

Whatever may be the result, I will report it to you; but, meantime, beg you, if you can do so without inconvenience, to ask two or three of our best hospital surgeons what they would have done, had such a case been brought into their wards.

Something more and higher is sought for in this request than the mere opinion of the best surgical authorities, to be applied, if need be, to the conduct of bone-setters who venture to interfere with so serious a case; or to the prejudiced population, rich or poor, who may sanction their interference. My object is to obtain from the best modern authorities, for the guidance of country surgeons, often suddenly called to decide in emergencies like these, some clearer and more emphatic rule of practice than is yet laid down in our "systems" of surgery. If you glance into these, from Sir Astley Cooper's great work, and Liston's, downwards, you will find the line of practice laid down in a very shadowy and indistinct manner.

The fact is, that so few compound fractures into the knee-joint fall under the observation of any one surgeon, however extensive his practice, that few of our surgical authors like to speak *ex cathedra* on the subject. A general idea that severe fractures, with opening into a large joint, ought invariably to be treated by amputation, has prevailed amongst educated surgeons during my time. Bad as the statistics of our public hospitals are, there must surely now be facts to be gathered from them, on which to establish, with something like inductive certainty, the right rule of practice in such cases. Whether the books of most of our infirmaries are still kept (if kept at all) in the careless manner which was the case twelve or fifteen years ago, I do not know. If so, the governors and medical officers are equally to blame for depriving the profession and humanity of knowledge which their position enables, and ought to make it imperative on them to supply; but the example which so many years ago was set by Malgaigne, in Paris; Dr. John Reid, in Edinburgh; one of the surgeons of the Glasgow Infirmary, (whose name I forget); Dr. Samuel Fenwick, in Newcastle-on-Tyne, (where so many of these frightful accidents occur); and other authors of hospital statistics in London and elsewhere, must surely have been followed up of late years so well, that your excellent medical reporter may have access to facts and figures which will afford us the dictum of a large experience in such cases.

It would be very desirable also that practitioners in the country should transmit you their experience on the subject of fracture with opening into large joints; for the difference in the mortality between metropolitan and rural, hospital and private patients, is in no class of cases more striking than in those of great injuries and operations. Were a full and candid list to be transmitted to you, briefly stating the age, sex, nature of the accident, treatment by operation or otherwise, and result,—in a tabular form,—giving the date and manner of death when the case was fatal, a valuable table of these rare injuries would come into the possession of surgeons. As a large amount of mortality would have to be recorded, the names of your informants need not be published, but might be given for your own satisfaction, and to authenticate the information sent.

I have only before known one case of compound fracture of the knee-joint with laceration of the leg, in which an attempt was made to save the limb (contrary to the wishes of the seniors and the majority of the consultation) by a rash young colliery surgeon, (for there may be rashness in determining to save as well as to amputate a limb,) and the result was, that the favourable condition of "reaction," in which the patient was at the time of the consultation, passed on into one of high irritation, and in three or four days terminated in death. The long miserable weeks or months which similar patients, who have survived the first dangers, have suffered, followed at last by a probably fatal amputation of the limb, are, so far as my experience goes, not counterbalanced by any well-authenticated fortunate recoveries. The stories of bone-setters and

ignorant persons practising surgery on the outskirts of the profession, with whom cases of recovery from injuries of this kind are not unfrequent, I, of course, put entirely out of the question. In other cases I have known the accident treated by amputation; the number and accurate result of these I shall be able to obtain from the records of a large English hospital famous for its surgery, and therefore need not further allude to them at present.

The biographer of Mr. Fergusson, of King's College, in *THE LANCET*, as a proof of the disposition of that distinguished surgeon to "trust to the powers of nature," says:—"We have known him, in more than one case of that terrible accident, compound fracture of the thigh-bone into the knee-joint,

refuse to amputate, because, as he remarked, 'he would prefer the patient dying from the accident, rather than from his interference.'" This singular method of trusting to the powers of nature, in a case where a patient is *sure* to die, is, therefore, a casual reader would say, one common to bone-setters and great hospital surgeons. No doubt, however, the writer was thinking of some one or two very bad cases, in which collapse utterly forbade the knife; for were accidents of this kind generally referred to, the argument would only be sound on the datum that death is its inevitable result; yet I suppose the records of every great hospital contain cases of successful amputation of the thigh after compound luxation of the knee-joint, with bad fracture, more especially of the leg, but occasionally of the femur also. To abandon all such patients to "nature," because they were sure to die, would be as mistaken a practice as to leave them all to nature because they were likely to live.

No doubt, after all the information we can obtain, much will depend on the individual case and the judgment of the individual surgeon; but I think we would be the better for such statistics as those spoken of, and the time has probably now arrived for us to obtain them.

You know my name and locality, and that it is only from an unwillingness to give uneasiness to others that I, for the present, withhold it. Should professional justice, or the interests of the peasantry in this remote corner of the world, require it, I shall certainly feel it a duty to make known the whole transaction.

I am, Sir, your obedient servant,

L.

