

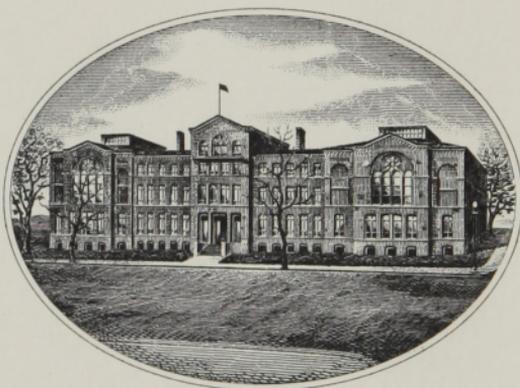
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U. S. Department of Health, Education, and Welfare
Public Health Service

A REPORT

OF THE

TRIAL OF AN ACTION FOR LIBEL,

IN WHICH

DR. GEO. M'CLELLAN WAS PLAINTIFF,

AND

DR. FRANCIS S. BEATTIE

WAS DEFENDANT,

AT PHILADELPHIA,

MARCH, 1829,

Comprising the whole of the Evidence and the Judge's Charge;

WITH NOTES, SUBJOINED BY AN EYE WITNESS.



PHILADELPHIA:

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PREFACE.



THE following report of a trial, which excited a considerable share of attention at the time of its occurrence, is offered to the public without any design to renew the unkindly feelings to which the controversy may have given rise. No such effect ought to be produced by exhibiting a full detail of the testimony, together with the Judge's charge:—nor by the remarks appended in the form of *notes*; a perusal of which will perhaps rather show that censure ought not to fall exclusively where the verdict would seem to imply.

The compiler of this publication is not a medical man, nor has he ill will towards any of the profession. In the censures which he has, without awe or anger, embodied in the notes to the following pages, he gives vent to no uncharitableness of any kind. He has been induced, by a very different sentiment, to warn the members of an elevated and honourable profession against the evils of secret associations, uncandid dealing, blind submission to the tyranny of opinion, and other offences against medical ethics—the existence of which in our community were made manifest by the developments of this trial; and which can perhaps be safely pointed out only by an observer whose disinterestedness can not reasonably be questioned.

ERRATA.

Page 13, line 20th, for " Dr. Ritchie" at the commencement of the line, read " Davis."

Page 30, line first, for " not one of the" read " one of the."

TRIAL

OF A SUIT,

BROUGHT IN THE DISTRICT COURT

FOR THE

CITY AND COUNTY OF PHILADELPHIA,

BY

GEORGE M'CLELLAN, M. D. AGAINST FRANCIS S. BEATTIE, M. D.

FOR A LIBEL.



THIS suit was founded on the publication, by the defendant, of the following passages in a pamphlet entitled,

“Statement of the proceedings, on the part of the members of the faculty and the trustees of the Jefferson Medical College, against Francis S. Beattie, M. D., Professor of Obstetrics and the Diseases of Women and Children, in that institution,” viz.

“My professional and moral reputation was before the public, without a blot, without a stain. But what was the standing of Doctor M'Clellan professionally and individually, who was both a prosecutor of the charge of incompetency and a witness, to whom credence was given in support of that charge? Go to the poor and unfortunate Davis at the Almshouse in this city;—ask him by what trick he was taken out of the hands of Dr. Parrish, under whose care he was daily improving;—inquire of him by what means and through what instrumentality he was rendered totally blind, and obliged to seek a cheerless refuge within the precincts of the Almshouse. The man's name is Davis; ask him, and he will give you the unsophisticated truth. Of Dr. M'Clellan's professional veracity I will give you one characteristic instance. The case of J. Kunkle, corner of Coates street and the Ridge road, sign of the Volunteer, must be authentic;—it is in print in the first number of the second volume of the American Medical Review, of which Drs. Eberle, M'Clellan, and N. R. Smith, are editors.”

“From the American Medical Review.

“In the case of a young butcher, J. Kunkle, of Penn township, from whom I removed a frightful carcinomatous mass, extending from the lip very low down into the left side of the throat, I exposed the bifurcation of the carotid and secured, in succession, all the branches of the external trunk, with the exception of the occipital artery. In removing the sub-maxillary gland, I was necessarily obliged to secure the facial artery close to its origin,—in dissecting out an enlarged lymphatic gland, above and behind the former, I encountered the lingual artery;—and in raising up the lower portion of the parotid gland, which also was much enlarged and indurated, I had to secure the common trunk of the temporal and internal maxillary arteries. The stump of the external carotid was left at the bottom of the wound like the trunk of a tree divested of its branches. Besides all these vessels, I encountered a large vein, the one which returns the blood from the sub-maxillary and neighbouring glands, and secured it just at its junction with the internal jugular. The patient recovered soon afterwards, with

“much less deformity than could have been anticipated by any one who had seen him before the operation.”

“Dr. McClellan publishes this case in 1825 as a case of cure. ‘The patient,’ he observes, ‘recovered soon afterwards, with much less deformity than could have been anticipated by any one who had seen him before the operation.’ But J. Kunkle did not get well. He lingered in great sufferance for a few short months, his father says, ‘perhaps six, seven, or eight months,’ and then died in the Almshouse, July 9th, 1822, under, as I am informed, the immediate observation of Dr. McClellan, who was at the same time the attending Surgeon at that institution.”

The *declaration* filed in this case was in the usual and technical form, and the defendant entered the plea of “NOT GUILTY, and *justification*,” but on the first day of the trial, and immediately before its commencement, obtained leave of the Court to withdraw the plea of “NOT GUILTY,” and file special pleas, setting forth that the assertions contained in the alleged libel were *true*, and that he was ready to prove them to be so.

On this issue the case went to the Jury, on the 10th of March 1829, at a District Court for the City and County of Philadelphia, held by the Hon. Joseph Barnes, the President of the said Court.

The affirmative side of the issue being with the defendant on his pleas, which admitted the fact of publication as alleged by the plaintiff, and undertook to justify the publication by proof of its truth—the defendant’s witnesses were first examined, and in the following order, viz.

WILLIAM DAVIS, (a blind man, now residing in the alms house) testified as follows:

On the 26th December, 1821, I went into the Hospital for cataract eyes, under Dr. Parrish. Four days after I went in, I was operated upon the left eye by Dr. Parrish: I lost that eye. The next May, that is in 1822, I was operated on by Dr. Parrish for the right eye. I came through that operation tolerably well, and my eye began to recruit. I remained in the hospital till May 1823, my eye getting better and better every day, when on the 11th of May, on Saturday of that month, Dr. Parrish came into the room to me, and intimated that I must provide for myself, that I was *discharged*.

This was unexpected to me, and I mentioned so to Dr. Parrish, and that I had borrowed a pair of spectacles and how well I could see with them; that I could see the time of day on the clock in the hall, and the fastenings on the window shutters on the other side of Pine street, near Eighth street. Dr. Parrish asked me to get them for him; I did so, and we went into the manager’s room. I asked to remain till Wednesday following, which they granted me. Dr. Parrish then informed them how well I could see with them, and that if I had a pair I might *probably* do a *little work*. Managers desired me to put them on, and see what I could see. I did so, and told them to their satisfaction. They were so well pleased that they agreed to make me a present of a pair of spectacles. The next Monday morning was the time agreed on which we were to go out to get a pair. I went out with Mr. Butler to Mr. M’Allister in Chestnut street; we picked out a pair, and he desired me to go back again. We parted company there, and I went down to Chestnut street hill; I stood awhile looking at the boats and vessels and the island; then went down Front street to Gray’s alley; then to the corner of Lombard street, the house of Jas. Furlong. I stood on the pavement talking with friends and neighbours; stayed about there till the middle of the afternoon, then went again to the Hospital. On the next Wednesday, according to my time, I left the Hospital a little after twelve o’clock, brought my chest out with me, and hired a man to help me carry it down to Little Water street: then I asked Mr. Caldwell to give me leave to stay there a while, which he did. While I was standing there with Mr. Caldwell to try what

I could see, he pulled out his watch and held it at some distance, to see if I could tell the time of day; I did tell him. There was a ship with her head-cloth across the end of the alley, lying at the wharf; I read her name, "Isabella" for them, standing on the west side of Water street, 150 feet distant. After being in and out a little while, in the latter part of the afternoon I went down to Mr. Wm. Bowles's; asked him if I could stop there a few days. He told me yes in welcome; this was Wednesday, the same afternoon I came out of the Hospital. On Thursday, Friday, or Saturday, I went up to see Hugh M'Coy, a blind man who had come out of the Hospital before. When I got up to his lodgings he was glad to hear I could find my way again; he asked me how much I could see. There was a woman there spinning. I told him I could see the thread going into the spool, and so on.

M'Coy then told me that he was trying his eyes under Dr. M'Clellan, and that he had to go up to him twice a week, once in forepart and once in the latter part, and he asked me if I would be so good as go along with him as a guide, or what not. I told him "yes." On the Monday following, that is the first Monday I was out of Hospital, I went with him.

When we got up to Dr. M'Clellan's, the doctor was there with two young men. Dr. M'Clellan accosted me by asking me if I was not the person who had been in the Hospital for cataract. I told him "Yes sir." Says he "Will you let me look at your eyes one moment?" I told him, "Doctor I am a patient of Dr. Parrish yet, and did not call upon you to make any application in respect to my eyes." "Oh no, no," says he, "I know that, but just let me look at your eyes, if you please." I sat down, took off my spectacles, and let him look at my eyes. While the doctor was looking at my eyes, he showed the two young men how I saw over the top of the cataract, and he talked to them in his own ways such as I am not capable of describing to this court, and then told them that in six weeks my eye would be as well as ever it was. *Nothing more occurred between me and the doctor at this time.*

I led the blind man home again. M'Coy asked me to lead him up again either on the Friday or Saturday, as I have stated before when I gave my statement. I led him up again, the doctor looked at my eye in the presence of one of his young men. *Nothing more transpired between the doctor and me at that time.* I led the blind man home again.

After this, and before I went again, my eye *took a change* in it,—no pain in my eye; but an *odd, queer* feeling. I then went to Dr. Ritchie, being nighest, and showed him my eye; he told me that the change was for the better. I then went up to Dr. Parrish, and showed him my eye, and he said the change was for the better, and told me then to wash my eye with a *little sugar of lead water*, and keep it cool and moist a few weeks, I should have my eye as well as ever it was.

I then asked Dr. Parrish if this thing could not be taken out without hurting my eye.—He told me "No, Davis, dont thee attempt such a thing as that; as sure as thee does thee will lose thy eye-sight."—On the next Monday, the 27th of May, the Monday before my eye was meddled with and I met my fate—on that Monday I went up to lead the blind man to Dr. M'Clellan. (1)

(1) The precision with which days of the week, and days of the month are given in this deposition, give it a seeming of uncommon accuracy. But it is remarkable that the 15th of May, 1823, was *not* a Wednesday, nor the 27th a Monday, nor the 11th a Saturday; as may be seen in the almanacs or newspapers of that year, or easily reckoned back from the present time. Davis says his first visit to Dr. M'Clellan was made on the 20th of May, and the last on the 27th. And he says subsequently (Page 11), he called seven times. His visit to Dr. Parrish, he states, was between his second and third visits to Dr. M'Clellan. But Dr. Parrish testifies, that Davis's first call on him after his discharge, was several weeks after. Mr. and Mrs. Bowles say, that immediately on his discharge he came to solicit accommodation at their house, while he could get Dr. M'Clellan to operate on his eye;—and the testimony of Dr. Brinton, Dr. Byington, and Dr. Samuel M'Clellan, ascertains that his first call was prior to a removal of the office, which is proved by the landlord to have occurred on the first of May. So much for positiveness or certainty as to dates!

When we went in, we went into the back room. I was standing up, Dr. M'Clellan says to me—"I suppose, sir, you was a poor patient in the Hospital; I told him "yes sir." He then asked me if I would not like to have that thing out of my eye and be done with it,—I told him—"Ah! no doctor, I believe that wont do."—"Oh! says he, "I would take it out *now*, if you had any body to lead you." He then turned to the blind man and did something to his eyes which put him in pain and made him bellow or moan very loud. (2)

I then stepped into the front room and sat down there. When by and by, Dr. M'Clellan came to me and looked at my eye, and says he,—“My friend, if you keep that eye two days longer as it is, you will lose it;” and this scared me very much. He then drew a chair and sat down before me, his knees outside of mine, and he looked in my eye with a glass, and assuring me I had an inflammation in my eye already. He then began to persuade me to the *safety* and *utility* of an operation on my eye. (3)

I inclined to the contrary, by telling him, “Doctor, I have had a great deal of trouble and pain with my eyes, from first to last, and I did not wish any thing done that would give me pain and trouble.” When I told him that, he pledged his word as a man of honour,—and by every thing that was good and gracious, the word of a gentleman and word of honour, that he would not for 50 pounds do any thing to hurt me. Dr. M'Clellan then told me that to operate on my eye was a thing of no consequence—no more than taking the scab off of the back of my hand, and that he was in the habit of doing two or three such eyes as mine in the course of a week, and that it would not require no medical aid—no nothing at all—and not even make me sick, itself—and that in four days time my eye would be as well as ever it was.

Here then I paused a moment in my own mind. I considered that I always had

(2) Davis says his sight was so good at this time that he could lead the blind, walk without a guide, see threads of cotton, read signs, &c.—And two witnesses, Turner and Connor, both testify he did see to read signs, and tell the time on a watch. Yet he says *he saw* Dr. M'Clellan turn and do something to M'Coy's eyes which made him moan, &c.—and that Dr. M'Clellan lived in Eighth street at the time of all his visits. But Dr. Brinton, Dr. Byington, and Dr. Samuel M'Clellan, all testify that it was Dr. Samuel M'Clellan who performed the slight operation on M'Coy—and that it was in Swanwick street Davis first called. As to the degree of vision that he possessed, the last named witnesses thought it very imperfect. Dr. Ritchie says, “he had a little sight;” Dr. Coates, that he could not distinguish men from women at the distance of twenty yards—though he could see carts, and take them for shadows at the distance of about 600 feet. Mr. Eachus says he failed in trying to read a sign across Swanson street; and that he described his sight as liable to be interrupted, and called it “false sight.” Davis himself says, that Dr. Parrish thought “with good glasses he might probably be able to do a little work;”—that Turner told him in what street Dr. M'Clellan's office was—and he says, “the scale would darken the sight for a moment, and then go off again; it was moving about in the eye.” (*Vide* page 10.)

This testimony is not irreconcilable. The uncertain and fluctuating vision described by Davis himself, might well give him the appearance at one time of almost total blindness, and at another allow him to see distant and elevated objects pretty well. It is just such a state of the eye as that described by Guthrie, p. 416, when a cataract has been merely dislodged and imperfectly depressed, and rises occasionally so as to obscure the pupil.

(3) The whole of Davis's statement of the occurrences at this visit, which is identified as to time by the mention of the operation on M'Coy, is positively disproved and contradicted by the testimony of three persons who were present: namely, Dr. Brinton, Dr. Byington, and Dr. Samuel M'Clellan. The exact words of the witness are taken down; and the incongruity of his expressions is very remarkable, and not a little suspicious:—“Safety and utility of an operation on my eye;”—“here then I paused in my own mind;”—“the *above stated* time,” twice repeated, &c.

heard that Dr. McClellan was a man of great skill and talents in the eyes. I also thought of two persons of whom I had heard, and who Dr. McClellan had restored to their eye-sight. After two or three words more of the same sort, I told Dr. McClellan what Dr. Parrish had told me, that if I suffered it to be operated on I should lose my eye-sight. When I told him this, he said, "Oh! Dr. Parrish don't know; and you know that you already lost one eye under him in the Hospital," and he intimated as much as that I should not put faith in what Dr. Parrish said.

After a little bit, I opened my circumstances to Dr. McClellan. I told him, "Doctor, when I went into the hospital I broke up house-keeping, and now I have neither house nor home to go to, but am only living at a friend's house on sufferance, and I don't know if I was to have my eye operated on that I could be accommodated there, or not."—"What," says he, "not for four days?" He then asked me who it was, and whereabouts it was. I told him. I then told him I would come up the next day and give an answer whether I would have my eye operated on or not. He told me "Very well, sir." I then led the blind man home again and staid with him some time, so that I did not get down to Bowles's (where I staid) till near sun-set. When I got down—when I stepped into his door—he says to me, "Why William, where was you? the doctor was here to do you good, and you was not here." I asked him what doctor; why says he, "Dr. McClellan,"—I says to him "why, I did not tell Dr. McClellan to come here; I was up at his house leading a blind man there." "Well, well," says Bowles, "he was here and said if you kept your eye two days longer as it is, you will lose it—and that in four days time it could be made well; that I was running about in the hot sun, and would spoil my eye; that I must be kept in."

I said to Mr. Bowles, that I told the doctor, that I did not know that he would let me stay to be operated on,—“Oh! yes,” says Bowles, “I will nurse you,—my wife shall nurse you, you shall have every thing you want, if you will let the doctor operate, he is the man that can cure you; he cured such and such, meaning the same two I had reference to.” I then thanked him for his kindness, and told him what Dr. Parrish told me, that I should lose my eye-sight if I suffered my eye to be operated upon. “Poh, poh,” says Bowles, “that is all nonsense—that is all lies, and Parrish is a liar you know: you lost one eye under him, and you should not mind what he said.” (4)

We then went in to tea—and during the intervals he was persuading me of Dr. McClellan's great skill and talents in eyes, making use of all the influence he had over me, assuring me that my eye would turn out just as Dr. McClellan had said, if I would let him operate.

The next day, according to my promise to Dr. McClellan, I went up to him by myself for to interrogate him on the subject of operating on my eye, when he gave me every assurance of the certainty and safety of it, on the word of a man and a christain, and so on. I then told him he might come down and do it, which he did on the next day; bringing several persons along with him,—I call them several, there were six or seven—we all went up into Mr. Bowles' back room—I believe his bed-chamber—when the doctor sat down before me, and took that scale out of my eye with his instrument.—I do remember his asking me if I saw. I told him “yes, I see, I see,”—and thought to myself I see'd to my sorrow that I had done wrong. I did hear Mr. Bowles say that he took the scale away with him, in a vial or something.

The doctor and his party did not stop long with me—did not tarry long with me. When they were gone I put on my glasses and tried if I could see;—nothing was put in my eye,—it was not bound up. (5)

I put on my glasses to try what I could see—I could see nothing but confused

(4) The testimony of Mr. Bowles, and that of Mrs. Bowles, show that this part of Davis's testimony is absolutely false.

(5) The assertion that his eye “was not bound up,” was repeated by the witness in answer to a question by the court, calling his attention particularly to it. Yet in the course of his cross examination, he says *Mrs. Bowles did bandage it*. And Mrs. Bowles testifies that the doctor did it in her presence.

sparkles of light but no object—and I do assure the court that Dr. M'Clellan was the last object I have seen in this world.—I have seen no object since that time.

I do not remember whether the doctor came to visit me again that day or not. However, I laid under Dr. M'Clellan's operation about six weeks, during which time I was blistered, how often I do not know,—was bled and cupped,—and had a plaster applied to my eye, and taking a little medicine every day, every morning.

After laying *the above stated time under Dr. M'Clellan's* operation, he came to visit me, bringing some persons along with him. I was taken out of the little bed room and into the front room for the doctor to look at my eye. Doctor looked at my eye, felt the back of my neck, and told me I must have a *seton* in it. I told him “No, sir, I wont have no seton in my neck; for I dont think it is worthwhile to take any more trouble about it, nor take any more medicines, for my eye is lost.” That moreover I was not going to stay where I was much longer.

The person who was along with Dr. M'Clellan said I would not let the doctor cure me—“Sir,” says I, “he has *cured* me—for the morning of the day in which he came down to operate I could see to read the sign over the way as well as some people;—but now,” says I, “I am blind.” Dr. M'Clellan then hooted at me,—told me it was well known I was blind before he meddled with my eye, and intimated as much to me as if I was in my dotage and did not know what I was talking about. I says to him—“Oh, ain't you ashamed of yourself?” Dr. M'Clellan knows I never gave him an impolite word, while I was under his operation. They then went down stairs. I stepped after them to the head of the stairs and listened, and I heard Dr. M'Clellan tell Mr. Bowles that I would not let him do so and so, and that I was not going to stay there much longer, and that he would not mind paying my boarding somewheres till he would make a cure of me. He then went away, and I came down stairs to Mr. Bowles, who says to me “there, see what a clever man the doctor is—he offers to pay your boarding somewhere and make a cure of you.”—I replied to Mr. Bowles—“Oh! Mr. Bowles, that is more of his roguery; he knows he has done with me now, and that is only to leave a good name behind him.” “Poh! poh! says Bowles, I wont hear that.” I remained some few days longer at Bowles, after *discharging Dr. M'Clellan*—and when I went out had to have a guide.—I remained at Mr. Bowles, till the 15th of July, when I left his house to go to the Almshouse; an apprentice boy of his led me to Little-water street, then to the house of Michael Turner in Front street.—He led me to corner of South and Third street to Mr. Sickel, where I got an order for the Almshouse. Turner then led me to the Almshouse—I was put into the *eye-ward*—where I remained nearly three months, all to five days; under the kind care of Dr. Lawrence. My eye was leechd once—some ointment given me—and some other medicine given me, to put into my eye, once only. After remaining there *the above-stated time*, I was discharged into the incurable ward.

I have now gone through my statement, the same as I gave it some years ago.

In reply to questions, the witness added—

I am sixty years old next August, and have five sons and one daughter. Before I was blind I was a block and pump maker—a foreman in the business a great many years, for Robert Fitzgerald.—I mean this is the whole of my statement as far as any person has ever interrogated me on the subject. I was taken to Mr. Dallas's office in Chestnut street to give my statement the latter end of last March. My deposition was not taken before. I was then examined by Mr. Dallas; previously to that was examined by Mr. Sykes—I don't remember Mr. Biddle—a few days before going to Mr. Dallas's in Chestnut Street, I was taken out into Dr. Chew's room and questioned about the transaction between Dr. M'Clellan and myself, about my eyes.

I remember Mr. Sykes was there—I was told to tell what it was, as I have done to day, as far as it went—I don't remember that Dr. Beattie was there—He came in a few days after—A number had talked to me from time to time about it.—Dr. Beattie never told me what to say—nothing but Dr. M'Clellan's conduct taught it to me—I never knew there was such a man as Dr. Beattie, till Dr. Beattie told me that how Dr. M'Clellan had prosecuted him for doing so and so, and wanted me to go and give him a statement, and prove what he had said.—Dr. Beattie came and said that Dr. M'Clellan had prosecuted him for saying that Dr.

M'Clellan had wronged me out of my eye-sight, and had done injustice to me. I never had spoken to Dr. Beattie but twice, at this time. I said to Dr. Beattie, there were evil disposed persons near me, and I was afraid of my life if I came out to give my statement.

In reply to questions put by the plaintiff's Counsel, the witness said,

The two persons who had been restored to sight by Dr. M'Clellan, were Robert Eachus and Mrs. Green. I was not particularly acquainted with Eachus. Never was acquainted with him, before I went to the hospital, so as to speak to him. Had called at his house before I was admitted into the Hospital. I did not inquire of Eachus about Dr. M'Clellan. I remember asking somebody, and was trying to go there before I went any where else. Mr. Hollingsworth told me to go to Dr. Parrish. I was going to Dr. M'Clellan before I went to the Hospital. I inquired about him—did not inquire of Eachus. I did not express a wish to him to go to Dr. M'Clellan. I told Eachus and his family that I had been trying eye-waters for my eyes, but never told him that I had put brick-dust in my eyes. I had never put brick dust in my eyes. I never did tell him that I had been putting lice in my eyes; never heard of such a thing before. I never got to Dr. M'Clellan. Before I went to the Hospital, I had a notion to go to him. I did set off to go there before going to the Hospital. This was some time before I went to the Hospital. I can't say how far I got—I met with a shopmate—I did not get as far the corner of Sixth and Walnut streets, I had left a paper at counting-house of Mr. Hollingsworth; I went after it, and Mr. Hollingsworth told me he had been up to see Dr. Parrish, and told me that Dr. Parrish wished for to see me, and to go up there. When I went into the Hospital I could see just a little to find my way,—a little with both eyes, hardly enough to find my way. Dr. Parrish operated on my left eye, and in the same way as on the right eye. I was in great pain and misery with my left eye—lost it in the winter. I saw Eachus while I staid at Bowles's, the fourteen days before the operation, he was sitting in the shop. One day we did exchange glasses. He said he thought he could see about as well as I could.

I said this to Eachus and Bowles, that Dr. Parrish had operated on my eye in the wrong season; I said no more to any one than that Dr. Parrish ought to have known better. I was in very great pain with my left eye before I lost it in the Hospital. I never told Eachus that I wished to put myself under Dr. M'Clellan's care. I never told him I was going to Dr. M'Clellan. I did not tell Eachus that Dr. Parrish had put out the little sight I had. I never told him I would get Dr. M'Clellan to operate, if I could get a place to stay at. (6)

(6) The total inaccuracy of this man's memory, whose "statement" was thus brought forward in support of a heavy accusation against the plaintiff, may be judged by the testimony of Mr. Eachus, contained in a deposition made prior to the cross examination of Davis. It is as follows:

"*Robert Eachus*, being duly sworn, doth depose and say, that he is upwards of seventy years old, was seventy the eighth day of last December,—was a brass founder by trade, served his apprenticeship in the city, and has resided here ever since with the exception of about seven years, during which he resided in the city of New York;—that, about twelve years ago he lost the sight of both of his eyes, and became stone blind;—could not see any thing;—could not see light;—that his sight had been gradually failing some years before, but that was about the time he became stone blind—that before he became stone blind, he went into the hospital to have his eyes operated upon.—Dr. Dorsey had operated upon one of deponent's eyes, the worst one, before he went to the hospital—deponent could then see a little, and went to the hospital by the persuasion of Dr. Dorsey, who told him that he could tend him better there. That when he went to the hospital, he could see out of the eye which had not been operated upon, sufficiently to walk there by himself, and did go there alone.

Deponent remained in the hospital about nine months; at the end of which time

I did try with Eachus to read the sign opposite the door—I could read any sign across the street; there is plenty of proof of that in this city. The scale would darken the sight for a moment and then go off again—was moving about in the eye.

I was never down stairs in the shop after the operation of Dr. M'Clellan—I was at the back door—I was never in the shop nor in the street after the operation, till I had discharged Dr. M'Clellan—I never went out on the pavement—was not

he was discharged as incurable: while in the hospital, both eyes were operated on—the left eye twice by Dr. Dorsey, and the right eye twice by the same physician—was discharged after Dr. Dorsey's death—when he left the hospital he was quite blind—was led out of the gate and rode in a carriage to the Almshouse, where his eyes were examined frequently, but no operation was performed.—He remained about nine months in the Almshouse, and then his wife led him home—he lived with his wife in Catharine street about a year and a half, during which time he could not see at all, nor do any work—then moved into Mead alley into a house where he lived about nine months—and then moved to another house in Mead alley or German street, near Front street, where he has resided ever since.—About one year after he moved to his present residence a gentleman, named Dr. Bradford, for whom deponent's wife had done some sewing, came to the house to give some directions respecting the sewing, and saw the deponent; this Dr. Bradford offered to bring a doctor to deponent who could, as he [Dr. Bradford] said, do him good. Deponent told Dr. Bradford that he had been given up by all the doctors, but that he was willing to undergo an operation if he [Dr. Bradford] thought it would do any good. Dr. Bradford did soon after bring Dr. M'Clellan, who examined and operated on both eyes. The left eye he said at once never would be good for any thing, but the right eye still had the old cataract in it, which he said he could take out, and the eye would come to. After this first operation he could see the light of a candle, which he could not before. His daughter was very ill about this time, and the second operation was delayed for her recovery. After she was better—about three months after the other operation—Dr. M'Clellan took the cataract out of deponent's right eye, and restored his sight. The eye was kept covered from the light for a week or so—after which he could see to walk about, to read the signs, to tell the time of day by a watch, and by degrees the sight grew stronger, so that he has been able to support himself by his own labour, which he was wholly unable to do before, and to read large print. After he had recovered his sight, William Davis came to him to ask about it; he was at that time *hard set* to see his way about, but was not quite blind, deponent met him often at Mr. Bowles's, for whom he had worked. Mr. Bowles was a relative by marriage to the deponent. Davis at this time could not work. Davis asked about Dr. M'Clellan, and said he was going to Dr. M'Clellan to ask him to operate on his eyes. Some time after this—more than a year after—can not say how long—he saw Davis at Mr. Bowles's. Davis then said he had been in the hospital, under the care of Dr. Parrish, and complained very much of his sufferings there—complained of the confinement and of Dr. Parrish, whom he blamed for almost putting out, as he said, the little sight he had. Davis said that he wanted to employ Dr. M'Clellan—Deponent saw Davis almost every day for several weeks, and had opportunity to ascertain what sight he had. There was a sign right opposite Bowles's door—the sign of a grocery store—Davis knew the man's name that kept the store, but could not read the sign. He wore glasses which he often took off and wiped, and wiped his eye; and then he said that some times he could not see, and said it was false sight. Davis changed glasses with the deponent, but could not see any better with deponent's glasses. Deponent could at that time read the sign across the street easily with either glasses.—It was Swanson street, below South. Every time he saw him he complained against the hospital and Dr. Parrish, and said several times that he wanted Dr. M'Clellan to operate; and if he could get a place to stay at, he would try to get Dr. M'Clellan to operate. He never mentioned, as far as deponent recollects, his having been to see Dr. Parrish since leaving the hospital. Deponent can not recollect whether he heard Davis speak of having been to see Dr. M'Clellan. So much was said by Davis, and the deponent not expecting ever to be called on to testify concerning it, he does not remember all

able to go—I went into the yard of house—Eachus never in the world spoke to me about taking care of myself—Eachus was almost every day in the shop before and after the operation—while I was walking about for the fourteen days, Eachus was there frequently and also during the week after I had discharged Dr. M'Clellan—I never saw or heard Eachus after the operation till after I had discharged Dr. M'Clellan—I was operated on the 29th of May—Eachus never warned me about my eye, and told me I was treating the doctor ill by not taking care of it. I went three times to Dr. M'Clellan with M'Coy; once with M'Coy and another blind man; and again with Captain Wilson—say five times—and once besides I stepped in to talk about M'Coy—and once again to tell Dr. M'Clellan to come and operate—in all seven times. The seventh time I told him to come down and do it. Dr. M'Clellan lived all the time in Eighth street above Chestnut. I was sure what part of the town it was in.

