

*Medical Ethics, or a Code of Institutes and Precepts adapted to the Professional Conduct of Physicians and Surgeons.* By the late THOMAS PERCIVAL, M.D., F.R.S. &c. With Additions illustrative of the past and present state of the Profession, and its Collegiate Institutions in Britain. Small 8vo., pp. 360; London, 1827; Jackson, Borough.

THE work on medical ethics by Dr. Percival, consisted originally of the several aphorisms which are included in the volume before us; of an anniversary discourse preached by the Rev. T. Percival to the Governors of the Liverpool Infirmary; and supplementary notes and illustrations of a miscellaneous nature, by the Rev. Thomas Gisborne, M.A., the author of an *Inquiry into the Duties of Man*. These supplementary articles, as being of little value, or for the most part a recapitulation of the ethics, are omitted in the present edition; some very curious illustrations of the tricks and devices of the Medici family, as well as reflections on the corporate institutions of medicine and surgery, (which, as the editor correctly observes, are mill-stones and dead weights about the necks of the profession,) being made to fill up the void. He appears to have lived awhile in those prolific regions of hypocrisy and humbug, denominated watering places, and his observations on the curemongers, the saints, the blockheads, and the quacks of the profession, although they somewhat disturb the gravity of Dr. Percival's aphorisms, contribute to render the work one of the most amusing pieces of sarcastic composition that has lately issued from the press. Percival's aphorisms will instruct, and the editor's pleasantries will amuse; in short, there are few books in which this *utile* and the *dulce* are better commingled, or a greater number of truths told in an agreeable style.

MR. SEARLE ON PRESSURE IN CASES OF  
UTERINE HÆMORRHAGE.

To the Editor of THE LANCET.

SIR,—I feel that I am intruding very far upon your kindness, in begging the further favour of being allowed to occupy a space in your Journal for replying to Mr. Walford and Alpha. Could I have anticipated in relating the case of uterine hæmorrhage cured by *efficient* pressure, "so much ado about nothing," I certainly should have avoided it. In expressing my admiration of the faithfulness of Mr. Walford and Alpha in protecting the rights of *other* persons, I at the same time must own, that I am not philosopher enough to submit to be barked out of the field. These gentlemen refer me to Dr. Ramsbotham's work, in order to undeceive me respecting the priority of applying *efficient* pressure; to my astonishment, after what has been said, I find that Dr. Ramsbotham has merely used pressure by the hand, ("grasping,") for the express purpose of exciting uterine contraction; therefore, to show how needlessly these gentlemen's remarks have been made, and how groundless their fears have been of my having used any unfair appropriation, I will quote my own words out of the related case in question:—"It is true, that gentle pressure of the hand is often used to excite contraction of the uterus, but whether it be of the least utility in cases of hæmorrhage, is doubtful; however, pressure, when applied with the view of closing the bleeding mouths of the uterine vessels, would require that it should be accomplished in a more effectual manner."

Had I been aware of the three cases related by Dr. Ramsbotham, I of course should not have questioned the utility of grasping the uterus; nevertheless, Sir, I had no right to suspect that any of your professional readers would be blind to the distinction made above, between the two modes of applying pressure; since it is so, I will place them in a clearer light, with their comparative advantages. In the three cases of Dr. Ramsbotham, he admits that he was obliged to continue grasping the uterus on the average between two and three hours in each; speaking for myself, I could not promise that I should have either patience or power to do this, putting aside the loss of time. It is only recommended in cases of internal hæmorrhage, which occur but seldom. Dr. Ramsbotham has related a number of *other* cases, a few of which were fatal, but in neither was a word said about pressure having been used. It surely will not be contended, that this mode can be deemed "*efficient* pressure," when it is merely employed to excite con-

traction of the uterus, which contraction is to stop the hæmorrhage, an effect which, it appears, may not be produced in this *indirect* way for several hours. On the other hand, the mode of pressure I have recommended has been denominated *efficient* pressure, because it may be applied in a form and with a force that will at once close the bleeding mouths of the vessels, without being guided by the existing state of the uterus, which, in my humble opinion, has little or nothing to do with the cause of the hæmorrhage, since it occurs in the contracted, as well as in the lax condition of that organ. It is well known that a person bleeding profusely at the nose, may at one time have the hæmorrhage checked in a few minutes, while at another it cannot be stopped in as many hours, and yet without any apparent difference in the state of his constitution. *Efficient* pressure, therefore, promises to be useful in all cases of uterine hæmorrhage, whether internal or external, and in those where the placenta is partially adhered to, the symptoms so alarming that every minute is of importance, it might probably be advisable to apply the pressure immediately, and avoid the delay of removing the placenta until the patient had recovered sufficiently to be out of danger.

As Mr. Walford has not described Dr. D. Davis's "improved mode of applying pressure," and as "plugging" is insisted upon to be an essential and useful part of the process, I am at a loss to conceive what the plan can be; it, at least, has not simplicity for its recommendation; and since my not perceiving the utility of "plugging" appears to have given offence, I will assign the objections which may be offered against it; viz. if the vagina be plugged, in the first place it must be done tightly to have any effect, which will cause pain, and take up time; in the second, it must render every case of hæmorrhage internal, distending the uterus, and opening the mouths of the vessels; if pressure be now made externally, the plug will be either forced out, and thus become useless, or be retained and occasion the pressure to be applied, at the great disadvantage of being imperfectly resisted by the fluctuating contents of the uterus, thereby rendering the plug worse than useless; and if this plan succeeded, the quantity of coagulated blood detained, would produce severe after pains. Again, if the uterus were plugged, several of the above objections would obtain against it. I therefore must repeat, that I cannot perceive the utility of plugging, notwithstanding the tartness Mr. Walford has manifested at the remark. I did hope that this practice had become obsolete.

Sir, I know not how far I am called upon

by the laws of medical etiquette to answer the acrimonious inquiries of an anonymous correspondent like Alpha, I will, however, en passant, just inform him that I gave the laudanum, because a large dose generally lessens the force and quickness of the actions of the heart and arteries, very promptly thereby rendering the circulation slower, so that a less quantity of blood might escape from the uterine vessels within a given time; while the application of the vinegar and water, either by their coldness or acidity, might constrict these vessels, and thus check the hæmorrhage. And, as all cases of this kind are mild before they become alarming, I thought it right *first* to administer those means which had repeatedly and almost invariably realised the hopes under which they had been given. I trust I have now satisfied Alpha—if not Alpha, at all events persons more capable of judging than himself, that I was in the full possession of my senses at the time of using the means, which he may have some "*cogent reasons*" for condemning.

I remain, Sir,

Your obliged servant,

HENRY SEARLE.

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IMAGINARY MEDICAL RANK.—NEW FELLOWS  
OF THE COLLEGE OF PHYSICIANS.

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*To the Editor of THE LANCET.*

SIR.—The imaginary *old* fellows of the College of Physicians, I understand, have made, or are about to make, a batch of *new* fellows, of course of the same imaginary breed with themselves, in order, I presume, to defend their imaginary privileges against the attacks of the independent physicians. Nothing can be more illustrative of human vanity and folly, than the desire to obtain a rank, which, having no legal foundation, can have no real existence. A title of this description can be nothing more than a nick-name; and, in the present case, a most ridiculous one it is. But, it is a further consequence of the illegality of the claims of the College, that the licentiates also are an imaginary rank. How much more wise and honourable would it be in persons in their situation to divest themselves at once of their disgraceful subordinate title, and to become *independent* physicians, than to court a ridiculous promotion from one imaginary rank to another? There can be nothing to hinder them. If the oath to obey by-laws with which they