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"PALMAM QUI MERUIT FERAT."

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R E P L Y

BY

J. L. LUDLOW, M. D.,

TO A PAMPHLET ENTITLED

"CORRECTION OF THE ERRONEOUS STATEMENTS OF HENRY H. SMITH, M. D.,  
PUBLISHED IN THE MEDICAL EXAMINER, JANUARY, 1855, IN RELATION  
TO A CASE OF GASTROTOMY WHICH OCCURRED IN THE  
PRACTICE OF WASHINGTON L. ATLEE, M. D."



PHILADELPHIA:  
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1855.



# C A R D

TO THE

## MEDICAL PROFESSION.

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I REGRET that I am compelled to make this reply, especially as in the beginning this controversy was of a purely private character, and the profession should never have been troubled with it. But self respect, and my high regard for my friend, Dr. Henry H. Smith, induce me to throw myself upon the candor and generosity of that profession to which I have devoted my life. Dr. Smith and myself have been placed in false positions by Dr. Atlee, and Dr. S.'s name appended to his pamphlet evidently for sinister purposes. The pamphlet of Dr. Atlee was distributed\* among members of the Board of Trustees of the

\* I ought to mention here, that neither Dr. Smith nor myself had any knowledge of the publication of the pamphlet, *though directed against both of us*; nor did I receive a copy of it until May 5th, three days after the Medical Association had adjourned, and five days after it was issued from the press. Dr. Smith accidentally happened to visit the Secretary of the Board of Trustees of the University, when he found him reading it. I having heard of the publication, also accidentally, immediately addressed the following note to Benj. Gerhard, Esq., one of the Board of Trustees:—

PHILA., May 1, 7½ P. M., 1855.

B. GERHARD, ESQ.—

DEAR SIR: I learn with much surprise, that a pamphlet by Dr. W. L. Atlee, relating to a publication made by Dr. Smith, *on my authority*, has been circulated among the Trustees, on the eve of an election in which Dr. Smith is interested, I desire to say to you, and ask you to say to the Board of Trustees (if it appears to you desirable to do so), that *I am answerable* for the statement referred to in the pamphlet, and intend to show its correctness at an early period. I exculpate Dr. Smith from Dr. Atlee's charge, and wish the Board to give no credence to it.

Resp'y yours,

J. L. LUDLOW,

12th and Cherry.



University of Pennsylvania (all of them, with one exception, not of the profession), only a few hours before the meeting which was to fill the Chair of Surgery in the University, for which Dr. Smith was a candidate. In addition to this, Dr. Atlee, with his *accustomed good taste*, endeavored to distribute his pamphlet among the members of the American Medical Association then in session, by placing a boy at the foot of the stairs, and handing a copy to as many as possible, when he was detected by two of the Committee of Arrangement, and driven from the door—a rebuke which Dr. Washington L. Atlee must have felt if his conscience has not become seared by his unprofessional conduct, and ungentlemanly behavior.

J. L. LUDLOW,  
12th and Cherry.

Philadelphia, May 12, 1855.



## REPLY.

“Oh! that mine adversary had written a book!”

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IN a pamphlet entitled “Correction of the Erroneous Statements of Henry H. Smith, M. D.,” published in the *Medical Examiner*, Jan. 7, 1855, in relation to a case of Gastrotomy which occurred in the practice of Washington L. Atlee, M. D., which appeared on the afternoon of May 1st, 1855, only two or three hours before the meeting of the Board of Trustees of the University of Pennsylvania—at which time Dr. Smith was a candidate for the vacant Chair of Surgery in the University—and circulated among some of the members of the Board, evidently for the purpose of defeating his election, I am made to bear a prominent part. It is unnecessary for me to make any comments upon this insidious, contemptible, and mean transaction, as the Board treated the pamphlet and its author as they so richly deserved, by passing them by in silent contempt, and electing Dr. Smith to the vacant chair.

In the introductory address to the medical profession, Dr. Atlee appears to give his reasons for intruding an entirely private correspondence and transaction before the public; how far he is justified in all he says, let the sequel determine. I will confine myself almost entirely to my part of the correspondence and transaction, and leave it to Dr. Smith to make his own statement, as he is amply able.

The whole of this pamphlet arose out of an article in a report of a case of Gastrotomy upon which Dr. Smith operated, and as detailed in the January number of the *Medical Examiner*, 1855. At the close of the article in question, Dr. Smith makes the following remark:—

“Although these references show that the errors of diagnosis

in abdominal or supposed ovarian tumors are not rare, there is, I fear, reason to think, that if all the errors had been published, the number would have been much augmented, two cases having come to my knowledge in which there was no tumor, though the operator was very explicit in stating the infallible signs of its existence prior to the operation. Where truth is stated and facts multiplied by publication, a correct result must be obtained in any question, and it is to be hoped that no surgeon who feels justified in performing ovariectomy will hesitate in placing his operation on record for the benefit of the profession, no matter what may be the result. He who is not conscious of having made an error of diagnosis, must either have been deficient in opportunities of investigating and treating disease, or be wrapped in an impenetrable mantle of self conceit."