I read the sign "Dr. G. M'Clellan." M'Coy told me where he lived. I made no stumble in going into the doctor's office. I helped myself to a chair—no one was with M'Coy and me when we first went to Dr. M'Clellan—next week there was—Dr. M'Clellan never did tell me to go to Dr. Parrish—never in this world—quite the contrary—nor did any one else in Dr. M'Clellan's office give me that advice.

I told Dr. M'Clellan—"Sir, I heard of you before I went to the Hospital, and had a mind to call on you." He said, "I wish you had."—I don't know that I told him who persuaded me not to go to him—It was Mr. Hollingsworth told me to go to Dr. Parrish—I did not tell, in Dr. M'Clellan's office, that I could see no better after the second operation in the Hospital than when I went there. My statement was never put into writing only last spring. I never asked Dr. M'Clellan to operate or take charge of my eye. I never knew of Mr. Bowles sending up to Dr. M'Clellan to get him to come down and operate, except one day after the operation, when my eye was so painful that I was almost crazy. I never complained to Bowles or any of his family that Dr. M'Clellan would not come down and operate. I never said Dr. M'Clellan would come down if he expected to be paid. I suffered no pain in my eye before the operation by Dr. M'Clellan. Mrs. Bowles was very particular about my eye. The doctor would come and order me bled and cupped and so on, and a poultice he sent down one day—I moaned pretty heavily. I never was out of the house—Mr. Bowles would not let me—I don't think the doctor advised me not to go out of the house. I never received advice from one of Dr. M'Clellan's students or companions about my eye.

Two came one day to look at my eye, they advised me to keep myself still and take care of my eye—to keep myself in, and so on. I asked them after Dr. M'Clellan

that passed. Deponent saw Davis very soon after Dr. M'Clellan had operated on his eye—he thinks a day or two after—and from that time almost every day—at Mr. Bowles's, or in the street, for several weeks. The first time deponent saw him after the operation, he was in the shop of Mr. Bowles. His eye was covered at that time. A few days afterwards, saw him with his eye uncovered, in the shop; and soon after met him in the street above South street—walking alone, without help. Deponent was several times there a few days after the operation, when Davis came in from the street into Mr. Bowles's shop, and took off his coat to cool himself—and sat in the draught of air in the block-maker's shop of Mr. Bowles. Davis, on these occasions, opened his waistcoat, and his shirt bosom—and he was quite warm and in a perspiration. Deponent often cautioned him against the imprudence of this conduct, and told him he would hurt his eye-sight, and was injuring both himself and the doctor. Davis did not mind these cautions, but seemed determined to do as he would. Deponent several times saw him about this period, when he appeared certainly, to deponent's belief at the time, to have been drinking strong liquor;—he was not drunk, but any one could see he had been drinking. At this time the deponent got into work, which occupied his time fully, and he never saw Davis afterwards, but heard of his having gone into the Almshouse. Davis was one day at deponent's house, before he went into the hospital, when he was inquiring about Dr. M'Clellan, told deponent and his family, that he had been trying to cure his eyes in several ways, one of which, that deponent remembers, was by putting lice and brick-dust in his eyes."

lan—they said he was engaged—that was the only time any one came except the doctor.

Mrs. Bowles informed me that a neighbour had sent a bottle of porter, but the doctor would not let me have it. I said "Very well, madam." On the 4th of July, Mrs. Bowles said she would give me some wine, but the doctor would not let me have it—I never drank a drop of liquor—but after I discharged the doctor—if I was in company and asked to drink, I would taste it, but not drink it. Has been so much talking in the Almshouse that I cant tell what was said there. I never said that if I had followed Dr. M'Clellan's directions, my eye might have been saved. I never spoke with any disrespect of Dr. Parrish, except what I said about his operating at the wrong season. I never said in the Almshouse that I was sorry I had not taken better care of my eye—I could not have taken more care than I did.

I told Dr. M'Clellan that the Hospital was no place for eyes; that they had no success in the eye department. I told Dr. M'Clellan that Dr. Parrish had nothing more to do with my eyes in the way of operating; but desired me to come and see him.

I said in the Almshouse that the ointment Thompson put in my eye caused the light to go out. The reason why I was not going to stay longer at Mr. Bowles's, was the unseemling language of Mr. Bowles to me. It is by my special memory I recollect that it was the 15th of May that I left the hospital, and so I recollect all the rest. After I got in the Almshouse I could not see any object at all—nothing but light.

My youngest little girl is ten years old—I broke up house-keeping—my wife and I were parted nine years before I went into the Hospital. The little bed-room at Bowles's was as hot as an oven. I sometimes took off my coat—never took it off down stairs. I never sat in a draught of air, down stairs—I never sat down stairs but once while I was under the operation—I never looked at the sun. I saw Dr. M'Clellan do something to Mr. M'Coy's eyes—the same one, I believe, who operated on my eyes at Bowles's—I did not know Mr. Sykes when he called on me in the Hospital, because I could not see him. Many persons have been in the habit of examining me in the Almshouse—I did not know Dr. Webster—have never said he was one. Dr. Mitchel was one, and a person named Martin—about five years ago. I did go to Dr. Parrish after I had been with Dr. M'Clellan, but I did *not mention to him any thing about Dr. M'Clellan*. It was after Dr. M'Clellan left me, the day of the operation I put on my glasses to try the eye. The doctor did not bandage my eye, *but Mrs. Bowles did*—the bed room was darkened. I often tried my eyes again and again with glasses after the operation. Dr. M'Clellan did not, that I remember, give me any directions about the light.

DR. JOSEPH PARRISH, (affirmed)—William Davis was admitted into the hospital, under my care, in the latter part of December, 1821. He was afflicted with cataract in both eyes, which disqualified him from work. He was a charity patient, and a certificate was therefore necessary from a physician, before his admission. I examined him and recommended his admission. Some time after, I operated on one of his eyes for cataract. The operation was performed to my entire satisfaction. I can not say on which eye. The prospect at first was flattering; but it sometimes happens, in the hands of every practitioner, that inflammation will follow that operation. It did so in the case of Davis, and resulted in the entire loss of the organ. Results like this had been unusual with me *I confess*. I repeatedly stated to the students of the house my anxiety on the subject, particularly as I looked forward to the necessity of an operation on the other eye, and knew that if that should also fail, the man would be totally blind. The first operation was in cold weather. I determined the next should be in mild weather, in order to give him every chance. The second operation was performed on the other eye satisfactorily. Davis had been subject to epilepsy, and a slight attack followed the second operation. Dr. Ritchie was then a pupil of the Institution, and was disposed to attend to the case. After the second operation, inflammation of the eye again occurred. By active measures we arrested it, and the danger from the operation passed over. I stated to the students this was a peculiar case; that there was a strong tendency about this patient to inflammation—that he was in constitution a *tinder-box*;—that now, by this operation, having placed the cata-

ract in a situation where I might reasonably expect absorption, I preferred to let it be, and wait almost any length of time for absorption, rather than run the risk of another operation, lest his eye should be totally lost. In the hope of gradual absorption I was not disappointed. It took place very slowly, and advanced happily; and I was pleased to find that his sight was gradually returning. At last he announced to me that he could distinguish the houses fronting Seventh street, between Pine and Spruce streets, and ultimately that he could distinguish the windows of the houses. The time Davis was in the hospital was great, and the managers suggested a discharge, his health being good, and sight improved, and he was discharged, having been in 17 or 18 months, in May, I think, 1823. On the day of his discharge, Dr. Hewson was in the managers' room. Davis pointed at the passengers as they went along Pine street—said there goes a man, there goes a woman—I impressed my views on the mind of the patient, and adapted them to his comprehension—told him there was no doubt of a complete and perfect recovery—only give it time—and advised him in very strong terms against ever permitting it to be touched again with an instrument. Dr. Ritchie's time expired about this time, and Dr. Coates succeeded him as senior pupil. Davis had passed from under my care, but not from my mind. I made an arrangement with Dr. Ritchie that he should continue to have a care over him—and made this known to Dr. Ritchie, with a request that he would call on Dr. Ritchie who would give him any medical assistance he might require—and if he became worse I would willingly join with Dr. Ritchie in rendering professional assistance. Davis called occasionally at my house that I might examine his eyes.—I was much pleased to observe a steady advancement to a perfect cure—his sight improved, and I entertained the hope that before long he would be perfectly well—a small portion of the cataract had floated forward into the anterior chamber of the eye through the pupil. This I regarded as a favourable occurrence, having frequently met portions of cataract in that situation, so completely exposed to the operation of the humour there, that its dissolution seemed pretty certain. Some time after this had elapsed without Davis's calling on me;—when he called, it was with *great regret* I found he was blind.—I don't know the time that elapsed between Davis's calling on me.

On his cross examination, Dr. Parrish said—

When Davis called on me in December, 1821, I was aware, as I presume, of the existence of an Eye Infirmary for the relief of such cases; but did not inquire whether Davis had been under its care, or the care of any other physician. No intimation of the sort was given; he applied for admission to the hospital, and was therefore admitted. (7) The operation performed by me on Davis's eye was not extracting, nor exactly couching; it might be called couching, but not couching according to the old plan. The cataract was depressed, and the capsule of the lens was ruptured in the first operation—in the second the cataract was softer and

(7) The rule of punctiliousness does not seem to be quite settled in the medical profession, so far as regards pauper patients seeking charitable relief. It is probable that the principle on which Dr. Parrish acted on this occasion would be held to be the correct one by the greater number of liberal minded practitioners, where no personal hostility gave a bias to their judgment. Such men as this Davis, are so much in the habit of going about from one physician to another, without telling to either of their having just come from the other, that it would be an unnecessary embarrassment to the exercise of charity if proof were at all times required of their not having recently sought relief in some other quarter. Davis says he was going to Dr. McClellan when persuaded off to Dr. Parrish;—he afterwards, in 1823, applied to Dr. Ritchie, “because he was niggest,”—then to Dr. McClellan, then to Dr. Parrish, and again to Dr. McClellan, without ever mentioning to either, that he had been to the others. Dr. Parrish was right, as were the others, in considering his affliction a sufficient recommendation, and in administering relief or advice without the least fear of being thought to interfere with any other. A *poor* man is nevertheless a *free* man; and while actually at large, has a right to choose his source of benefit. In Henry Emmick's statement (*infra*) a striking instance is developed, of the practical construction of the rule on this subject.

could not be depressed, but it was broken to pieces. The next thing was to create an opening in the capsule of the lens, so as to let the aqueous humour operate upon it. I broke the cataract first, and then I ruptured the capsule. The cataract was so soft as to let the needle pass through it. It was about of *cheesy* consistency. I can't say whether any part of it afterwards rose up into the line of vision. If it did, it was of no consequence, the cataract was never taken out of the line of vision; never was moved from its place (8),—any portion that remained was an obstacle to sight in some degree. There was a slow and gradual solution of it in the eye. I measured the degree of solution by the improvement in vision. I can't say whether the capsule was allowed to remain,—it was perfectly transparent and could not easily be distinguished. The capsule is the sack that contains the lens. I can not say whether the capsule was removed from its place—I ruptured the anterior portion of it. The capsule after such an operation, sometimes inflames and produces a little opacity. I have known a capsule remain perfectly transparent after an operation of that sort. We can tell by the direction of the instrument and the distance which it passes, whether it lacerates the capsule or not. I have never known a *soft* cataract remain a number of years in the eye after an operation, without dissolving;—when the operation had been properly performed, I have never known it to remain one year. I know an old gentleman now, on whose eye an operation was performed just such as that on Davis;—he now sees very well. It is possible the capsule was not ruptured as I intended in the last case. I can not say that I have had much experience whether it is usual for one man to have a hard cataract in one eye, and a soft one in the other—but it was the case with Davis. I know the cataract in his eye was soft, or infer it, because the needle *passed through it*; and it was not depressed. (9) A *cheesy* cataract *may* move before the needle, so may a hard one, so as to give the appearance of its being pierced, when it is *not*. I was *informed* that Davis was subject to

(8) But see the latter part of this examination, in which Dr. Parrish states that “a depressed cataract not unfrequently rises again into the line of vision, and when there, will impede the sight. It may obstruct the vision *partially* in that situation. It may then shift its position by the motion of the head; but is not likely to do so except when it comes forward and floats about, *as it did in Davis's case.*” (*Inf.* page 18)

(9) It becomes a matter of some interest to inquire into Dr. Parrish's reasons for pronouncing so positively in the early part of his deposition, that the cataract in Davis's eye was *soft*. It seems by this answer, and others of like tenor, that he inferred it so confidently, from his belief that he had transpierced it with his needle; and that he adopted *that* belief entirely because of the *direction* given to the needle, and the *distance* to which it passed in the eye. The fallacy of such a criterion was so obvious, that several questions were offered on the subject, and he admitted that a hard or even a *cheesy* cataract may move or recede before the point of the instrument, so as to give the appearance of being pierced, when in fact, it is merely borne back or depressed, or dislocated imperfectly and partially ruptured.

There could be no doubt on this subject, and it is only remarkable that an experienced operator should make a positive assertion as to the softness of a lens with no other foundation for his opinion.

Guthrie says, on the subject of the posterior operation, undertaken for the purpose of dividing or breaking up a lens supposed to be soft—

“The inconvenience resulting from the operation being applicable to *soft* cataracts only, is, that when the lens is found *harder* than is expected from its exterior appearance and diagnostic symptoms, it yields to the knife with great difficulty; sometimes can only be divided into two parts, and at others, *instead* of yielding to the knife, *turns round it*, and is so separated from all its attachments, as to be incapable of being acted upon by it.” [*Guthrie's Lectures*, p. 418.]

It would be superfluous to multiply citations. It is admitted by Dr. Parrish, in the subsequent part of his examination, that cataracts, *hard* in the centre, are very commonly surrounded by softer external parts, and that a *nucleus* remained unbroken in Davis's eye.

epilepsy. I have not been in the habit of *extracting* cataracts. I never did but one. Have *always preferred* the other modes of operating—by couching or depression. (10) Extracting is much more difficult. So much so, that Baron Wenzel, a great German surgeon, is said to have declared that he destroyed a hat full of eyes before he became perfect in it. He advocates the operation by extracting very strongly. My one case of extraction was not successful.

(10) That one of the chosen surgeons of a magnificent establishment, such as the "Pennsylvania Hospital," should be able to say, after a practice of more than twenty years, that he has *never* extracted a cataract,—and has attempted unsuccessfully to do so, but *once*,—and further that he *always* prefers the other mode of operating, namely, by couching or depression, is a remarkable fact in the history of the medical profession. It is well known that a lens, when diminished in size by breaking off the external parts, or by the process of absorption, is very liable to fall through the pupil into the anterior chamber of the eye; and it is obvious that the operation by couching is *then* wholly inapplicable, and that a surgeon who *never* extracts, must let it remain there untouched, at whatever hazard or injury to the organ. And besides those cases in which the cataract has passed forward through the pupil, many other instances occur in which *extraction* is the appropriate and most suitable remedy.

Such, at least, is the opinion of Dr. Physick, as expressed in his testimony, [*infra*] and of most of the accomplished surgeons of America and Europe.

When such cases fall within the official care of a practitioner to whom is entrusted the charitable surgery of a richly endowed hospital,—what is he to do? He can not extract; and no other operation is properly applicable. Shall he send the patient to another surgeon who *can* perform the appropriate operation; or must he escape from such a confession of inferiority, either by inflicting an operation of another kind, more conformable to his previous practice, but less suitable to the case, or by allowing the sufferer to languish, and finally to lose his sight for want of the appropriate relief?

To confess inability to do what others in the same profession can perform, requires an uncommon exercise of magnanimity. And the natural consequence of a limited range of skill, or choice in the mode of operating, must be that the surgeon will either adapt the eye to his single operation, instead of varying his operation according to the circumstances of the case, or else will be tempted to advise against *any* operation, rather than admit it to be a case for the skill of other operators, but beyond the reach of his own.

If Dr. Parrish had not been wholly unpractised, himself, in *extracting*, perhaps he would not have dissuaded Davis so strenuously against an operation. But that this respectable gentleman is not fully in accord with most of his eminent brethren in the profession in this disapproval of the operation by extraction, appears not only by the testimony of Dr. Physick as to *his* practice, but also from the recorded experience and opinions of Guthrie, Adams, Travers, Dupuytren, Beer, Hay, Abernethy, &c. &c.

Thus Mr. Guthrie says (p. 394)—"The operation of extraction, or the removal of the opaque lens, and part of the capsule from the eye, is a *radical cure* of the complaint, as it can not possibly return. It is performed in a very short space of time, and, when completely successful, causes the *least disturbance* to the internal parts of the eye, and is the *most certain* of all the methods recommended for restoring vision in this disease." And further, (p. 419) "When the lens has been divided into two pieces, if both pieces are brought into the anterior chamber, they are likely to cause irritation, and it will frequently be advisable to *remove* them by opening the cornea."

Thus also Mr. Hay, (p. 67)—"I have seen a nucleus fall into the anterior chamber, and then, if it be large, it is most prudent to remove it by an incision of the cornea."

As also Mr. Travers, (p. 322)—"The operation by extraction is by far the most perfect ever devised for the cure of cataract," &c.

And Sir W. Adams tells us, (p. 113)—"The lens is liable, during any number of years after depression, to return into its situation, or to pass through the pupil

In Davis's eye, first operated on, there was a firm cataract that was passed down below the axis of vision. I can not tell the degree of hardness. It is impossible to tell. I can't say which eye of Davis was lost. Before the operation it is not possible to tell whether the cataract is hard or soft—all rules for judging are equivocal. Cataracts in old persons are generally hard; caseous are the most common.

I have not read Dr. Frick's book on diseases of the eye. Latterly a great many books and book-makers have appeared on the subject. I have not made it my business to examine them. I have not read Guthrie's book—and I say, once for all, that as to the recent publications *I have not read them.* (11) I believe I understand the principles of Adams, though I have not read his work fully.

into the anterior chamber, *where, if not extracted* by another operation, it will occasion the most severe and acute sufferings, and the ultimate destruction of the eye."

And further he says—"When the nucleus of the lens is so hard as to resist division, I do not now subject my patient to the chance of repeated operations, but *I at once extract it.* And the same distinguished surgeon speaks of "having witnessed the beneficial results of *extracting* floating pieces of capsule, and also having, in cases of undivided nucleus, witnessed the like favourable results of *extracting* the nucleus of a solid lens, which being placed for absorption in the anterior chamber without division, had excited a great degree of irritation by its mechanical friction against the iris!" &c. &c. (p. 126.)

And Mr. Abernethy, (in his lectures &c., vol. 2, p. 327) after describing Mr. Saunders' mode of operating, says, "he [Mr. Saunders] seemed to be of opinion, that where the cataract was a solid cataract, *extraction* was far better than depression, and I have no doubt about it in my own mind," &c.

But it is plain to common sense, that no surgeon can, with justice to the patients subjected to his care, practise indiscriminately any one mode of operation, or omit to qualify himself for *all* that may be, at one time or other, appropriate to the cases before him; and, in the language of Mr. Guthrie,—“In considering the advantages or disadvantages resulting from any or all of the different operations for cataract, it is absolutely necessary to recollect, that no individual operation is applicable to every species of disease; that each kind requires an operation for its relief or cure, sometimes of a particular nature, and differing essentially from that which is found most advantageous in another.”

(11) If the London Quarterly Review, for the purpose of disparaging the medical profession in America, had said that the senior surgeon of the richest hospital in the United States, and one of the most distinguished practitioners in the great city of Philadelphia, was wholly unacquainted with the immense additions that have been made to the common stock of surgical knowledge by the European publications during the last twenty years,—the charge would have been received as a mere slander, deserving to be classed with the most absurd aspersions which prejudice has sought to cast upon our national character. But Dr. Parrish, it seems, has turned “king's evidence,” and on his solemn affirmation has established the fact against us.

Let us not be too proud of the state of the medical profession in our country: but we may indulge a hope that this is rather an exception to the general condition of professional accomplishment than a characteristic example of it.

Time was, indeed, when books contained chiefly theories; and the man of practical knowledge was he that acquired it by his own experience. But now, so complete is the interchange of information, as to surgery at least, that an intelligent practitioner may avail himself of the facts occurring in almost all parts of the civilized world.

The surgeons whom Dr. Parrish chooses to flout as “book-makers,” are men entrusted with the care of extensive establishments for charitable surgery, in Europe; and their books, with which he has not made himself acquainted, are the simple records of their actual experience, and their observation of facts, in situations affording opportunities far transcending any that can be found in the most extensive establishments or largest cities of this country. Sir William Adams

In the first eye of Davis, operated on, the lens was not shrunk—there was no evidence of it, before the operation, nor after. The lens in the other eye was not enlarged at any time. It was opake. No man can tell by inspection, in case of a common cataract, whether the lens is shrunk or enlarged. There was no evidence that it pressed on the iris, previous to the operation, at all. It was a common case of cataract. I can't say whether, in cases of hard cataract, the lens is generally shrunk. (12)

If the lens is diminished, the rays of light will pass round it so as not totally to obstruct the vision. In cheesy cataracts the lens is not generally enlarged—I can not say positively on that subject. A soft cataract, enlarged beyond its natural size, would more effectually obstruct the rays of light than a hard one shrunk. In cheesy cataracts the iris is not rendered sluggish or thickened, according to my experience. In Davis's eye there was no evidence of such a thing. I can not say if in cheesy cataracts, the lens is opake throughout when ripe; it will prevent the rays of light from passing. Can not say, from my own experience, a cheesy cataract is considered most hard in the centre. I can conceive it may be less hard in the centre than at the edges. But it is hard to tell. In my last operation on Davis, the needle was not inserted through the cornea, but through the sclerotica;—it was what is called the posterior operation. By laceration I mean tearing—but I can not tell whether I tore the capsule *apart*—I have no doubt I did—but it is impossible to say with certainty, no man can tell. I can not tell whether my operation was that which the books call "*Keratonyxis*"—of latter times a great many new terms are admitted, but I don't know them—I have not become familiar with them—I may have met with that term—I do not recollect, but am not prepared to fix a definite meaning to it. I have read Cooper's Surgical Dictionary. (13)

was for many years the surgeon of "The West-of-England Infirmary for diseases of the eye;" Mr. Guthrie, of "The Royal Westminster Infirmary," established for the like purpose; and Mr. Travers of "Bartholomew's Hospital." Professor Beer is the greatest oculist of Germany; while Dupuytren, Weller, Lawrence, Hay, and Abernethy, are men whose distinguished names elevate them far beyond the imputation of being mere "book-makers;" nor are their matured opinions and well-considered suggestions *usually* flouted as unworthy of notice, except by those who seek an excuse for omitting to take the pains necessary "to become acquainted" with them.

Of Guthrie's work, the London "Medical and Physical Journal," declares that the perusal is "*indispensable* to every *conscientious* operator;"—and surely if the object of surgical skill be to lessen the amount of human misery, no means of improving that skill by the suggestions and experience of practical men, can justifiably be neglected, on the part of those to whom the poor and the afflicted are committed by liberal charity—in the solemn trust that they will receive all the benefit which the most thorough knowledge and the most varied skill can possibly impart.

(12) Dr. Frick says, "Mr. Pott has very justly observed, that in hard cataract the lens is smaller than in its natural state."—"We have seen that in the *cataracta dura* the lens is shrunk and diminished in size." "In this species, (*cataracta caseosa*) on the contrary, it is much enlarged."—"The iris is rendered sluggish in its motions and is commonly thickened too in substance." (*Frick's Treatise on the Diseases of the Eye*, p. 150)

None of the above indications seem to have been observed in the case spoken of by Dr. Parrish, as a caseous or cheesy cataract. The only evidence of its being so was, then, the distance to which the needle was pushed,—and we have already seen that *this* is a fallacious test.

(13) "*Keratonyxis*," is a term introduced into nearly every work on eye-surgery; and is the specific designation of a particular mode of operation, precisely such as that described by Dr. Parrish, except that the needle is passed through the *cornea*, whereas he inserted his through the *sclerotica*. In other respects it is the same, and all the experienced surgeons agree that one of its incidents is the entire uncertainty whether the lens is actually pierced and broken, or recedes before the needle. As in this case, there was, according to Dr. Parrish, a *nucleus* not divided, it is plain that such nucleus, which, from the very meaning of the term, was *hard*,

I know the name of Travers as a writer on Surgery, also of Pellier, a French writer of distinction. I know the name of Weller as a German writer—do not know him as of eminence. I have not seen his work. It has been translated into French and English. The advantage of couching or of extracting, is a matter of dispute, and there are a great many writers on each side. I don't know which side Mr. Abernethy is on. (14) Some practitioners pursue a mixed course. The proper plan must be left to the judgment of the practitioner at the time. No general rule ought to restrain him from exercising his judgment on the case. Adams's plan is to cut up the lens, and allow it to be absorbed.—He is a writer within a few years—I do not know whether he approves of extraction—I can't say; he may. (15) Cataracts do remain sometimes undissolved in the eye for many years after an operation; it is so said by writers. I have known a few cases.

Absorption takes place more rapidly in young persons than in old. But the time varies very much both in young and old. A depressed cataract not unfrequently rises again into the line of vision; when there it will impede vision, partially. It may then shift its position by the motions of the head, but this is not likely to happen except when it comes forward and floats about as it did in Davis's case. (16)

I have not known the destruction of an eye to come from the lens passing through the pupil into the anterior chamber. As a general rule it may, when there, produce pain and inflammation. This is urged as an objection in the books, it is a doctrine of later times. (17)

must have been dislodged, and pushed backwards or downwards in the posterior part of the eye, from which position it afterwards rose and "moved about," as Davis says, or "floated about," as Dr. Parrish says, till it passed through the pupil and was extracted, when three witnesses, who saw and *touched* it, declare it to have been quite hard, and not very small. *Keratonyxis* is mentioned and described in "Cooper's Surgical Dictionary," which Dr. Parrish says he *has* read, Edition of 1805. And books have been published on the subject of this operation alone.

(14) We have already seen, in Note 10, that Abernethy is quite decided in his preference, and it would seem that the judgment of such a man might be worth knowing. Dr. Parrish says many writers have given opinions on *both sides*, but it would be difficult to find *one* who has avowed a preference for couching in the last thirty years. All seem now to agree (Dr. Parrish alone *dissentiente*) that each mode is applicable to particular cases, and that extraction is by far the preferable plan for *hard* cataracts.

(15) Dr. Parrish had said, in an earlier part of his deposition, that he believed he was acquainted with Adams's *principles*, though he had not read his book. But second-hand information is ever unsafe. If he had consulted Sir W. Adams's very interesting report of cases operated on by him in the public institutions of England, he would have seen that his plan is *not* to cut up a *hard* lens, or a hard part of a lens, but to extract it. He says, "unless the cataract admits of having its *nucleus divided*, it requires a considerable time to effect its absorption, and sometimes also several operations, and in order to obviate these inconveniences, I now at once extract it." (p. 143.) He also has given a table certified by the physician, surgeon, and apothecary of Greenwich Hospital, comprising thirty-one cases of extractions *from the anterior chamber*, into which the cataract had been brought for the purpose, of which twenty-nine terminated successfully. It is strange that a gentleman of Dr. Parrish's intelligence, should say he is acquainted with the principles of practice, recommended by this writer, and yet should so entirely misapprehend those principles.

(16) If it "floated about," it must have been dislocated, or separated from its position, and of course not *divided* at the time of the operation. If so the only diminution of size must have proceeded from partial absorption, or the breaking off of some small pieces of flocculent exterior. This does not consist with the witness's assertion that the lens was *not* moved from its position, see Note 8, but for an explanation see Note 25.

(17) The learned gentleman speaks of the notion that inflammation will be produced by a lens being passed into the anterior chamber, in front of the iris, as a

There are said to be instances of the capsule having fallen into the anterior chamber and remaining there a number of years. I believe it is so stated, but am not certain. When the lens has fallen into the anterior chamber of the eye, it is not proper to *couch*, the cataract is not then a fit subject for the operation called *posterior*—neither for depression or breaking up. (18)

All operations, even when well performed, are liable to bad results. I have used both the right and left hand,—generally employ the right hand now in all operations on the eye. It is some years since I employed the left hand. It is more than twenty years since I first operated on the eye. I did not ever employ the left hand as often as the right in operating. I can not say whether absorption goes on when there is inflammation. (19)

An eye with cataract in case of inflammation is liable to amaurosis; but more likely to go to suppuration when the inflammation is violent. Both are fatal to the eye. Amaurosis is a palsy—and there is then little hope.

I do not know who is the reputed author of the articles upon *Cataract* in Rees's Cyclopaedia. I have not read them. The case I mentioned of extraction was a patient in the Almshouse, on whom I operated—it was unsuccessful—it was not a common case of cataract—it was complex—the endeavour was to make an artificial pupil,—the extraction was not intended—a hard substance came out by accident. A successful operation, either by couching or extraction, does not, as a general rule, leave the vision as perfect as before. A glass of strong magnifying power is necessary afterwards. After an operation, it is an object to keep perfectly quiet, and in the dark, and to avoid exposure. Very early trials of the strength of the eye are injurious. Care and caution are of the utmost consequence on the part of the patient, as much as skill on the part of the operator. If the most skilful operation is performed, and the patient does not observe caution, the result will be unfortunate. (20) Patients, whose cases terminate unfortunately, generally complain against the surgeon. I operated on two occasions upon a Mrs. Green, so did

doctrine of latter times! He says, however, subsequently, that it is *true*, as he believes, though having never seen an instance of a lens in that situation, either with or without inflammation, he can speak only theoretically. It seems then that modern writers can for once be accurate. But where is the line to be drawn, between the ancient sages and the modern “book-makers?” Chandler, who published his “Treatise on the diseases of the eye,” forty-nine years ago, speaks of it as being the general doctrine before that time. And nearly all the books, including Cooper's Dictionary, tell of a case occurring in the year 1708.

