

accident, that the accident would cause death within three months, and that the water is an outward and visible means of the accident. They then raised a peculiarly subtle objection on the ground that there was no satisfactory proof that the water was the means of injury. The distinction implied was that between a *causa sine qua non* and a *causa causans*. He might have died in the water, but of some kind of fit caused by stepping into it. Supposing him to have died after undressing and stepping out of the bathing machine, the effect of the water, said one of the learned Barons, might have been to cause his death "by natural reasons—by apoplexy or spasms, or some other way than injury." This is a very difficult line of reasoning for the medical mind to follow. If the sudden impact of cold water artificially applied to the skin—as in a punishment shower-bath ordered for a convict—should induce fatal apoplexy, this would be held to warrant a verdict of manslaughter; and the same phenomena accidentally produced must be held to stand in the same relation of cause and effect. The "essential cause" and the "causative cause" are not capable of being separated in a medical view. In the argument in the Court of Error, the learned Baron's statement was compared to the defence of a poacher—that a gun was fired and a pheasant fell, but that it was killed by fright; and to the defence sometimes put forward in criminal courts, where a man is stabbed, and evidence is called to prove that he had ulcer of the stomach or softening of the brain. The common-sense view triumphed in the Court of Error, the conclusion arrived at being that the man went into the water and was drowned, and that drowning was an injury within the meaning of the policy.

This decision is satisfactory, because it is obvious that had the earlier opinion of the judges prevailed, insurance companies might object, in the face of any claim arising out of injury by sea or land, that the mischief arose not from the injury itself, but from a mysterious internal disease which it had called into action. No man could then possibly be injured with advantage to himself or his family; and no accident, however grave, could produce a corresponding increase in the income of his sympathizing relatives and survivors.

Correspondence.

"Audi alteram partem."

CHLOROFORM FOR PUERPERAL CONVULSIONS DURING LABOUR.

To the Editor of THE LANCET.

SIR,—Mr. Wilson, in his report (*vide* THE LANCET of May 4th, p. 432) of a case as above, remarked, "I am unaware whether it (chloroform) has been administered for this purpose."

The following cases will show that I have employed it with marked benefit:—

CASE 1.—I was called in on the 6th of February, 1854, at ten minutes to four P.M., by Dr. Challacombe, of this city, to a patient of his, a small woman, aged twenty-two, her first pregnancy. She had been seized with convulsions about the midnight previous, when the Doctor was called in. Subsequently labour came on. He had resorted to the usual means for alleviation without the slightest benefit; in fact, he left nothing undone of the usual treatment in such cases. When I first saw her the arms and hands were strongly contracted and of a purple hue, the pupils uplifted, the head thrown backwards, the feet contracted, and the breathing laborious. Finding that everything had been tried, I begged to suggest the inhalation of chloroform, which was at once commenced at five minutes past four. At this time the os uteri was dilated to the size of a crown piece; breech presentation, the leg being easily felt. The extremities speedily relaxed, the breathing became natural, and the os uteri, previously rigid, became dilatable. After some little difficulty I brought down one leg. Dr. Challacombe then resumed the active duties, and by a quarter to five she was delivered of a child, which had been

dead some days. In this case the convulsions ceased at once with the inhalation; but consciousness did not return until the following day. She went on very well.

CASE 2.—I was summoned on March 9th, 1857, a little before three A.M., by Mr. Wm. Braybrooke, surgeon to the Military Train, to a lady in puerperal convulsions, aged twenty-four; first pregnancy. Labour had commenced on the 7th, at ten P.M., and was proceeding slowly, but well, until one this morning, when, Mr. Braybrooke being in attendance, epileptic convulsions commenced very severely. On my arrival I found that Mr. T. E. Clarke had preceded me by a few minutes. Only a very short interval intervened between each convulsion. The os uteri was not larger than a half-crown. I proposed chloroform and dilatation of the os with the fingers until we should be able to apply the forceps, it being a head presentation. The inhalation was commenced at eighteen minutes past three. The convulsions at once ceased. At twenty minutes past four the forceps were applied, and delivery immediately effected. No return of convulsions during the inhalation. At twenty-five minutes past five she had a very severe fit, which was the last. The same evening she was conscious, and progressed as well as if nothing had happened out of the usual course.