In the month of March, two months afterwards, Dr. Atlee suddenly awoke to the reality that something had been said in what he has, with his accustomed conceit, considered his peculiar domain, and which I think the profession will not desire to take from him, especially where he has gained such unenviable notoriety, and in which I shall, before I conclude, prove him to be both unscrupulous and treacherous. In a note dated March 8, 1855 (see his pamphlet, p. 5), he calls upon Dr. Smith to give him the names of the operators, upon a purely scientific ground, viz: to record the facts.

The reader will perceive, by reading Dr. Smith's paragraph in the *Examiner*, above quoted, that no names had been mentioned, but a general fact stated. Dr. Smith, in his note of March 9 (see Dr. A.'s pamphlet, p. 5) to Dr. A., gives his reasons for not mentioning names, and so declines. It may be well here to remark that Dr. Atlee is entirely ignorant of the operators; and the editor of the *Medical Examiner* himself was not aware who were the operators referred to in Dr. Smith's communication.

In Dr. A.'s note to Dr. S., of March 10 (see pamphlet, p. 6), the object, Dr. A. would make us believe, is purely scientific; and, to get at details of the operations, but near the close of the letter, he calls upon Dr. Smith to disclaim any reference to him, and shows his colors, and remarks that, "My position with regard to this operation has led some members of the profession to receive such an impression from your remarks." This, to say



the least of it, evinces no small share of his prominent characteristic of self-conceit and impudence.

If Dr. Smith had refused to hold any further correspondence with him, he would only have received what he deserved; but Dr. Smith, to gratify his pretended zeal in the scientific portion of the inquiry, referred him to me as the author of his information in one case; and here the correspondence between Dr. Atlee and myself commences.

By referring to his note in his pamphlet, directed to me March 13, 1855 (p. 7), it will be remarked that Dr. Atlee does not *ingenuously* quote to me the whole paragraph to which he refers in the *Examiner*; but only enough to mislead me, if I had not had a copy of the *Examiner* at my elbow. This is the quotation: "Two cases have come to his knowledge in which there was no tumor, though the operator was very explicit in stating the infallible signs of its existence prior to the operation." The *whole* paragraph reads differently, as can be seen by referring to the whole quotation from the *Examiner*, and upon the fifth and sixth pages of this pamphlet, and to which I distinctly called the attention of Dr. A. in my note to him March 14 (see his pamphlet, p. 7), and which Dr. Smith corroborates in every particular.

Here is a specimen of Dr. Atlee's truthfulness in correspondence, and especially upon a scientific point, *to arrive at facts!!* Verily, the doctor has the audacity to think that he can cut as high antics with the English language as he does usually with his Scalpel, Speculum Vaginæ, and Caustic. I would, by way of hint to his correspondents, advise them to keep copies of all their correspondence with him, as, perhaps, on some occasion he may make them tell such stories of themselves as may rival the *Mysteries of Udolpho*. In addition to calling his attention to the paragraph, as seen in my note to him of March 14 (see his pamphlet), I distinctly tell him that I refer to *ovarian tumors*; and to this I beg the particular attention of the profession, as they will then see how he attempts to throw odium upon me in the correspondence he has with his old students and the dentist Parry, whom he addresses upon the subject, and makes me say there was *no tumor*, when I have distinctly said to him *ovarian tumor*, and corrected his note to me.

Upon the receipt of my note of March 14, Dr. A. addresses



Dr. Smith, March 14 (see pamphlet, p. 8), and *acknowledges* that I refer to *ovarian tumor*; and yet, in addressing his correspondents for testimony, he evidently leads them to believe that I said *no tumor*, as any one may judge by referring to their letters (see Dr. A.'s pamphlet.) Here, again, is another specimen of his scientific zeal! truthfulness! and honor! Dr. Smith, in his reply to the note of Dr. A., March 15 (p. 8, pamphlet), distinctly tells him that *he* has misapprehended the paragraph in the *Examiner*, and that it can mean nothing else but *ovarian tumor*. After Dr. A.'s again addressing Dr. Smith in March 15 (see pamphlet, p. 9), in which he argues the question with Dr. Smith, notwithstanding his asking Dr. Smith to interpret his language, and which Dr. S. has answered as he meant to be understood, and as the paragraph reads,\* he throws aside the question of publication of the case, and demands Dr. Smith to contradict his own language. He addresses me, and calls upon me to contradict the statement in regard to the *ovarian tumor* (which I could not do consistent with truth), and declares that I have placed him in a false position before the profession (see his pamphlet), and this, too, in a private correspondence between Smith, Atlee, and myself, when Dr. A.'s name had never been mentioned in any journal, and, as I have said before, not even known by the *Editor of the Examiner*.