(18) The cataract in the anterior chamber not being the subject of either of those operations which Dr. Parrish ever performed, or approved, a reason is at once supplied for the advice that he gave against *any* operation. But before this opinion was brought to bear upon the plaintiff in this trial, it ought to have been ascertained whether, the same advice would have been given, if extraction had been as easy to the adviser as was depression.

(19) The witness has no opinion whether absorption is or is not interrupted by inflammation; but says that there was inflammation in this eye, of long continuance, and the absorption was remarkably slow.

Mr. Travers, the surgeon of the London Eye Infirmary, and of St. Thomas's or Bartholomew's Hospital, in his valuable work, which he declares to be “the result of personal observation,” during a constant practice of ten years—has expressed himself decidedly on this subject. “I have observed,” he says, “that in all cases of narrowed anterior chamber, by the partial co-adhesion of the iris and cornea, or inflammation from any other cause, it (absorption) is slow; and that absorption does not take place during the existence of inflammation, in which state the aqueous humour is in a morbid condition,” &c. (p. 212)

(20) The testimony of this witness, and of Dr. Physick, respecting the importance of great caution on the part of the patient after a skilful operation, as well as the universal opinions of the writers on the same subject, form a remarkable contrast with the facts of Davis's conduct after the operation by the plaintiff, as shown by the testimony of Mr. and Mrs. Bowles, Mr. Woodland, Mr. Eachus, Dr. Byington, Dr. Brinton, &c.

Dr. Price, unsuccessfully. She has since had an artificial pupil made by Dr. M'Clellan, and I have understood her sight is *greatly improved*. (21) I remember a man named Henry Emmick who was under my care. It was a very bad case,—was very unpromising. He was a patient of Dr. Yardley. I made an attempt at an operation, but without success. I do not recollect his telling me he had been under the care of Dr. Darrach. He may have called on me first, and been sent

(21) This expression of Dr. Parrish, that Mrs. Green's sight has been "greatly improved," gives a very imperfect idea of the actual change in her condition as to sight, produced by the operation of Dr. M'Clellan, when she had been eleven years blind, and after Dr. Parrish had done his best, and Dr. Physick had expressed a decided opinion *against* the expediency of another operation. If Mrs. Green had yielded implicit faith to those distinguished surgeons, she would have been blind at this day; she owes her restoration to the blessing of sight, to her venturing to think they might possibly not be infallible. As a proof that no surgeon can with certainty pronounce what can or can not be done by *another*, however well he may estimate his *own* powers, the statement of Mrs. Green is subjoined, and the attention of the reader is invited to it, *viz*:

"Mrs. Margaret Green, widow of Isaac Green, house carpenter, formerly of No. 2, Price's court, Lombard street, above Third street, now residing in Penn street, No. 15, states:—

"She was first afflicted in her eyes about sixteen years ago, or perhaps more. The first operation was by Dr. Parrish on the right eye, for a cataract, as he said at the time, about fourteen years since. Dr. Parrish operated on the same eye three times, at intervals of about two weeks:—before these operations she could only see day from night, not any objects—found no benefit from these operations at all—the eye was just the same as before. The left eye was at that time worse; out of it she could not see even the light. She then went to Dr. Physick, about a year after Dr. Parrish had operated,—was led several times to Dr. Physick. He told her to come at a certain time, and she was led there at that time. He said he could give her no encouragement, but as she wished it, he would operate—and he did, at his own house. She does not know what the operation was; he said it would be a slight one, and she must come again in twelve days; but he was taken ill before that time expired, and she never went to him again. She derived no benefit from Dr. Physick's operation. After that, Dr. Price [Dr. William Price] came down to see her eyes. She resided in Dock street at this time, and also when Dr. Parrish operated before. Dr. Price thought he could help her eyes if she was willing to try another operation. She consented, and he operated on both eyes. Dr. Parrish was there at both the operations, and Dr. Hartshorne at one or both. Dr. I. W. Moore, one of the Dr. Bartons, and Dr. Davis, were also present, as she believes. No benefit was derived from these operations. She suffered very much at the time: the operations were long and painful. She was bled several times afterwards, but the sight was not at all improved. She had nothing more done till she heard of Dr. M'Clellan having operated on old Mr. Eachus. She sent up to Dr. M'Clellan on a Saturday; he then lived, as she understood, in Walnut street, near Sixth street. He came down on the Monday following and looked at her eyes. She was then living in Price's court. He said he thought he could help her. He operated on the right eye, two or three days after. She does not know what the operation was—she did not suffer near so much pain as at the last operation before, but it did not immediately make any difference in her sight.—When Dr. M'Clellan visited her afterwards, and the eye got so he could look at it, he saw the cataract was still in the eye. He then operated a second time on the same eye, about two weeks after the first time. All the good she got was from that operation. When the eye was first uncovered, five or six weeks after the operation, she could see dimly. Dr. M'Clellan told her directly after the operation that she would see, but told her to be particular in keeping it covered a long time. Her sight has improved from that time.—When first she could see things she could hardly believe it, and wanted to feel them in order to be certain. She had three children living, at the time of Dr.

by me to Dr. Yardley. I did not refer him to Dr. Darrach. It was five or more years ago. I dismissed his case from my care, and have not heard since of his having got his sight. The man was blind; the case was a very bad one; he was quite blind. I think I did not advise him against an operation, *least he should lose the little sight* he had; I think he had no sight at all, or very little. The case was dismissed as hopeless after I had tried an operation. (22)

M'Clellan's operation, whom she had never seen; the youngest thirteen months old. She had had a fourth, and buried him, without ever having seen him. For eleven years she could not see at all. She had to be led if she went out of the door ever so little a distance, and she could not find the door again. Dr. Physick said *he thought there would be no use in operating*, as it would just take away the little light she had. He did not ask her name, and she does not know that he knew it. She had sent for him several times, but he never came to her house. She can now go any where alone, and can thread a coarse needle, in a strong light. With good spectacles she can read print pretty well. *Though she is poor, she would not take all the money in the city to part with the sight she has, and be put back where Dr. M'Clellan found her.* She can tell the time of day by a watch readily, and does all her own sewing.

"The above is correctly taken down from my words.

(Signed with her own hand-writing.)

"MARGARET GREEN."

"March 25, 1829."

(22) The case of Henry Emmick shows also, in further illustration of the remark made in the preceding note, that although candour often requires that a surgeon should tell a patient "I can do no more for you," yet he goes too far if he undertake to say, "therefore no other surgeon can do more for you." Eachus, discharged as hopeless, Mrs. Green, abandoned as hopeless, and Emmick given up as hopeless! yet all three of them subsequently restored to valuable and useful vision! Surely there must be hasty judgment, when the afflicted are thus discouraged from seeking relief, and when the relief obtained is contrary to the deliberate opinions of those, so competent to judge.

Emmick's statement, which was written, in great part, with his own hand, and is entirely his own language, is subjoined.

"I was taken with the small-pox in November, 1823, which left me totally blind. I was attended by Dr. Barton until I removed in the Northern Liberties. I was then attended by Dr. Brooks until restored to perfect health. He then wished me to go to some of the head doctors of the city. I went to Dr. Parrish, first; he told me to wait three or four weeks. I went then to Dr. Hartshorne; he told me he could do nothing for me. I went to Dr. Darrach, where I attended better than two years; Dr. Darrach's office was at the corner of Seventh and Chestnut street. Sometimes I went to his own office, there, and sometimes to the Infirmary in Seventh above Chestnut,—was under the care of no other doctor but Dr. Darrach, for two years and about six months. Had no sight all this time but a little light in the right eye. The last time I was there he told me I need not call again, or not very soon—then I staid at home a year or fifteen months, and had nothing done. After that, I went to Dr. Parrish again. I told him I had been with Dr. Darrach. Dr. Parrish sent me to Dr. Yardley to examine my eyes, and said he would consult with him what to do. I went two or three times to Dr. Parrish—he said he would consult Dr. Yardley. Dr. Parrish told me first he thought there could be an operation performed on them—afterwards he concluded not to. Dr. Yardley attended at my house. He told me that Dr. Parrish had concluded not to operate on my eyes. Dr. Parrish before this told me that he thought it a pity to operate, that I might lose the little sight I had, and that he thought the eyes might be getting better themselves. I went up to Dr. Darrach again; he told me to call up again. When I went up he applied a caustic to them, as he had done often before. I told him I did not think it was doing any good, and he said he did not think he could do any more for them. Then I remained at home for about

In answer to questions by the senior counsel for the plaintiff, Dr. Parrish said:

When I first saw Davis he was totally incapable of pursuing his business. The colour of the cataract was not dark, nor dingy, nor yellow, but light. It can not be told from the colour whether the cataract is hard or not. I have seen firm cataracts precisely of the colour of Davis's! There was no difference in the colour in the two cataracts, in his eyes. Some persons do perform the same kind of operation through the cornea. *There are no cases where extraction is the best mode, according to my experience. I believe they may exist. My opinion has been always in favour of the other mode.* (23) There may perhaps be cases favourable for extraction. I have seen Dr. Physick perform the operation by extraction. When a cataract falls through the pupil into the anterior chamber of the eye, it may cause dangerous inflammation there. But I know of no case in my experience. I have never known a cataract lying there *without* producing inflammation. If *part* only were to come there it might not produce inflammation. I do not recol-

four or five weeks—then Dr. Sansbury and some other neighbours advised me to apply to Dr. M'Clellan. I went several times to Dr. M'Clellan's house before I could find him. He told me if I was a patient under no other doctor, and would undergo his operations, he thought he could help me, as to the one eye, if not both. He performed the operation on the left eye first, which was totally blind. In about ten days after I could see well enough out of that eye to get to work again,—at labouring work. The eye has continued to improve since. In about six months after the operation on the left eye, Dr. M'Clellan operated on the right eye, out of which I could see a little light, and see objects a little, but not so as to go by myself much or to do any thing. About the ninth day after this operation, I went to work piling boards in a board-yard. Both eyes seem to get still better, and the sight stronger. I can work a little at my trade—shoe-making—have made a few pair of shoes,—but I follow working in a board-yard, and loading vessels—can tell the time of day easy on a watch, and can read good print, and can write. I suffered very little pain from Dr. M'Clellan's operations.—I live at No. 14, Pratt's Court, between Coates and Brown streets.

“HENRY EMMICK.”

“March 26, 1829.”

See also, in the Appendix, an account by Mr. John Molledore, of a case of “Egyptian Ophthalmia,” cured, like Emmick's eyes, after being condemned as incurable by Dr. Parrish.

(23) Dr. Parrish's lengthy testimony—comprising occurrences to which neither the plaintiff nor the defendant was a party, or privy, during the years 1821 and 1822, and opinions expressed to students in the Almshouse, as well as to William Davis,—seems to have been introduced for the purpose of showing that the plaintiff must have been guilty of egregious error in practice, because he differed from Dr. Parrish's opinion. It seems that the opinions of those two gentlemen, respecting the expediency of an operation, was made up by each on the observation of different symptoms, and at different times; but if they had differed irreconcilably on a simultaneous view of the case, and if such difference is to convict one or the other of gross malepractice, then, by the same rule, what is to be said of the above palpable condemnation of Dr. Physick, as uttered by Dr. Parrish, respecting the operation by extraction? Dr. Parrish has *always* preferred depression, and has never seen a case of cataract where it was not the more proper operation. But he has seen Dr. Physick operate by the *less* proper operation,—namely, extraction. He must have therefore seen Dr. Physick do what he considered at the time, and still considers, improper practice; for to adopt the more dangerous and *less* expedient mode of operating, instead of the better one, is as wrong as to operate when no operation at all is expedient. What was the result of that particular case we are not informed—but it may have terminated unhappily, for such results will often follow the most skilful operation. Should such results, together with Dr. Parrish's

lect any case where the lens had fallen entirely through. The cataract of Davis remained some time in its position after it was broken up. A part afterwards, a kind of *nucleus*, fell through, without producing inflammation. It was after Davis left the hospital that I saw the part had fallen through. I can not say how many times he called on me—think it was several times. I think his *first* call was several weeks after he had left the hospital. The portion of the lens that had fallen through was quite small. I should suppose it was about one third of the size of the natural lens. When the whole lens comes through, it may produce inflammation. When I warned Davis against *another* operation, I had in view a repetition of the operation that I had performed. If I had tried another it would have been such. I do not recollect who first brought Davis to me. I did not inquire in whose care he had been. The cataract in his case was longer than usual in absorbing. (24) I recommended to the managers to get glasses for Davis. The part of the lens that fell through was completely exposed to the action of the aqueous humour; the pieces that remained were *not*. (25) I can not say that any

previous ill opinion of the plan pursued, be received in evidence to stain the well-earned reputation of Dr. Physick? Or does not this instance of discordance between Dr. Parrish and Dr. Physick, alone suffice to show the absurdity of attempting to condemn one man by citing the *opinion* of another? On this subject the reader is referred still further, to the note subjoined to the testimony of Dr. Physick.

(24) If Dr. Parrish had thought it worth while to read any of the modern works on eye-surgery, containing the observations suggested by very extensive practice in the hospitals of Europe,—he would perhaps have considered one year as no very unusual length of time for the lens to remain undissolved.

In a note to the 407th page of Guthrie, we find that Professor Beer of Vienna, says he repeatedly dissected the eyes of persons for whom he had operated for cataract, and that, in his examinations, whenever the lens was hard, whether with or without a capsule, he found it a little lessened, but with no signs of maceration. In one instance he removed a lens which had been depressed thirty years before by Hilmer, and had risen again, in consequence of a blow on the temple, and passed readily, when the pupil was dilated, from one chamber to the other; when extracted it appeared cartilaginous and almost bony. In another case, he removed a lens after it had been displaced for fourteen years, with little diminution. He therefore declares he will not believe in the dissolution of a hard lens until he sees it.

The opportunity of ascertaining the extent to which absorption has gone after the lapse of a number of years, must of course be rare; but Sir William Adams mentions an instance of a piece of the torn capsule remaining six years. (p. 86.) St. Yves's case, in all the books since 1808, was one where the lens re-appeared "some years" after depression. Richter, Warner, and Beer, are cited by Adams, (p. 95) as having mentioned cases of *two* years, also of four operations, and of three operations being required to depress the caseous cataract. Scarpa (*Diseases of the Eye*, p. 362) speaks of a nucleus remaining in two instances, after having been subjected to absorption *three* years. Sir W. Adams speaks of a case in his own practice, where the lens is still not absorbed nor apparently diminished in *five* years. De Gravers ("on Diseases of the Eye and Ear," p. 105) mentions three persons in the Hospital of Paris, whose eyes were dissected and found to contain cataracts that had been depressed for absorption, seven, thirteen, and seventeen years. There are many other examples, but these are enough.

To come nearer home, the deposition of Eachus proves that the cataract remained undissolved in his eye from the time of Dr. Dorsey's operation, which must have been in 1818 or earlier, until 1822, when Dr. McClellan extracted it. And the statement of Mrs. Green shows also that in her eye it remained undissolved from Dr. Parrish's operations till Dr. McClellan's, not less than seven years. Of him then, that waits the absorption of a hard lens, we may say with Horace,

"Rusticus expectat dum defluat amnis."

(25) If the pieces of lens that remained in the posterior part of the eye, were

part was attached to the posterior chamber. I would have depressed the cataract if it had been sufficiently hard. It is, to a certain degree, uncertain whether the operator has passed his needle into the capsule. I used an instrument to fix the eye when I operated, the last time. The pressure on the eye does not produce a cloudy appearance, or seldom; (26) it did not occur in Davis's case. I think I did see the needle when it came through the capsule. It is my universal rule. I stood *behind* Davis, in the operation. Could see as well as if I stood before him. I have understood that Dr. M'Clellan operated on Eachus. Dr. Dorsey was unsuccessful in his operations on Eachus. I think it is altogether possible I may have mentioned Davis's case to my students, with censure of Dr. M'Clellan's operation, but without mentioning Dr. M'Clellan's name. I can not say whether the circumstance was introduced into my lectures or not;—it was not by the name of the surgeon. I do not recollect whether I ever mentioned Mrs. Green's case, but think I did, and its happy result. (27)

not exposed to the action of the *aqueous* humour, it must have been because they were depressed into the *vitreous* humour; and when this expression is considered in connection with that one already noticed, as to the lens floating about, and also there being a nucleus undivided, (See note 16) it is evident that Dr. Parrish, although he began his testimony under the impression that the cataract had been a soft, or caseous one, was brought, by the considerations suggested to his mind in the course of examination, to be of opinion that it was hard, or partly hard. In no other way can the latter assertions be reconciled to what he at first said as to breaking up the lens, and not moving it from its position.

Of what consequence to the plaintiff ought to have been his opinion, founded on the supposition of its being a soft cataract, when he now says what shows it must have been a hard one?

(26) The pressure upon the eye by a speculum, in performing the operation, and the use of the right hand in operating on the left eye, are smaller matters in which the plaintiff is understood to differ in practice and opinion from Dr. Parrish. The modern European surgeons also differ from Dr. Parrish in these respects. Does it follow that they and Dr. M'Clellan are therefore all wrong? It is manifest that the necessity of standing *behind* a patient in operating on his eye, as Dr. Parrish did, must be a disadvantage to both operator and patient; and this comes from not being practised to employ the left hand.

(27) The inquiry put to Dr. Parrish here, was substantially, whether he had not to his students, spoken habitually of Davis's case, in a way calculated to disparage Dr. M'Clellan in their estimation. The answer, as taken down, does not seem quite to have met the question, though it appears to admit the fact, with an emphatic reservation, however, as to the mention of Dr. M'Clellan's *name*. The fact is well known indeed, *aliunde*, that Dr. Parrish did repeatedly, so speak of that case, and of Dr. M'Clellan's operation, as to excite in his students the strongest prejudices against Dr. M'Clellan—prejudices which a knowledge of the truth has since removed from the minds of some of those gentlemen, but which is probably carried by others to a distance where they will never hear the explanation. That this was done without the mention of Dr. M'Clellan's name, is perfectly true. But it is also true that the particulars of the scandal were sufficiently developed to designate the individual intended to be disparaged, as plainly as if the name had been openly spoken. If Dr. Parrish, in doing this, committed any wrong, it could not have been aggravated by the mention of the name. On the contrary, such an open attack might, and probably would have soon become known to the object of it, who could then have denied, and, *as is now proved*, could have *refuted* the whole accusation. The injury that may be done by one professional man to another by such intangible, but significant insinuations, is incalculable; and it is difficult to conceive why Dr. Parrish, in giving his answers respecting his conduct towards Dr. M'Clellan in this particular, should lay so much stress on his not having openly mentioned his name—a circumstance which must strike every ingenuous mind as being far from a palliation of the offence against neighbourly kindness and professional candour.

The whole case of Davis was in itself of little importance or peculiarity. Just such are to be found in the footsteps of every physician who practises for charity.

I do not recollect telling Davis he would get well in any specified time, nor recommending lead-water; there was no inflammation in his eye when I saw it with a part of the lens in the anterior chamber. My experience for years has been that a firm cataract may be depressed with safety. Thomas Parker goes through the most delicate work in watch-making with the eye on which I operated by depression. A hard lens may be depressed without inflammation, and I do not know of its being likely to rise again. If it did it would not produce inflammation, nor would it, while depressed in the vitreous humour.

DR. THOMAS C. HEWSON, (sworn.)—I am, and was in 1823, one of the surgeons of the Pennsylvania Hospital. I recollect Davis, at least some man whom Dr. Parrish had operated on; I don't know his name. I understood he had been a long time in the hospital. He was brought into the library where the managers were, and requested to look out of the window, and try if he could discern objects passing. He did, and satisfied us he could. He appeared to have some power of vision.

If a patient is considered as an inmate of the House, he is not allowed to walk out without permission. Permission is usually given where the treatment of the case is not inconsistent with the patient's walking out.

DR. REYNELL COATS, (affirmed.)—In 1823 I was house surgeon of the Hospital; was in the second station, and became house surgeon in April or May of that year, when Dr. Ritchie left the house. Davis's case fell under my observation. I was there the whole time of Davis's residence there. I have an indistinct recollection previous to the second operation. I recollect at the time of the second operation; the

A pauper patient, going from one charitable institution to another, or from one physician to another, claiming attention from all, and murmuring in turn against each, because miraculous relief has not been obtained;—if the complaints and revilings of such persons are to be gathered up and repeated without an effort to ascertain their truth or falsehood—then indeed may disparagement and back-biting, detraction and scandal be the common consequence of every charitable effort which does not happen to satisfy the fullest expectation of its ignorant object.

Dr. Parrish says, he had dismissed this man from his care some time before he came under that of Dr. M'Clellan. He was in the habit of meeting Dr. M'Clellan in the street almost daily, and not unfrequently in consultation, and between them no cessation of courteous intercourse has ever occurred. If then the generous interest which he says he felt in Davis's subsequent fate, had led him to make an inquiry of Dr. M'Clellan as to the circumstances of *his* operation on Davis, the information could easily have been obtained, as the request of it would have been neither strange nor improper—and all the circumstances would have been readily detailed, and if desired could have been *proved* to him. Then he would have heard of Davis's repeated applications to Dr. M'Clellan, of his being advised to return to Dr. Parrish, of his coarse refusal and his earnest importunities—of Dr. M'Clellan's official duty, as surgeon of an Eye Infirmary—of the inflammation commencing in the eye—of the hardness of the lens as it was ascertained by those who touched and examined it—of Davis's power of sight after the operation—of his carelessness and disobedience—of the consequent inflammation and closing of the pupil, &c. &c. The simplest exercise of candour on the part of Dr. Parrish towards his brother practitioner would then have nipped in the bud a misrepresentation, to the origin of which, Dr. Parrish was too much an accessory. It would have saved Dr. M'Clellan from the injuries sustained in consequence of Dr. Parrish's *inuendoes* addressed to his students, and by them spread widely abroad. It would have prevented the publication of the libel for which Dr. M'Clellan was in this suit obliged to seek reparation;—it would have saved Dr. Parrish the unpleasant task of giving testimony in support of a libel which did but embody, and amplify his own intimations to his students; and it would have saved him the reflection that he has inconsiderately abetted the purposes of detraction, by disseminating among his students, for further circulation, opinions injurious to Dr. M'Clellan, which he must now perceive, rested on an entire misconception of the truth.

first eye was lost. I was present at the second operation; can not say I saw all the steps of the operation; it was not a long one; it was stated that it was made short because he was constitutionally liable to inflammation. After the operation a very long period of time, much longer than usual, passed before any benefit from the operation. Davis's eye had a serious inflammation after the operation of considerable continuance. This was anticipated. Some months after the operation, Davis began to recover his sight; absorption went on very slowly. Some days before he left the house, I took him out of the east door of the east wing of the hospital, to try his sight; he could distinguish the trees in Eighth street with glasses. He said there were shadows passing in Seventh street, but could not tell what they were. They were in fact, loaded carts. He could distinguish the patients at fifty or sixty feet distance; he said he could not be certain whether they were men or women. When he first came in he could not find his way about the house. Davis left the Hospital a short time after Dr. Ritchie; I think in May or June. I came to the hospital previous to December, 1821; I left it in September or October 1823—was there four years. I was absent more than once—A few weeks each summer. I think Dr. Satchell took my place. One winter I was very much engaged—think Dr. Gwinner was my substitute that winter—can not tell how long Davis was there—I never said Davis was there in all together three months. I assisted at the second operation, by attending to the instruments. I don't recollect distinctly—have no particular recollections what the operation was—think it must have been *couching*;—the instruments were equally fitted for couching and for cutting to pieces—I have no recollection that the plan of operations was changed during it. When I saw Davis he was in the blind ward—can not say whether he was absolutely without vision or not. I have a vague impression that the cataract was a hard one, or partially hard and partially soft—there was difficulty in cutting it. Have heard Davis murmur and complain of the institution and of Dr. Parrish. The second operation was considered a cause of improvement.—We were looking for it—it went on steadily and with an accelerated pace.

MICHAEL TURNER, (sworn.)—I was acquainted with Davis in the Hospital, where I was under the care of Dr. Parrish. I had been then some months there—came out in March or April in 1823, on my own discharge—I requested it—I lived at No. 299, South Front street. Davis came out in May—he came to my house—had spectacles on,—no one was with him—he told me he was glad he could see me. I asked him about his sight; he said he could see a white house across the river—showed it to me. I asked Davis to take a walk with me—he read signs and numbers of houses across the street. I went with him to Hugh M'Coy's; left Davis there, to lead M'Coy up to Dr. M'Clellan's. M'Coy asked him to do it, and said he was the only guide he had. He told me the time of day by the clock in Second street. Sometime after this he asked me to let him stop at my house. Some time after this, a short time, he had been operated on by Dr. M'Clellan, I went to see him—it was two or three weeks after Dr. M'Clellan had operated—he told me he had lost the total sight of his eye—asked me to lead him to Dr. Parrish. I did so. Sometime after this he was sent by Bowles to my house, led by an apprentice; he asked me to get an order to take him to the Almshouse. I did so. I got him into the select ward—was then in a state of total blindness. When he came to my house the cataract was all dissolved except a small part, the size of a large pin's head—was quite cleared off the upper part of his eye. He continued always to improve in sight before the operation of Dr. M'Clellan—always came without a guide. Saw him after he was in the Almshouse; he said his eye was totally blind—total darkness, except confused sparkles of light—was in the same state at Almshouse.

JOHN KUNKLE, (sworn)—Dr. M'Clellan operated on my son in the fall of 1821—he never got well from that time till he died six or seven months after. He continued bad and got so offensive we could hardly keep him in the house—neither myself nor others could eat our victuals,—the smell was so bad—then he concluded himself that he would go to the Almshouse. I did not want him to go there—had rather keep him home. Mr. Rees spoke to him to go—then my son and Rees went to Mr. Hukill to get an order for the Almshouse. He died there in three or four weeks after. I was present at the operation—five pieces were cut off—

five or six,—wound was dressed afterwards—dressings were continued while he was in my house—it smelt bad in three months after the operation was performed—before he died—was a running always on the neck—a kind of a matter that ran. He wore a bandage and handkerchief round the neck always after the operation. I forgot one thing—two months before he went to the Almshouse, Dr. M'Clellan wanted to send him to sea—I thought he wanted to get him out of the way—I said he will die, and may as well die on shore as at sea. This matter which run over was what was offensive—the disease spread.

On being cross-examined, this witness said—

That certificate was shown to me and I was asked if it was correct—I did not read it—I was not a good English scholar—it was read to me—Dr. M'Clellan and another gentleman showed it to me—I did not say it was true—I told them my daughter did wrong in so doing—I was sued by Dr. M'Clellan—it seems I was,—before Esq. Goodman, I suppose for the money for the operation—I did say that I had not been sued on a note I had given—I did say on oath that I had never been sued, because it had slipped my memory—it was a mistake of mine,—did say I had never had had any difficulty with Dr. M'Clellan—I did say I had never been sued before a magistrate by Dr. M'Clellan. Before the operation my son had a very bad cancer—incapacitated him from work—and was very painful.—Did attend to work for me after the operation—sometimes went to market—not before day—did not stand in market—had no other sores about his body. Dr. M'Clellan used hard language to me when I would not give him a certificate of curing my son—I never told Dr. M'Clellan I would send him to the Almshouse. He never used harsh language to me before my son went to the Almshouse—never called me a scoundrel—am sure he did not. I dont read much.

Here the plaintiff's counsel read a paper to the witness, viz. a certificate signed Elizabeth Kunkle, (28) the witness said—

that paper was never read to me, to my knowledge—that is not the paper—I believe it did not sound that way—it was a paper that Dr. M'Clellan had, which said my son was cured—I told him it was no such thing—that was the only difference I recollect. A printed paper was shown me in the other room—a piece of a newspaper. I am a victualler—a butcher. No written paper was put in my hands in the other room.

DR. THOMAS RITCHIE, (SWORN)—I was a house surgeon in the hospital when Davis came in—was so during all the time he was there. I was present at both operations on his eyes—first eye the left, perished by inflammation a short time after the operation. Several months passed between the operations. Inflammation followed the operation, but was happily arrested in its course. Davis was entirely blind when admitted. After his discharge, he could see a little—was discharged in the spring of 1823. After he left the hospital, I was requested by Dr. Parrish to take charge of him. Dr. Parrish stated his willingness to join me in consultation if Davis needed it. Davis called at my office once in about ten days,

(28) The certificate was this, viz.

Philadelphia, November 17, 1826.

Having with great surprise seen it stated in a pamphlet lately published by Dr. Beattie, that my brother Joseph Kunkle did not recover from the operation performed on him by Dr. M'Clellan, I feel it my duty to state the facts as I remember them. Joseph had been afflicted for a long time with a dreadful cancer of the face and throat, which many of the doctors had pronounced incurable. Some time in the spring of 1821, Dr. M'Clellan, assisted by several others, performed a terrible operation, from which Joseph perfectly recovered, and continued well until the next year, when the disease returned, in another place, lower down the neck, of which he died in July. During the winter after the cure, he carried on the butchering business for my father, and generally went down before daylight with the cart.

