Dr. MURPHY inquired whether sarcina were ever developed in a healthy stomach, as were worms in children; or were they only the result of some previous disease?

Dr. HASSALL, having thanked the Society for the attention with which it had listened to his communication, remarked that a great variety of points had been raised, and a great number of questions asked by the gentlemen who had addressed the Society. To the chief of these he would proceed to reply; and first, he would address himself to the observations of Dr. Lankester. Although not at present able to determine whether the large brown bodies detected in the vomited matter constituted merely a form or condition of sarcina, or whether they formed a distinct fungus, yet he could confidently state that they were not the pollen granules of the thistle, as Dr. Lankester suggested might be the case; nor, indeed, of any plant with which the author was acquainted. He agreed with Dr. Lankester that the sporules of the *Penicillium* were probably developed in the fluid subsequent to its ejection. Dr. Lankester had referred to some investigations made by the author some years since in reference to the powers of certain fungi in effecting the destruction of fruit and vegetables, and he had particularly referred to the opinion entertained by him, that they were really, in some cases, the cause of the decay. This opinion he still entertained, and it was based upon the results of direct experiments; the fungus was repeatedly introduced by inoculation into healthy and growing fruits and vegetables; and in very many cases it developed itself in the cellular tissue to such an extent as to ensure their entire destruction. Nevertheless the author fully recognised the influence of predisposing causes; such, for example, as impaired vitality or lessened cohesion, in rendering both animal and vegetable productions more especially obnoxious to the destructive attacks of parasitic fungi. Dr. Lankester attributed the good effects of the treatment adopted to the infusion of quassia rather than to the bicarbonate of potash, or the sulphite of soda. This point had been to some extent answered by Dr. Fuller and Dr. Hare, who had referred to the action of the sulphite and the good effects experienced from its use in similar cases. He (Dr. Hassall) was led to employ it, both from reasoning on its action, and in consequence of the success which had followed its administration in the hands of Dr. Jenner. At the time the author prescribed the sulphite, he was not acquainted with the observations of Dr. Jenner; he had that day, however, read Dr. Jenner's lecture on Sarcina with very great pleasure, and in doing so he was particularly struck with the great resemblance of the symptoms in Dr. Jenner's case and his own. Dr. Hare had referred to a case which had come under his own observation, and had alluded to the patient finding relief from the pain and distention by pressing the abdomen against a table or chair; it was worthy of notice that in most cases of sarcina the patients assumed, especially when in bed, the prone position; the tendency to assume this position, and the relief experienced, were probably to be explained by the support afforded to the over-distended stomach by the weight of the body. The *modus operandi* of the sulphite of soda in cases of sarcina appeared to be this: The sulphite is decomposed in the stomach by the acids generated therein, and the sulphurous acid gas is liberated, the destructive effects of which upon parasitic formations like the sarcina was well known. One gentleman had alluded to the opinion entertained by Dr. Todd, that the development of the sarcina was consequent upon thickening and contraction of the pylorus. Whether this was so or not, there could be no question but that the extremely irritating character of the contents of the stomach in all cases of sarcina, would be very apt to induce such contraction, and to maintain it when once it had occurred. In the present case, however, no distinct evidence had been obtained by any of the physicians consulted, of the existence of any organic disease. The temporary recovery which took place five years ago, during the residence of the patient in London, appeared to show clearly, that up to that period at least there was no serious organic mischief. Reference had been made to the occurrence of sarcina in a variety of different cases, and even in young children; and hence it was inferred that the sarcina was an effect, and not a cause of disease. It must, at least, be admitted that it aggravates very greatly the urgency of the symptoms; and in every case of sarcina yet recorded there has been intense acidity of the primæ viæ, and frequently-recurring attacks of vomiting resulting from that acidity; there was a clear and undoubted relation between the sarcina, the acidity, and the vomitings. Other speakers as well as Dr. Lankester, seemed disposed to attribute the beneficial effects of the treatment to the quassia administered. Without denying that this remedy had some effect, he (Dr. Hassall) yet considered that in all these cases the administration of alkalies, and of the sulphite of soda, was indispensable, and that it was on these remedies that the chief reliance was to be placed. In reply to the question of Dr. Radcliffe, as to whether the author had made any observations as to