CASE OF SUDDEN DEATH.

To the Editor of *THE LANCET*.

SIR,—I beg to send you, for insertion in your very excellent journal, the account of the post-mortem examination of the body of Wm. Smith, a pig-butcher, being the evidence given by me before Thomas Wakley, Esq., M.P., the coroner for Middlesex, at the Horse and Sacks, in the Harrow-road. I do so in consequence of there being nothing sufficient in the appearances, externally or internally, to account for death. The coroner's office is one in which many valuable cases must be registered from year to year, and I am sure that it would be hailed as a boon by the professions of law and medicine, were some of the most remarkable inquests published, under the able editorship of a medical coroner. What a valuable guide for future coroners, especially that anomalous class, non-medical ones!

I remain, Sir, yours truly,

Harrow-road, October 31, 1851.

WILLIAM THORN.

I was called on Tuesday evening last, between seven and eight o'clock, to the Horse and Sacks public-house, and found the subject of inquiry, William Smith, dead; had been so probably for an hour, having been found *apparently* asleep in a corner. The pupils were widely dilated, there was no turgidity or congestion apparent in the face, and no mark of violence visible. Having poured some brandy down the throat to satisfy the spectators, I sent the body to the dead-house to await the order of the coroner. In conjunction with my partner, Mr. J. S. Beale, I made the post-mortem examination. We found a muscular, well-formed man, about five feet six inches in height, about thirty-three years of age; no mark of injury externally. Upon opening the head, we found the skull-cap very thick; the dura mater congested and adherent over the frontal bone; the longitudinal and lateral sinuses full of blood; the arachnoid membrane thickened and opaque in several parts, and the pia mater and membranes generally congested, but no clot in any part of the brain, and no fluid in the ventricles; the choroid plexuses were congested. The right lung was healthy; the left quite fixed by old adhesions; the heart perfectly healthy; the liver enlarged, weighing at least seven pounds, and extending quite into the left hypocondrium; had no other indication of disease; the kidneys were double their natural size, but yet healthy in structure; the stomach contained about four ounces of food in a digested state, and gave out an odour of *gin*; it was quite healthy. The bladder was loaded with urine, about a pint and a half; no disease. I had forgotten to state that there was nothing unusual in the cerebellum or upper part of the spinal cord—in fact there could not be found anything sufficient to account for the sudden death. The man had during life complained of pain in the head, and also of a great weight in the right side, but had not sought advice medically for these symptoms. I tested the contents of the stomach for arsenic,

and poisons generally, without effect. The coroner concurred with me in thinking that not anything discovered could be positively stated to be the cause of death. A verdict of "Found Dead" was returned. Mr. Wakley said that the case contrasted remarkably with one he had seen in the morning, in which four ounces of blood were found extravasated in the cerebellum of an aged female, who complained suddenly of pain in the head, and was dead before medical aid arrived.

EDINBURGH UNIVERSITY AND HOMŒOPATHY.

To the Editor of THE LANCET.

SIR,—I have a note from a professional friend in Edinburgh, dated yesterday, from which I learn that "The Session opened to-day, by an address from the Principal, and with a very portentous demonstration of feeling towards the Homœopathic Professor."

I am, Sir, your's obediently,
MEDICUS.

Nov. 4th, 1851.

MEDICAL ASSISTANTS.

To the Editor of THE LANCET.

SIR,—I read Mr. Spong's former letter about "Medical Assistants" in your journal, and, though willing enough to answer him at the time, did not like to obtrude myself on your space just at the coming in of winter session.

The worthy gentleman's late effusion has induced me now to trespass on you, and I hope my note will set right the extraordinary difference that appears between Mr. Spong's view of a medical assistant's life, and the one taken by "A. T. C." and "Experientia." If all "General Practitioners" were men of education, and treated their assistants as gentlemen should treat one another, why the amount of salary would not be a thing to fight about, and young men would gladly work, and learn—yes! and put up with a hasty word, and still study to benefit their employers. But as kind, or even gentlemanly, treatment is the exception, and not at all the rule, I fear much Mr. Spong's Utopia is a production *sui generis*, a perfect dream of jocund fancy, and one that has been received ere this with a bitter laugh by many of my wretched brother assistants, who take "a professional view of the advantages" &c. Mr. Spong holds out to them.

I have been an "assistant" for some time, and can speak from experience of the treatment we meet from "honourable general practitioners"—treatment only equal, "for style and comfort," with that usually given to the poor educated lady, "the governess."