ELIZABETH KUNKLE.

and I occasionally advised him what course to pursue in regard to his eye. The last time he called I examined him particularly; he then could read large print, such as "United States Gazette"—the paper I put into his hand—could decypher the words on signs across the street. About ten days after the last time he called at my office I met him at the corner of Pine and Front streets; he could see animals grazing on the Island—said he could make out numbers of houses and names on brasses. At his last visit to my office there was a small portion of a lens obscuring about one third of the pupil of his eye, in a moderate light. Davis told me at his last visit that he felt an extraordinary change in his eye. I saw that the lens had fallen into the anterior chamber of his eye. I told him it was a good symptom and referred him to Dr. Parrish. I considered this circumstance favourable at that period. There was a steady and gradual improvement in his sight from the first. I reiterated to him once or twice the advice of Dr. Parrish about another operation. Some time after this he was brought to my office by a lad and said he was totally blind. Such appeared to be his condition. I passed him once or twice in the street afterward—he was always led.

Being cross examined, this witness said—

I can not tell the precise time I left the hospital. I opened my office immediately after leaving the hospital. Davis appeared dissatisfied with the tardiness of the cure;—said he wished to get to work. I can't say whether I mentioned the subject of an operation to him, or he to me. He was querulous—complained against no individuals. I never heard him reflect on any person except Dr. M'Clellan. I can't say whether there was inflammation in his eye when he was led to my office—both eyes were covered. He had then been in the Almshouse. He called on me more than once after he left the hospital. (28)

THOMAS G. CONNER, (affirmed)—Some five or six years ago, Davis got me to write him a recommendation to the hospital—he was then nearly blind; I wrote it and he went in. I next saw him after he came out—one eye was improved, and the other lost. He told me he could read signs in the street—he had specks on. After the operations of Dr. M'Clellan he appeared totally blind. I saw him in one week or two, or thereabouts, after the operation—I was at the house where he lodged. He was at my house a week or two after the operation,—might have been longer.

MARY TITLOW, (sworn)—I am a sister of Joseph Kunkle. I know of the operation by Dr. M'Clellan—I said it should not have been done if I had known it. I saw him after the operation; walked back in the yard with him. He said the rascals have not taken all the roots out, else it would have got well. It never got well;—every time I saw him it got worse and worse, steady;—became very offensive in smell. He died about two weeks after he went into the Almshouse.

Being cross examined, she said—

I lived out Germantown road, between Sixth and Seventh streets—came over to see him a few days after the operation—can't tell the time of year. He died about the 9th of July. Can't tell whether warm or cold weather. He had a step-mother in the house. His father was unwilling to have him stay in the house. I don't know where he wanted him to go. I don't know how I fixed the time of his death to be the 9th of July. He told me directly after it was done that the

(28) It is manifest from this testimony that Dr. Ritchie saw Davis in possession of the power of vision *after* the operation by Dr. M'Clellan. Dr. Ritchie says Davis called more than once, at intervals of ten days, or thereabouts—and ten days after the *last* call he met him in the street, and saw that he could distinguish animals grazing &c. If Davis made but two calls, and then an interval occurred, not less than thirty days must have elapsed to allow for the three intervals. But if only fourteen days elapsed, the dates show that the operation must have intervened.

roots were not all out—a few weeks after. If he had been cured he would not have died in so short a time. I visited father's house and him when he was sick—used to go back and forward. I lived a mile and a half from father's. He walked out to see me after the operation, and rode out on horseback—took me home once in the cart—the sore was not so very bad before the operation.

MARY KUNKLE, (sworn)—I am the wife of John Kunkle. I recollect the operation—the wound never healed—did not get well. He never got well. It always ran from his neck,—I attended him at all times—the sore became very offensive towards the last, so that we could not stay in the house for him,—he was taken to the Almshouse. He never butchered for any body, after the operation—never for Mr. Lechlightner. He never contracted any other disease—was never under salivation from mercury. I can't say that he ever stayed out all night.

ELIZABETH BROOKS, (sworn)—I can't say whether the wound healed or not—he always had a bandage on. It run very much awhile after the operation—can't say how long after—could tell by the bandage.

Being cross-examined the witness said—

I was Elizabeth Kunkle. *That* is my hand writing. Mr. Lynn came to me in market—I never saw him any where but in the market—he came to me. I never said to him I was sorry that such a falsehood had been circulated about Dr. M'Clellan, as that he did not cure my brother,—I never spoke so to Mr. Lynn—don't know him. I stopped him as he came through the market—I told him I did not know what I had signed—I was afraid it might hurt my father—he said no it would not. I never told Dr. Eberle that I gave a certificate to Dr. Beattie through fear;—told him that I gave one;—never told Dr. Eberle that Dr. Beattie had threatened to tell a secret on me—I told Dr. Eberle that Dr. Beattie had charged me too much—he said he would talk to him to take less—never told Dr. Eberle I was afraid that Dr. Beattie would tell of me if I did not. I was not afraid of Dr. Beattie—not afraid at all. He attended me in a case. It is no secret now; the world did get to know of it. It is nobody's business.

Being re-examined this witness said—

Dr. Beattie's bill was presented to me before the conversation in the market, and was paid. Dr. M'Clellan came and asked me if I was Joseph Kunkle's sister. I said I was. He asked me if I knew his throat had healed up—I told him I believed it had—but was not certain;—he then asked me if I thought it had—he said perhaps it did not break out under a year or eighteen months—then asked me if he ever sat in market,—I told him no. He asked me if he did not come down with the horse and cart—I said he did. He then went away and came back with a paper and began to read it. Two butchers came around the stall, and I did not pay attention to what he had said. He insisted on my signing the paper, said I need not be afraid of it. I did not like to sign it. One of the butchers said I need not be afraid, and I signed it—and then he gave me a book to read—but I did not, because I could not. He went away, and then that gentleman who was with him came through the market, and I stopped him—I was confused—I can't read writing at all—I can write my own name, but nothing more, to make any thing out. I went to German school. Dr. Beattie on no occasion, nor at any time, made use of any threats to induce me to sign an untruth—never saw him after I paid the bill till I saw him in Broad street. That is the gentleman* who came out with Dr. Beattie. I think my husband was present. I lived in next door to father—when the operation was performed.

SUSAN FOW, (sworn.)—Joseph Kunkle's neck never got well.

The defendant's counsel then put in evidence, "The American Medical Review," Vol. 2, No. 1, for September 1825, p. 160.

* Witness pointed to Mr. James Webster.

(the plaintiff not requiring proof that plaintiff was not one of the editors,) the following note to the said page:

“In the case of a young butcher, J. Kunkle, of Penn township, from whom I removed a frightful carcinomatous mass, extending from the lip very low down into the left side of the throat, I exposed the bifurcation of the carotid and secured, in succession, all the branches of the external trunk, with the exception of the occipital artery. In removing the sub-maxillary gland, I was necessarily obliged to secure the facial artery close to its origin,—in dissecting out an enlarged lymphatic gland above and behind the former, I encountered the lingual artery;—and in raising up the lower portion of the parotid gland, which also was much enlarged and indurated, I had to secure the common trunk of the temporal and internal maxillary arteries. The stump of the external carotid was left at the bottom of the wound like the trunk of a tree divested of its branches. Beside all these vessels, I encountered a large vein, the one which returns the blood from the sub-maxillary and neighbouring glands, and secured it just at its junction with the internal jugular. The patient recovered soon afterwards, with much less deformity than could have been anticipated by any one who had seen him before the operation.”(29)

DR. THOMAS H. RITCHIE, being re-examined, said:—

I have examined the records of the Hospital and find my apprenticeship expired on the 1st of March, 1823. I do not know at what precise time I left the hospital. Davis did not leave it till some weeks after I did. I was only a visiter at the time of Davis's discharge. Dr. Satchell was elected to supply my place. Davis was discharged, according to the books, May 14th.

At the time of my leaving, the care of the house was divided, so that both pupils were considered equal. Dr. Reynell Coats would have been my successor, but he was indulged with permission to leave the house some time. There was a tacit understanding between him and Dr. Satchell to divide the house.

Dr. Gwinner was not in the house when I left. He was there for some time, and supplied the place of Dr. Coats one winter—think 1821—1822. He came about lecture season—first Monday of November 1821. Dr. Coats attended lectures constantly. I can not say whether he lodged in the Hospital.

I never saw the operation by extraction performed in the Hospital. I have seen it performed once only; that was by Dr. Rhea Barton.

Here the counsel for the defendant, by consent of the plaintiff's counsel, read a deposition of *George Rees*, taken in another suit, viz:—

“GEORGE REES, (SWORN.)—Joseph Kunkle I have known for eighteen or twenty years, from a boy—in 1821, he was operated on by Dr. M'Clellan—in the autumn—the next day, or two, I went to see him several times—three or four days after the operation—his father said he was getting rather worse—two or three weeks after he was in his room—in the month of March he was walking about. I saw him sitting in a room, said he had just been washing his face with soap and water. I helped dress his wound half a dozen or a dozen times—he always complained and said if the doctor had not cut him, he should have got well;—wound never healed

(29) The description of the operation on J. Kunkle was in a marginal note to a long disquisition on the question whether it is better to secure important arteries by a previous or preparatory operation, before proceeding to the main operation, when an interference with those arteries is apprehended, or to secure them only so soon as they are actually divided in the progress of the operation. Dr. M'Clellan had argued in favour of the latter method, and mentions Kunkle's case as an example of such a mode of proceeding, *not followed* by the evil consequences said to be likely by the advocates of the other mode. In the same article the general doctrine of the liability of cancerous tumours to reappear after perfect relief by an operation, is distinctly recognized.

up. I told his father he must do something for him—take him to the Hospital or Almshouse. Joseph said he was willing to go any where for relief. I got an order for him to go into the Almshouse. I told him he had no one there to take care of him—that he would not mind his father. Three or four weeks after I left him there, he died there—‘Oh?’ says he, ‘Mr. Rees, if the doctor had not cut me I should have got well. He died there, I believe, in consequence of the ulcer or sore in his throat—the wound was never healed up.

I never had anything to do with Dr. Beattie—never was my physician—Dr. Eberle was once, four or five years since—he charged two or three. prices for one visit, I would not pay it, and he authorised his collector to sue me, and I had to pay it, and discharged him. I never did see any one, about giving a certificate against Dr. M’Clellan. Dr. Beattie asked me for an affidavit about Kunkle; I told him I would. I dont recollect any one except Beattie’s and Webster’s—nobody else—I never conversed with any one about their giving a certificate or affidavit against Dr. M’Clellan—no one except Kunkle the father—never said any thing to Mr. Freyberg about his giving a certificate or affidavit—I say no—I never did converse with any one about that person’s giving a certificate or affidavit against Dr. M’Clellan. I never introduced Dr. Beattie and Freyberg—never was in their company together (30)—I know Joseph Freyberg perfectly well—meet him frequently at corner of Tenth street—don’t recollect Freyberg and Beattie speaking together in my presence—I never left town after the operation for any length of time—only just went out and came back.

DR. JAMES WEBSTER, (sworn.)—I was invited by Dr. M’Clellan to witness an operation on the Ridge Road, sign of the Volunteer, the precise time I do not recollect. I was then a student and went with a number of other students. The case was a cancer of the lip involving some of the glands of the neck. The operation was performed by Dr. M’Clellan. I went to see him afterwards. The wound could not have healed then. Subsequently, in my turn of attendance as a pupil at the Almshouse, I met with Joseph Kunkle, and from having witnessed the operation, probably paid more attention to the case. Met with him in the long surgical room, was struck with the horrible condition in which I found the patient. The case was at the time considered one of cancer involving the face and throat. I of course merely saw him a moment. It was a very extensive disease, so offensive that the windows were open, and they were burning tar and pitch in the room. Dr. M’Clellan was one of the surgeons of the Institution. There are four. I missed Kunkle. Can not say of my own knowledge that he died.

The witness being cross-examined, said:—

The surgeons were J. R. Barton, Hewson, and M’Clellan. I think Gibson was not one. I am not sure as to the other. The physicians I can not call to mind; they alternated every three months. I do not recollect seeing Dr. G. M’Clellan at Kunkle’s bed side. If I had I think I should have recollected it. I was one of the Editors of the American Medical Recorder. I can not say I am *now* one. It is a quarterly work. I ceased to be an editor yesterday morning. I was editor in July, 1828. In page 247, 248 of No. 43—now shown to me, there is a sentence written by me or my father—can not say which—it is I believe between us—the facts I gained from Dr. Beattie in some conversation with him. My father has sometimes given me facts, and I have worked on them. The expression “enterprising young surgeon” was intended for Dr. M’Clellan, and was a quotation from a publication of Dr. N. R. Smith. I do not know if it was a quotation in Dr. Smith’s publication. In the passage containing the expression “old tricks,” I alluded to Dr. M’Clellan and Dr. Eberle, and them only. I think I was then in the capacity of an editor of a public journal. (31)

(30) Mr. Fryburg’s testimony (*infra*) contradicts this part of Mr Rees’s so positively and irreconcilably, that it is necessary to believe either that Mr. Rees’s memory is very imperfect, or that his testimony is wilfully untrue.

(31) Dr. Webster was for a long time, editor of the “American Medical Recorder,” during which period, the readers of that scientific journal were repeat-

I have seen James Draper, a blind man at the Almshouse, and have spoken with him. I did not advise or request him against being a witness for Dr. M'Clellan. I have never conversed with him on the subject of his giving testimony in this case. (32)

Draper has been at my house within a few months. I last spoke to him last summer or fall in the Almshouse; his eyes only were the subject of conversation. I do not recollect whether Dr. M'Clellan's name was mentioned or not. It may have been. I did not speak of Davis to Draper as I know of, nor of Dr. Beattie.

Dr. Chew or Dr. Schott was with me, I think. I never saw Davis but once in the Almshouse, and then for a very short time. The time I do not specify. I have never seen Davis at my house, or office, nor at my father's. I asked Davis a very few questions about his eye. Draper was a few beds off. I did not converse with Davis and Draper in the same conversation—they were near enough to hear together. I said nothing then to Davis about Draper's being a witness, nor to the same purport, nor of Draper's having any thing to do with a suit in which Davis was a witness. I never met Davis except in the court room. I did not assist to take Davis into another room, nor did I assist in examining him.

That writing shown to me is my father's hand writing. My father is not the publisher of the Recorder—he ceased yesterday. These publications were issued from the office of the Recorder. (33)

I have seen Dr. Beattie's pamphlet, in which was contained the alleged libel.

I have seen *that* advertisement (shown to the witness,) before. I do not know that I heard from Dr. Beattie, he published it; but I have heard him admit that he did. (34)

I did consider the operation performed by Dr. M'Clellan on Joseph Kunkle as being well and skilfully performed.

GERARD S. MARKS, (affirmed.)—I have been apothecary and librarian of the Almshouse, for eleven or twelve years—was there in 1821, 1822. *This* book is the book of minutes of the proceedings of the physicians and surgeons. And *this* the registry of patients admitted.

Counsel for defendant read from the Books,

"Joseph Kunkle, admitted June 16, 1822, age 22 years, disease carcinoma;—event, died?"

"Meeting of Physicians, &c. 25th Nov. 1821. Present Dr. M'Clellan," &c. &c.

"Meeting of August 5, 1822. Present Dr. M'Clellan," &c. &c.

JOSEPH PRYOR, clerk of the board of Health, (affirmed.)—This is the certificate for burial of Joseph Kunkle, returned to Health-office, dated July 9, 1822. Signed G. Colhoun Jr.—disease carcinoma.

And here the defendant's evidence closed, until after the plaintiff's had been heard.

edly entertained with sarcasms and *inuendoes* aimed against the professors of Jefferson Medical College. Much of this examination was intended to exhibit the state of feeling on the part of the witness which this conduct evinced. But the whole of the evidence respecting express malice on the part of the defendant, was withdrawn by plaintiff's counsel in consequence of an intimation from the court.

(32) It may be seen in the testimony of Captain Draper, that the memory of Dr. Webster is strongly impeached in respect to this part of his cross-examination.

(33) The paper here shown to the witness was not given in evidence. It was merely an advertisement of the "Recorder," with a few words written in the margin referring to the operation on Joseph Kunkle.

(34) The advertisement, identified by Dr. Webster, was not given in evidence.

The Plaintiff's testimony was then produced as follows: viz.

1. His Diploma of graduation at the University of Pennsylvania, dated in the year 1819.
2. The Charter of the "Philadelphia Hospital for the diseases of the Eye and Ear," dated April 2, 1821. (35)
3. The "American Medical Recorder," Supplement, containing the following advertisement, viz.

"DISPENSARY FOR DISEASES OF THE EYE.

"For the increasing number of indigent blind people in the City and Liberties, a number of gentlemen have been contemplating the institution of a society to afford gratuitous relief; and though circumstances at present, prevent more than a limited foundation, they indulge reasonable expectations of being able, in the course of a few months, to establish a much more extensive charity.

"The object of this communication is to notify those, who, afflicted with any disease of the eyes, can not compensate medical services, that arrangements have been made with *Dr. McClellan* for surgical attendance, and with *Mr. Marshall*, Chestnut street, for medicines, which will be afforded gratuitously. Application to be made at *Dr. McClellan's office, Swanwick street, near Walnut, above Sixth.*

"April 14th, 1821."

4. The American Medical Recorder, vol v. p. 577, 578.

"HOSPITAL FOR DISEASES OF THE EYE AND EAR.

"*To the Managers of the Philadelphia Hospital for Diseases of the Eye and Ear.*

"GENTLEMEN,—In the month of March, 1821, an association of ten individuals was formed in this city, for the purpose of establishing an institution for the relief of diseases in the eye. By the gentlemen who composed that association, S. Badger, esq. was elected treasurer, with power to make all necessary purchases; Mr. Marshall in Chestnut street, apothecary, and I was honoured with the appointment of surgeon. On the 14th of April, 1821, an advertisement was inserted, by a committee appointed for that purpose, in the Medical Recorder, and in some of the daily prints of this city, announcing the formation of the institution, and inviting the poor to partake of its benefits. Since that period many physicians and other respectable citizens have recommended poor persons afflicted with diseases of the eye to my care, and in no instance has any patient so recommended, or in any other way introduced, been refused the charities of the institution.

"An abstract report of the cases which I have treated during the past year, together with a detailed account of the several operations which have been performed upon many of the patients, is herewith submitted for your inspection. According to the intimation expressed in the first advertisement of the association, this institution has, by your co-operation, been converted into a more extensive charity; and, in the projected form of a Hospital for Diseases of the Eye and Ear, there can be no doubt respecting its usefulness.

"With great respect, I am, gentlemen, your ob't serv't.

"GEO. M'CLELLAN."

"March 26th, 1822."

(35) The third article of this Charter names the following list of managers from among the number of members, viz. "The Hon. Chief Justice Tilghman, the Right Rev. Bishop White, the Hon. Thomas Duncan, John H. Brinton, Edward Shippen Burd, Paul Beck, jr., Richard H. Bayard, Jonathan W. Condy, James C. Fisher, Benjamin R. Morgan, Thomas Kittera, John M. Scott, and Benjamin Tilghman, Esquires.

INSTITUTION FOR DISEASES OF THE EYE.

Report of cases by George M'Clellan, M. D. Surgeon, from April 26th, 1821, to March 26th, 1822.

	No.	Cured.	Relieved.	Failed.	Remain.
Adhesion of the lids,	1	1			
Amaurosis,	4	2			2
Cataract,	18	7	2	1	8
Closed pupils,	1				1
Conical Corneas,	1				1
Ectropium,	1				1
Granulated Conjunctiva,	1		1		
Hydrophthalmia,	1				1
Iritis,	2	2			
Lipitudo,	1				1
Nebula,	2	2			
Opacity of Corneas,	4	1	3		
Pterygium,	1	1			
Purulent Ophthalmia,	3	3			
Scleratitis,	2	2			
Trichiasis,	1	1			
Tumours on Lids,	2	1			1
Ulcers on Cornea,	5	4			1
Total,	51	26	6	1	17

"The foregoing report of the Surgeon of the Hospital for Diseases of the Eye and Ear, now organizing in this city, was omitted in our last No. for want of room: It gives us great pleasure to learn that a fund is now accumulating for the support of intern patients, and we have no doubt, from the great respectability of the managers, that an appropriate building will shortly be erected. We understand that at a late meeting of the board of managers, Dr. M'Clellan was unanimously elected Surgeon, and Dr. Colhoun, Physician to the Institution.—EDITORS." (36)

(36) The residue of this annual report states, "Twenty one of the patients included in this report have applied for relief, and have been registered in the case-book of the institution, during the present month.

"Of the cases of Amaurosis, it may prove somewhat interesting, that I have marked two as cured. This disease, which is also denominated Gutta Serena, was once considered incurable. Milton, when afflicted with it, was condemned to irremediable blindness by his physicians; and the profession, generally, have regarded it as one of the opprobria of our art. The instances, however, to which I have called your attention, depended upon causes too readily assailable by remedies to prove so unmanageable. One of them, Mrs. Caverly, (55 years old) applied to me in a state of almost total blindness from this disease, which evidently originated from an excessive determination of blood to the head, and which was relieved exactly in proportion as the circulation was directed to other parts of her system. The other case, a little girl (ten years old) from Southwark, was totally blind with the same disorder, and was, in addition, extremely deaf in both ears. Her symptoms of Amaurosis, and deafness, appeared to depend upon a very disordered condition of the digestive organs and nervous system, which, when relieved by the appropriate measures, soon allowed her lost senses to resume their wonted vigour.

"One of the remaining cases of Gutta Serena, originated from sleeping on the deck of a vessel, in the West Indies, in a bright moonlight; and although the black pigment of the eyes had almost wholly disappeared when the patient first applied, his vision is now gradually returning under the treatment which he undergoes. The other remaining patient with Amaurosis does not afford the prospect of so

The Witnesses for the Plaintiff were then called, and testified as follows, viz.

DR. SAMUEL M'CLELLAN, (SWORN.)—The first time I saw Davis was in the latter part of April, 1823. He called at Dr. M'Clellan's office, corner of Swanwick and Walnut Streets;—he was led into the office by a boy, stumbled as he entered, and was seated by the assistance of one of the young men in the office—he requested Dr. M'Clellan to look at his eye, and see if he could not do something for him—he was considered as having applied to the eye infirmary, as patients were doing daily; and his eyes were therefore looked at—one eye was lost—the other had a cataract lying in the posterior chamber, behind the iris, and partly obstructing vision. The cataract appeared to have been dislodged or pushed from its natural situation. From his manner and appearance he could not see sufficiently well to walk alone, (37) though he might distinguish light. The cataract had a tremulous motion; it appeared to be moveable, and the vitreous humour in some degree disorganized. He requested Dr. M'Clellan to do something for his eye, and Dr. M'Clellan proceeded to enquire into the case; from his conversation I think I understood that he had left the Hospital, and was residing at William Bowles's in Swanson Street. He said that he had, a year or more previous, applied to the infirmary through Dr. John Brick, then a private pupil in Dr. M'Clellan's office; that he had intended to visit Dr. M'Clellan, and he had got as far as the corner of Sixth and Walnut streets on his way, when he was met by a person, I think one Hollingsworth, who, after some conversation, advised him to go to Dr. Parrish; and by him was sent to the Hospital; that not long after he entered the hospital, he was operated on by Dr. Parrish, on one eye. He stated that he suffered a great deal of inflammation and pain, and his eye dropped out upon his shoe, as he expressed it; that some time after—I can not say how long—Dr. Parrish operated on the other eye; that he suffered a great deal of pain in this eye; that they had starv'd him, as he said, until he would bear it no longer, and insisted on going out:—in consequence of that had come to Dr. M'Clellan to get something done. He abused Dr. Parrish and the hospital considerably, and was checked by Dr. M'Clellan, and was told to go again to Dr. Parrish. Dr. M'Clellan refused at that time to do any thing for him, as he had been a patient of Dr. Parrish's.

I saw nothing more of Davis until the middle or latter part of May. Dr. M'Clell-

happy a result, for there are strong indications of a derangement in the structure of her organs of sight.

“The case of Opacity of the Corneas, which I have marked as cured, was extremely interesting, inasmuch as it presented the most unpromising appearances, and was almost perfectly relieved by very simple measures. The subject was an intelligent lad, 10 years old, from Charlotte street, N. Liberties, whom Dr. Randolph was so obliging as to recommend to the charity of our institution. Both corneas were not only perfectly opaque, but also highly vascular, which is generally considered an incurable state of the eye. He was discharged from treatment, however, with excellent vision.

“The cases which were operated upon for Cataract, are as follows. Vide Schedule, No. 1 and 2.”

The schedules comprise the names of all the patients and a distinct tabular view of the nature of their cases, the treatment, and the results. Among them is named Robert Eachus, the witness whose deposition is given, at page 9.

(37) Adams, 102, (note) speaking of a cataract that had been depressed, and was “floating about,” as Dr. Parrish and this witness describe the lens or nucleus in Davis's eye, says that “it obliges the patient to hold any thing which she wishes to view accurately nearly on a line with the eye instead of placing the object considerably below it, as is usually done. This patient, however, he says, though she can not see accurately an object *below* the eye, can yet read small print, &c.

Davis's case seems to have been parallel to this. He could see a watch held up to his eye—could see the clock and other elevated objects—but was liable to trip against the steps of a door, and had difficulty in walking.

lan had moved to No. 18, South Eighth street—on the last day of April or first of May—this visit he called in Eighth street—in company with one Hugh M'Coy—they were both led by another man—I think man, though not positive whether man or boy—am sure he was led. M'Coy had applied regularly to the infirmary. He had been injured by an explosion of gun-powder at the Schuylkill quarries; the corneas of both eyes were opaque—a slight portion of the upper verge of one was not so completely opaque—the operation was for artificial pupil with faintest hope of success. He was taken into the back room of the office, and there operated on. At Dr. M'Clellan's request, I performed the operation on M'Coy; after the operation we went into the front room where Davis was sitting. Davis then requested Dr. M'Clellan to look at his eyes again—he was asked if he had been to Dr. Parrish since he had been there before—he said he had not, and he would not go. Dr. M'Clellan then looked at his eye—the cataract at this time had risen more and passed fairly into the pupil and projected partly through it into the anterior chamber—there were marks of inflammation in the eye—he complained of pain—there was a secretion of pus—small portions of it were seen lying at the lower part of the anterior chamber. He was dismissed by Dr. M'Clellan, and told to go at once to Dr. Parrish or his eye would certainly be lost—he was told this by Dr. M'Clellan—he left the office with M'Coy and guide, seemingly very much dissatisfied because Dr. M'Clellan would not do any thing, nor recommend any thing for him—I can not recollect the words—but nothing was done or recommended for Davis at either of these visits. Two or three days—or a few days after this—I was at Dr. M'Clellan's, a message came from Mr. Bowles, requesting Dr. M'Clellan to come down,—I think Dr. M'Clellan went down that evening. The next day I went down to Bowles's with Dr. M'Clellan—we saw Davis—the cataract had fallen fairly into the anterior chamber—the inflammation was very high—he complained of a great deal of pain and distress—I can not recollect the conversation at Bowles's—I understood that when Dr. M'Clellan returned the evening before, he still refused to operate—but he did consent by my own and Mrs. M'Clellan's persuasions—this occasioned the visit the next morning—when we got there I saw the cataract as I before said. Dr. M'Clellan appointed the same afternoon for the operation. I went down with several—I think Dr. Byington, Dr. Brinton, and Mr. Allen, who went afterwards with me to Mexico. The operation was one of extraction. It was removed, and was a small, hard or firm lens or cataract. I saw Davis a few days afterwards—the day before I sailed. I went on board the vessel the first day of June—his eye had then healed well, looked full and fair as ever after such an operation, the cut had united again, and the eye was full. He then stated he could see my fingers as passed before his eyes—I made the trial myself—I sailed on the next day. I left the house in half an hour—my impression is that the eye was bandaged up in this case—it was the uniform practice of Dr. M'Clellan to bandage up the eye—I never saw him omit it in any one case—if he had omitted it in this case it would have struck me as extraordinary—I think I should have remembered it if he had not. That is a good diagram of the eye (now shown)—in this it (the lens) is of its natural size—it would occupy about as much as this, covering the lower part of pupil—it would admit some portion of light over it—not so as to allow a person to walk alone unassisted. The light came in as from above—could not see through nor below it. When it was operated on, it lay in the anterior chamber—extended over about one third part of the pupil. I had the cataract in my hand, and placed it in the phial—it was of a hard consistence, what we call a hard lens—do not think I ever saw these phials before (now shown)—should say these things in them were cataracts—the largest one of these two is the nearest in size, but is not quite so large—it has not the same colour—it was a reddish brown or straw coloured yellow—a little darker than this now shown to me. (38)

One of the young gentlemen took him by the arm and pushed him back until he touched the chair, and he then seated himself as a blind man would. The in-

(38) A box containing several phials with cataracts in them, from the plaintiff's collection, was here exhibited to the witness, to which this part of the deposition has reference.

cision of the cornea will heal in from forty to sixty hours, or sometimes five to six days, varying in different cases.

I did not see the operation performed on Joseph Kunkle. I saw him first in Swanwick street, at Dr. M'Clellan's office, some time after the operation; he came to see the tumour, and to converse with Dr. M'Clellan. I examined the wound at Dr. M'Clellan's request—I saw the scar—the wound had healed throughout the whole extent—extended from the corner of the mouth obliquely backward and downward across the neck. I can not say how long this was after the operation—it may be six weeks or two months—it was in the fall of the year—there was a slight depression at the corner of the mouth like a hare lip—he expressed himself highly pleased with the success of the operation, and said he would not mind undergoing another, if necessary. I saw him three or four times in the course of the winter;—he called at the office on the way from Second street market, with his horse and cart—he complained of his hard fate, as he called it; said he had to be up early in the morning and go to market—spoke of his butchering—killing sheep—going to the market in the morning before day, and doing other work for his father. [Here the witness was interrupted in order to put in Dr. JOHN B. BRINTON'S testimony.]