In a note, dated March 14 (see his pamphlet, p. 12), Dr. A. again addresses me, and denies having made the diagnosis which I attribute to him, and refers to his diary, where he quotes that "the examination was made hastily" (and yet his correspondent,

\* It is worthy of note, though it more properly belongs to Dr. Smith (see letter from Atlee to Smith, March 15, pamphlet, p. 9), that, in quoting from Dr. Smith's article in the *Medical Examiner*, Dr. Atlee displays his usual fairness!! by only quoting Lizar's, Bright's, and Dolhoff's cases, which answer his purpose, and omits Dieffenbach's, which is against him, but which is in the same category. What sophism!!! Verily, he thinks that the profession have never studied logic, or the principles of reasoning—a compliment, I declare!!!

Under the fifth head of this letter he quotes: "Dr. W. L. Atlee refers to two hundred and twenty-two cases of ovariectomy, in six cases of which there was *no tumor*," and then demands the right to explain his own meaning; "and that is, that, by *no tumor*, I mean the non-existence of any tumor of any kind." This is certainly the coolest piece of effrontery I have ever met with, and should be preserved among the curiosities of literature. He denies that Dr. Smith *has any right to interpret his meaning, and demands it for himself*. It would be well for Dr. Atlee to remember the old Latin proverb: "Peccatis veniam, poscentem reddere rursus."

Parry, says he told him it was made carefully), and says that "he was of opinion that it was a fibrous tumor of the uterus."

Dr. A. then refers me to where he says he published the case, and, upon referring to his tables, I find that, according to his own showing, by referring him back again to his tables, that he declares that the case was not "yet published;" though by a foot-note he tries to convince the profession that, by merely recording the case, he published it. How much value the mere recording a case without publishing the details has, I leave the profession to determine.

Upon the receipt of the note of the 14th March, I reply fully in my note of the 16th (see his pamphlet, p. 12), in which I reiterate my assertion, and dwell upon the assertion Dr. A. makes, that the operation! was only *exploratory*. It may be well here to refer the reader to Dr. A.'s own account of the case at the close of his pamphlet, where he admits "*that he first made an incision to within two inches of the umbilicus from the pubis, and afterwards extended it to the umbilicus, and this in an exploratory operation!*" when all would suppose that the first incision was large enough, in all human understanding, to *explore!!* But, the very fact of his making so large an incision, must convince every candid reader that he was fully convinced that it was an *ovarian tumor*, and that he could remove it.

But to return. I distinctly, in my note above referred to, tell Dr. A. why I had reason to suppose (as I have from his own tables shown) that the case was not published, as I had the details of it in my possession, and have never published them.

The reasons for *my* not publishing the case at the time were briefly these. After the operation! (as Dr. A. calls it) was performed, and as Dr. A. has shown in his statement at the close of his pamphlet, with all the horrible display of nearly all the intestines coming out upon the parietes of the abdomen, and his entire want of knowledge of diagnosis (for, be it remarked, that when we come to analyze the grounds of his diagnosis in his cases generally, it is entirely upon the ground of *Probabilities*; for, the ovary existing, as it does, in each iliac region, and being the only bodies in those regions which generally do enlarge, therefore the *Probabilities* are, that when tumors exist in those regions, the ovaries are the bodies enlarged, and, as a matter of course, a pure guess would do as well as



scientific diagnosis, were not human life of far more value than Dr. A. puts upon it). I say that after all that had occurred, upon mature deliberation, I determined not to publish the case, unless I could do so with *severe strictures* upon his want of diagnostic acuteness, the terribleness of incising the abdominal parietes, and the great danger to the patient. I felt perfectly certain that Dr. A. would not permit this in the account *he* wished to give the profession of it, and especially as has now been disclosed, since he desired to make all suppose that the operation was merely *exploratory!!!* Besides all this, Dr. A. and myself were upon good terms at the time, and the case being purely a private one, and my own, I did not feel inclined to commence a warfare with him upon so tender a point. I feel now, that by my not publishing the case at the time with *my strictures*, I have done wrong to the profession and to the cause of humanity; for, perhaps, had I done as I should, I might have stopped Dr. Atlee in his wild career, or put patients upon their guard against his vaunted diagnostic powers in such cases. Be this as it may, I now can offer the only satisfaction to the profession and the world by acknowledging that my private feelings overcame my proper judgment; and, as the subject is now open, I will do all in my power to stop him in his heedless course of eviscerating females with as little impunity as he would an animal.

