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## PROSECUTION FOR ALLEGED MALPRACTICE.

ANDERSON ET UX. VERSUS N. O. WALKER, M.D., PORT DOVER.

This was an action brought against Dr. Walker of Port Dover, to recover damages in a case of inversion of the uterus. The trial took place at Simcoe, and we are indebted to Dr. Clark of Princeton for the following report of the case.

Dr. Walker had been called to attend a Mrs. Anderson of Port Dover, on 6th October, 1870. The case had progressed rapidly, and, to all appearance, satisfactorily, with the exception of severe flooding a short time after the birth of the child. Dr. Walker attended Mrs. Anderson until the 14th of the same month, when he was dismissed, and Dr. Stewart, of the same place, called in. Dr. Stewart refused to prescribe for her without consultation, and suggested that Dr. Covernton of Simcoe should be sent for. He arrived shortly afterwards, and his account of the case has been already published in the June number of the *Lancet*. Dr. Walker, in his evidence gave substantially the following history of the case.—

I was summoned to attend Anderson's wife on the night of the 6th October, 1870. I found the patient in strong labour pains, presentation natural, and the head in the vagina. After a few strong, long, expulsive pains, the child was born. I had only to support the perinæum. After bringing about full

respiration in the child, I separated it from the mother. Perhaps two or three minutes elapsed from birth until separation. I applied the bandage loosely around the hips of the patient, and in fifteen or twenty minutes proceeded to remove the placenta; found it lying in the vagina. I removed it with little difficulty, and when expelled, some well-formed clots followed. While the right hand was in the vagina, I had the left over the pubes, or uterine tumour, which was moderately firm. I called one of the nurses to keep up pressure on the uterus, while I cleared the bed of placenta, &c. After washing my hands, I relieved the nurse, and tightened the bandage over the body. The uterine tumour was now firmer, and more distinctly felt. After making the patient dry and comfortable in bed, I retired into an adjoining room, and visited the patient occasionally. All seemed to be progressing well. The patient asked me to give her something for after-pains. I explained to her that I wanted her to have four or five good pains before I gave her any, as I feared hemorrhage. I feared hemorrhage, as the patient appeared a delicate, anæmic person, and one in whom the fibrin might be deficient, and I had not given ergot, as labour came off so quickly after my arrival, that I could not prepare it in infusion, the form in which I usually administer it. I retired again for some fifteen or twenty minutes longer, nearly three-quarters of an hour or an hour having elapsed since labour. I visited her again, preparatory to prescribing some powders for after-pains, which were now more severe, and preparatory to going home. I found the patient leaning on the shoulder of the nurse, and when I felt her pulse, found her sinking; I raised the covers and found copious hemorrhage. I at once lowered the head of the patient, called for some brandy, and administered a large dose of brandy with opium and acetate of lead. I had the window raised, and all covers removed, except a thin cotton sheet. I then proceeded to make a vaginal examination; putting my hand on the outside of the bandage, I felt the uterus firm, and as I was about introducing my hand I saw that hemorrhage had ceased. I did not examine then for fear of disturbing any clots that might have formed, and to which I attributed the cessation of hemorrhage. I directed my attention to the patient, administering brandy freely and prepared ergot; sent for my galvanic battery, fearing return of hemorrhage, when the patient rallied. She rallied

slowly, and there was no return of hemorrhage, nor any cause to justify me in making a vaginal examination. I remained with her all night, not leaving her more than five minutes, while I went to the office for some drugs. In the morning I left her in charge of the nurse, and diminished the amount of brandy prescribed. I returned frequently during the day, and found the patient as well as could be expected. I used the catheter in the evening, withdrew the Lead and gave Dover's powder and Tannin. The patient complained next morning that the brandy and powders made her thirst intolerable, and I next day (second day after confinement) prescribed liquor ammonia acetatis with excess of ammonia, and withdrew the brandy. I used the catheter twice daily, and gave powders only night and morning. Added next day, digitalis to the mixture. The patient progressed fairly, and wished me to allow her to get up to stool, as she thought she could void her urine if allowed to do so. I refused permission, telling her the danger. On the night of the 12th I ordered her a dose of oil. I called next morning about nine o'clock, and found the patient in bed; distressed expression of face, pulse quick and irritable, she complained of stricture of the throat, in short, hysterical symptoms. I found the oil had operated strongly, and while at stool a large clot passed from the vagina, and the patient said she thought "every thing would pass from her." Found she had used the stool out of bed, and had sat up upon a chair, and changed her clothes. I was much embarrassed, but added tinct. moscha, and spiritus æth. nitrici to mixture, and cheered the patient, hoping a good sleep would restore her (she had not rested during the night previous). I called again in the evening of the 13th, and found no improvement, I added a full dose of morphine, and called next morning, the 14th, and found symptoms worse, intending to ask for a consultation in case the patient was no better at the next visit. \* \* \*

Mrs. Anderson (the patient) gave her evidence in a very candid manner, and corroborated Dr. Walker's statements, with the exception of a denial of the number of times the medicines were administered, and denying that any examination was made over the abdomen, or per vaginam, after the night of the birth of the child. She asserted to a feeling of incessant pain and bearing-down, as if something was about to come away from her.