Dr. JOHN B. BRINTON, (affirmed)—I am a practising physician,—reside in West Chester. I studied with Dr. M'Clellan, and with others at different times. I began to study with him in October, 1822. I saw a man they called Davis there, in the spring of 1823—I don't know the month—at Dr. M'Clellan's office, in Swanwick street. Davis was led there by a man or a boy. I saw him enter the door. He stumbled in coming in, and almost fell down. I think some one gave him a chair to sit down. He came to get Dr. M'Clellan to do something for his eye. He said one eye had been lost after an operation. He said it was Dr. Parrish that had operated. I don't know that he said where. I don't remember any thing else about him in Swanwick street. I saw him again at the office of Dr. M'Clellan in Eighth street. He came there several times to have something done to his eye. The doctor objected against doing any thing for him—told him he was a patient of Dr. Parrish, and he, Dr. M'Clellan, did not want to take other physicians' patients,—just as I have often heard Dr. M'Clellan tell patients. Davis insisted on his doing something for his eye,—spoke disrespectfully of Dr. Parrish. I don't remember what he said; but he called him "old Parrish." I was in the back room of Dr. M'Clellan's office, when an operation for artificial pupil was performed there on a man named M'Coy, by Dr. Samuel M'Clellan. I don't remember whether Davis was there at that time. I don't remember much about the appearance or condition of Davis's eye, when I saw him in Swanwick street. When I saw him in Eighth street, the lens was in what is called the anterior chamber of the eye; as to the colour of it, it was of a yellowish appearance. His eye was inflamed, and he complained of its being painful. I have never seen a cataract in the anterior chamber of the eye before or since this one, and I am entirely certain I do not confound this case with any other. I saw Davis soon after the operation. I can't say how long after. I saw him within a week or two. I visited him with Dr. M'Clellan, and sometimes with some of the students, or by myself. His eye when I saw him after the operation, was, as I thought, doing very well for a case of this kind. I can't say what was the condition of the eye, the first or second time I saw him. Afterwards when I saw him he could see. He was in the shop, I think, with glasses. He could see a watch held up before him. He could see fingers held up before him. I met him one day at some distance from the house by himself. I can not say how far from his lodgings. I don't know that I ever saw him in the house down stairs, sitting with the family. I spoke to him in the street the day I met him. I asked him how he was, and how he could see. I don't know what he replied—he seemed to think he was doing pretty well: I never saw him drink liquor, but from his breath I supposed he had been drinking, once when I saw him during the time of Dr. M'Clellan's attending him. I heard Dr. M'Clellan warn him to be careful of himself. I was a resident student in the Almshouse for one year before I graduated—I think in 1824, 1825. Davis was there then. I knew him as a former patient of Dr. M'Clellan's, and had some talk with him about Dr. M'Clellan in the yard. He appeared to be friendly to Dr. M'Clellan, and said he

was sorry he had not taken more care of his eye. Some time after I discovered he had become hostile. I don't know which ward he was in. For the first six months I visited all the wards. I remember Dr. M'Clellan's sign on the door and shutter, on the door simply "Dr. M'Clellan," on the shutter Dr. Geo. M'Clellan."

Being cross-examined, this witness said—

I am a nephew of the late Mr. J. H. Brinton. Dr. M'Clellan married my first cousin. I commenced studying medicine with Dr. M'Clellan. I was about nineteen years old then; in October 1822. Late in 1824, I was elected to the Almshouse. I don't remember how long I had been a student when I first saw Davis at Dr. M'Clellan's; perhaps six months, or more,—must have been less than a year. I can't state the time when I met Davis in the street after the operation; it must have been less than three weeks. I can't say who was with me,—we talked with him—he appeared well pleased—and we were also with the state of his eye. It was doing pretty well; so I inferred both from what he said, and from my own observation. I can't tell what time of day it was, nor if the sun was shining. We might have told him to take care of himself—I don't remember. This was not so much as a square from the house—perhaps twenty or thirty yards. I don't think I smelt liquor in his breath on this occasion; it was when I was close to him, at his bed-side. I don't remember who was the gentleman with me,—it was probably a student. I can't say if he recognized me; I suppose it was by my voice, if he did. I don't know that I saw the lens after it was extracted. When I saw it in the eye, it was in the lower part of the anterior chamber. It did not entirely obstruct the rays of light, a portion of the pupil was above it.

I graduated in the spring of 1826, at the Jefferson Medical College.—Certainly when I saw Davis in the street after the operation, he could see. I knew it from the appearance of the eye, and I tried him at different times with a watch, and my fingers held up before him. He saw distinctly the watch and the fingers, not merely that some object was before him. I ascertained from his conversation that he knew it was a watch—I don't know that he said "that is a watch,"—but he showed by his conversation that he knew it. When I asked him if he saw the watch, he said "yes." I don't know that I saw him from that time till I saw him in the almshouse. I don't know whether he was totally blind when I saw him at the Almshouse. He was in the yard and about the doors.

DR. SAMUEL M'CLELLAN being called again, continued his testimony, viz.

In the course of these visits, conversations were held between Kunkle and Dr. M'Clellan about his irregular habits. He acknowledged he was in the habit of drinking and keeping company with lewd women. Dr. M'Clellan did caution him with regard to these imprudencies, and told him the speedy return of the disease depended on his conduct—he informed him if he was regular the disease would not return for some time—if he was irregular it might soon return. In the month of March, 1822, he came to the office with a considerable disease about his mouth and face—he had been absent longer than usual—he stated that he had contracted the venereal disease, had been salivated, and during the salivation, had laid out a rainy night in a lot out Sixth street, had contracted a violent cold, and then came to the doctor for advice. On looking at him, his gums were found to be ulcerated, and the spittle was flowing freely from the corner of his mouth;—a tumour was observed on the neck below the old scar, and in front of it, between the scar and the front part of the throat, in the line of the chain of glands extending from the angle of the jaw to the breast. It was doubtful at this time whether it was a return of the specific disease, or owing to the calomel. I went up, at Dr. M'Clellan's request, to his father's, prescribed medicine for him and bled him. He called a few times after this at the office, and it was ascertained the disease was returning; about this time he expressed a desire to have another operation performed, and there was some talk about it—he complained of his treatment at home from his father and a step-mother, I think—from want of a proper place to stay at it was delayed. Tumours then showed themselves lower down the neck, below the collar bone,—when all thoughts of an operation were cut off. About this time it

broke out—there were holes or sinuses formed, and he was sent to the Almshouse by his father. I did not see him, I think, after he went to the Almshouse—sinuses were below the old scar—did not break out in the old scar—that was entire throughout its whole extent when I last saw him. Surgeons know every true cancerous disease is liable to return, as often in other parts as in the same which has been operated on. I had attended particularly to the eye before leaving this country. I left the country to practise eye-surgery in Mexico,—paid particular attention to Davis's case, as it was the first case of a cataract's falling into the anterior chamber I had seen. Came to Philadelphia the last of March—graduated at New-Haven. I was hurt on the 30th of March, 1823, on my way to Philadelphia, by a tree falling on the coach—a young man was killed by the tree upon my body—was put on board the steamboat next day and brought to the city—accident happened in Trenton—was confined to my room about two weeks—first morning after I came out I saw Davis—after the first of May went home for a few days—perhaps twelve days or two weeks—required four days to reach home at that season.—Odour of salivation is peculiar and disagreeable—after salivation, from the great irritability of the system, would be more liable to return of any previous disease.

Being cross-examined, this witness said—

I am brother of plaintiff—have resided in his family at different times—at different periods. I was 21 years old when I graduated at Yale College—can not now state precise time—think it was on 6th of March, 1823—was appointed demonstrator of anatomy by trustees of Jefferson Medical College last year—am in the habit of dissecting dead subjects. I operated on Hugh M'Coy for artificial pupil—had performed several operations previous—can't say how many—it was the practice to operate on many cases in the office—quiet is necessary in some operations—others not so particular. My brother was born in 1796, in December, I think—from the family register—in natural state of the eye, size of the lens varies, and the anterior chamber varies in different eyes—might occupy one half or more of anterior chamber, according to different sizes. I have read De Mours—or rather I would say, extracts from it, and notices of it—is a work of reputation. Lens might occupy more than half the anterior chamber—not the whole. Parts of a cataract may come into the anterior chamber. Adams recommends to cut them up and throw them into the anterior chamber. In posterior chamber absorption might take place—would take place around the whole of it and reduce its size—might reduce it one third—improvement in sight, and diminution of size, would indicate absorption in the posterior chamber, unless by the falling of the lens below the axis of vision, by the disorganization of the vitreous humour. In ordinary state lens would not pass through the pupil if undissolved—pupil is distended by artificial means before an operation—Stramonium is used and other narcotic remedies—Belladonna is used in England and in Europe—I have performed the posterior operation. Whether an operator can tell the effect of his needle upon the cataract, depends very much upon the kind of cataract. On a cheesy cataract, with a hard nucleus, he might be deceived, by the external portions of it breaking and obscuring the pupil, so that he could not see behind it. Great deal depends upon the experience of surgeons—aqueous humour of the eye is said to corrode steel by some authors—just like salt water—instances are mentioned of completely dissolving the point of the knife when broke in it. Is favourable for portions to fall forwards, if well cut up, so as not to press upon iris and cornea. Davis's lens was in my hand. Aqueous humour did flow out—always does in such operations—a hard firm lens is always smaller than in its natural state—in this case it was under the natural size, yet so large as to require extraction—I considered this as a whole lens at the time, but smaller than the natural size—caseous cataract in aqueous humour of posterior chamber would not become hard if wholly broken up. In this diagram, (now shown) the crystalline lens is greatly too large, in proportion to anterior chamber, as far as my experience goes—extends too far from side to side, too deep backwards—[Hooper's diagram] does not come far enough forward—leaves the posterior chamber too large, as the iris moves just in front of the lens or anterior capsule in a natural state, so that when inflammation takes place and lymph is thrown out—the capsule and iris are apt to adhere, which they could not do here—ciliary processes do

not come sufficiently far forwards, and are too broad. This model is not very accurate—it would do to show to a large class, not for an oculist to study by—gives a view of capsule about which authors differ—Mr. Ingersoll's diagram taken from Cloquet is better. Kunkle when he called wore a handkerchief, to prevent the saliva flowing out at corner of mouth—particularly in cold weather—can not say he always did or generally when I saw him—I gave a certificate to my brother in 1826—gave it at his request—he wrote me—I lived at Bristol at the time—dated November 18, 1826—certificate shown I think is the same—have not seen the certificate since—do not know where it is—I can't say if it has been shown. The ulceration of gums, and discharge of saliva, and his breath got better—we judged of return of disease from extension of it and abatement of salivation—can't say what time he died—I was absent from the country a little better than two years—on my return staid a few days here, then went to the north—and then resided at Bristol—have been a resident physician here since a year from last fall.

In answer to the court—

I considered the operation performed on Davis's eye was absolutely essential to save his sight.

Cross examination resumed—

In this diagram the lens seems slightly too large in proportion to the anterior chamber—would be a difficulty in extracting such a lens—I may be deceived without looking at the written parts of it—this is De Mours' diagram—Soemmering's is better represented—the lens is better proportioned—does not fill the whole anterior chamber—such a lens could be extracted without difficulty. In Soemmering's diagrams—the ciliary processes are represented as too far forwards, for the descriptions, they should terminate at the edge of the lens.

Being re-examined—

The external parts of a cataract are generally softer than the centre—external edges will be sooner absorbed than the centre if equally exposed—a hard nucleus may remain in the eye a long time after the external portion has been absorbed—a mixed cataract is frequently called a caseous one—I do dissect eyes, winter and summer, in discharge of my duty, to teach pupils the subject—sometimes every month—sometimes not for two or three months, and then daily for some time—aqueous humour is reproduced speedily—in such an operation as M'Coy's, bandaging is not so absolutely necessary as in others—his case was at this time considered a hopeless one.

WILLIAM BOWLES, (sworn)—I know William Davis. He was at my house the day before he left the hospital; he told me so. He said he was destitute, and asked leave to stay at my house—I told him he might. After two or three days he asked my permission to have Dr. M'Clellan operate on him there. I could not give him an answer till I had made some arrangements with my wife and boys. They both agreed to make room for him and I gave him liberty. I don't know how long it was before the doctor came down to ask if I had given Davis liberty to stay there. I said, yes, I had. Then he came again and operated, as I understand; I did not see it. It was Davis's own notion. I did not persuade him. I had never seen Dr. M'Clellan before. I believe I said to Davis that I knew of some cures the doctor had performed in the neighbourhood. I never told Davis that Dr. Parrish was a liar;—am certain I never did;—I don't use such language. I respect Dr. Parrish. I can't say that Davis complained of the doctor's not coming sooner. Davis came into my shop some days after the operation—I can't say how long. It might have been ten days or two weeks. I found him in the shop by the front door trying to read the sign over the way, with his hand above his eye. I spoke to him on the impropriety of doing this so soon. He said he knew it was wrong, but he wished to know if his eye improved or not. I ordered him up to his room; I was angry with him. I have heard him speak of his sight before the operation, but don't know that I ever spoke to him about it after the operation. He was frequently down in my shop after the operation. He got very much irri-

tated, may be four or five weeks after the operation,—came down very angry, and scolded me for letting Dr. M'Clellan come there, and said I had joined with him to take the eye out of his head. My shop is in front of my dwelling—is very often empty, as the workmen and I are out a good deal fixing pumps—Davis might easily come down from his room up stairs, into the shop, and through into the street without being seen.

Mrs. ELIZABETH BOWLES, (sworn.)—Davis staid seven weeks at our house; I don't recollect whether he called before he left the hospital, but he came on leaving it. He went to the hospital to be operated upon by Dr. Parrish—so he said; and that while he was in the hospital, before he was operated on, he could see to read a sign out of the window. He said Dr. Parrish put his eye out. He afterwards spoke as hard of Dr. M'Clellan as he had of Dr. Parrish. He wanted, when he first came to our house, to be operated on by Dr. M'Clellan if he had a place to stay in; he had seen Dr. M'Clellan he said, and Dr. M'Clellan had said he would operate if he had a place to stay in. After he spoke to Mr. Bowles, who agreed he might stay. I believe he sent one of our boys up for Dr. M'Clellan. Davis told me he had. When Dr. M'Clellan came the first time, Davis was out; the second day he came, he operated. The doctor came down with four or five students and operated in my chamber; I saw him take the cataract out and put it in my hand; I laid it on the window, and gave the doctor the handkerchief, and he did tie up his eye; I stood back and saw him tie it up. The doctor gave him charge not to let cold get in it, and take care of it. He took *no care* of it; he was very obstinate; he would hoist up the window, he would come down and go about the pavement and yard, and house. In a week or ten days he would come down and put up his hands above his eyes, to see if he could see signs, in the sun. He said he could see. A few days after the operation, Dr. M'Clellan came down and held his watch and asked him what he had in his hand. Davis said "his watch;" he could see for three or four weeks. After the doctor had left the house, Davis came out and took a walk. I never saw a cataract before, or since; it was a kind of brown colour and hard, I have never seen it since or any other; my husband *never persuaded* him, only gave him the liberty of the house. He took his own head of it; I can't tell how far he went when he walked out; I missed him sometimes but can't tell where he went. I never had seen Dr. M'Clellan before that time nor had any of the family.

DR. RODERICK BYINGTON, (sworn.)—Am a practising physician; reside in Johnsonsburgh, Warren County, New Jersey, and was a student in Dr. M'Clellan's office in 1823.

I saw a man called Davis, who came to the office of Dr. M'Clellan in Swanwick street, in the spring of 1823. I think in April. This man when he entered the office stumbled; as he stumbled I stepped forward to assist him, gave him a chair, and helped him to seat himself in it, by taking hold of his arm. He had a guide. I can not tell as to his power of sight; he had the movements of a man that wanted vision. I next saw him in the office in Eighth street. At that time he came in company with a blind man, both were led by a third person. They came into the front office, and the blind man—I don't know his name—he went into the back office, and was operated on by Dr. Samuel M'Clellan for artificial pupil. After the operation, we all came into the front office where Davis was. Davis requested Dr. George M'Clellan to look at his eyes. The doctor did so, and Davis at the same time requested him to do something for him. The doctor told him he had been a patient in the hospital under Dr. Parrish, and refused to do any thing for him. The doctor told him, after examining his eye, and after we too had examined it, to go back to Dr. Parrish, and advised him to go immediately, for his eye was in such a condition that if he did not soon have it attended to he would lose it—and that if he would, the probability was it might be restored. He replied, on the Doctor still urging him (39)—absolutely refused to go back and told his rea-

(39) The witness was stopped by the court, and told, not unnecessarily to repeat Davis's vulgar abuse of Dr. Parrish; but subsequently the plaintiff's counsel

sons why. He said it was very hard Dr. M'Clellan would not do something for him as he had for the other man—said that he was on his way to come to Dr. M'Clellan's before he went to the hospital—was met by a person who inquired of him where he was going, and told him, "thee had better not go there, thee had better go to Dr. Parrish"—that he consequently went to Dr. Parrish who advised him to go into the hospital, that Dr. Parrish operated there, and he mentioned the result, and afterwards on the other eye;—this was his story as he told it, and he repeated it to me afterwards when I called to see him, though I told him I did not want to hear him.

Some time after this Dr. M'Clellan told us—the students—we might prepare ourselves to go down and see an operation, that he had concluded to perform on Davis's eye. I went and witnessed the operation. A substance called *lens* was taken from the eye. I had it on my hand, and in my fingers—and between them and my hand to examine it. It was *hard*.

When we examined the eye in the office, in Eighth street, the cataract appeared to be in the anterior chamber of the eye—the most if not the whole of it. I could discover but a little part of the pupil—almost all the pupil was obscured. He said he could see no object, nothing but light from darkness. Dr. M'Clellan told him he ought to have his eye attended to immediately. I should think the cataract was larger than either of these now shown to me—a size larger than the largest, the colour was different, not so dark; it was a reddish brown, or a little darker than what may be called straw-colour.

After the operation, the doctor gave him special directions to take care of himself. The room was darkened. I can not say I recollect his binding up that individual eye, but I never knew him omit it. I can not say how long after the operation my first visit was. At my second visit the doctor gave him a trial of his fingers to see if he could discover them. Davis said he could, and said he could distinguish the sash of the window,—this was eight or ten days after the operation. Next time I saw him I found him down stairs in the shop, he was then sitting with his eye uncovered, his rag and handkerchief lay at some distance from him, I expressed some surprise at their being off.—"Why," said he, "if it is wrong I will put them on;"—he stepped off four or five steps and got them. I was under the impression that he could see then. He walked with a firm step. I told him he was imprudent, and advised him to go back to his room. The next time I saw him, he was in the shop again, but I don't recollect what passed at this time. The last time I saw him I met him in the street at some distance from the house—it was a clear day and he was looking up. I asked him what he was looking at, he said the sun. I asked him if he could see it, and he said no, it was too strong for him. I scolded at him—told him he would lose his eye; he said he did not

asked leave to inquire fully into it, and Dr. Byington being called again, filled up the omission, thus: "When Dr. M'Clellan told Davis to go back to Dr. Parrish, Davis said, "I will not go back to the damn'd old rascal again,—he has put out one of my eyes, and I fear he will put out the other also." Dr. M'Clellan checked him, and told him he would have no such language in his office,—that Dr. Parrish was a respectable man—or a respectable practitioner,—and he would have no abusive language about him. Davis stopped then, and said he thought it hard Dr. M'Clellan would not do any thing for him." In answer to a question by the court, Dr. Byington repeated, "Dr. M'Clellan refused to do any thing for him, and urged him to go back to Dr. Parrish immediately."

Being cross-examined, he said, "This was at the interview at the office in Eighth street, the last time I saw him at the office. Might have been two or four or five days before the operation, I believe three or four days. I examined the eye at that time, the lens I believe was wholly, or most of it, in the anterior chamber of the eye. I think I saw him but once at each office. I have no recollection of the appearance of the eye at the first time I saw him. I don't recollect whether the eye was inflamed the second time I saw him. I had been a student but about one year. I think the existence of inflammation in the eye would not have struck me at that time. I do not recollect the reasons Dr. M'Clellan assigned for performing the operation."

care for the damned doctors—he believed he would have nothing more to do with them—he went into the house,—upon being informed he wanted meat, I told him it was improper—I repeated Dr. M'Clellan's directions, as I had heard them in other cases. He generally kept patients quiet, and did not let them live too high. Davis told me that when he went to the hospital he could see signs that were plain, and names on ship's head-cloths. I had never before seen a lens in the anterior chamber, nor have I since;—Dr. M'Clellan operated frequently while I was with him—I was with him not quite two years. When I met Davis in the street, it was between ten and twelve o'clock, in Swanson street, south of Bowles's. The operation was extraction—the knife was introduced through the cornea—and the lens taken out through the incision—don't recollect through what part of cornea—don't recollect more than one incision.

JOHN W. THOMPSON, (affirmed) (40)—I have now the charge of the medical department in the Almshouse. In 1823 I had charge of the select ward, afterwards called the eye-ward. I remember William Davis there, he was in that ward. His sight was improving—he said he could see figures, a number 12—over the mantel-piece. He would retire back to try how far off he could see it, to the middle of the floor, and then as he said, he could see it. He boasted that he could see better than another man who was there—with whom he tried sight on different objects about the room. A window was left up one night near his bed—he caught cold—his eye inflamed—the ointment before this used was discontinued, and a wash used;—the inflammation continued and was difficult to subdue. The inflammation continued some time, and his sight was not so good as before. He had on glasses when he read the No. 12—the figures were about three inches long—the distance at which he stood was greater than from me to the judge now, the light was less strong than this in the court room. I could read by the light in that

(40) The testimony of this witness conflicts directly with that of Davis, but Davis is contradicted by many,—it is also to be regretted that the minute and positive narration of Mr. Thompson seems to be irreconcilable with the testimony of Dr. Horner, as to the degree of sight enjoyed by Davis after coming into the Almshouse, and the particular ward into which he was placed. On the subject of the bias of mind under which Dr. Horner gave his evidence, a remark will be offered in its proper place;—and in justice to Mr. Thompson, who is besides confirmed by Mr. Kelly, the following conclusive testimonial in favour of his character is subjoined.

“We the undersigned Resident Medical Students of the Philadelphia Almshouse, having charge of the Men's Clinical Ward, do hereby certify (and feel much pleasure in so doing) that John W. Thompson has fulfilled the duties of nurse in said ward, with the utmost faithfulness and attention whilst we knew him in that capacity, and that he is remarkable for an upright and unexceptionable course of conduct in every point of view. We believe him deserving of general confidence, and do hereby recommend him,

“Richard Lee Fearn, M. D.
 “H. Walter, M. D.
 “F. Horner, M. D.
 “W. Ashmead, M. D.
 “G. S. Bettner, M. D.”

“Philadelphia Almshouse, April 12, 1827.
 “Jeremiah Piersol, Steward.”

“W. S. Stockton,

“We do hereby certify that John W. Thompson has acted as a nurse in the Mens Clinical Surgical Ward of this Institution for several years, and has conducted himself with propriety, and is a sober, honest man,

“William Brown, clerk.
 “N. L. Shaffer, clerk.
 “Gerard S. Marks, apothecary.”

room—the ground colour over the mantel-piece was light blue, the figures were white on a piece of dark coloured tin nailed up. Incurables are removed from that ward, or are not put there at first.

Being cross-examined, this witness said—

I can not recollect the surgeon's nor the house physician's name. I am now nurse of the mens' clinical medical ward. I don't recollect saying to any person that when Davis went in he was blind as a bat. I recollect a man there named Brown, Davis used often to contend with him that he could see better. I don't recollect saying to any person that Davis was blind when he came in. There is no other nurse of the men's clinical ward than myself.

WILLIAM L. SCHAFFER, (sworn.)—I am chief clerk and book-keeper in the Alms-house. This is the "book of rough entries," in which the names of all the patients who come into the house are entered. This entry was made at the time William Davis was admitted:—(witness reads) "1823, July 15, Tuesday. William Davis, L. R. 54 years old, sore eyes."—That entry was made by me. I am not a medical man. We judge for ourselves which ward to send patients to. The disease is not always specific. We generally say sick or sore, &c.

HUGH KELLY, (sworn.)—I have the charge of the men's incurable ward in the Alms-house. I recollect William Davis coming in to my ward from Mr. Thompson's ward. He spoke of his treatment in the other ward; said that when he came into Mr. Thompson's ward he could see—that by means of Thompson's giving him a wrong medicine he lost what sight he had. He blamed Thompson for changing the medicine, and said he lost what sight he had in consequence, and that he could before, see objects. Davis spoke of Dr. M'Clellan, soon after he came into the ward. He said, if he had known Dr. M'Clellan was a catholic, he would not have let the doctor operate on him. He has had many visitors. I have seen Dr. Webster there twice, talking with him. They said it was Dr. Webster, I can not say if that is the gentleman.

The witness being asked whether he knew if Davis was always in his right mind, said—

Davis once said he had worms, and he is subject to fits, convulsive fits, and from having them he is quite out of his reason for several days. The fit is on him, off and on, sometimes for twenty four hours in succession. He was treated at one time for worms by the physicians, but they considered that nothing was the matter with him. I had a boy employed there, about sixteen years old, and he got two eels and put one in Davis's bed early one morning. Davis considered that he had passed the eel in the night. His son came there, and Davis showed him the eel, and the hole in his side, as he said, where the eel had been rolled up; he said, "I am quite bravely now." The eel was between four and five inches long.

Being cross-examined, the witness said—

I don't know what the boy did with the other eel. I know the boy fetched it. I saw the eel after it was put in his bed—it was put there by break of day. I heard the noise and came out, Davis showed me the eel. I never knew of eels being put there before or after. The boy did it for fun. We did not know it till next day, when the boy confessed it to one of the men, and said he did it for fun, and to make Davis believe he had passed it.

I did not know that the trick was intended—tricks have never been played upon him since. The boy's name is James Queen; he was assistant for me at that time, but he continued only a few days after; I dismissed him—put him back into the yard. He is now in the House of Refuge.

Davis has had no fits lately—not for a month or two,—within six months he has. I don't report them to the physicians except when they are dangerous;—so many persons have them, if the fit don't keep too long on them, we don't consider them dangerous. He would have them three or four hours apart, off and on. I think twenty four hours is a long period to have them, off and on. Once last summer a year they continued this long. I did call in the physician that time—I can't recol-

lect who it was,—we very seldom call them in such cases, we are so used to them. I can't recollect who I called at any time. He has had fits within a year, within six months. Mr. Draper knows of his having fits—patients with such fits on them are always kept in the ward.

JAMES DRAPER, (SWORN.)—I am a patient in the Alms-house. I know William Davis and have conversed with him in the Alms-house. I heard Davis say he underwent an operation by Dr. Parrish, and thought he was in a fair way of being cured. Afterwards Dr. M'Clellan performed an operation at Mr. Bowles's house—that he caught cold, which injured his sight very much, inflammation ensued, and his sight was obscured very much, that he then removed to the Alms-house, that there the inflammation subsided, and his sight was coming too again, so that one day he could read the number on a chimney sweeper's cap, and see objects about the room, but by the misapplication of a wash he received injury and his sight became obscure. He said he could see the handle of a pump, however, twenty five or thirty feet distant—after he came into the incurable ward. Afterwards when Dr. M'Clellan was going to operate on me, Davis told me, that “if he could injure Dr. M'Clellan, directly or indirectly, he would.” He said that Dr. M'Clellan was a Roman Catholic, and if he had known it he would not have suffered him to do it—that is to operate on his eye. They did not influence me with respect to Dr. M'Clellan. I was requested or advised by young Dr. Webster not to be a witness in this case. He told me he would not wish me to come forward in the business. I told Dr. Webster I had no wish to come forward, but, I did not consider Davis was a competent witness—that he was not at all times *compos mentis*. Dr. Webster said it would be of no benefit for me to come forward. I told him I did not think it would, nor injury neither. (41)

Being cross-examined, he said—

I have been in the Alms-house since 1821 at different periods. I think I entered in the Autumn of 1821. Davis was not there then. When I first entered, I could see to discover my way through the streets. I lost one eye twenty years ago. I was out of the Alms-house most part of 1823—was attacked with typhus fever—was deranged some time, and had a severe blister on my eye—in 1818 the eye was operated on by Dr. Hartshorne, and in 1827 by Dr. M'Clellan. I have never held out any motives to Davis to induce him to withhold evidence in this or any other case. I suppose I told him he would do wrong, when he told me he would injure Dr. M'Clellan if he could. If I induced him not to come to court, it was to prevent his telling what would not be the truth as I imagined.

Being asked if Davis ever intimated to him that he meant to tell what was not the truth, the witness said—

He did not. I never used any threats whatever to Davis, to prevent his giving testimony. I never called him hard names. I told him he could not with a clear conscience come into court, to swear that Dr. M'Clellan put out his sight, when he had told me he could see after the operation. I called, perhaps, a Jew of the name of Davis a rascal—it may be I said damned rascal—but not the Davis in ques-

(41) Dr. Webster stated in his testimony, and in answer to questions put by the plaintiff's counsel, that he had held no such conversation with Draper; and Mr. Inslee was brought forward to express an unfavourable opinion of Captain Draper's veracity. As this is the only part of Draper's statement that was contradicted, it is an act of simple justice towards him to say that a young man of good character, residing in the Alms-house, has, since the trial, volunteered to the plaintiff a communication on the subject, concluding with these words, viz.

“I have heard Dr. Webster telling James Draper to have nothing to do with the business. This I can say with safety, and if this my testimony be worth your acceptance, you can make what use of it you think proper.

“Yours respectfully,

“THOMAS MYLES.”

tion. I have had very little sight since early in 1824. I do recollect Dr. Beattie coming to the Almshouse. I can not say when; perhaps twelve months ago. I do not know who was with him. I did not use violent and abusive language with respect to Dr. Beattie and Davis. Dr. Beattie was wanting Davis to go into a private apartment to be examined, where he had frequently been before. I told Dr. Beattie I thought it beneath the dignity of a gentleman to tamper with a man not always *compos mentis*. I heard Dr. Beattie inviting Davis to go to a private apartment, to confer with him. Some students were with Dr. Beattie, the students of the Almshouse. I know that Dr. Beattie had been there, from what others in the room said. I am confident that previous to that time Dr. Beattie had been there. Myles is still there, and is not blind. I heard Dr. Beattie request Davis to come up into the large apartment with them. Davis said all he should get by it would not repay him for loss of sight. I heard Dr. Beattie say nothing except to ask him to go to another apartment. The students were in the habit of going with Dr. Beattie. Can't tell whether Dr. Chew was with him. The observation I made to Dr. Beattie, was in the presence of his companions. I did not know Dr. M'Clellan in the Almshouse—knew him about six months after.