Does Mr. Spong require to be told that educated gentlemen, when ill-fortune drives them to become assistants, are ordered "to leave the dinner-table with the cheese," by the "lady" of the house; to be ready all night to attend all calls at the bell; not to lie an hour in the morning even though up all the night before in a wet pauper-hut at a labour case; to take supper in the surgery, and frequently to dine by himself at two o'clock, (the family hour being five,) or, as I have known a case, with the servants? The *honourable* practitioner orders no drugs (except the worst) to be given paupers. "All mixtures to be sent out in draughts," and "use the lancet, but spare the leech;" and enter slight injuries as fractures, to extract the poor-law fee! Oh, Mr. Spong, you are either ignorant of the life you talk about, or else can't get an assistant, and want to paint a situation to induce poor fellows to jump at it. But we are too poor, too miserable to be pointed at by you as examples of happiness. Surely it was a "medical assistant" that sat for the picture of "Smike." If you are writing about a rich young surgeon (well ground) going to spend a few months with his father's old friend—well. But do not fancy we can believe our treatment is that of "junior brethren." I was treated well by one out of four surgeons, and so fancy that is the proportion of gentlemen among the "general practitioners" of this country. If I could I would leave a profession that with hard work does not bring in the pay of a footman.

Pray forgive my long note, Mr. Editor, for which alone you must blame Mr. Spong's *jeu d'esprit*, and the forgetfulness of

Your obedient servant,

AN IRISH ANGUIS IN HERBA.

October, 1851.

To the Editor of THE LANCET.

SIR,—Your finding space, in the widely-circulating pages of THE LANCET, for the replies of the unfortunate medical assistants to the *grandis et verbosa epistolae* of Mr. Spong, merits our warmest thanks; and your advocacy of our rights

is in harmony with the liberal and enlightened policy which has characterized the political "course in life" of the indefatigable and talented member for Finsbury.

I have been nine years an assistant, have held five situations, and perhaps was more fortunate than most of my compeers. The proceeds of the practices varied from £750 to £2500 per annum; yet I have never experienced that the remuneration of the assistant was in anything like a ratio with the incoming of the practice; but I might almost say, in an inverse proportion; in fact it is never the case.

Now for a brief sketch of my duties in an Essex situation; though I am an A.B. and M.R.C.S., and "*ab uno disce omnes*," instances of the kind could be multiplied *ad infinitum*, and I am sure a "Committee of the House" would soon fill a "blue-book." During a sojourn of seven months, I was disturbed at night ninety times, to proceed on journeys varying from three to eight miles; visited, prescribed, and dispensed for private, pauper, and club patients; kept the books, wrote out the bills, dusted the bottles, and made the tinctures; and I can verily affirm I had not a moment to devote to literary pursuits.

Every assistant knows that three-fourths of the work devolves upon him, and that gentlemanly consideration and kindness are the exception, and not the rule. I once knew a general practitioner, who considered it *infra dig.* to say "Good morning" to his Spartan Helot, and who thought it a positive degradation to let the assistant accompany his family to church. So much, then, for Mr. Spong's professional fellowship of "a splendid phantom."

But I entreat you, Sir, to look upon the effect of this mode of conduct to those men, and how it eventually reacts upon the practitioner himself. If you steadily watch the course in life of the assistant, you find that five out of nine either terminate life by the prussic-acid bottle, or, what is as bad, become confirmed drunkards in wild despair, to seek a deceptive solace; yet you will constantly hear it *ab ovo ad malum*, from the lips of the wives and daughters, echoed by the *paterfamilias*,—"Oh those horrid assistants; it's so difficult to get a good one; I believe we have had ten the last eighteen months, and we have thought of going without, sooner than be plagued with them."

In every community there are good and bad men; but I do not understand why the medical assistant should have a monopoly of the "plaguey" spot; and though believing that there are bad assistants, yet the complaint is universal against the system which is pursued towards them, and I fear this will continue until the medical profession creates within itself that *esprit de corps* which would elevate its dignity, and tend to raise its calling, in the minds of the community at large, as that of a noble and god-like art.

The insertion of this letter will oblige, your obedient servant,

November, 1851.

ARETALOGOS.

To the Editor of THE LANCET.

SIR,—In THE LANCET of the 4th of Oct. there are two letters from assistants complaining of the treatment received and the smallness of remuneration. Neither of the two state in their communication what (if any) qualification they hold; and again, I dare say, they consider themselves possessed of every equivalent necessary for a medical man. I have been an assistant myself, and have had for some years need for help in my practice, and it may be that, unfortunately, every assistant that I have had has been *morally* unfit for that position. It is a generally conceived opinion that *any one* will make a surgeon, and men have been introduced into the profession whose legitimate place would have been behind the counter; and one of the many causes that have brought this noble profession into disrepute, and lowered it in the scale, has been bringing young men forward whose want of *proper* education, entire lack of *gentlemanly* conduct and manners, has prevented them filling that station, and caused the profession to be looked down upon more as a *trade* than as it ought to be looked up to—as one of the noblest, if not the noblest, of all the professions. Let proper men,—men of education, and possessing those requisites so essential for the gentleman, be brought forward, and then I hesitate not to say that they would have no call for discontent.

One of your correspondents complains of having to attend to all the club and parish work, while his employer attends to the higher class of his patients. And how, would I ask, can it be otherwise? A medical man cannot—dare not, send a man devoid of gentlemanly demeanour to attend a gentleman, and it is not in the *great things*, but the *many little ones* that are continually called forth at the bed-side, and which the susceptible mind of the patient can so soon discover, and at once