directions, &c., &c. Plaintiff is bound to make out his case *affirmatively*. This is the rule in ordinary cases, and much more so, where a professional man is sued for malpractice. The defendant is entitled to the benefit of any doubt on your minds."

In the year 1823, when President of the Rensselaer County Medical Society, to which office he had been elected the second time, Dr. McClellan communicated to that society that singular case of *self performed cesarean section* on the person of a mulatto girl living in Nassau. Twins were extracted—the wound cleansed and properly dressed, and the girl recovered. The time she chose for the operation was while the family were at dinner; the place, behind the barn on a snow bank—and her instruments, her master's razor and a darning needle. The case was copied into several medical journals. It was first published in the New-York Medical and Physical Journal for March, 1823, page 41, to which journal it was sent by order of the Rensselaer County Medical Society.* It was also published in the London Medico-Chirurgical Review, vol. 5 (1823), page 236. The editors of the latter journal doubted the correctness of the story. It was nevertheless true, and only tends to show how tenacious of life the human body sometimes is, and to what extreme injuries it may be subjected, and still, life continue, and health be restored. Dr. Bassett, whose patient she was, is still living as the subjoined letter will prove :

NASSAU, N. Y., January, 1857.

My Dear Doctor :

The obstetric case referred to in your's of the 11th inst. occurred January 29, 1821. The wound healed by the first intention. Bleeding was resorted to, once. There was suppression of urine which required the use of the catheter for about a

* "At the semi-annual meeting of the Rensselaer County Medical Society, convened at Troy (N. Y.,) January 4, 1823.

"Resolved, That the secretary be requested to transmit a copy of the report of a case of *self-performed cesarean section*, reported this day by Dr. Samuel McClellan, President of said society, to the editors of the Medical and Physical Journal, New-York, and to the editors of the New England Journal of Medicine and Surgery, Boston, and request an insertion thereof in their respective journals."—*Extract from the minutes.*

ASAPH CLARK, Sec'y.

week. These with laxatives completed the cure in about 20 days. She left Nassau the May following perfectly well. Six years after I saw her in Troy. She was living with a Mr. Rogers in the capacity of a servant girl. Since then I have not heard of her.

With respect, truly yours,

E. D. BASSETT.

DR. T. W. BLATCHFORD.

Besides this case, I am not aware that Dr. McClellan ever furnished any thing for publication. He was like too many of our professional brethren, reluctant to give the results of his experience to the world. When we see an associate so capable of enlightening the medical public, one whose long and well tested experience must have loaded his mind with invaluable facts, willing to bury both body and experience in the same dark silent grave, it makes one feel doubly sad. There is such a thing as speaking after death, and if the duty and the privilege do not belong to the toil worn physician, to whom does it belong? How is medical science to advance and bless mankind, unless assisted by the *recorded* experience of the honest, intelligent working-men of our profession? *Traditionary* experience is too short lived and too equivocal.

About the year 1832, his practice being too extensive for him to manage alone, and yet do justice to the sick, he took Dr. John Coventry, now of Newark, N. J., into partnership with him, and afterwards Dr. Elbridge Simpson, now of Hudson, N. Y. These gentlemen had been students of his, and now, being associated in a new capacity, the union proved advantageous to all concerned. In 1840, Dr. Montillio Beckwith, who studied with him in 1824, became his partner, and they continued thus associated until the time of Dr. McClellan's death. These gentlemen enjoyed each other's confidence to a very great degree. In the conduct of either nothing ever occurred to mar the harmony of their daily intercourse, or even to interrupt their mutual good feeling towards each other.

Not long after his marriage, Dr. McClellan united with the Presbyterian church, in Nassau, and always sustained a consistent walk and conversation. He was a liberal supporter of the various charities which claim the attention of the evangelical christian community. Being at heart a Presbyterian, and that

being his mother church, the church of his ancestors for many generations, it was not until after a long and painful struggle, not until after the church in which he at first professed religion, and in which he had long served as a ruling elder, had declared herself for the "new school" division of that cherished denomination, that he could bring his mind to leave it. But not being willing to sympathise in what he considered dangerous movements, measures fraught with consequences which he considered fatal to the progress of those truths he had always loved, he, with his wife, asked and obtained letters of dismission and united with the Reformed Dutch church in the same place. This was in 1842. Here he found a field of usefulness, as he thought more congenial to his views and feelings. This new connection proved a very pleasant one to himself, and profitable as far as his arduous professional labors would allow to his new associates. After a suitable time he was elected a ruling elder in that church, an office which he held up to the time of his death, discharging the active duties of it with ability and success. His strong well informed mind, decided views of christian duty, energetic habits, and warm heart, fitted him in an eminent degree, the for office.