CASE 3.—I was summoned to a lady on Oct. 26th, 1860, and was with her at a quarter to two A.M. I found her in an epileptic convulsion. She had previously had two similar fits after one A.M. Upon examination I found labour commencing. It was her twelfth pregnancy. I introduced my finger into the os, and upon it guided Dr. Simpson's uterine sound, with which I ruptured the membranes; this instrument I have found very useful for such purposes. The convulsions returned at intervals of from fifteen to forty minutes. At twenty minutes past five A.M. I began the use of chloroform, and continued it until seven without any return. At twelve minutes past seven a fit occurred; gave the chloroform again, and there was no return. At a quarter past ten I omitted its use; labour progressing slowly. At twenty-five minutes past eleven there was an appearance of strong uterine action, instantly followed by another convulsion; resumed the chloroform, and we saw no more of the convulsions. At five minutes to one P.M., the os being sufficiently dilated and yielding, I determined to deliver. I introduced the forceps, and at five minutes past one removed the child. The patient had been insensible from the commencement of the attack. Either myself or my son, Mr. F. Poole Lansdown, who assisted me, remained with her until half past four, when, there having been no return of the convulsions, we left her for an hour. On my return she was progressing favourably; but at seven o'clock I found her sinking, and she died without another convulsion.

In both of these latter cases great depression had been produced by unavoidable circumstances, which had caused considerable mental anxiety, and which I have no doubt brought on the convulsions.

I am, Sir, yours respectfully,

Portland-square, Bristol,
May 11th, 1861.

J. G. LANSDOWN, M.R.C.S.

INJURIES CAUSED BY LIGHTNING.

To the Editor of THE LANCET.

SIR.—Should you consider the following case worthy a space in your journal, it is at your service:—

On the evening of the 23rd inst., Richmond and its vicinity was visited by a heavy thunder storm, and during its violence a woman, aged twenty-five, taking shelter under the boughs of a large elm tree in the park, was struck down by lightning. She was standing with her back to the tree, when its trunk was struck at about 100 feet from the ground, the bark being torn away from the wood in a continuous, but irregular course, to about a level with the poor woman's head. The furrow in the trunk of the tree was about four inches wide and two deep; the rent being deepest at its termination. The electric fluid then left the tree, and apparently, from the scorched condition of the circular network of the cap, passed round the steel wire-work in the front part of her bonnet. The skin of the forehead and face was blistered, and the cuticle over the front and sides of her neck and chest was blackened and charred, her under linen and shawl catching fire. The electric fluid must then have passed down the steel plate in the front part of her stays, as its linen covering was scorched its entire extent. The skin over the inner part and sides of both thighs and knees was burnt and blackened, peeling off with the slightest touch. The right foot was blistered, the sole of the boot being torn away from the cloth. The electric fluid then appeared to pass into the earth, for there was a large hole visible on the spot where the

young woman was standing. Her arms, hands, abdomen, and legs, from the knees to the feet, as well as her head and the whole of the back part of her body, escaped injury. Two men, who saw her fall, immediately ran to her assistance. She was found rolling on the ground, insensible, and forming from the mouth. Those portions of her clothing which were on fire were immediately extinguished. A fly was obtained, and the poor woman was brought to my house about ten minutes afterwards. She appeared to be suffering from a great shock to the nervous system. The countenance appeared anxious; the surface of her body was cold; there was restlessness, probably from pain, and partial insensibility. After administering some sal volatile, she was enabled to tell me her name and address, although she had not the slightest idea of what had befallen her. In a few minutes she was removed to her home, the burns being dressed with calamine cerate, and a dose of morphine was given, which appeared to compose her, for she slept well all night. In many parts about the neck and thighs the cutis was destroyed, but generally the cuticle alone suffered, causing merely its desquamation. The patient is making a rapid recovery, but although perfectly sensible to everything, yet has not the slightest recollection of the accident. I think that probably her life was saved by the metallic conductors in the front part of her bonnet and stays, for although she was standing with her back nearest to the electric fluid, yet no part of her head or abdomen suffered from its violence.

I am, Sir, your obedient servant,
Castle-terrace, Richmond, May, 1861. THOMAS DUNCAN, M.D.

THE MARSHALL HALL METHOD.

To the Editor of THE LANCET.

SIR,—As statistics at the present time may prove useful for the purpose of establishing the soundness of the theory and practice of Dr. Marshall Hall's plan of resuscitating apparently drowned persons, I beg to offer the following case, which occurred lately in my practice:—

On the afternoon of Friday, May 3rd, I was hurriedly sent for to see a young child, fourteen months old, who, whilst creeping about the apartment, no one looking after it, had accidentally fallen head foremost into a bucket about a third-full of water. How long it had been in that perilous position cannot of course be accurately known. On my arrival a neighbour had just taken the infant out of a warm bath. I had it placed upon a sofa, and found it pulseless; surface of the body generally pale; the face and limbs quite cold, but about the chest a little heat was perceptible; and occasionally it gave out a slight gasp. There seemed little prospect of recovery. I commenced the Marshall Hall system immediately: the wet clothes were removed without stopping my proceedings for a moment; hot blankets were applied in abundance, and the lower extremities were most assiduously rubbed with hot flannels. The faint gasps were now becoming stronger and more frequent; by-and-by they merged into more regular respiratory movements, and the little patient began to cry. Whisky, at this stage, was well rubbed over the region of the heart, then over the whole chest, back, and limbs. After the application of the spirits, mustard poultices were applied to the chest and down the spine. As respiration became more firmly established the patient was allowed to rest, and there was given it a little spirits in warm water and sugar, then a little warm tea, and lastly a little essence of beef in warm water. At the end of two hours it gradually fell asleep. An attack of convulsions supervening in half an hour, the mustard poultices were re-applied to the spine, together with bottles of hot water to the thighs, and in a short time it again fell into a calm sleep.