It may be well here, for a few moments, to show my readers how this controversy was started. During the past winter, Dr. Smith, as seen in the *Examiner*, operated upon a patient at the Philadelphia Hospital for *ovarian tumor* when there was none, but one of a different character (*viz: omental*), and could not be extirpated. In conversing with Dr. S. upon the subject, I mentioned, in passing, that he was not the only one who had been mistaken in their diagnosis, as the books would testify, and as I could bear witness in a case of my own, where a practitioner, who prided himself upon his acute diagnostic powers, had, after two examinations, both externally, *per vaginam* and by Simpson's uterine sound, come to the conclusion, and, after endeavoring to instruct me in diagnosing such ovarian tumors, actually operated, and found, to his great surprise, that the tumor was *uterine*, and could not be removed; and as my note of March 14 (see his pamphlet) states that, to my knowledge,



the case had never been published, although it appears Dr. A., as said before, had merely made a record of it without giving its history. As I have remarked before, the whole of this was a private affair, and Dr. Smith only knew to whom I referred, and the profession were as ignorant of all of it as babes unborn.

I must beg pardon of my readers in my apparent digressions, as I am compelled to do so from the fact that Dr. A. in his purely scientific zeal!! *to get at facts*, pursues so vermicular a course, dealing in episodes so numerous, and abuse so wholesale, that, to show him up in his true light, and to place him in his *Proper Position* before the profession, I must follow him closely, and prove him to be, "Like one who, having, unto truth, by telling of it, made such a sinner of his memory, to credit his own lie."

In the note of Dr. Atlee to Dr. Smith, of March 29th (see pamphlet p. 15), where Dr. A. says that I accuse him of professional dishonesty in the *Examiner*, when no person but Dr. S. and myself were cognizant of the person referred to, as I have shown before, after all this, which is purely his own inference and the goadings of a conscience still somewhat tender!! he makes the following observation, "exhibits a deeply laid *scheme* which commenced with Dr. Ludlow previous to the operation, which has been maturing ever since, and which he had fondly expected to *consummate* through you in the pages of the *Medical Examiner*." This, to say the least of it, is simply ridiculous. Dr. A. has become so accustomed to "appeal to his imagination for his facts," that his reason runs rampant. The operation was performed *five years* since, and he certainly does pay a great compliment to my prescience and omniscience, to suppose that I should know that five years after I would have Dr. Smith and his operation to act as a torpedo to *blow him up*. I cannot accept such a compliment, for I am nothing but a human being, without even the power to diagnosticate *certainly* an *ovarian tumor*. If I possessed the one-half of the skill in exploding *mines*, which Dr. A. attributes to me, I should feel perfectly justified in offering my services to the Allies in the Crimea, before Sevastopol, and dispel the doubt of the taking of that stronghold.

Dr. A., after making the above assertion, then goes on to state (see his pamphlet, p. 15), "not that I think an error of diagnosis respecting the *character of the tumor* in the operation

of gastrotomy is of *great importance*," and refers Dr. Smith to his article in vol. 9, *N. S. of Am. Jour. of Med. Sciences*, April, 1845, pp. 323, 4, 5. (I would here remark that it is foreign to the present controversy to go into the whole subject of gastrotomy, and the unscrupulous manner in which it has been performed, but merely to draw the attention of the reader to the above assertion of Dr. Atlee, that the diagnosis respecting *the character of the tumor* in the operation of gastrotomy is *not of great importance*, and leave the profession to judge of the character of Dr. Atlee as a surgeon, who can look upon the ripping open of the human abdomen and perilling human life, with as much indifference as in pulling a tooth.) In the April number of the *American Journal of Medical Sciences*, Dr. Atlee gives a synopsis of 30 cases of ovariectomy occurring in his practice, and in the May number of the *Medical Examiner*, the editor reviews it (I would advise all who desire to become acquainted with his success, &c., despite the fact that Dr. A. does not state *all the facts and just causes of death* in those cases), and I think they will come to the conclusion of the reviewer, that "with these facts before us we think it is the bounden duty of the profession to discountenance ovariectomy. One of the most frightful operations in surgery, its want of success even when performed by an expert!! (*exclamation marks my own*), will, we trust, add still further to the *odium* which has heretofore attached to it." In the above criticism of the reviewer the medical savans of Europe fully coincide, and upon this point Dr. Atlee will find that he will have to "weather Cape Horn in the winter season."

But the whole subject of gastrotomy should be taken up at length and fully discussed, with all the data and opinions of medical men of all countries, and treated upon scientific grounds, &c., which I cannot do, for obvious reasons, in the present case.