DR. SAMUEL C. GWINNER, (sworn)—I was a resident pupil in the Hospital in 1821. I went into the house the latter part of November, and remained there till March following. I witnessed all the operations in the house during that time. At the operation on Davis I can't say if Dr. Ritchie was present or not. That was the only operation on the eye during my residence there. I afterwards resided in the Almshouse. I went into it in the latter part of November 1823. I saw Davis there. He told me he had some degree of vision. I put a question to him whether he could see the window,—he said he could see the window, or the light of the window, that he could see some, or a little. I think he was then in the incurable ward.

A lens dislodged by an operation and remaining loose in the posterior chamber of the eye, I should suppose would be more likely to subside so as to allow of vision, when the patient is at rest, than when he is in action.

Cooper's Surgical Dictionary is a work of authority and customary reference among the members of our profession. Travers' work stands very high in estimation; it is considered as good a work as any we have on the subject. Of Sir William Adams's I should say the same. I have not read Guthrie's, it is a new work; I have heard it very highly spoken of, and have seen it recommended in the journals.

Being cross-examined, this witness said—

I think the operation by Dr. Parrish to which I refer was on the left eye. At that time the other eye was not lost. I do not recollect a watch or any other object being exhibited to him to test his sight. I was not present when Dr. M'Clellan operated. I was not in the Hospital at the time of the second operation by Dr. Parrish. I never saw Davis after that time till I saw him in the Almshouse, which was shortly after I became a resident there. I asked him if he could see the window, or the light of the window, I can't say which. He said he could. The impression left on my mind was that he had some degree of vision.

ROBERT EACHUS, (sworn)—I know William Davis. Some time after I recovered my sight some time ago, four or five years since,—he called at my house—may be about six years ago—he inquired about my sight—many others came to inquire—he asked about Dr. M'Clellan. He came some time after, led by a boy, and asked where Dr. M'Clellan lived, and said he wanted him to do something for his eyes. I told him it was in Walnut street. He went away, I can't say whether he called on Dr. M'Clellan. Davis lived at this time at Mr. Bowles's. About fifteen or eighteen months after, when he had come out of the hospital, I saw him—it was a few days after he came out of the hospital. I met him in the street. He said he could see but very little—he could see *upwards*. I used to see him after this very often at Bowles's. He tried to read a sign opposite—he could make out the name—he knew the people's name, but he could not read what was under the name. He changed glasses sometimes with me,—he said he could see some

times—that his sight would come and go. He often talked to me in the shop, and said he wished he could get Dr. M'Clellan—but was destitute of a place to stay in, and if he could get a place he would send for Dr. M'Clellan. Then Bowles gave him a place for charity. Then I don't recollect that I saw him till after the operation by Dr. M'Clellan. I saw him in the shop, I can't tell how soon after; too soon for him to be there. I told him he was ruining his eyes, or doing great damage to them. I said "you will inflame your eyes." He would lift up the bandage and try to look at objects. He was too obstinate—would not mind what was said to him—he would try to look at the sun, and look out of doors. I saw him after going out; he would get in a perspiration, come in the shop, take off his coat and open his neckcloth, in a draught of air. I was always telling him about it, but to no use. He was there six or seven weeks. I did not see much more of him till I heard he was in the Almshouse. Before he went into the hospital, he told me he had been trying many things for his eyes, even to brick-dust and lice—some old women or men I suppose had told him to do so. I am seventy years old last December. I was blind four years before I could see anything,—got my sight about six years ago. I was in the Hospital and the Almshouse for my eyes. Dr. Dorsey got me in the hospital. He first operated in my own house. Davis told me that Dr. Parrish had put out one of his eyes. He said the eye ran down upon his shoe; called Dr. Parrish out of his name; he spoke very hard of him, that's certain.

Being cross-examined, the witness said—

Davis knew the man's name that was on the sign. He could spell the name "John," with his eye shut, because he knew the name,—but he could not read it. He could tell there were letters, but could not make them all out right. He and I tried together. He would name a letter and then his sight would leave him. He spoke of his sight being false. Sometimes he could see and sometimes not. I have known him fifteen or sixteen years, but not very well till just after he lost his sight. I did not meet Davis walking in the street by himself after the operation by Dr. M'Clellan. (42) A few weeks after the operation I got into work and then I quit going to Bowles's. I said before that I would not believe Davis on his oath. I would not. Because he abused Dr. Parrish, and then turned round and abused Dr. M'Clellan; a man that will say one thing to-day, and another thing to-morrow, I would not believe. I did say, on a former examination, he is obstinate, spiteful, malicious, and revengeful in his disposition. Enough besides myself know him to be so. He said Mr. Bowles and Dr. M'Clellan were bribed to take his eye out. I did say he was not to be depended on.

Being re-examined, he said—

A cataract was taken out of my eye—it had remained there four or five years; the operation by Dr. Dorsey had been performed four years or more before. It was taken out by Dr. M'Clellan. I could not see it, but the people in the house said it was very large. I had it in my hand. (43)

THOMAS LLOYD, (affirmed)—Dr. M'Clellan moved into my house in Eighth street, 5th Month, May, 1st, 1823.

ADDIS HAYS, (sworn)—I knew Joseph Kunkle. He was my nephew. I knew of an operation performed on him by Dr. M'Clellan. I saw it. I can't say at what time. It may have been in June or July, perhaps in 1822. His face was in a

(42) Mr. Eachus expressed a desire to correct this statement, as an error which he thinks he fell into, because he did not understand the question. He says he did once meet Davis walking alone in the street after the operation.

(43) The deposition of this old gentleman had been taken, and was given in evidence by the defendants' counsel, in order to show some alleged discrepancies, or the *one* noticed in the preceding note. The whole deposition, except the part in which he states the general character of Davis to have been that of a malicious, spiteful man, unworthy of credit, has been inserted, pages 9, 10, 11, in the notes.

very bad, ugly state—there was a swelling nearly an inch thick. The doctor cut along down the chin, from the lip, and took a gland out. There were several persons there. He tied it up. I saw him afterwards, sometimes every day, sometimes not for a week. The family were satisfied with the operation. The wound healed up. He continued well from three to six months,—so well that he went about and did his work—went to market and so on. He was then about 21 years old. He caroused about among the other boys—like them—he returned to his frolics after the operation. I saw his body after his death. The scar was sound then. I went for the order to get him in the Almshouse, myself. He was taken to the Almshouse because they could not take care of him at home.

Being cross-examined, the witness said—

From six to nine months passed between the operation and his death. He did not wear a bandage the whole time, he wore a strip of linen part of the time, and afterwards a small black patch to cover his *hare lip* as I called it. There were sores at the time of his death, one on his cheek bone, the other on his neck a little below the scar. It was about an inch from the scar where it first commenced, and spread over towards the scar. I am superintendant of the roads in Spring Garden.

JEREMIAH HUKILL, (sworn)—I knew Joseph Kunkle, and knew of his being operated on by Dr. M'Clellan. I saw him afterwards—the wound was healed up, with a little notch in the lip. I saw him with his cart going backwards and forwards attending to business. I gave him the order of admission to the Almshouse. I was one of the guardians of the poor. I think I gave the order to Joseph himself. I don't recollect Rees's having been there for it at all. Joseph Kunkle's lips and mouth were very much swelled. He seemed to be under a deep salivation. I have seen several persons under salivation, and know the peculiar smell of it. It is a very bad smell. Water was running from his mouth, and looked and smelled very badly.

Being cross-examined, he said—

I think he had a bandage on when he called on me. He pulled it down and showed me the scar, it was healed up, as far as I could see. All around it was swelled, his lips on both sides—and his gums and face were swelled.

WILLIAM LINN, (sworn)—I was present with Dr. M'Clellan when Elizabeth Kunkle signed this certificate, (44) to every word of which she assented. I was passing through the market one day, after this, when she stopped me and said what a pity it was that Dr. M'Clellan should be so misrepresented as he was in the pamphlet which had been given her, and which she said she had been reading.

JOHN C. DAVIS, (affirmed)—I went with Dr. M'Clellan once or twice to Mr. Kunkle. This certificate was read to him. (45) I asked him if it was correct. He said it was. But, he said, he had told the doctor it would come back again,—meaning the cancer I suppose. Dr. M'Clellan called at our counting-house for the purpose of getting another gentleman to go. I did not know either party. I went with him because the gentleman he had called for was not in.

Being cross-examined, he said—

Mr. Isaac Harbert, my partner's father, was the gentleman Dr. M'Clellan called for. The doctor read the certificate to Kunkle. Kunkle was asked to give a certificate, but declined; he gave no reasons. I put but the one question to Kunkle, the one I have mentioned.

WILLIAM S. FREDERICKS, (sworn)—I reside in Callowhill street, near the Ridge Road, and keep a grocery and feed store. Joseph Kunkle was in the habit of

(44) The certificate signed Elizabeth Kunkle, given in the note to page 27.

(45) The same certificate above referred to.

dealing at my store for his father. I knew him both before and after the operation. Before the operation his face was in a dreadful state, and he wore a bandage. After the operation, he wore a bandage for a month or two months. Then the scar was healed as far as I could see, except the lip—there was a kind of hare-lip. The bandage was then taken away, and he wore a bit of court plaister on the lip—I saw him frequently after the operation—he used to come frequently for oats and feed for his father, and carry a bag with a bushel or a half—sometimes more, sometimes less, on his shoulder. I used to see him also going to market and back again with a cart. I met Mr. Kunkle, (the father of Joseph) in the Court house last Saturday, and he asked me what I knew, and I told him. He said the sore might have been healed in the face, but that it was not healed up below—that there was a scar on the shoulder or breast.

The young man used to say when he came to my store that he had been cut and slashed by the doctors, but he frequently said he had got well.

JACOB WONDERLY, (sworn.)—I knew Joseph Kunkle long before the operation—before any sore on his face—knew him while the sore was on his face—and afterwards too. I heard of an operation being performed on him—by whom it was performed I did not know. I saw him after the operation frequently; I was at his father's yard and slaughter house every day. My master took Kunkle's sheepskins. I am a skin-dresser; was an apprentice then. I saw Joseph in his father's slaughter-house some days after the operation. He continued going about with his face done up;—then with a white bandage around his chin. He told me all about the operation at that time. After the bandage was removed he wore a plaster, and afterwards a black patch. The patch was tolerably large at first—afterwards it became smaller occasionally as the wound healed, and it was finally taken off altogether.

I was in company with him frequently in the evenings. Outwardly the wound in the face was healed. I saw him butchering for his father frequently, when going there for the skins of the sheep. I saw him in frolics afterwards, occasionally. He used to go to *Cole's* for his amusement—this was not a tavern—but young men used to frequent there. It was said he had the venereal disease; and took medicines for it. That disease is commonly called in talk among the young men up there, by the name of the “old complaint.”

JOSEPH K. MENNS, (sworn.)—I knew Joseph Kunkle well. He was my wife's cousin. I knew of the operation;—saw him after the operation and before. The first time I saw him after the operation he came to my slaughter-house. We were killing; I looked up to him and said, “Joe, are you well?”—he said “Yes.” I saw him afterwards in the market, taking sheep out of the cart and splitting them, and attending to his business as usual. I saw him frequently afterwards going about as usual. He had a small muslin strip around his chin; then afterwards, a black patch.

Being cross-examined, he said—

It was five or six weeks after the operation when he said he was well.

JOHN LECHLIGHTNER, (sworn.)—When Joe Kunkle had the operation performed, I lived the third door from him. Four or five weeks after it, I saw him walking up and down with a small bandage on his face—then a black patch. He used to come to my slaughter-house every day. I asked him to help me kill; he agreed, and ten or fifteen times he did help me to kill. He went to market steadily for his father. He killed for his father also. I know it, because he would not help me till he had done for his father all his work. He was stabbed in Mr. Dickert's slaughter-house, in the side. He was taken by some men to Mr. Kunkle's house. He was as wild as most of the young men in that neighbourhood. It was the common report that he had the venereal disease after the operation; and I objected to his killing any more for me on that account.

CHARLES HEMPHILL, (sworn.)—I knew Joseph Kunkle was operated on. He was frequently in our slaughter-house afterwards. He was perfectly well after the operation. He was well when he got stabbed. He was stabbed with a butcher knife, I drew out the knife.

Being cross-examined, he said—

I knew him for many years. Before the operation he had a very bad sore lip—it was offensive and looked very bad. He was stabbed in the left side. I saw him going about before the operation. Before he got stabbed he helped me to work—kill sheep and chop puddings.

Being re-examined, he said—

I know of Joe Kunkle having the bad disorder after he got the stab. I heard it from himself. He said they would not wash his clothes at home while he had the disease—would do nothing for him, &c. When he was stabbed I helped to carry him home; when his father said he would soon be out of the way, and would not send for a physician. The man who stabbed him went and brought Dr. Eberle.

ADAM ALBURGER, (sworn.)—I saw Joe Kunkle before and after the operation. He was a kind of a cousin, and always came to my house. The wound was well after the operation. I saw it well—could only see a mark where it had been cut. I was present when he got stabbed. Charles Hemphill pulled out the knife.

I know that Joe Kunkle had the venereal. I got the stuff for him—got him rags—he kept it in an old tea-pot, and was to use half a gill of the stuff twice a day.

JAMES WHITEMAN, (sworn.)—I knew Joe Kunkle. I saw him before the operation and after. His face run a great deal before the operation; he did not work much at that time. I did not see him after the operation, till his face was quite well. I met him one Saturday on the Ridge Road with a flock of sheep, and I said, “Is your face got quite well,”—and he said he was quite well. He told me if he had not had the operation he would have been dead.

About seven weeks after he got well from the operation, uncle *Pete* stabbed him in the side. I saw the scar when on the Ridge road—it was healed up, and Joe said he was quite well.

Being cross-examined, he said—

I am nineteen years old. I can't say how old I was then. My uncle *Pete*, is Peter Null.

ISAAC PAINTER, (sworn.)—I saw Joseph Kunkle after the operation—when I kept tavern—I was not acquainted till he came with some young men after the operation. He showed me and my wife where he had been operated on by Dr. M'Clellan—he showed the whole of the wound—opened his handkerchief and shirt bosom, and took off the handkerchief. It was entirely healed and the skin had taken its natural colour, except a scar which was left. He told us how it had been done. He had no patch on his face at that time. I was not acquainted before with him. I know his father well. Joseph Kunkle frequented my house, six, eight, or nine months.

Being cross-examined, he said—

I can't say how long after the operation—he did not mention—can't say in what month the conversation took place—the wound extended towards the shoulder—I can't say the year—it was from six to nine months between the first and last time he came to my house. The last time I saw him he was quite well. He drank more than I liked, and I refused him drink, and he quit coming to my house.

DAVID HUBER, (sworn.)—I knew Joseph Kunkle. I saw him after the operation, and helped him to kill his father's sheep in his father's slaughter house, perhaps ten or twelve or more times. His father was in the house. Joseph Kunkle

missing pages 51-54

assisted always before he was stabbed—he could work as well as ever—as well and as fast as I could. When the stab was well he killed sheep again. He would now and then come and give me a lift at my slaughter house.

The plaintiff's counsel next offered to read the whole of the article in the American Medical Review which comprised Dr. M'Clellan's description of the operation on Joseph Kunkle, but the defendant's counsel objecting, the evidence was waived for the time, at the suggestion of the court.

The plaintiff's counsel then read a transcript from the docket of John Goodman, Esquire, Justice of the Peace, viz:

George M'Clellan } Before John Goodman.
 v. }
 John Kunkle. } Summons issued April 16, 1823, to appear on the 22d, 5½
 o'clock, P. M. Miller, Constable.

Demand, note of hand, dated February 10, 1823, payable on the 10th of April next with interest, \$30 00, interest 36-100. (Stay of Execution waved in note in case of default of payment.)

April 22, parties appear. Judgment for Plaintiff on confession, for thirty dollars thirty-six cents and costs.

May 1st, Received Note, \$30 36
 Interest, 8
 Costs,

Received satisfaction of the above judgment and costs, May 7, 1823.

Signed, SAMUEL H. PERKINS,
Attorney for Plaintiff.

I certify the foregoing to be a copy of the proceedings had before me in this action, as the same appears of Record in my office. Witness my hand and seal this 19th day of February, A. D. 1829.

JOHN GOODMAN.

MR. WILLIAM SWAIM, being sworn, testified as follows:—I saw the operation performed by Dr. M'Clellan upon Joseph Kunkle. I saw Kunkle once afterwards; I can not tell how long after, perhaps two months. The sore had healed up, and he had a black patch. I saw him before the operation--when he applied to me, but I would have nothing to do with him—I thought him past cure.

The plaintiff's counsel here cited, Cooper's Surgical Dictionary, p. 345. Trauers' Synopsis, &c., p. 211, 212, 322, 331. Sir William Adams's Practical Enquiry, &c., p. 101, 113, 114, 116, 126, 396. Guthrie's Lectures on the Operative Surgery of the Eye, p. 291, 312, 318, 392, 409, 415, 417, 418. Rees's Cyclopaedia, vol. 7. part 1., title, Cataract. Fricks' Treatise, &c., p. 151. Abernethy's Lectures, p. 329. Monthly Journal of Foreign Medicine, December, 1828, p. 531. (46)

The article above mentioned, in the American Medical Review, which was said to comprise in a note the description of the operation on Joseph Kunkle, was then again offered in evidence by the plaintiff's counsel, and objected to by the defendant's counsel, whereupon the court said that so much of it might be used as was referred to in the said note. But the defendant's counsel excepted to this decision, and the article was not given in evidence.

JOSEPH FRYBURG, (being sworn)—testified I was introduced by George Rees to Dr. Beattie, more than twelve months ago; he had some conversation about Joseph Kunkle; I do not recollect exactly what it was. (47)

(46) For the extracts read according to these citations. See the Appendix.

(47) Mr. Rees's deposition (see page 30) contains a positive denial of his having introduced the defendant to Mr. Fryburg, or having ever seen them together.

DR. SAMUEL M'CLELLAN being called by defendant's counsel, said—the inflammation in Davis's eye was seated in the *Iris*.

Here the plaintiff's evidence was declared to be closed. The defendant's counsel then produced the following testimony in REBUTTAL, VIZ.

The deposition of ROBERT EACHUS formerly taken, which is inserted above, in a note at pages 9 and 10.

DR. WM. E. HORNER, (sworn)—I saw William Davis on his first entrance into the Almshouse, and examined his eyes as a surgeon of the house, at the request of the officers of the house, who wished to know in what ward to place him. He was then blind. I stated that he was incurable, and declined prescribing. (48) I had some conversation with him. I told him that nothing could be done, and that I was sorry. He then stated how he was blinded, and said he had been under Dr. Parrish for his eye and was doing well, and that he had led a blind man to Dr. M'Clellan. That Dr. M'Clellan had persuaded him to submit to an operation—he then declined it, but, on the occasion of another visit, he being again persuaded, submitted, and blindness was the consequence. I don't remember seeing him again. The narrative connected with it impressed it on my mind. Inflammation often arises to some extent during the period of absorption. I would resort to low diet, and blood letting. It is not judicious to perform the operation of extraction when the eye is inflamed, particularly if high. It is not common to perform operations during the existence of inflammation. (49) If pus be in the

Mr. Fryburg's positive testimony as to this collateral point was offered to discredit Mr. Rees's accuracy.

(48) It would seem from this gentleman's testimony, that Davis, immediately on his admission, was pronounced incurable by the official judgment of the physician (Dr. Horner himself) to whose opinion his case was in due course referred, and was declared to be not deserving of an endeavour towards relief. If this were so, it would furnish another instance of the rashness with which such sentences of final condemnation are apt to be decreed,—for it is unquestionable that he was *not* desperately blind at that time. Davis himself says that he was placed in the eye-ward, and was leached and otherwise treated with a view to cure, “under the kind care of Dr. Lawrence;” and remained so nearly three months before he was dismissed into the incurable ward. He and Dr. Horner were witnesses adduced by the same party, but their statements can not easily be reconciled. It is proved, however, by the testimony of Mr. Thompson, Mr. Kelly, and Captain Draper, that Davis was in the eye-ward under treatment for cure; and further that he actually did regain partially his power of vision, subsequent to the time when Dr. Horner says he pronounced him incurable and not worth prescribing for!

(49) The witness goes the whole length of testifying, as an established surgical doctrine, that it is *always* improper to perform an operation where there is inflammation! From the most arduous performances in surgery, therefore, to the simple lancing of a child's gums, or simpler picking out a splinter from one's own finger, all the world are wrong! We should wait till inflammation subsides, and with it pain and danger have ceased, and *then* is the time to operate,—for the pleasure of operating!

Every surgeon of course prefers that no inflammation exist in, or near, the part subjected to his knife. But when inflammation is the very evil that calls for his attention, when it is obviously increasing and has nearly reached the degree at which it will be *destructive*;—when at the same time its exciting cause is manifest, and is removable by the knife without the necessity of touching the inflamed part,—as by opening the cornea to remove a substance inflaming the iris; and when it is not otherwise removeable;—to say that in such a case the exciting cause of local inflammation is to be left, continuing its mischief, while “low diet and

anterior chamber, it is evidence of active inflammation. An experienced surgeon, performing Saunders's operation, could easily distinguish a hard from a caseous cataract (50)—could see his instrument during the operation when brought forwards—he could satisfy his mind whether the cataract is broken to pieces. Caseous cataract is easily broken. When the lens is in the anterior chamber in cases of caseous cataract, it is a most favourable position for absorption. (51) It is com-

blood-letting" are alone relied on, is advancing doctrine that, surely, can not be taught in the lecture rooms of the institution in which this witness is a professor.

(50) In this opinion, that the lens does not recede, the witness speaks not from his own experience, it is presumed, for he says that he has had very little—but from authority. He differs from Mr. Guthrie, however, who maintains, from his experience, the opposite opinion,—as does also Dr. Parrish in his testimony.

(51) The whole of this witness's examination, in chief, is taken from the notes made by the defendant's counsel. Upon the facts of the case it seems to have but little bearing, and could have been thought worth presenting to the jury only for the sake of the *opinions* on general rules of surgical practice which it comprises. It is the first time, perhaps, that the opinions of a man who declares he has but little experience, have been adduced for the purpose of showing error in the practice of one who is allowed to have had greater experience.

It seems scarcely worth while to confute or examine such opinions, but a consideration is suggested by the manifest bias of this witness's mind, that may deserve attention.

This gentleman is *said* to be a member, as are also Dr. Ritchie and Dr. Coats, of an association called the Kappa Lamda Society. That they are positively so, can not be certainly pronounced, because the organization of that association is *secret*, and membership may be suspected but not absolutely known. This society comprises probably a great deal of individual respectability, being composed of more than fifty, perhaps seventy, physicians of this town. Its existence however is an opprobrium to the medical profession, and its tendencies manifestly evil. Dr. Benjamin H. Coates in the course of an examination on his solemn affirmation, in a cause recently tried, was interrogated as to some matters connected with the character of this association. He at first declined giving any information, but being reminded of the compulsion under which he stood, he let out these characteristic particulars, viz. that the association is a *secret* one, and that the members on being admitted take an oath or solemn affirmation, binding themselves to mutual, but secret aid and support. In what manner they pass their time at the meetings of the association, or how their common funds or united efforts are applied, has not been made known.

Surely no honourable purpose in professional life can require the aid of such a combination. Men may find advantage in secret societies, for personal and gainful ends; but science, knowledge, virtue, character must flourish best in open light. In a profession in which success depends on talent, education, and industry, concealment of every kind has long been resigned to quacks, as fitting the degraded means by which persons thus denominated pursue their aims. In this enlightened age, in this intelligent and virtuous community,—that well educated members of one of the proudest of all professions, should seek for means of advancement in secret associations, and secret oaths of support—can not but excite our special wonder. The proper course for a physician is easily designated. To study the science thoroughly, to practice faithfully, to deal with his competitors candidly, and to publish in some form or other whatever additions to the common stock of medical knowledge he may chance to acquire,—such is the direct road to eminence, lying broadly open, and far preferable to any tortuous or hidden path that shuns the light of day. It is not difficult for one that sees even the surface, of medical politics in Philadelphia, to discern some of the bad fruits of this disreputable association. Indeed examples are easily cited. When the gentleman above named, was compelled to disclose the fact of the secret oath, &c, he added that he entertained no sort of respect for any physicians, with very few exceptions indeed, who do *not* belong to that association! Afterwards, having conversed with his friends, he thought proper to recant or explain away this rash expression; but

mon in Saunders's operation to force into the anterior chamber as many fragments as possible. The pieces do not commonly excite inflammation. Inflammation of the iris has the effect to contract the pupil—and if high, in some instances close it nearly. If absorption or evident diminution is going on, an operation is inexpedient. The iris is more irritable than the cornea. Where a portion of the cataract is in the anterior chamber, it is not judicious to extract. It would be exceedingly difficult for a whole lens to pass spontaneously into the anterior chamber. The anterior chamber could not accommodate the lens, in a vast majority of cases. I have never seen an opaque lens pass through the pupil. It is customary to resort to medicines to produce dilatation of pupil.

Being cross-examined, he said—

I could not say whether Davis's eye was inflamed when I first saw him. I don't know how long he remained in the eye ward.

the feeling which prompted it, and the source from which that feeling sprung, are too obvious to be misunderstood. Dr. Reynell Coates also, who gave testimony in this case, and was doubtless regarded by the jury as a perfectly impartial witness, said very frankly to a gentleman in the court room, that he was the warm personal enemy of Dr. M'Clellan, and the warm personal friend of Dr. Beattie. Now it is believed, that no circumstance can account for this enmity, except that Dr. M'Clellan is *not* a member of the Kappa Lamda Society, and falls therefore under the ban denounced previously by Dr. Benjamin H. Coates. It will be observed that this was no expression of disapprobation, but of *enmity*,—a sentiment that can not have been excited by any thing that has ever occurred in the intercourse, whether personal or professional, between Dr. M'Clellan and Dr. Coates. Dr. Beattie is a member of the association, according to the statement of Dr. B. H. Coates.

Two of the pernicious consequences of a secret cabal are thus developed—the spirit of exclusiveness and proscription that condemns or approves by the single test of fellow-membership in the secret league, is one; and the animosities, misconstructions, misrepresentations, and false estimates of character that must flow from it, are too evident to need particular indication;—the other is the doubt that must hang on all testimony borne by medical men, whether in a court of justice or in society, if it is all to be tinged or coloured by hidden partialities arising from concealed associations, and by unrevealed obligations resting on secret oaths!

An association of this kind realizes all that has been urged or suggested against masonry, by its warmest enemies—without the pretence, however, of being able to supply that exercise of charity which is the real boast and virtue of the masonic institutions.

It is said that the Kappa Lamda Society has branches elsewhere,—or perhaps this may be but a branch whose baleful root is in some other community. If so, the evil agency of such an instrument of mischief may be infinitely greater than is generally known. No professional character can be safe against an organized system of dispraise and injustice. This society publish a journal or *Medical Review*, purporting on the face of it to be fair and impartial. For a considerable time after the establishment of that journal, it sailed under false colours, bearing the names of certain respectable men as individual editors, while in fact it was published by the secret-oath-society. The impartiality of a *Review*, commencing with a display of *candour* like that, and conducted by fifty or more physicians, bound together by a solemn obligation of mutual commendation—can be readily appreciated!

Some gentlemen who became members without knowing the real character of the association, have, it is said, declined to attend its meetings, but they are bound by the unlawful oaths that were administered to them there, not to expose the circumstances which move their honest disapprobation and disgust.

The honourable portion of the medical profession, ought to join, not secretly, but openly, to discountenance all such hidden contrivances to elevate particular individuals above their real merits, or to intercept the just reward of true excellence. Mutual support is due from all good men to each other, and if candour, liberality and fair dealing be observed by the most elevated, the example will be followed by others, for the sake of appearance, at least, if not for the love of virtue.

I have never operated by extraction. I have not seen a whole lens in the anterior chamber. A strong parallel between inflammation exists in all cases—Unquestionably they come under the same general rule. I would first endeavour to cure inflammation before the operation. It is not probable an operator could be deceived with regard to the rupture of the capsule. I have had experience of part of the lens falling into the anterior chamber—this would be more likely to excite inflammation in the anterior chamber than in its original situation. I have heard of one or two cases of lens falling into the anterior chamber. I have not operated often for cataract, but I have seen a great many operations. When it is evident that the lens produces inflammation, and no other means exist of reducing it, we would take out the cataract. Taking it out would not be the first method to reduce inflammation.

In answer to the court—

It would require positive evidence to establish that a caseous cataract had become hard after being cut up.

DR. PHILIP S. PHYSICK, (affirmed.)—The absorption of a lens I have known to take two years. Mr. Hay of Leeds mentions a case which took four years (52)—it varies from weeks to years, and after all the patient recovers sight. Inflammation in every case I ever saw has occurred during absorption; sometimes it destroys the organ. Remedies ought to be applied to reduce the inflammation. They are generally successful, and always promote absorption. Such as a restricted diet—by bleeding—then leeches on the temples—eye-lids—blisters and purging. I scarcely ever saw a case in which inflammation has not yielded to such remedies. Evacuant remedies have a surprising effect. I have seen pus in one night reduced one half by the loss of twelve ounces of blood from the arm. It is never proper to extract while the eye is inflamed, particularly if high. An operation performed while the eye is inflamed, subjects the patient to great and unnecessary hazard (53)

It is unquestionably so in the legal profession; why can not it be so in the profession of medicine?