Next morning I had the satisfaction of seeing my little patient on its mother's knee laughing and playing, surrounded by a happy and grateful household.

I am, Sir, yours &c.,
Edinburgh, May, 1861. C. CUTHBERT, M.D.

FRUITLESS SUCKING AND IDIOCY.

To the Editor of THE LANCET.

SIR,—In your last impression I find that Mr. Ballard accuses me of having fallen into the error of classifying "fruitless sucking" synonymously with sucking the thumb, which he "finds is common to many." Why does he not ask the reason why such is the case? Is it that we are left in *obscurum per obscurius*? Why does he not make the subject more explicit, instead of referring us to the work which he has published for

an explanation? It is a hard case that whoever may read the paper must run to consult the work referred to, which I am sorry to say I have not yet seen, and I dare say it is the case with the "many" who have fallen into the same error. The author states that "the error was assumed by Dr. Down first." That gentleman, I believe, is able to answer for himself.

Mr. Ballard assures me in his last letter that "fruitless sucking is a genus of which sucking the thumb is a species." How many "species" belong to this "genus"? And to what class and order does this genus belong? "The discovery" the author "claims to have made" is that "fruitless sucking is the principal cause of diarrhoea in infants." Here it is evident the *post hoc* is taken for the *propter hoc*. From my observation, cases where the dejections were of a green colour and frequent proceeded from gastro intestinal irritation, produced in most instances by spoon-feeding, where all sucking was out of the question, till the infant is so emaciated that its entire organism is retarded in development; then it may suck anything to try to relieve hunger. The intestinal and mesenteric glands are affected simultaneously, so that there is no healthy chyle assimilated; hence the somatic marasmus.

Mr. Ballard denies having "said that idiocy resulted directly from fruitless sucking," which is contradicted by the heading of his paper, "On a Preventable Cause of Idiocy." If preventable, is it not the *result* of a *cause*? He maintains that "idiocy appears to be a state to which an unfortunate child is reduced" by "diarrhoea in infancy," and the consequence of several attacks of convulsions. In the greatest number of instances, I believe (and I expect the readers of THE LANCET will coincide) that it is a congenital malformation—deficient development of the cerebral hemispheres.

Your obedient servant,
May, 1861. R. RICHARDSON, L.R.C.P. Ed.

MEDICAL TRIALS.

COURT OF QUEEN'S BENCH, WESTMINSTER,
MAY 25TH.

(Sittings in Banco, before Lord Chief Justice COCKBURN, and Justices WIGHTMAN, CROMPTON, and BLACKBURN.)

EX PARTE GUTTERIDGE.

THOMAS GUTTERIDGE, in person, moved for a rule calling upon the Royal College of Surgeons to show cause why a *mandamus* should not issue commanding them to admit the applicant to the rank of a Fellow of the College. He stated that he resided at 43, Calthorpe street, Birmingham, and had been admitted a member of the Royal College of Surgeons so far back as 1827, and he had, in November last, applied to be admitted to the rank of Fellow—a rank to which he considered he was entitled under the charters of the College. The election was held on the 10th of January last, when his application was read, and a ballot took place; but he was not elected. Not being present on the occasion, he was not aware upon what grounds he was not elected; but he said a person named Joseph Hodgson was present, who had for many years shown a most rancorous and implacable spirit towards him, and he believed that Mr. Hodgson had used undue influence to prevent his being elected. It was admitted by the College that his application had been made in due form, but they declined to state upon what ground he was not elected. The applicant proceeded to give the history of the College, and began with the barbers, who, in the time of Edward IV., exercised the mystery of surgery in the City of London, and whom Edward IV. incorporated in one body.

Lord Chief Justice COCKBURN said it would be of more importance for the applicant to read to the Court the words of the charter under which elections took place.

Mr. GUTTERIDGE then referred to the charter of the 40th of George III., and subsequent charters, to show that the object was to encourage the art of surgery. By a charter granted in 1843, her Majesty authorized the election of from 250 to 300 Fellows out of the members as the Council might think proper, upon their passing an examination; and, by a charter of the 15th of her Majesty, the Council was empowered to appoint any member of the College of fifteen years' standing to be a Fellow, without examination, such appointment to be determined by vote or ballot of the Council, and to be decided by the majority.

Mr. Justice CROMPTON said the Court might grant a *mandamus* to the Council to take the vote or ballot; but they could not grant a *mandamus* to tell them how they ought to vote.