We have now arrived at what Dr. A. calls "The Testimony." I shall for the present pass over the bold, self-conceited, and illegitimate conclusions of Dr. A., in page 18 of his pamphlet, and make my deductions from "The Testimony," after I have examined it, and, I think, prove conclusively that Dr. A. has rather too soon flattered himself with "nailing to the counter the charges and interpretations made against him," and I once more demonstrate "*That truth crushed to earth will rise again,*"



and make *all his conclusions* as “*empty as the baseless fabric of a vision.*”

I will commence by stating, that I was so confident that Dr. A. was at fault in memory, that I addressed letters to Drs. Spackman and Taylor, and ingenuously sent copies of their replies (see his pamphlet, p. 14) to Dr. Atlee,\* for these gentlemen both being physicians, and invited to be present, and who were present during the whole time, and heard everything that was said by Dr. Atlee to all of us, I thought it would set the doctor right at once; but no, assuming that he never can be mistaken in his diagnosis, and that it is sacrilege to say so, when we do know, by his own showing, in the *American Med. Journal*, April, 1845, that he has been mistaken. He at once addresses notes to these same gentlemen, and tries evidently to extort from them the acknowledgment that they heard him express an opinion as to the *doubt in his mind* in regard to the tumor. But by referring to their letters in “The Testimony,” (see his pamphlet, p. 20, 21), they will do no such thing; they are made of better stuff than to be twisted and turned as the weathercock upon the steeple, and he is compelled to resort to his old students, and the Dentist Parry *whom he had invited*. It is well to remark that in all my correspondence with Dr. A. (see his pamphlet), and as Dr. A. acknowledges in his account of the case (at the end of his pamphlet), that I say distinctly that he expressed his opinion and his certainty of the tumor being *ovarian* at the *two private examinations* (he says one) with me alone, and I do now say that he said nothing to either Dr. Spackman, Taylor, or myself, in regard to his doubts, on the day of the operation, and consequently they did not hear it; nay more, I go further, and say that if his students and Parry could have heard it, we certainly could, and that they never heard anything of the kind.

But for the sake of argument, we will grant that they heard what we did not hear, and see the position Dr. Drysdale, his

\* I here would merely refer the reader to the *peculiar* circumstance, that I, whom Dr. A. accuses of fabrication, took the trouble to send Dr. A. copies of all the letters I received from the gentlemen I invited to the operation, but Dr. A. never (in his desire of purely getting at facts!) sent me any copies of notes from his friends, that we might canvass the matter privately and carefully. I had observed the ordinary courtesy among gentlemen, and had reason to suppose that Dr. A. would observe the same. I might have known better.



first witness, places him, in his over-anxiety to bolster Dr. A., and which is emphatically italicized in his note (see his pamphlet, p. 21). "*That the case was an obscure one; you considered the tumor to be solid and fibrous; that you did not believe it to be ovarian, but uterine; that the operation would be exploratory; that you thought the tumor could not be removed.*" What an acknowledgment! that you thought the tumor was uterine, and could not be removed, and yet you opened the woman first to within two inches, and afterwards to the umbilicus, and all this exploratory!!!

Comment appears to me unnecessary. All know the Dr.'s vaunted superiority in diagnosis in such cases, and here he opens a woman from her umbilicus to her pubis, for what? merely to gratify a prurient, childish, reckless curiosity. I have been gracious enough to set his failure in this operation to mistake in diagnosis, but he and his friends have chosen the other horn of the dilemma, and I am willing he shall hang there, writhing in mental anguish o'er the dark retrospect.

Verily, Dr. A. may exclaim, save me from my friends, when they only make him appear still more a pitiful object of contempt.

But I have not done with Dr. Drysdale's letter yet. Look how ingenuous! Dr. A. deals with his friends; yes, Dr. Drysdale, his chief witness. He evidently sends to him the same garbled note which he first sent to me, March 13, 1855, and which I have corrected over and over again in all our correspondence (for, be it remembered, that it is Dr. Atlee and Dr. Ludlow that now are in question), and Dr. Drysdale tells in his note what we all know and all acknowledge, viz: that there was a tumor, but not an ovarian.

Upon this letter I ask the candid judgment of the profession whether my inferences are not perfectly legitimate?

We now come to Dr. A.'s second witness, Dr. Parry. The very first paragraph of Dr. P.'s letter shows that the same stereotyped garbled letter of there being "no tumor," has been addressed to him (see his pamphlet, p. 22), at which he expresses his surprise; this I have shown before to be a fabrication of Dr. A., and shall not discuss it again. Now let me examine what Dr. Parry remembers (see pamphlet, p. 22). "You came down to the room in which a number of medical gentlemen were waiting, and (as is your usual practice), stated that you had previously carefully examined the case, but that the diagnosis

was not very clear," &c., &c. (see pamphlet, p. 22). In the first place, I positively deny that Dr. A. did come down to any room, and tell us any such thing; for, as I shall prove by the deposition of Mr. Davis—

*City of Philadelphia, ss.:*

Personally appeared before me, an alderman of said city, Thomas H. Davis; who, being sworn, does depose and say, that he was an occupant of the house and barber shop at the N. E. corner of Eleventh and Race streets at the time of the operation upon Dianah Smallwood, and that he has occupied the said premises ever since. He also says, that from that time to the present, the house has never been altered or changed in any manner whatever; and that on the first floor on the right side of the entry, is deponent's shop, occupied as a barber shop; and on the left side is the kitchen or sitting-room, combined, and that they were so occupied at the time; and that on the right-hand side up stairs, is deponent's parlor, and on the left, the room in which the operation was performed, and that there are no other rooms upon either story, and have never been.