the length of time after taking food at which the vomitings had occurred, he (Dr. Hassall) stated that he was not possessed of any information on this point; but if, as Dr. Radcliffe supposed, the food was retained in the stomach for a longer period than ordinary, then such delay in its passage would, no doubt, favour the development of the sarcina, as under such circumstances fermentation would occur, and acids be generated. The author concluded his remarks by observing, that he was not aware whether there was any connexion between sarcina and worms in children. Fatty matters were forbidden, because it was thought probable that the butyric acid detected in the vomited matter, might be derived from the mal-assimilation of the fatty and oleaginous articles which had hitherto formed a portion of the diet of the patient.

At the meeting this evening (Saturday), Dr. Davey will read a paper "On the proximate cause of Insanity."

Correspondence.

"Audialteram partem."

QUALIFICATIONS OF MEDICAL MEN AT SEA.

To the Editor of THE LANCET.

SIR,—Surely it is but just to the public, and to the character of the profession, that all who undertake the medical charge of crowded ships, bound to a distant port, should hold a college diploma. Surely they who labour to become members of our honourable profession cannot object to this, neither can any of your correspondents, on calm consideration, question the public right to some proof of qualification in those who undertake (having to depend solely on themselves) the treatment of the serious diseases and injuries happening every day in crowded ships at sea. I am myself satisfied of its justice; and would there were a law religiously enforcing it! It must be confessed that a diploma is not a *certain* assurance of professional qualification; and I agree with one of your correspondents, that he who has *not* a diploma is occasionally more qualified than he who *has*.

Nevertheless, this alters not the question; and my sincere conviction is, that the public, the profession, and especially those members whose lots are cast at sea, should demand that *all* who embark in the capacity of medical men, be qualified by *law*. However, as such is not the law, it is not dishonourable in him who undertakes the duty, knowing himself equal to it, even though he bear not a diploma.

But, Sir, as men too often undertake the duty without a semblance of qualification, and as ship-owners confess that none is needed, I propose to show what may be required of a medical officer at sea; and by it show that there *is* a qualification, without which no gentleman, no honourable man, no man having the smallest sense of humanity, will dare to place himself in the position of *sole* medical officer to a ship. Let him who has not this qualification pause, and remember, that although the waves close over and shut out the victims of his ignorance, nothing will for ever shut out from him the recollection of those painful scenes, wherein he failed to afford relief. Let ship-owners, too, remember that they are, in a great measure, responsible for those things; let them reflect, that daily and hourly, throughout the world, many of their best and bravest seamen die of *curable* injuries and disease, without the smallest relief, and without an effort being made to save. They die (with pity be it said) in misery and neglect. In a few short hours their bodies are consigned to the deep—in a few more, their humble effects are sold upon the capstan, and nothing remains of the generous, gallant sailor. I repeat, hundreds die at sea of *curable* diseases.

But to the duties of the medical man. Firstly, then, as the ship sails down the Channel, and especially if the weather be such as we have lately had, he may have to treat severe catarrhs and bronchitis; acute pleurisy and pneumonia; acute rheumatism and its effects;—diseases sufficiently difficult to treat in our best-appointed hospitals; somewhat more so when the subjects of them are tossed upon the sea. As the ship sails west and south, inflammatory fevers, with fevers of a typhoid type, perhaps set in, most difficult indeed to manage. As she sails into the more southern latitudes, and especial care be not taken to guard against cold, diarrhœas, dysentery, and peritonitis, unhappily affect many. Again, as the ship sails up the Bay of Bengal, and perchance gets jammed there for some weeks, scurvy is wont to appear, and there may be upwards of seventy on the sick-list daily (as happened to myself). Again, (and more difficult still, if possible, to treat,)