(52) If Dr. Physick had spoken as from his experience, in limiting the supposed length of time requisite for the entire absorption of a lens whose capsule is ruptured, it would not have been surprising that two or four years had been mentioned as the utmost duration of the process of absorption. But as he chose to refer, without being particularly interrogated, to the statements of a British writer on the subject, it is somewhat strange that he should recollect no instance recorded on *such* authority of much greater length of time during which the dislodged or ruptured lens remained unabsorbed. In note 24, page 23 above, instances are referred to of much longer time, on the authority of Beer, Guthrie, Adams, &c. &c.

(53) That the existence of inflammation in the part which is to be subjected to an operation, aggravates the hazard, need not be questioned; but that in every case a surgeon must decide according to its special circumstances, and choose according to them between the general rule and the exception is at least equally certain. To say that a surgeon does always wrong who operates upon an eye when there is inflammation at the moment, although the object of the operation be to remove the cause of that inflammation and to obviate its destructive effect, is surely carrying the general rule to an extreme that must comprehend in its censure, the practice of Dr. Physick himself, as he has related it in the only case that he could mention where this choice of danger was submitted to his judgment. In the eye of Dr. Coxe's son, he says, the foreign substance which he extracted had already produced some inflammation, yet he thought upon the whole, after deliberate consideration, it was best to operate without waiting for the effect of previous efforts to reduce the inflammation. Surely he was right in that case to judge and act without being trammelled by a general rule. And if in all cases the surgeon and the physician are not allowed such independence of decision, then is their attendance at the bed-side of the patient altogether useless;—a copy of "*Buchan's Domestic Medicine*," or the more improved *Vade Mecum*, promised to the public by a distinguished professor, and on the eve of publication, may well supply all medi-

—I never practised it in my life. The same rule is applicable to every operation of surgery. A surgeon in such cases exposes the patient to a great deal of hazard. There is scarcely a doubt of subduing inflammation by the remedies I have mentioned. Pus is an evidence always of previous active inflammation. Saunders's operation being performed, the operator could distinguish a caseous from a hard cataract. I have seen it as hard as a stone, and at other times perfectly fluid.

When the fragments of broken lens are situated in the anterior chamber, having been forced there, it will depend altogether on the irritability of the patient whether it will excite inflammation. I have seen small portions attended with inflammation. The facts of the occurrence of inflammation may arise from want of dexterity in the operator, or from the part of lens. In one case, where the whole lens was pushed forward, there was very great inflammation. A wound that

cal attendance;—the recipe book may at all times be consulted, and we may cure fever as easily as we cure corns.

The opinion that the patient is exposed to unnecessary hazard, upon whose eye an operation is performed, without first endeavouring to reduce inflammation by depletion, must depend on the efficacy which the individual practitioner ascribes to the practice of reducing a patient very much, in point of strength, previous to an operation. Whether Dr. Physick is remarkably disposed to carry the depleting system to its utmost extremity, need not be here enquired. He is certainly not of accord with the best oculists of Europe in his opinion. Thus Sir William Adams observes in his valuable work, p. 57—“Professor Scarpa has laid down a very judicious mode of preparing weakly and irritable patients for the operation of cataract, by advising cinchona and valerian, and the use of strong aromatic baths, for some time previously, in order to allay irritability; and he remarks, that lowering means being employed on such subjects, by increasing their irritability, would render them more susceptible of inflammation after the operation.”

“Admitting the accuracy of this doctrine which my own experience fully confirms, it is evident, that rendering a weakly patient more irritable by loss of blood, mercurials, blisters, &c. in the delusive expectation of effecting an impracticable object, is not only improper as far as affects the general health, but also, in many cases, is in a peculiar manner detrimental when an operation is to be performed, and conduces in the highest degree to its failure.”

So also Mr. Guthrie, p. 312:—“When the rising of the lens produces low irritative inflammation of the iris, from pressing against it, and this pressure continuing as is observable from the situation of the cataract, it is not only useless but dangerous to delay re-introducing the needle and removing the lens to a more harmless situation. The idea of operating on an eye in a state of irritative inflammation, will be, I am aware, alarming to many; but it must be recollected that it will be ultimately lost, unless relief be speedily obtained.”

The writers just cited, Adams and Guthrie, are known to be two of the most distinguished oculists of England, and the doctrine which they lay down in the passages quoted is not controverted by any other of equal or even secondary authority. Dr. Frick of Baltimore, has given a summary of “the doctrines and practice of the most eminent modern surgeons; particularly those of Professor Beer,” in his valuable “Treatise on the Diseases of the Eye, &c.” published in 1823, and dedicated to Dr. Physick. In this work, page 172, he thus treats of this point:—“It was the custom formerly before submitting the patient to the operation for cataract, not only to subject him to the most rigid diet, but to order repeated purgatives, bleedings, &c. This practice being now found prejudicial, is entirely laid aside; for by weakening the constitution, it only renders the patient more irritable, and of course the more susceptible to the very inflammation it was intended to correct.”

If depletion be so injurious prior to an operation, it must be improper unless the operation can certainly be dispensed with; but all the modern European surgeons of eminence recommend extraction whenever any considerable part of the hard cataract has passed into the anterior chamber, where its presence seems to be considered as an unfailing cause of inflammation and danger. Hay, Guthrie, Adams, Travers, &c. all are decided and emphatic on this point. [See the citations in the Appendix.]

heals in one, in another will occasion death. Inflammation of the iris would have the effect of obliterating or closing the pupil—it has the effect of contracting the pupil and impeding its tendency to dilatation. Belladonne or some such article is applied to prevent the closing of the pupil. The iris is a tissue infinitely more irritable than the cornea. The slightest touch on the iris gives exquisite pain immediately.

The posterior operation having been performed, the lens broke into pieces, and at the end of the year the lens having fallen into the anterior chamber, in such a case, in advising an operation or not, I should be governed by the success of the first operation. If it produced much inflammation, I should hesitate in advising or performing extraction. If the lens in the anterior chamber was greatly diminished in one year and it laid there without producing any disturbance, and the patient had recovered the sight of that eye to the extent which the dissolution of one half would produce, I would wait. If the first operation had produced inflammation, I should certainly hesitate one, two, three, or four years, waiting for absorption rather than expose the eye to the great danger of destruction from the operation. I never knew the lens to pass in a natural state through the pupil spontaneously—nor a hard opaque lens. In extracting, it is my custom for the last ten or fifteen years, to apply some narcotic medicine to dilate the pupil. The Baron Wenzel, the greatest advocate for extraction, never did it. (54)

Being cross-examined, this witness said:—

I have been speaking of extracting a cataract from its natural situation behind the iris. The lens never displaces itself that I have seen. I did once extract a foreign substance from an eye which had been accidentally thrown in and was producing inflammation of the eye. It was the case of Dr. Coxe's son, into whose eye a piece of tinsel from a whip-cord had been forced by accident. It had passed partly through the pupil and wounded the capsule of the lens. The inflammation was slight. The hazard was greater than if it had been extracted at the moment of the accident. As there was danger of greater inflammation, I thought it best to extract it. Inflammation followed, but was reduced by evacuants, and when the wounded lens was absorbed the sight was restored, but not so perfect as before. It never is, because there is an absolute deficiency of one of the humours of the eye. I have never had any occasion, except this one, to take out foreign substances that had pierced quite through the cornea, but have often removed pieces of steel and other things that have stuck in the cornea, and in some instances gone partly through it.

I have met with mixed cataracts. They are very common. The interior is frequently hard and the exterior soft. A kind of nucleus exists in the middle. The softer parts are frequently pushed off; as I am in the habit of *extracting*, this circumstance often annoys me. They have to be taken out by means of a scoop. (55)

(54) The whole of the testimony of Dr. Physick, except on his cross-examination, is given from the notes of the *defendant's* counsel, as corrected by them. It has been presumed that the witness would prefer it should be so. But there is believed to be a mistake here. The plaintiff's counsel, and some of the bystanders understood him to say, "the greatest oculist on the continent does not,"—without naming Wenzel.

(55) As it seems by this testimony, that Dr. Physick *does extract*, and of course, that he thinks such operation frequently the most proper; and as Dr. Parrish had previously declared his opinion against the propriety of extracting under any circumstances that he has ever seen, throughout an experience so prolonged and multifarious as necessarily to have brought every possible variety of cataract into his view,—we are thus presented with a striking illustration of the real value of general opinions on surgical subjects, and the injustice of attempting to condemn a younger man, by showing that he has not conformed to the opinions of some one who is older than himself. Both these practitioners stand in the first rank of professional eminence, in this city, and both were brought into court for the obvious purpose of bearing down the plaintiff, by the overwhelming weight of their opinions on points of practice, wherein he was supposed to differ from them; but like

I have seen suppuration in the eye without external signs of inflammation;—generally when there is pus in the anterior chamber of the eye the inflammation externally is not violent. I do extract cataracts. I do adopt the operation to the circumstances of the patient. Inflammation occurring after an operation by extraction, it is certainly dangerous; but the consequences will depend on where it is situated. If it supervene before the healing, it is dangerous, unless slight. A slight degree of inflammation will induce healing; a greater degree will prevent

the two Spanish ships of war, which destroyed each other in the attempt to combine their attack upon an enemy's vessel, so these great authorities impugn each other when brought forward to be arrayed together against Dr. M'Clellan. They impugn each other—that is to say—if indeed difference of opinion and of practice necessarily imply culpability in one or other; as seemed to be the principle contended for by the party who brought them forward. That such principle was intended to be advanced could scarcely be doubted, when one of the counsel for the defendant called upon the jury, *for the honour of Philadelphia*, since Dr. Physick had said the plaintiff's practice was not such as *he* would have followed, to sustain Dr. Physick by condemning Dr. M'Clellan!

So bold an attempt to establish the despotism of opinion has rarely been exhibited; and although it could not but fail in this case, yet the whole medical profession is interested in the enquiry whether such tyranny does not in some degree prevail, and whether independence of judgment and of character is sufficiently cherished and protected. It was an unfavourable indication of the state of general feeling on this subject, that the fact of one of the jury being a brother of a friend of Dr. Parrish was distinctly spoken of, in the court-room, by a highly intelligent physician, whose sympathies were with the defendant, as a reason for trusting that no verdict for the plaintiff could be obtained; and it was also remarkable that many persons spoke of the circumstance of Dr. Physick being a witness on the side opposed to the plaintiff, as equally fatal to his case, though the evidence which that gentleman could give was only touching abstract and general opinions on the theory and practice of surgery.

If such be indeed the debasement of the profession, that every man's character for skill or competency, is to depend wholly on his conforming to the standard opinions of the most popular practitioner of the day,—to what direful absurdities must not such slavery of judgment lead? In politics, to retain office it may be, rightly, requisite to be a *Jackson-man*, but in the medical profession shall it be held indispensable to be a *Physick-man*?

There are many physicians, possessing neither renown nor wealth, in this community, but useful, respectable and happy in the unostentatious exercise of their profession, with perhaps skill and learning not inferior to others whose names have been heard of at a greater distance, and have been oftener seen in newspapers or reviews. Now if the despotism of opinion above referred to, is to prevail, on what foundation does the reputation of such a man rest, and what security has he for a continuance of his prosperity? A single breath from the mouth of Dr. Physick, may blight him like the lightning of Heaven. Cases of perplexity occur along the path of every physician. The most anxious exercise of skill, aided by a watchful attention to the minute circumstances of the disease, and a previous knowledge of the patient's constitution, can not always enable him to do more than choose between difficulties, with a doubt remaining, after all, whether the rejected alternative might not have been followed by a happier result. Now, let an enemy dog the footsteps of the practitioner through scenes like this, note his prescriptions, without knowing the reasons which governed them, and report the whole to the oracle of the day—be it Dr. Physick or any other, to whom more than papal infallibility, is for the time, ascribed. Say that the opinion is obtained, and Dr. Physick thinks he would have bled more or bled less, have stimulated, instead of depleting, or in any thing would have pursued a different course,—the work of destruction is then rendered certain; the libel may safely issue, charging the honest, judicious, but undistinguished physician with ignorance, incompetence, and malepractice,—and when he finds himself cut off from employment, and resorts to the law for redress, the libel may be maintained by the all-powerful and infallible opinion of

it. If suppuration occur, the whole of the humours are sometimes evacuated, and the eye is said to sink in the head. When inflammation occurs, I set about reducing it by proper remedies. The adhesion of the wound in the cornea sometimes takes place in twenty four hours; but I never look at an eye for a week after the operation, if I can help it. Healing depends on the degree of inflammation, if very slight it facilitates adhesion. A patient certainly would not recover so soon who has an inflammation superadded. My intellect can not recognise the difference between healing and getting well. The wound may heal and inflammation follow some weeks after. I recollect a lady from whom I took a cataract as hard as marble;—she regained her sight, but at the end of three months caught cold in a thunder storm—suppuration ensued and she lost her sight entirely: but she was cured in the meanwhile. (56) The loss of her sight was no argument

Dr. Physick, who being brought into court and having spoken the word of doom, by that infallible sentence consigns the unhappy victim to degradation and ruin.

It is suggested that the expression respecting the honour of Philadelphia, was only this, “now, gentlemen, I hope for the honour of Philadelphia, that if these young men have *thought differently from Dr. Physick*—the counsel [for Dr. M’Clellan] will not pretend to *justify them*.” It may have been so, but the meaning is the same. To think differently from Dr. Physick is an offence which must not be justified;—such is the sentiment; and it was preceded by high wrought compliments to that gentleman, and the following emphatic appeal to the jury, viz: “will you pull down Dr. Physick and Dr. Parrish from their *lofty eminence* and suffer this young man to rival them?” (See the Judge’s charge, *infra* p. 69.)

Dr. M’Clellan can not perhaps deny the atrocious crime of being a young man;—since he has been but ten years in the practice of his profession and is now in the thirty third year of his age. But it is not very plain how any man can be pulled down from the eminence, however lofty, on which he may stand, by another man’s pursuing his profession with zeal and ability. Nothing that Dr. M’Clellan has done could possibly affect the high standing of these gentlemen above named, unless his restoring the blessing of sight to persons whom they had condemned as incurably blind. *Hinc illæ lacrymæ?* Is it possible this is an offence? Surely these very distinguished surgeons would not prefer that Mrs. Green, &c. should have remained blind, rather than their judgments be proved wrong! No such ungenerous feeling is imputed to them; but when they come forward publicly to place their opinions in conflict with his, he owes it to truth and to the maintenance of that freedom of judgment which is indispensable to the dignity of the profession, to show some of the instances wherein he ventured to differ from the oracles, and where the result furnished him with a conclusive justification. For this purpose the cases of Mrs. Green and Mr. Emmick have been introduced, and that of Mr. Molledore, is subjoined in the Appendix; and without intending any unkindness to Dr. Physick, whose own good sense would disclaim the infallibility that has been ascribed to him, the case of Mrs. Lawrence Brown, (No. 70, South Second street, Philadelphia,) is also placed in the Appendix; a case where the “honour of Philadelphia” was again disregarded, by the restoration to valuable and useful vision, of an eye, which had been condemned as hopelessly blind by the judgment of that amiable and distinguished surgeon.

(56) The criterion thus established by Dr. Physick was repeatedly referred to subsequently through the course of the arguments on this trial: viz. if, after an operation for extraction, the incision heal, the eye regain its shape, and any degree of vision is restored, no matter how soon afterwards inflammation may supervene and the eye be lost, the proof is complete that the operation had been judiciously determined on and skilfully performed. In the beginning of this cause, the charge against the plaintiff was understood to be that he had seduced a pauper patient from the care of Dr. Parrish by a trick; but after Dr. Parrish testified that the man had been discharged from his care, &c. the effort seemed to be to fix on the plaintiff, a different accusation, namely, that of having put out the man’s eye, by an improper mode of operation, or by operating without previous depletion. The rule here laid down by Dr. Physick, appeared to supply all that was wanting in justification of the operation. One witness had proved the healing of the incision,

against my operation, nor would it have been, if it had occurred a month sooner, or two months sooner. If the eye heals up and the patient recovers sight, it is proved that the operation was judiciously determined on and skilfully performed.

Blindness sometimes occurs without suppuration. Sometimes by a temporary amaurosis of the retina: it generally yields to remedies, but if neglected may become permanent. An operator, in cutting up a mixed cataract, if the pupil is dilated, and he has a steady hand and possesses himself, can see the instrument and determine precisely what he does. He can tell whether the needle passes into the body of the lens. When introduced from behind by the posterior operation, he can see it come to the anterior surface of the lens. He can see whether he has cut it or not. If the exterior is soft, some portions may be detached which can not be counted precisely; but he can decide if he has cut it in half, and whether he has cut the half into halves again. When the cataract is wholly or partly liquid, it is milky and will cloud and obscure the pupil. I know Wardrop's work, and I punctured the eye for inflammation before he wrote, for the purpose of letting out the aqueous humour when the eye was in a state of distention, and had suffered a diminution in the power of vision. I consider the puncture of an inflamed eye attended with great danger. I have done it—but I say distinctly I am not in the practice of it. If a hard nucleus comes forward into the anterior chamber of the eye, is beginning to produce inflammation, and is too hard to dissolve, I would bleed and bleed again if necessary; I would resort to evacuant remedies, low diet and blisters,—and I have never been disappointed in reducing inflammation by these means. I would wait two, three or four years for the absorption of the lens. (57) Certainly I would be governed by the circumstances of the patient; if his eye-sight was necessary to his support, to enable him to earn his bread, I might extract it, but I would warn him of the danger of it. If he enjoyed a useful degree of vision, I would not subject him to the hazard of an operation. [In answer to a question by the court.] If a cataract had come forward into the anterior chamber, and the edge pressed against the iris and was occasioning inflammation, I would reduce the inflammation by evacuant remedies. I believe I could always reduce it. The confidence I have as to reducing inflammation by these remedies is very strong, and is founded on great experience. I do not remember a case of a Mrs. Jones, in which Dr. Dorsey, Dr. M'Clellan, and myself were present together.

MORGAN ASH, Esq. (sworn, and being asked to prove what Dr. Samuel M'Clellan had testified in another trial.)—I can't say what Dr. S. M'Clellan testified; but

who could prove no further;—two had proved the restoration of the eye to its full shape;—and seven or eight had proved that he had vision;—lastly came Dr. Physick—brought into court for a widely different purpose—but too honourable a man to distort or suppress the truth, and he applies the science to these facts and says, if these facts existed, no matter how soon the eye became inflamed and was lost, it is established that the operation was skilfully and judiciously performed.

(57) That every rational surgeon would wait for the benefit of absorption, if he saw it in progress, and no inflammation present, no one could doubt. While a useful degree of vision is enjoyed and the sight is improving, without danger or disturbance from the cataract, certainly it must be the inclination of the patient and the surgeon alike to rest satisfied with so good a condition; but if the sight is not sufficient for useful purposes, and irritation or pain does exist, how long then is the process of absorption to be waited for? Four years, says Dr. Physic. Well, suppose the four years ended, and the lens still unabsorbed; the eye still useless;—must the hazard of an operation at last be encountered? If so, it had been better to risk it earlier; but in truth there is great reason to doubt as to the absorption of a hard lens in four years. In Mrs. Green's eye, and in Mr. Eachus's eye, it certainly did not become absorbed in that time—the instances are numerous in the works of European surgeons of its remaining longer, and almost all the most accomplished men in the profession now inculcate the propriety of *forthwith* extracting either an entire lens or parts of it that have come into the anterior chamber. [See the citations in the Appendix.]

this is my hand-writing (exhibiting notes of testimony) I wrote it down nearly word for word, all that he said,—I took down every word that came from him.

(Witness was told to speak only from his memory, without reading the notes.)

FREDERICK AUGUSTUS RAYBOLD, Esq. (sworn)—I was present at the trial of the case of Beattie *v.* Smith, in the other court, and took notes, I can swear independently of the notes, that Dr. Samuel M'Clellan said that Dr. M'Clellan and he, after hearing from Mr. Bowles, went down to see the cataract, that it had fallen into the pupil of the eye, or over the pupil, and that the doctor removed it at that time. I can't say whether it was at that time or not. Dr. Samuel M'Clellan said that at the first time Dr. M'Clellan went down, he accompanied him. (58)

DR. SAMUEL JACKSON, (sworn)—I saw William Davis once in the Almshouse. Can't say how long he had been in the eye-ward. He was not under my attendance. My attention was directed to him but for a moment. I can't recall the particular state of the eye—he was considered blind. Dr. J. R. Barton was with me, and more particularly examined the eye, and he was considered blind.

The counsel for defendant then read from the *chirurgical works of Percival Pott*, vol. 3, p. 256, and also from *Hays's Surgery*, London edition, p. 56.

JOHN WARNER, (sworn)—I have known William Davis by sight. Was in the house of Bowles before the operation and at the time. I slept with him at that time. I saw him in the shop before the operation, off and on—he could see middling out of that eye, and take notice of a great many things with spectacles on,—took notice of blocks hanging in the shop,—he used to wipe his spectacles, he noticed a great many little things—and went out alone with no guide. I heard but this conversation between Bowles and Davis,—Bowles said to Davis—if you will let the operation be done you may stay in my house till you are well. I left there either the night before or after the operation. I was in the shop at the time of the operation—either four or five gentlemen came down to the operation. He was out on the day of the operation—before the operation,—walking alone,—none with him,—only his cane.

Being cross-examined, he said—

Davis had been at work for Bowles, but not at that time. I was employed for Bowles at block-making, on trial, as an apprentice,—was not bound.

JAMES WOODLAND, (sworn)—I am an Oak-cooper by trade—followed it in 1823,—have cupped and bled for my friends,—I do not follow it as a living;—called

(58) This testimony was brought in for the purpose of discrediting Dr. Samuel M'Clellan, by showing that he had varied in his statement. As he had related the circumstances on oath before, and his testimony had been taken down without his having an opportunity to know whether it was correctly heard and written out, it is rather remarkable that no other discrepancy could be discovered than the trifling one here exhibited. A man who relates a series of occurrences of eight years earlier date than the first narration of them, requires a good memory indeed, if he must avoid variation in unimportant particulars. The testimony of this gentleman, as given before, was this: "A message came from Mr. Bowles for Dr. M'Clellan to go down and see Davis. I went down with him and found that the cataract had fallen through the pupil of the eye into the front part, and was there exciting a great deal of inflammation. As Davis positively refused to go to Dr. Parrish, and as it was the only chance of saving his eye, Dr. M'Clellan agreed to take the cataract out. Next day I went down with him, and he took it out."

Upon the present occasion this whole matter being more particularly inquired into, he said as above reported, page 36.

to see William Davis the day after the operation. I sat in the room for a while. I asked him if he could see any thing. He lifted the cloth off, and said he could distinguish nothing but a glimmering of light.

JAMES CALDWELL, (sworn)—I know William Davis perfectly well. I saw him after he came out of the hospital. He came to my house and left his chest there. He came alone, and said he could see tolerably well out of one eye. I saw him almost every day. He could tell what o'clock it was at arms length distance. I remember he could tell letters on vessels head-cloths at one hundred yards off.

ANTHONY CUTHBERT, (sworn)—I am seventy-nine years old. I reside in the lower part of the city. I have known Davis thirty years; he was a block and pump maker.

And the counsel for defendant then offered to ask the following question, "Do you know the general character of William Davis?" to which question the counsel for the Plaintiff objected, and the court sustained the objection and refused to permit the question to be put. (59)

The counsel for the defendant then called ELIZA WILLIAMS, for the purpose of putting in further evidence respecting the case of Joseph Kunkle, and in support of the witnesses already examined for the defendant; but the plaintiff's counsel objecting that this would be a continuation of the evidence in chief, the court rejected the testimony. The counsel for the defendant then called a witness—JAMES CARR for the purpose of supporting the general character of John Kunkle, but this was also objected to and rejected.

JOHN INSLEE, (sworn)—I was steward of the Almshouse. James Draper, (I think they called him captain) was there. I think I know his general character from what I have heard of the man, as well as what I have seen, I would say I would not believe him under any circumstances. (60)

WILLIAM S. STILES, (sworn)—I have seen Davis. The first time in the Almshouse, in July, 1823; he was standing near the pump, in the south western yard—boys were around him plaguing him. I ordered them away, and advised him to go out of the sun, as it would injure his eye—he said no danger, I am blind. I assisted him to the stairs.

DR. REYNELL COATES, (being re-examined)—Soemmering's plates I have always understood are the most accurate possible. Their estimation is so great that an eye which does not conform to them is shown to have a malformation.

(59) The evidence in support of Davis's character was opposed, as the counsel for the plaintiff said, because it would only tend to introduce a collateral question of no importance to the case. It was rejected by the court, because his general character had not been attacked,—and the rules of evidence do not allow the bolstering up of a witness by bringing others to swear that they believe him, unless the opposite party have first brought witnesses to swear that from his general character, they would not believe him on his oath. The ill opinion entertained by Mr. Eachus of Davis's temper and disposition, was brought out by questions put by the *defendant's* counsel.

(60) It is but justice to Captain Draper, an unfortunate man, now and for many years blind, but a man of education and respectable character, to say the unfavourable opinion expressed by Mr. Inslee, may be in part accounted for, by the circumstances of Captain Draper's having been examined as a witness against him, in a matter that was before the managers of the Almshouse when Mr. Inslee was steward.

DR. WEBSTER, (being re-examined)—I got the quotation referred to from a prospectus of a work by Dr. Smith.

DR. THOMAS H. RITCHIE, (being re-examined)—Soemmering's plates are tolerably accurate.

Here the defendant's rebutting testimony was closed.

The plaintiff's counsel then cited the following books, viz. Pott's Surgery, vol. 1, p. 4, vol 3, p. 161. Hay's Surgery, p. 67. Adams's Practical Enquiry, p. 54, 55, 56, 57, 27. Bell's Anatomy, vol. 2. p. 179, 196, 198, 206. Guthrie's Lectures, p. 311, 314, 316. Weller, p. 212. Beer's German work, p. 363, interpreted by Dr. S. D. Gross, who was sworn for the purpose.

The arguments of counsel on both sides are necessarily omitted. The charge of Judge Barnes was as follows, viz.

After some preliminary observations on the arguments of the defendant's counsel &c., he said that he intended the jury should be the exclusive judges of the issue before them. That both parties had complimented the jury for unwearied patience and attention. The jury had merited those commendations, for it was not within the recollection of the court when a jury had been more patient, or more attentive. The Judge rejoiced that the truth was so, and that it had been so acknowledged, because an earnest was thus given to the parties, and publicly acknowledged by them both, that the deliberations of the jury would be dispassionate, producing necessarily a just determination. The parties might one or both, be known to the jury, or to some of the jury,—to him they were both unknown before they appeared in this court. But that was a circumstance altogether immaterial; as justice does not regard interest, or kindred, affection, or prejudice, but administers the like measure upon the like facts, let who will be plaintiff or defendant. The object of inquiry was truth, and if the inquiry was entered into with a resolution to arrive at the justice of the case, passion and prejudice, and whatever else might mislead the mind, would recede and leave it subject only to such influences as produce a rightful judgment;—but if on the contrary a jury should happen to be influenced by prejudice or partiality, they would injure the party who has submitted his controversy to their determination, would violate a solemn obligation which they have taken, and a principle of the moral law, the consequences of which violation, to the jury, as respects their future peace of mind here and welfare hereafter, no man can calculate.

The case is an action of slander. The plaintiff George M'Clellan complains that the defendant, Francis S. Beattie, published in a pamphlet, in the year 1826—these words [The Judge here read from the declaration so much as sets forth the libel alleged therein] This is the complaint which the plaintiff makes, and to this complaint the defendant pleads that [here the Judge stated the substance of the pleas,] the issues are taken upon these pleas. The questions for the jury are—whether these pleas are true. The first plea is as to the case of Davis; as to which part of the case, the charge against the plaintiff is—that Davis was by trick taken out of the hands of Dr. Parrish by the plaintiff,—and that the plaintiff by his operation rendered Davis totally blind. Davis had been operated on by Dr. Parrish, in the hospital for cataract—the lens was broken up by Dr. Parrish in that operation, and after a time his eye-sight began gradually to improve, and went on improving, so that when he was discharged from the hospital, about the 12th of May 1823, he could see to distinguish men and women in the yard, and could see to find his way in the streets without glasses. When he left the hospital on the 12th or the 14th of May, 1823, he was discharged, Dr. Parrish says, from his professional care, but not from his mind;—Dr. Parrish requested Dr. Ritchie to administer medicine to him if necessary. This was told to Davis with a request that he would call on Dr. Ritchie if he needed assistance, and an assurance that Dr. Parrish would be ready to join in professional assistance;—and Dr. Parrish cautioned him against any future operation on his eye, telling him that he would soon be well. After he left the hospital, and not long after, either the whole lens or a part, whatever of the cataract remained, passed through the pupil into the anterior chamber of the eye,

producing no inflammation nor suffering, when Dr. Parrish saw it;—the charge is that whilst he was in this state and daily improving, he was by trick taken out of the care of Dr. Parrish. If discharged from Dr. Parrish's care previously, he could not be *taken out of* Dr. Parrish's care. He was, according to the evidence of Dr. Parrish, discharged from his professional care, but not from his mind. But he was enough under the care of Dr. Parrish to justify the use of the word care, in the sense in which it is used in this publication, if he was by trick taken out of that care. Such then was the situation of Davis at the time to which the publication refers. What Dr. Parrish says is not to be doubted, and perhaps from the circumstance of the lens floating about, and that as it moved it obscured vision more or less at different times—and from Davis's using spectacles at some times, and sometimes not, at the moments to which the witnesses refer—the different accounts of the state of his eye, at this time, may be reconciled. But the question is, was Davis by trick taken out of the hands of Dr. Parrish? The word *trick*, means a dexterous artifice. It is a word derived from the German, and is used by us in many different senses. But the jury are not to be embarrassed by definitions, nor is the defendant to be judged by the niceties of language, nor his rights affected by verbal criticisms. If the plaintiff induced Davis to believe that it would not hurt him to take the cataract out of his eye, more than to remove a scab from his hand, that medicine would not be necessary, and so forth, as Davis has related it, and thus persuaded him to submit to an operation, it was trick enough for this publication; or in other words, if you believe Davis, the trick is made out. It is the character of all human testimony to agree in essentials, and differ in circumstances, and it is generally the best evidence of its truth when it does so differ. No two men will generally agree precisely in all points of their recollection, and it is not necessary that they should—but here the difference is as to essentials, and the evidence is not to be reconciled. If Dr. Samuel M'Clellan, and the other young men speak the truth, Davis is wrong, and it is no matter whether he is so from passion, from defect of recollection, or from any other cause. Where witnesses differ directly with other witnesses confronted to them, it may be of consequence to inquire how they stand affected towards the parties or are connected with them, and also into the manner in which they have given their evidence. It is a circumstance affecting the credit of the witness that he is under strong excitement against the party against whom he testifies;—especially if he speaks less from his present recollection of the facts as they occurred, than from his recollection of what was his former statement of those facts made by him when under excitement. Not what he has formerly said, but what he now believes ought to furnish a witness the materials of his evidence. Davis states that he was persuaded by Dr. M'Clellan and by Bowles to have an operation performed on his eye. If Bowles' testimony stood alone to contradict this, perhaps it would not be sufficient to impeach it. But Dr. Samuel M'Clellan says, when Davis came to the office of his brother, he was not persuaded, but that the plaintiff told him to go instantly to Dr. Parrish or he would lose his eye, and that Davis refused. Dr. Byington and Dr. Brinton prove the same thing. Besides these three witnesses what says Mrs. Bowles? She says that when Davis came to her house, he wanted Dr. M'Clellan to operate on his eye if he had a place to stay in. Bowles and Eachus state the same fact. If you believe Davis, the trick is established; if you do not believe him the defendant has failed in his proof; and there, it has seemed to the court, the inquiry as to this plea *should* end; for if *no trick* was practised by the plaintiff, there were no *consequences* of a trick;—but if there was a trick, it is enough that the man is blind. But the parties have treated this plea as if it contained also an allegation that the plaintiff operated upon the eye unprofessionally. The court has endeavoured by questions to the counsel, to obtain an understanding as to what they intended; what were the points in controversy, and what degree of professional skill was in controversy;—but the answers have left the matter as indistinct as before. The court therefore put this part of the case thus: *was* the operation of extraction judiciously determined on and skilfully executed?