THOMAS H. DAVIS.

Sworn and subscribed before me this seventh day of May, A. D. 1855.

WM. P. HIBBERD, *Ald.*

That there was no such room to go to in the house; that on the one side of the entry was a barber shop, and on the other a kitchen or sitting-room combined (the operation was performed at 11½ o'clock when they were busily cooking), and no other rooms; and that up stairs was a parlor, and the back room where the operation was performed, and we were all together in the parlor, and Dr. Spackman, Taylor, *Hulshizer* (Atlee's student), and myself could have heard everything as well as Dr. A.'s other students, and Dr. Parry.

It will be remembered that in Dr. A.'s note to me (as he says copied from his diary), he says "the examination was made hastily;" and yet Dr. Parry says, "you said you had previously *carefully* examined the case;" as a matter of course I will not attempt to explain the discrepancy from the diary!—Dr. A. and Dr. P. may settle that. Of one thing all must feel certain; that this diary must be a wonderful book, perhaps interleaved, or with lines so far apart that it can record anything in any way, to suit the occasion. Dr. Parry then dismisses Dr. A. (see the pamphlet) with a quite laudatory encomium, which no doubt has flattered Dr. A.'s vanity, and placed Dr. P. high in Dr. A.'s estimation.

The next letter is that of Dr. Evans, one of his students. After



stating that his recollections were not definite, he says: "*I think* (the italics are mine) *you stated explicitly that the diagnosis was obscure, that you supposed the tumor to be uterine, and nothing but an operation could reveal with certainty its true character;*" and afterwards states that "the operation was safely and dexterously performed." Pray what operation? certainly not removing the tumor, for he a little below says "the tumor could not be removed." No, the operation was not performed at all. The cutting open of the abdomen from the umbilicus to the pubis was done, but no operation of ovariectomy; and I may here remark that the simple incising of the abdomen any tyro can do—it is the simplest thing in surgery, as regards *the act*; but all *discreet surgeons* look at the *consequences of such a wound*, and judge accordingly.

The third witness Dr. A. produces is another student, Dr. Hulshizer. This gentleman has received the same garbled note which I have referred to before (and here, in passing, I ask, why does not Dr. Atlee publish the notes he addressed to his witnesses?) and says: "From *your* statement of the case," &c. (see his pamphlet, p. 24), he says he can confidently contradict Dr. Smith's statement (see pamphlet, p. 24), which I have shown before Dr. Smith or myself never made. *He* got all his information from Dr. Atlee, from that *old garbled note*. This gentleman, it appears, has not as *convenient a memory* as the other witnesses, and remembers nothing about the statement as to the character of the tumor, or the exploratory operation!! though *he was present and heard all that was said*.

Dr. Schaffner, in his letter to Dr. Atlee, merely states (see pamphlet, p. 24), "that you were by no means certain of your diagnosis," but shortly afterwards says that "it proved to be fibrous tumor of the uterus, as you stated it *might be*." Dr. Drysdale, as before, states (see his letter), "that you believed *it to be uterine*." Is it not surprising!! that all these gentlemen hear differently? I need not here refer to the opinions of the profession upon cases where the surgeon is *almost positive* of a tumor in the abdomen being a fibrous one of the uterus, it is sufficient to state that the idea of opening the abdomen *in such cases*, is looked upon with horror by all the profession excepting a few who adopt the sentiments of Dr. Atlee before quoted, and which I again quote: "Not that I think an error of diagnosis



respecting *the character of the tumor* in the operation of gastro-tomy is of great importance.”\*

The last witness adduced is a nephew of Dr. Atlee, Dr. J. L. Atlee. This gentleman, as a matter of course, heard just what his uncle desired him to hear, and places him in the awkward position which I, in my remarks upon Dr. Drysdale’s letter, have been pleased, for the sake of the argument, to leave his uncle (see pamphlet), and my remarks are as applicable in the one case as the other, and I shall not repeat them.

He then goes on to say that I took the notes daily; *this I do not deny*, and I have them yet; and, as the case was mine, and as I had the burden of the patient upon me, I had a perfect right to them, and shall offer no apology. That Dr. J. L. Atlee called upon me *once* I remember, but never more than once, that I saw him. And furthermore, I positively deny having made any of the excuses he has put into my mouth.