very severe injuries accrue. Large iron-bound blocks will fall from aloft, upon a crowded deck, and some poor fellow's head or limb is terribly fractured. Perhaps a heavy spar comes down, and many hapless individuals receive such injuries as nothing short of the best medical and surgical skill can repair. Men put out their strength inordinately, and irreducible strangulated herniæ are the result, diseases which inevitably kill, but for the prompt assistance of the surgeon. Once more, complete retention of urine is not uncommon on shipboard; and a most serious business it is when operations are needed to afford relief.* Lastly, acute diseases of the eye, rapidly going on to disorganization, fill up the measure of woes to which all are more or less obnoxious, who sail to far distant shores.

This is no fancy sketch of mine; no idle tale in support of a position. I write from sad experience; and although (thanks be to God!) all these terrible diseases do not happen together, or even many of them, still any one of them may instantly occur, and prove fatal if the medical officer be not fully equal to exigencies of the case.

To treat and cure the formidable diseases and injuries enumerated, is the qualification required of *every* one who takes medical charge of emigrant or troop ships. These are the services required of him: if he be fully equal to them, then let him undertake the duties, whether he hold a diploma or not, and our very best wishes go with him.

But, before he goes on board, let him demand that respect and consideration to which he is entitled; and firmly insist upon a full and just pecuniary remuneration. Failing which, rather let him go to Australia, or even to the Diggins, and earn an honourable livelihood, in a much more promising and far less arduous field.

I am, Sir, very faithfully yours,
Exmouth, Jan. 1853. J. J. COLE, H.E.I.C.S.

ST. BARTHOLOMEW'S HOSPITAL.—ALLEGED GRIEVANCES.

To the Editor of THE LANCET.

SIR,—I have perused with great interest the several communications which have recently appeared in your journal respecting the grievances at St. Bartholomew's Hospital, and have waited with much anxiety, in the hope that some humane and philanthropic spirit might come forth, and proclaim the nature and extent of our grievances in terms more becoming the gravity of the occasion than those in which they have hitherto been clothed. I do not intend to pass censure on the bold style of expression and happy satire of the "Third Year's Student;" his whole correspondence shows that he is a man of no ordinary talent, and the general truthfulness of his statements places him at once beyond the reach of direct contradiction, and acquits him of all those charges of illiberality and caprice which the world at large is so ready to attach to any one who, in an open and unreserved manner, comes forward to declaim injustice, and to demand redress. Nor am I willing to condemn those praiseworthy productions, which were assuredly conceived in a spirit of true charity, but propounded in language too feeble and inadequate to have any weight in the scale of justice—too elusive and partial to affect the accuracy of a single statement, or to overthrow the truth of *one* out of the many arguments so clearly adduced by your original correspondent.

I am anxious to express my concurrence in most of the opinions broached by the "Third Year's Student," and to confirm, so far as my single testimony can avail, many of the statements which he has made; but I deem it only just that I should point out the particulars wherein I differ, and mention the modifications that appear to me essential, in order that the public may have an impartial and fair view of our case.

With regard to the first grievance—the first, not only in order, but in severity, (I refer to the continuance in office of a superannuated and inefficient physician,) I think that one line of reasoning has been hitherto passed over, which, though it will by no means satisfy us as complainants, will at least serve to relieve Dr. Hue of much blame, and, if properly considered, will avert the ill-feeling which is now so rapidly acquiring a personal character in the breasts of nearly all. It will be readily conceded that the first duty of a physician to a hospital is to carry out the objects of that establishment; which objects are the relief of the suffering, not the education of the student; the devotion of time and