Punctuality, as has already been hinted, formed a conspicuous trait in his character. He believed punctuality to proceed from moral principle; he was, therefore, careful to meet all his engagements, but in none of his appointments was he more particular to observe strict uniform punctuality, than in occupying his seat in the house of prayer, both on the Sabbath, and at the weekly meetings of the church. When he was not there, every one knew that a paramount duty elsewhere engaged his attention. This feature in his character was the more remarkable when we remember the extent of his engagements, and likewise that no class of men are presumed by the community at large, to have a more valid excuse for tardiness in the discharge of such duties, if not the frequent neglect of them, than the physician in full practice; and yet, I am informed, it was very seldom that Dr. McClellan could not so arrange his professional labors as to be present in his seat on the Sabbath, at least during one service. He knew that he seldom failed in meeting his engagements with his fellow men at the appointed time and place, and he was not

willing to harbor the thought that his engagements in the house of God were of minor importance.

Dr. McClellan was a warm advocate of the temperance reformation. He felt that the best interests of man, for time and eternity were connected with its success, and he was early in the field promoting it. His constant and extensive familiarity with suffering and destitution convinced him that intemperance, either direct or remote, was the cause of nine-tenths of the wretchedness he met with. He saw a remedy in the total abolishment of the cause, but how that could be effected was a question with him, easier asked than answered. He heartily adopted the "pledge," knowing that if all, or even the influential majority, would sign it, and religiously adhere to it, the evil would be cured. He first advocated the "half-way pledge," and then the "teetotal;" but still the lurid flood rolled on in its desolating course, with augmented and augmenting fury. Within the numerous pledged circles, were found backsliders in abundance. These sympathising with the outside crowd, increased the army of the aliens, and the Dr., with many of the early and warm friends of temperance, scarcely knew what to do, except to be careful not to let down his watch, and not cease both by precept and example, to advocate the cause he sincerely loved, until arrested by death.

Dr. McClellan was also a man of strict veracity. What he related as truth he believed to be truth. If it was not, he himself was deceived. Truth with him needed not the tinsel garb of fiction, and fiction at his hand was never decorated in the spotless robe of truth. With him yea was yea, and nay, nay. No one who knew him doubted his word, any more than they did their own senses.

Dr. McClellan continued to discharge his laborious and varied duties with his usual activity and promptitude up to June, 1854. For a year, or more, he had occasionally suffered from an unusual irritation in the rectum and adjacent parts, which he was at a loss to account for. At times it caused him considerable apprehension, lest it might prove an organic difficulty, and perhaps malignant. Defecation was at times extremely difficult, and the pain, both at the time and long afterwards, was

very severe and lancinating. The discharges themselves were seldom natural. They were frequently mixed with blood, and, at times, blood in considerable quantities was passed without fœces. He now began to emaciate, and, very perceptibly, to lose strength, but notwithstanding his increasing feebleness, he continued his professional engagements without any intermission until the period above mentioned, when he felt himself compelled to decline business which required him to ride. He now became tolerably well convinced that his disease was *cancer of the rectum*, and that for it there was no relief.

He first communicated his views to his pastor, the Rev. R. K. Steel, telling him what he supposed would be the progress of the disease, its different stages, and about the period and manner of its termination; and he did it with as much composure as if he had been speaking of some one else. "So correct was he in this early diagnosis," says Mr. Steel, "that the progress and termination of the disease was almost to the letter as he had predicted it would be."

He now sought the advice of several physicians. Drs. Pruyn, of Kinderhook, and March, of Albany, visited him, besides several of the neighboring physicians. A tumor of considerable size was found occupying a large portion of the rectum. It was hard, unyielding and irritable. Dr. March removed a portion of it and brought it to this city for microscopical examination. Dr. Hun examined it and found it to possess the characteristics of cancer. Decomposition, however, had far advanced before it was submitted to the microscope. When the result of the examination was communicated to him, he received it without any emotion. He was prepared for it. His sufferings at times were excruciating, but he never murmured. He marked the steady progress of his disease with the utmost calmness and fortitude. He was a Christian, and now he experienced the sustaining and comforting power of his religion, and could say in confidence, "I know that my Redeemer liveth." His faith was firm, his hope bright. Immortal life was secured, and he was happy—happy notwithstanding the severity of the conflict; and on the 8th of April, 1855, he died, without a struggle, peacefully falling asleep in Jesus. Just before he died he re-

peated to his pastor the words of the dying apostle, "I know whom I have believed, and am persuaded that He is able to keep that which I have committed unto Him against that day."

During the greater portion of his life Dr. McClellan enjoyed a large share of health. Sickness seldom interrupted him in his daily routine of duties. He was a noble specimen of man to look upon. He had a highly benignant, intelligent countenance, largely developed. His person was much above the ordinary height and size. His weight in health varied from 225 to 245 pounds, but disease and pain made sad havoc with him during his last illness. As is the case in most organic diseases, his emaciation was extreme. The contrast between the attenuated form confined in the narrow limits of its last resting place, and the once commanding, controlling presence of the living, moving man in health, was very wide. Scarcely one feature remained to mark personal identity, except for those who ceaselessly watched and witnessed the steady inroads of disease. Yet, notwithstanding this extreme emaciation, I am informed his appetite seldom failed him, and almost to the last he partook of his three meals a day, and often with quite a relish, showing that his constitution was prepared for great powers of endurance. He remained in the full possession of his faculties until within a few hours of his departure. His mind was never clearer and he was never more capable of giving an opinion on any subject.

Such in part is the character of our late associate. Let us emulate his virtues, and we may hope to reap a like reward.