She spoke about "a clutching" of the bowels by the Doctor when she was flowing; and when she exclaimed, "Oh! Doctor, I shall die," Dr. Walker replied, "Yes, you will, if the flooding does not stop; you are flowing to death." She spoke of a "jerking of the cord," but denied forcible traction being used. She said that the Doctor did *not* forbid her to leave the bed to go to stool, and that these feelings of an absence of "something" in the abdomen were from the time of labour.

Dr. Stewart, who was called by the plaintiff, stated it was his belief that complete inversion of the uterus took place *at, or shortly after* labour. He believed an examination should have been made soon after the time of labour.

Dr. Hodder, Toronto, deposed to having attended about 7,000 cases of labour, and never had a case of inverted uterus. It was so rare in practice that its occurrence would never enter into a practitioner's mind, unless more than ordinary symptoms supervened, which would point out that such a change *might* have taken place, as indicated. If he found, as stated by Dr. Walker, by pressure on the abdomen, a contracted uterus above the pelvis, after the expulsion of the placenta, he would not dream of their being an inverted uterus afterwards; even from the assertions of Mrs. Anderson at the time, for her exclamations were such as are often used by women in the pangs of natural labour. If there was swelling of the bowels after a few days, he would likely have made an outward examination, fearing puerperal peritonitis. He did not think it would have been wisdom for Dr. Walker to have made a vaginal examination, immediately after the flowing, on a mere supposition of an inversion of the uterus, if he felt the uterus *in situ*, for it might have resulted in a removal of clots and a return of hemorrhage, and would have been bad practice. Taking the evidence of Mrs. Anderson as true, he heard nothing to show neglect or unskilfulness in the treatment. He believed that the inversion took place when the patient was at stool on the 13th October.

Dr. Workman, Toronto, corroborated to a great extent what Dr. Hodder had said. He said that the evidence of the nurses was of no account in such cases, as they were not competent to judge. He explained to the Court what an inversion was, and how it might take place some time after labour, when relaxation of a partial kind took place, and after the uterus had emptied its

contents. At that time contraction of a section of it, say the fundus, might take place by pressure on it, by the abdominal walls, in straining at stool, or by the want of tonicity in the organ itself. A flaccid state of that organ might cause inversion, or be the *occasion* of it, by a subsiding of the uterus, in the first place, by its own weight towards the *os uteri*. Inversion might take place at any time after labour; but so rare was the occurrence, that it would require *something more* than usual symptoms to excite suspicion of such an event having taken place. He could not infer from the statements of the witnesses of the plaintiff, that Dr. Walker had done, or neglected to do, otherwise than that which was according to good practice.

A good deal of extraneous matter was introduced in the examination, but the above is the substance of the evidence. The two nurses of Mrs. Anderson (mother and mother-in-law) were examined, but their evidence had little bearing on the cardinal points at issue. Dr. D. Clark, of Princeton, was subpoenaed by defendant, but his evidence was not thought necessary after the clear and decided testimony of Drs. Workman and Hodder. Mrs. D. Walker (sister of the plaintiff) substantiated what Dr. Walker had said in regard to "cautioning" Mrs. Anderson *not* to use the stool on the 13th of October. She said that Mrs. Anderson told her so.

It will be seen by the evidence that the chief question was as to the *probable* time when inversion took place. Did it take place at or within a few hours after labour? Was it, if so, at that time, *partial* or complete? If not, did it take place on the 13th? In no case can a valid charge be made, unless it was complete at first, and no correct diagnosis arrived at while the inversion was recent. As the case is likely to come up again before a jury, we pass no judgment upon it at present. A question arose during the trial as to the weight to be attached to medical testimony, based upon the statements of witnesses and not known facts, to the medical witnesses. Judge Wilson said that in cases of that kind, it was looked upon as if these Drs. had been in council with the parties whom they defend, and had (as it were) given medical advice in the case. He (the defendant) had done as they would have done, had they been present in consultation. That was the position in which such witnesses stood.

The damages claimed were \$2000, and the jury gave \$275. A new trial has been applied for by Dr. Walker.