attention to the requirements of the patients, not to those of the pupils. The authorities of this hospital (as of all others) allow those desirous of entering the wide field of medical science to enjoy the advantage of witnessing the treatment adopted in their wards; and in return for such opportunities demand the payment of a fee, which is considered as compensation to the physician for the labour which he has to undergo in the discharge of his duty. The fee is not paid to the physician for clerkships, nor yet for oral instruction; whether they choose to give clinical instruction or clinical lectures is for themselves to determine, and they become valuable to us in proportion as they are competent and willing to impart the knowledge which they have acquired by the experience of years, for our present edification and future guidance. I confess that the system would be much amended by some arrangement which required the fees to be paid by the pupils into the hands of the hospital authorities, and let them remunerate the physicians. Compare the fees of the surgeon with those of the physician, and my argument will be still more conclusive. A certain sum is paid by every student who attends the surgical practice; but every student who pays it is not a dresser; he has not the right even to enter a ward except at appointed hours; he cannot demand the opinion of a surgeon on each case, nor can he claim an explanation of any plan of treatment. He merely purchases the right of being an eye-witness of the surgery practised in the hospital; and I maintain that he values that right in proportion to the amount of knowledge he acquires, either from the remarks of the surgeon, or from the observation of his practice.

Thus far the positions of the physicians and surgeons tally, and the same remarks apply equally to both; but the surgeon is further paid by his dressers, (not to mention the fee of his house-surgeon,) whereas the physician takes pupils or clerks gratuitously; and if one of them refuse to grant us that boon, are we therefore to load him with abuse, and to deprecate him as an unprincipled robber, depriving us of our lawful claims? Such vituperation is, I assert, unworthy and base.

Dr. Hue has been accused of another piece of injustice; (I make use of this expression advisedly, for I have on many occasions heard the alleged fact mentioned in terms of reproach and disrespect;) he has been accused, I say, of refusing students the advantage of attending in his wards, and of following him in his rounds. Now I can refute this charge as a "malicious libel" both from his own expression, and from my own knowledge of the truth. But let this suffice. Let us turn to the substantial and real, and leave the false and illiberal to suffer condemnation at the hands of the impartial reader.

It is much to be regretted—nay more, it is a deplorable misfortune to this school, that, in these days of advance, Dr. Hue should retain his present position. It would be an act of great consideration and advantage to us all if he were to resign, and give place to a more efficient teacher; but to claim his resignation as a right, is surely a most preposterous and arbitrary proceeding. Could we boast, in this small *coterie*, of individuals so magnanimous, of teachers so disinterested, we should indeed have reason to be proud of them; but self-esteem and party-strife prevail in this as in every other community; and ill-feeling between surgeon and assistant-surgeon, is followed by dissatisfaction of pupil and instructor; so that we might more correctly be said to belong to "the School for Scandal," than to a school of medicine.

The charges lodged against the other physicians of this hospital, I would discard as simply gratuitous and unfounded. They proclaim the ignorance of Dr. Roupell on stethoscopic practice, and implicate Dr. Burrows by asserting that he does not communicate his opinions and principles to us at the bedside with sufficient precision.

Before I finally leave this subject, permit me to add that I think the "Third Year's Student" cannot complain much of lack of opportunity for acquiring knowledge, if he be already competent to pronounce sentence on each physician, in terms so decided, that, proceeding from a man of his standing, they cannot but bear the semblance at least of arrogance.

I fear that I have but little to say in extenuation of the other great subject of complaint. Were I to express my own sentiments on the "Scottish grievance," I could not find words that would be more in accordance with my own feelings than those contained in the last letter of "our own correspondent." He has, however, omitted to recommend a remedy, which is after all the only practical advantage to be gleaned from the voluminous appeals to which you have so generously given place in your journal. The authorities do us injustice by forcing upon us a man who is unqualified for his duty; and I consider that we should be only treating ourselves with that consideration which, as gentlemen, we are justified in demanding, by placing before those who are alone able to afford redress—I refer to the medical committee—a full statement of our complaint. Let this statement be made in writing, and let each one who is desirous of reform

* I may here remark that I believe the bladder should be punctured through the rectum in most cases of insuperable retention of urine at sea. I recommend the surgeon to provide himself with one of Mr. Cock's instruments, constructed for that purpose, and read Mr. Hilton's lectures on the subject, recently published in *THE LANCET*.