In regard to my not publishing the case, at which Dr. J. L. Atlee wonders, I have before fully explained; but in addition I must confess, that I was so mortified at my misplaced confidence in one who heralded himself before the profession as the Napoleon of ovariectomy, its certainty of diagnosis, &c., that I could not in honesty publish the case without reprobating, in the strongest terms, the whole procedure. I hope I have before made ample atonement for my dereliction of duty, and throw myself upon the generosity of the profession.

Before I leave this witness, I must again call the attention to that same stereotyped garbled note, which has led astray all Dr. A.’s witnesses, and has proven him to be *disingenuous* even with his friends.

Here I might conclude my part of the reply, but as I have stated before that I would make my deductions *after* adducing testimony and not before (as Dr. A. has done), and prove I think, conclusively:—

\* No doubt if patients should “shuffle off this mortal coil” after such operations!! it would be attributed to *debility, erysipelas, peritonitis, gastritis*, or to eating “*duck*,” or an “*orange*,” or “*pneumonia*,” or “*hemorrhage after a surgical operation*”!!!! Upon the same principle that when a person dies from an overdose of arsenic, he does not perish from the poisonous dose, but from inflammation of the stomach. I will not discuss this point, however, but let medical jurists decide.

1st. That Dr. Atlee is treacherous, see his garbled note.

2d. That what he has stated is untrue.

3d. That he is an unscrupulous operator (see his pamphlet, p. 15): "Wrapped in an impenetrable mantle of self-conceit."

Now that I have done with Dr. Atlee, I hand him over to the *tender mercies* of his friends. In my *simplicity*, I had only desired to show him that he was as liable to err as any of the rest of surgeons, or mortals, but he, in his vanity and ambition, desires to be pre-eminent, and, as always occurs, with "*vaulting ambition, o'erleaps itself, and falls on the other side.*" I now leave Dr. A. in the "very worst company I can place him—that of himself and his coadjutors," but let Dr. Atlee remember that he is known, and that the old proverb suits him exactly, "*Reynard is still Reynard, though he put on a surplice.*"

J. L. LUDLOW.

The remainder of the correspondence, as will be seen by Dr. A.'s pamphlet, is between Dr. Smith and himself, but as some remarks in it apply to me, I take the liberty of stating upon Dr. Smith's authority (as he has not the time at present, being on the eve of his departure for Europe, and does not wish to enter into the controversy), that he wishes to be distinctly understood that (in his note to Dr. A., when he states "I am satisfied therewith"), he has no reference to the settlement of the controversy between Dr. A. and myself, but simply that the mere recording of the case, Dr. A. calls publishing it, and that in this controversy he had no right to be umpire between Dr. A. and myself, and also as regards the "Fabrication" (so called by Dr. A.), Dr. Atlee is placed in rather an awkward position.

This, however, is of minor importance now, as the whole affair is before the profession, and they are to be the judges.

J. L. L.



## APPENDIX.

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It appears almost useless for me to go over the case as detailed by Dr. Atlee at the close of his pamphlet, or to substitute *my* account of the case in full, as the profession have undoubtedly, from the preceding correspondence and remarks, arrived at the facts of it. I will, therefore, only trespass a short time longer upon their patience, by marking some paragraphs from Dr. Atlee's account, as have a bearing upon the point at issue, viz: the Ovarian Tumor.

"D. S., colored woman, unmarried, aged 41 years, a patient of Dr. J. L. Ludlow. Examined her in company with him. In the left iliac region there was a hard tumor, about the size of the double fist, movable to a point beyond the linea alba, and very sensitive to the touch. The pelvis, on the right side, was filled with an equally hard tumor, which could be elevated and depressed. The brim of the pelvis, also, seemed to be occupied by the tumor. The os uteri was thrown towards the left, and the cervix appeared to be in a healthy condition. The sound passed two inches into the uterus, and when moved it did not seem to communicate motion to the tumor in the pelvis, nor did the tumor, on being moved, appear to disturb the sound more than could be accounted for by its contact.

"The examination was made hastily, and the impression was that there were two tumors, one in the left iliac region, and the other in the right side of the pelvis. I was of opinion that they were not ovarian, but rather fibrous tumors of the uterus—the matter to be decided by an opening into the abdomen."

In examining the above, and taking the description of the examination as given, the movableness of the tumor on the left side, where the larger tumor was, and the os uteri being thrown towards *the left side*, contrary to the position which the

cervix should occupy if the tumor was connected with the uterus and the larger one on the left side, and also from the fact that the sound passed *two inches into the uterus, and the sound not communicating motion to the tumor, or the tumor to it.*\* I ask whether the conclusion was not as legitimate as could be made in such cases, that there was no connection between the uterus and the tumor, and therefore that the tumor must be ovarian, as, judging by probabilities, there could be nothing else. This, I think, shows conclusively how difficult it is to diagnosticate between uterine and ovarian tumors.