If the eye healed, if it got well, and the patient saw, the operation *was* both judiciously determined on and skilfully executed; although in consequence of subsequent exposure, inflammation ensued and the eye was lost. This is according to what Dr. Physick said, and he mentioned the case of a patient who lost her eye

three months after his operation in this way. And he said it was not the fault of the operation, and he would have said the same if the misfortune had occurred within a month after or less. Then if vision was restored, we have evidence that the operation was judiciously undertaken and skilfully performed. Did the eye heal and was sight restored? Mrs. Bowles, Dr. Byington, and Dr. S. M'Clellan, and Dr. Brinton say it *did* heal, and sight *was* restored. His sight was not so perfect perhaps as when he left the hospital. That he was totally blind six weeks after the operation there is no doubt, Dr. Parrish, Dr. Hornér, and Dr. Jackson all prove it.

After this, Mr. Thompson says he got so much better he could see a number painted over the mantel piece. Draper said that Davis told him he could see after he come into the Almshouse, and afterwards by inflammation lost his sight. But supposing that Davis's eye never did get well, was the operation injudicious.

Is it contended that every operation is injudicious which Dr. Physick or Dr. Parrish would not perform? If this indeed be the question, the Jury may decide. If it be meant that Dr. M'Clellan is not so eminent as Dr. Physick or Dr. Parrish, it may be so—and there are many surgeons, who are men of distinction, but who do not live in Philadelphia, and have not the means of knowing what is the practice of Dr. Physick or Dr. Parrish; but if there be any one who has not done as they would do, is he therefore to be called injudicious, and professionally wrong and criminal. If this be the question that the parties put before the jury—the jury will decide. One of the counsel for the defendant asked, “will you pull down Dr. Physick and Dr. Parrish from their lofty eminence, and suffer this young man to rival them?”

But how pull them down? How are they to be affected? and what have they to do with this trial except as witnesses? they have been brought here as witnesses against this plaintiff, and the arguments of the counsel have attempted to identify them as parties. But how their reputation can possibly, in any event, be affected by the verdict in this case, the court can not see? But doctors differ: do not great men in the profession differ? Do not men as great in other countries as these are here, differ on this very question? Dr. Parrish and Dr. Physick, if they had operated, might have saved the eye perhaps—but is every other physician to be therefore libelled? The defendant's counsel, in their confidence in a Philadelphia Jury, have asked of you ‘JUSTICE:’—they demand, they say, only *justice*. The jury will do justice, there is no doubt of that;—but the court must admonish the jury to do justice in mercy. If the finding is against the defendant, the jury are not to inflict on him an injury equal to that intended to be done to the plaintiff;—the rule is not here an eye for an eye, and a tooth for a tooth, according to the measure of the old law;—but the jury are, if they find damages, to temper the verdict so as to right the plaintiff, and no more. The facts are that the cataract had floated forward through the pupil of the eye into the anterior part. Dr. Parrish and Dr. Ritchie think only one third part of the original size of the lens had passed into the anterior chamber, as it was called, and when Dr. Parrish saw the eye, it was going on very well; and Dr. Ritchie was so confident, that he bade Davis be of good cheer, for that it would soon be well. Davis, Dr. Parrish, and Dr. Ritchie say there was no inflammation in the eye. Dr. Byington, Dr. Brinton, and Dr. Samuel M'Clellan say there was inflammation, and at one time, Dr. S. M'Clellan says it was in a state of high inflammation, and that an operation was indispensably necessary to save the eye. Dr. Parrish had operated on him before, and had enjoined on him not to let an instrument be used again upon his eye. He knew Davis's constitution, and that he was, as he said, a tinder-box in constitution, and he told Davis he would lose his sight if operated on again. Dr. Physick says that in such a case he would be governed by circumstances, and that taking into consideration the inflammation that followed the former operation, he would not have operated at that time,—he would have reduced the inflammation by evacuants;—and when he was asked by the court what he would have done if he could not reduce the inflammation,—his answer, in the manner in which it was given, was very expressive—“he would have reduced the inflammation,” and has never failed to do it. This was Dr. Physick's opinion. There is not, the court supposes, on earth, a more authoritative opinion on this subject than that of this distinguished man;—but there are opinions to the contrary, and, as the court understands, of great authority too. They have been read from Guthrie, Adams, Beer, and so forth. Dr. Samuel M'Clellan says, the operation was indispensable—that there was no choice left between that and the

loss of the eye; and his brother undertook it for that reason, in the crisis of that moment. As to the skilfulness of the operation itself, we have heard nothing to impeach it. The question is for your determination, whether it was judiciously determined on. It is an important inquiry, but suppose the greater or the better authority is against the operation, and the operator on the spur of the moment, takes the lesser authority;—is he therefore liable to be abused, is he therefore culpable, or did he destroy the eye? Did Davis speak the truth? If the jury believe Davis, the verdict should be for the defendant, and against the plaintiff;—but if the jury believe Dr. Samuel M'Clellan, Dr. Byington, and Dr. Brinton, the verdict will be in favour of the plaintiff. The court has not thought it necessary, as the jury perceive, to follow Davis through all his testimony, nor to allude particularly to the testimony of all the other witnesses. With regard to the calling at the office in Swanwick street, Davis might mistake one house for another. He had left the Hospital about the twelfth or fourteenth of May, and he says he never called on Dr. M'Clellan in Swanwick street. Dr. Samuel M'Clellan says he did, and that he stumbled in entering, and was helped to sit down on a chair as a blind man, by some one there. Dr. Byington says the same, and that he was the person who assisted Davis when he stumbled, and helped him to the chair. Dr. Parrish, Dr. Ritchie, and Dr. Coates, say that at this time he could see. But it might have been, that on certain days he could see better than usual. The jury have heard the explanations of the concluding counsel, and will remember that the court takes up the outlines and leaves the jury to fill up the picture from the evidence. The question is left to the jury on the credit of the witnesses.

The second plea is respecting the case of Kunkle, and depends also upon the credit of the witnesses. The plea is that Kunkle never did get well as stated in the plaintiff's account of the case. If by getting well it is meant that the disease was entirely eradicated from the system, he did not get well; and he was told as the witnesses, or one of them says, by the plaintiff, that the disease would sooner or later break out again, and that the time of its doing so would depend very much on his habits. But if by saying he recovered, is meant that the disease was cured for the time and that the wound made by the operation healed—the witnesses differ as to those facts. The operation was performed in 1821, in the autumn, it is said, and he died in 1822, in July. The father John Kunkle, Mrs. Mary Kunkle, Mrs. Titlow the sister, and Mr. Reese say he did not get well. Elizabeth Brooks another sister, does not say he did not get well, but that he wore a bandage always round his neck and she does not know whether he got well or not. This witness has been harshly treated by the counsel for the plaintiff in the opening, but the court will not speak of these things, but of what concerns the case only. The father says he never got well and never did any work for him after the operation. Mary Titlow says the same as to his not doing work, but says she saw him drive the cart. Mrs. Kunkle says the same, that he did go to market but never butchered after the operation; and Susan Fow says it never got well, and so does Mr. Reese. These witnesses, at least the father and mother and sisters of Joseph Kunkle, one would naturally suppose must have known whether he butchered or went to market and did other work for his father, and they have generally, if not all of them denied that he did, or said they did not know of it if he did. These witnesses are directly contradicted by witnesses on the part of the plaintiff. Mr. William Linn says that he saw Elizabeth Brooks give a certificate to Dr. M'Clellan that her brother did get well, and the certificate has been read. He says too that he saw her in the market house with a pamphlet that she said she had been reading, and that it was a pity Dr. M'Clellan should have been so misrepresented. Mr. John C. Davis, who was a stranger to both parties, has been produced to discredit John Kunkle, and if you believe him, Mr. Kunkle admitted that the certificate was correct. Mr. Davis asked the question twice, he said, and Mr. Kunkle says it was correct, but observed that he had told the doctor at the time that the cancer would come back. The plaintiff's counsel assert that they have thus impeached the credibility of Mr. Kunkle, and the jury will say. Besides this, the plaintiff has called several witnesses to prove that Joseph Kunkle did get well and that he did butcher, one of them says, ten to fifteen times for one of the witnesses,—that he butchered also for his father—that he went to market and did other work. The plaintiff's counsel say they go much further even than this, and they produce two

witnesses who examined the wound, Addis Hays and Isaac Painter, and if these witnesses are to be believed—if they tell the truth, they settle the question—he did get well, and your verdict ought to be for the plaintiff. Hays was present when Kunkle was laid out, he saw his corpse, and says the scar had healed up and the disease had broken out an inch and a half from the old wound or thereabouts. Painter says that Kunkle opened his collar and exposed the whole of the wound to view, and that it had healed up. Besides these witnesses, Dr. Samuel M'Clellan also spoke of the wound having healed, and says he told Kunkle that if he did not take care the disease would return. The plaintiff's counsel say also that they have proved that he had the 'evil disorder,' and that he took a large quantity of mercury, and was salivated, and much more, but the jury will not desire that the court should go over all that has been said, as the minds of the jury have been probably made up long ago.

As to the third plea: if the jury find for the defendant on the other issues, the plaintiff is not entitled to damages on this plea. If the jury find that Davis was taken by trick from Dr. Parrish,—and that Kunkle never did get well, they must give a verdict for the defendant. The court forbears to speak of the care which Davis took of his eyes, or to remark on the opinion of Dr. Parrish, that care is as necessary after the operation, as skill in the operation itself. If the jury find the first and second pleas not to be true, it is a case for damages.

The Jury found a verdict for the plaintiff:—five hundred dollars damages.

APPENDIX.

No. I.

THE CASE OF MR. JOHN MOLLEDORE,

Referred to in the note at page 22.

This case is subjoined as an illustration of the advantages that both patient and surgeon may derive from the suggestions of those "book makers," whose experience and opinions Dr. Parrish thought so undeserving of his attention.

Mr. Molledore's disease resembled what is called "Egyptian Ophthalmia," and his case was very like one recorded by Sir William Adams, in the "Letter to the Directors of Greenwich Hospital," appended to his "Practical Enquiry,"—edition of 1817.

In this disease, granulations or warts are found on the inner side of the eye-lids, which press against the ball of the eye, and occasion great suffering and blindness. The cure had been considered difficult, if not impossible, in the Army Hospitals of England, until Adams *everted* or turned up the eye-lids, and removed the warts by a single operation. By this means a man named Parsons, among others, was restored to sight, whom the Director General and Medical officers of the Hospital had "confidently pronounced incurable,"—and after Adams had been treated with ridicule for asserting the practicability of curing the granulations of the lids and opacities of the corneas.

Parsons is described as having undergone extreme sufferings; and such as are detailed by Mr. Molledore in his own case;—and to have been subjected to the same variety of treatment, ending alike in both with a relinquishment of the cases as incurable, before Parsons came under the care of Sir W. Adams, and Mr. Molledore of Dr. M'Clellan.

It is remarkable too that Adams says, "Parsons' eye-lids had never been properly examined as I examined them, for he declared the surgeons had never turned up [everted] them before, and had always said that he never could be cured." So Mr. Molledore states, "the first thing Dr. M'Clellan did was to turn the lids wrong side out—which nobody had done before," &c. It appears thus that Dr. M'Clellan by simply availing himself of the suggestion which Dr. Parrish did not choose to become acquainted with, was enabled to relieve Mr. Molledore at once from the worst part of his sufferings, and eventually to restore him from blindness to useful vision.

No merit is claimed for Dr. M'Clellan on account of this very easy cure.—Nor does the failure of Dr. Parrish imply any reproach to his skill; but it shows very strikingly how much misery may be perpetuated by the neglect of a surgeon in extensive practice to inform himself of all the means of relief.

The statement of Mr. Molledore is as follows:—

"My eyes were first attacked with a very severe inflammation, in December, 1820, in Baltimore, where I was attended by three physicians about eleven months. Notwithstanding bleeding, medicine, blistering, repeated salivations, &c. the pain and inflammation continued incessantly, and after coming home to Philadelphia, no more relief could be obtained from a continuation of similar treatment under a medical gentleman here for about six months. I then put myself under Dr. Parrish, who cut my *left eye* three times with instruments, and applied caustic twice to

the same eye. He also put tartar emetic plasters on my left arm, and directed a wash of milk and water. I got worse under these operations of Dr. Parrish—the darkness became stronger, and the pain severer. I could not rest day nor night, and could only get relief from my sufferings, for months together, from large doses of laudanum. I became totally blind and gave up all hopes of sight. It was the pain and distress that I tried to get relieved from by medicines. About seven months passed in this way after Dr. Parrish had seen me the last time, when my brother-in-law, Mr. William Taylor, sent for Dr. M'Clellan. This was in the spring of 1823. Dr. M'Clellan enquired particularly whether I was under the care of any physician, and when I told him that I had not been for seven months, and that Dr. Parrish had given my brother-in-law to understand, *that nothing further could be done*, he took charge of me. The first thing Dr. M'Clellan did was to turn the lids wrong side out, (which nobody had done before) when he discovered a large roll or cluster of warts between each of the lids and the eye balls of both eyes. He immediately said that my left eye had been cut and burned on the front part of the ball, but that he should cut underneath the lids. Soon after, he came with four of his students, and cut away a large piece of fleshy substance from under both lids all the way round the left eye. I felt a great deal better immediately after, and the eye could work around in the socket as well as ever, instead of being confined and rubbed by the warts as before. About a week after, the doctor applied a piece of caustic all around under the lids; and in another week after that he applied a solution of the caustic with a pencil. About a month after the operation, I ran, accidentally, against the door, and jammed the goggle into my right eye—which rendered it, as the doctor said, incurable. The left eye, however rapidly improved, and my sight began to return. There was a thick scum before this eye which every body said looked like a mass of sore flesh. This scum gradually wore away under the use of a wash which the doctor prepared for me; and in the course of a year I could see to walk about. My sight has been improving ever since, and for the last two years I have been able to attend to business in the store, and to go all about the city as well as any body. I can see also to read coarse print, and to write my name.

“JOHN MOLLEDORE.”

“Race street, No. 55. April 20th, 1829.”



No. 2.

Case of MRS. LAWRENCE BROWN, (No. 70, South Second street, Philadelphia,) introduced in order to show that to differ in opinion from great authority is not always unjustifiable. [Referred to in the note at page 63.]

Mr. Brown states that Mrs. Brown had lost the sight of her right eye when an infant. Some years ago the sight of her left eye began to decline and gradually diminished, till Dr. Physick was consulted. He pronounced it a case of cataract and performed an operation, with a needle. She could see well enough at that time to find her way about the house; and after the operation she could discern objects for the first few days, when a severe inflammation of the eye occurred, which continued several weeks, and when it subsided, left the eye without any power of vision whatever, and the pupil closed. Some time afterwards, Mr. Brown expressed a wish to have a consultation with Dr. M'Clellan, which Dr. Physick at first discouraged, but finally agreed to, after examining the eye very particularly himself, in the rays of the sun. Dr. Physick expressed a decided opinion that the vision was totally destroyed, no power of perceiving even the direct rays of the sun remaining. He discouraged any hope from an operation, but agreed to meet Dr. M'Clellan in consultation. Dr. Parrish and Dr. Horner came with Dr. Physick to the consultation and agreed with him in opinion. Dr. M'Clellan alone expressing a belief that relief might be afforded by an operation. This was in November, 1823. The opinions of the older surgeons being opposed to the expediency of an operation, nothing was at that time done; but in the course of the ensuing winter Mr. Brown applied again to Dr. M'Clellan, and after some question of etiquette

had been disposed of between the doctors, he took charge of the case. The treatment was immediately changed, and the depleting and reducing system was discontinued; instead of which the patient was allowed a strengthening diet. In the spring of 1824, Mrs. Brown's strength being well restored, the operation for artificial pupil was performed by Dr. M'Clellan. The cataract which had been operated upon by Dr. Physick a year before, was quite discernible through the new pupil. A new operation became therefore necessary, in the performance of which her eye was found to have become watery, and liable to run out. Dr. M'Clellan therefore finished the operation by making a passage for the light through the centre of the cataract. Mrs. Brown suffered no inflammation from these operations. She very soon recovered very useful vision, and has been able since to enjoy most of the advantages belonging to the blessing of sight.



No. 3.

CITATIONS FROM SURGICAL WRITERS, READ ON THE TRIAL.

1. *Dr. Frick's "Treatise on Diseases of the Eye."*

Page 172. "It was the custom formerly, before submitting the patient to the operation for cataract, not only to subject him to the most rigid diet, but to order repeated purgatives, bleedings, &c. This practice being now found prejudicial, is entirely laid aside; for by weakening the constitution, it only renders the patient more irritable, and of course the more susceptible to the very inflammation it was intended to correct."

2. *From Cooper's "Dictionary of Practical Surgery."*

"There are three different operations practised for the cure of cataracts; viz. one termed *couching*, or *depression*, of which the method, called *reclination*, is a modification, as will be hereafter explained, another, named *extraction*, and a third denominated *keratonyxis*, which consists in puncturing the cornea with a needle, the point of which is to be conveyed through the pupil, so as to reach the cataract which is to be gently broken into fragments."—page 345.

3. *From "The Monthly Journal of Foreign Medicine. No. 12, for December 1828," page 531—532. Article taken from the London Medical Gazette—"Observations on Cataract by M. Dupuytren."*

"After having combated the diseases with which cataract may be complicated, (all of which M. Dupuytren states that he is far from having enumerated,) there remains for us to choose between the two methods of operating; for nothing can be less rational than to adopt either universally, and without reference to the circumstances of the individual case. In surgery, as in medicine, the same methods of treatment can not always be adopted in order to accomplish the same end: thus in cataract, the age of the subject, the form and size of the eye and its appendages, and various other circumstances, may compel the surgeon to have recourse to one form of operation in preference to the other. With regard to age, if we consider the state of the absorbent function, it will be apparent that we should prefer depression in children, and extraction in elderly people. In the former the vital functions are in all their energy; composition and decomposition are performed with astonishing rapidity—the absorption of the chrystalline commences almost the moment that it is detached; beside which it is never so hard at this period of life as in old age, and thus is less disposed to resist the powers of absorption. In old people again the act of composition and decomposition are sluggish; absorption in particular appears to have lost its energy, and the chrystalline is of remarkable hardness, and, of course, more slowly acted upon by the absorbents. M. Dupuytren states that he has known the lens perfectly untouched, although displaced for more than two years in elderly persons, who have died of complaints unconnected with cataract."

4. From "*Lectures on Anatomy, Surgery, &c., by John Abernethy, F. R. S.*" &c. &c.—*Vol. 2d. p. 329.*

"When he (Mr. Saunders) cut up a lens that was partly solid, and partly absorbed, he sometimes left portions to come into the anterior chamber of the eye, and he found that if any firm portion of the lens got into the anterior chamber of the eye, it produced inflammation; and therefore he seemed to think, that the better way was to cut the lens fairly, to let the aqueous humour out to commix with the cataract. He seemed to be of opinion, that where the cataract was a solid cataract, the extraction was far better than depression; and I have no doubt about it in my own mind, from the little I have seen."

5. From BEER.—*Vol. 4th, page 363, (as translated by Dr. Gross.)*

"I have always carefully dissected, whenever I had an opportunity, the eyes of those who had been operated on while alive, according to one or other of the methods to which we have just alluded; and, though there were some who had been operated on twenty years ago, yet I found almost invariably that the lens, whether alone or enclosed in its capsule, remained firm and undissolved, though it was evidently diminished in size. Membranous cataracts appeared but little shriveled, and although they had completely lost their tough consistence, and were converted into a hard white lump, yet in no case could I perceive the least sign of maceration. In a living person, I saw a cataract which had been depressed thirty years ago, by Hilmer (an oculist) rise again in consequence of a fall upon the head, it was small, angular, and floated from one chamber into the other, when the pupil was dilated; and after it was extracted, which was with the most perfect success, it appeared to be almost entirely osseous. In 1805, I extracted from the eye of a female aged forty, a very large, hard, yellowish-white cataract, which had been in the anterior chamber for twenty-six years, or ever since the patient was fourteen years of age. This circumstance (of the lens being in the anterior chamber) was occasioned by a violent shock of the eye, in consequence of a blow from the branch of a tree. Generally speaking, I have never yet seen a case, where even a semi-firm cataract was dissolved and absorbed, nor shall I believe in the possibility of such an occurrence, until I shall have seen a case illustrative of the fact."

6. From Sir Wm. Adams's "*Practical Inquiry into the causes of the frequent failure of the operations of depression, and of the extraction of cataract as usually performed; with a description of a series of new and improved operations.*" &c. &c.

"The size of cataract varies considerably in different subjects. In general, soft cataracts, particularly those of a dark colour, are extensive, both in their diameter and thickness. In a considerable proportion of cases, I have found this sort of cataract, when placed in the anterior chamber, either for extraction, or absorption, to occupy the whole of that cavity, so as entirely to obscure the iris from view; and this frequently, when that membrane has been of a large size. At other times it has scarcely filled two-thirds of its diameter."—p. 27.

"In young persons, in whom the *arterial system* is predominant, solid cataracts, it is well known, dissolve much more speedily than in old persons, in whom the *absorbent system* is in the greatest state of activity; which facts coupled with the immediate removal by absorption, of the milky or fluid cataracts, often being operated on, indisputably prove, that the facility of absorption in every cataract, depends upon its ready solution, and not on the activity of the absorbents. Hence, the obvious inutility of medicines and applications, whose action is confined to increasing the activity of the latter class of vessels, which, it is seen, are always active when the eye is in a state of health."—p. 54.

"The conclusion then to be drawn, from all the circumstances detailed, is, that incipient cataract can not be arrested in its progress, nor a confirmed cataract be removed by topical or general remedies, or any other means than an operation. Professor Scarpa has laid down a very judicious mode of preparing weakly and irritable patients for the operation of cataract, by advising cinchona and valerian, and the use of strong aromatic broths, for some time previously, in order to allay

irritability; and he remarks, that lowering means being employed on such subjects, by increasing their irritability, would render them more susceptible of inflammation after the operation.

“Admitting the accuracy of this doctrine, which my own experience fully confirms, it is evident, that rendering a weakly patient more irritable by the loss of blood, mercurials, blisters, &c., in the delusive expectation of effecting an impracticable object, is not only improper as far as affects the general health, but also in many cases, is in a peculiar manner detrimental, when an operation is to be performed, and conduces in the highest degree to its failure. (p. 112.) Upon the whole, then, it appears to me, that the chief recommendation of depression, consists in the entire disappearance of the cataract, by its becoming dissolved, and absorbed; but, that when depressed, without its capsule being ruptured, it will (as is proved by undeniable facts and authorities) remain for any number of years without dissolving, during which period it is liable to return into its situation, and thereby again cause blindness; or to pass through the pupil into the anterior chamber, where, if not extracted by another operation, it will occasion the most severe and acute sufferings, and the ultimate destruction of the eye.”

(Page 116, 117.) “Early in the commencement of the eighteenth century, a cataract having accidentally fallen through the pupil of a patient, into the anterior chamber, where it produced a great deal of irritation and pain, it was extracted by St. Yves; and in the following year, 1708, another operation of a similar kind, was performed by John Petit.

“It has been generally supposed that these are the first cases of extraction which have ever been performed; but this opinion appears to be erroneous.”

(Page 126.) “I have already adverted to my practice of extracting the opaque lens, after first placing it with the needle in the anterior chamber, in cases where its nucleus is so firm as not to admit of division. This practice originated, in having while at Exeter, in 1810, experienced the beneficial results of extracting floating pieces of capsule; and also from having (in the cases of undivided nuclei, mentioned in my work on Diseases of the Eye, which occurred to me early in 1812) witnessed the like favourable results, of extracting the nucleus of a solid lens, when, placed for absorption in the anterior chamber without division, it had excited a great degree of irritation, by its mechanical friction against the iris.”

8. *From Guthrie's "Lectures on the Operative Surgery of the Eye," &c. Second edition, London, 1827.*

Page 312.—“When the rising of the lens produces low irritative inflammation of the iris, from pressing against it, and this pressure continues, as is observable from the situation of the cataract, it is not only useless but dangerous to delay reintroducing the needle, and removing the lens to a more harmless situation. The idea of operating on an eye in a state of irritative inflammation will be, I am aware, alarming to many; but it must be recollected that it will be ultimately lost, unless relief be speedily obtained. We read indeed of cataracts redescending spontaneously after they had risen up from their new situation; but such things are not to be depended upon; and as to the solution of the cataract, the eye will be lost before half of either of these objects can be accomplished. The increase of inflammation, which will ensue, will change the character of the complaint, and render it amenable to vigorous treatment, by bleeding, mercurials, and counter-irritants, while the removal of the irritating cause will permit our remedies to act with effect.”

Page 314, 315. “The certainty, subsequently acquired, of the lens being the seat of the disease, induced surgeons to take more decided measures for its removal; and when by accident it had passed into the anterior chamber, through the pupil, the old operation of opening the cornea was once more had recourse to. St. Yves has a chapter on this subject, the twenty-first, in which the method of performing this operation is clearly expressed in the following words, &c.

“The first was done in 1707, before M. Mery of the Royal Academy of Sciences, on a merchant of Sedan, who came to Paris on account of a shaking cataract, which had passed through the pupil into the anterior chamber. It pressed so much on the iris, that it caused a very considerable pain in the head, and had deprived him

of sleep for three months. I had never heard of such an operation, but considering that I did not hesitate to open the cornea, to evacuate the matter of an abscess lodged behind it, I conceived I might do the same thing for the evacuation of a solid body, and I operated in the same manner."

Page 316.—"St. Yves, then, so far back as 1707, pointed out the proper course to be followed when an *entire* lens had accidentally passed into the anterior chamber of the aqueous humour."

Page 318.—"Platner says, if during the operation the lens have passed into the anterior chamber and remain, exciting pain and inflammation, an incision must be forthwith made in the cornea, and the lens extracted through this wound, either with a forceps or a little hook.

Chandler expressly notices the received opinion, in the following words—"It is said, that the cataract sometimes passes through the pupil and gets into the anterior chamber of the eye, in which case the lower part of the cornea is ordered to be divided, and the cataract extracted."

Page 394.—"The operation of extraction, or the removal of the opaque lens and part of the capsule from the eye, is a radical cure of the complaint, as it can not possibly return. It is performed in a very short space of time, and, when completely successful, causes the least disturbance to the internal parts of the eye, and is the most certain of all the methods recommended for restoring vision in this disease. Possessing these advantages, it is not surprising that it should have been generally adopted, that, it should have frequently been found to fail, that it should have been disregarded by some, repudiated by others, and at last, from greater attention being paid to the causes of failure, as well as to the varieties of the disease, more justly estimated by all."

Page 419.—"If both pieces are brought into the anterior chamber, they are also likely to cause irritation on the iris, although not to the same degree; and it will frequently be advisable to remove them by a small opening in the cornea, which ought always to be done shortly after the displacement, when the lens has passed whole, from its resisting the knife, through the pupil into the anterior chamber."

Page 151.—"When the injury of the cornea and iris is attended by a displacement of the lens, so that it protrudes into the pupil, or has passed into the anterior chamber, it should be extracted by making an opening into the cornea of sufficient extent to allow of its being seized and drawn through it by a hook. This practice is imperiously necessary in persons advanced in life, on account of the hardness of the lens, whilst in children it may be dispensed with when evidently soft, and in the anterior chamber. The consequence of its remaining and distending the pupil, when hard, will be general inflammation and suppuration of the eye-ball."

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