In the preceding correspondence and above remarks, I have dwelt upon this fact, and shown that Dr. Atlee, from his own acknowledgment, had as legitimate grounds for diagnosing ovarian tumor, as possibly could be, but the Doctor and his friends have chosen the horn of the dilemma, of almost perfect knowledge of its being uterine, knowing he could not remove it, *and he must remain there.* I, his adversary and "machinator!" only desired to place him upon the horn of the dilemma of mistake in diagnosis, where nearly all of our great surgeons and physicians have frequently been, and I appeal to the profession whether *I* have not shown greater regard for *his reputation* than *either himself or his friends?* I have in a previous letter shown that the examination was not made hastily, as Dr. A. avers it was, for he made two examinations in the most thorough manner, for how else could he have detected all he did? as his account of the case just cited shows. In fact the Dr. with all his rashness has too much cunning left, to do such things "hastily," as upon this operation he *has cut himself* into notoriety.

Upon page 31 of his account of the case, he gives an account of the incision, "commencing about two inches below the um-

\* See also Dr. Atlee's essay, in *Transactions of American Med. Association*, 1853. *Diagnosis of Extra Uterine Tumors*, (p. 5.)

"If on moving the tumor between the two hands, the uterus moves uniformly with the mass, and as *part of the mass*, then it must be either an extra-uterine non-pedicellated tumor or an intra-mural tumor, or a fibrous or other body occupying the cavity of the uterus. The *sound* will aid in distinguishing one from the other:" also (p. 7), "The introduction of the sound will enable us to distinguish this point, as the *impulse received by the uterus also affects the sound in the hand, and its motion may be watched by the eye of the operator.*"



bilicus was carried down to the pubis, afterwards this incision was extended to the umbilicus."

And all this in an exploratory!! operation. An incision from  $6\frac{1}{2}$  to 7 inches in length (for the woman was nearly six feet in height) Exploratory!!!\*

Before I close, I may draw the attention of *anatomists* (probably taken from that *Diary!!*), that the *descending colon*† came out upon the parietes of the abdomen. I will let *anatomists* answer this. I saw the transverse arch, and most of the small intestines displayed upon the parietes, but no *descending colon*. But beware of that "Diary!!!"

The transverse arch of the colon and small intestines were filled with gas, and were with the greatest difficulty returned and retained, for as fast as one part was pushed back, another part protruded, and it was only by my putting my arm underneath the body of the patient, and flexing it, while I directed Dr. Taylor to flex and cross the limbs, that they were returned. The patient, after lingering for a great while (I think two months), most of the time upon her back, with bed sores upon the sacrum, notwithstanding all that could be thought of, to avert them, and after continued care and attention on my part, finally recovered from the wound, and the tumor not removed.

J. L. L.

\*As this pamphlet may fall into the hands of unprofessional readers, it may be well to explain what the profession mean by *Exploring*. It is generally understood that this must be done with a small needle with a groove in the side, to make the smallest possible opening to get at the contents of a tumor or sac, and by the groove being in the side to make the opening valvular, so that upon withdrawing the needle, the orifice will be obliterated as speedily as possible. In some very rare cases, some surgeons feel justified in making a small incision with a very small scalpel, that the incision may heal soon, with the least irritation to the system. In this case an opening above the pubis, to admit the forefinger of one hand, with the other inserted in the vagina against the mouth of the uterus, would have been all that was necessary, had Dr. A. only thought of an exploratory incision.

† "The peritoneum affords a covering to it only in front and at the sides, whilst behind it is connected by *cellular tissue* to the left crus of the diaphragm, the quadratus lumborum and the left kidney. It is usually concealed behind some convolutions of the jejunum." (Sharpey & Quain, by Leidy, vol. ii. p. 457.)

How could it get out of an incision through the Linea Alba, without great force? Go, Surgeon—and study your anatomy over again, or stop your delving in human bowels. Perhaps you will say our patient was different from the rest of mortals! "As is your invariable custom."

As this pamphlet was passing through the press, I received the following extract from a letter from Dr. Alex. C. Taylor, of Cleveland, Ohio (who was also present at the operation), by his brother, Dr. Wm. Taylor, of Newark, N. J., referred to before, who kindly addressed him upon the subject, and forwarded the following:—

“As regards the operation performed by Dr. Atlee at the corner of 11th and Race, I do not recollect hearing Dr. Atlee express *any opinion*, but was decidedly of the opinion that it was understood that the operation was to remove an ovarian tumor, and that *Dr. Atlee and others, including Dr. Ludlow*, were surprised that the tumor was not of that character. I have a *distinct* recollection on the subject. You can communicate the above to Dr. Ludlow.”

May 14th, 1855.





