swallowing is necessary for fluid to pass into the stomach. This effort must be made during life; and therefore, in the case under consideration, no doubt the fluid had been swallowed under some futile attempts to breathe. Notwithstanding that all this was explained to Mr. Baker, he directed the above verdict, because, according to his dictum, the law looks upon any child that has not breathed as still-born.

My objection to Vice-Chancellor Stuart's dogma is, not that foetal life may not be continued for some time after expulsion, but that such a state of being is nothing more than the remains of a much lower degree of vitality than is attained after respiration is established; and, for myself, I cannot help thinking that the Legislature, in passing the statute of "tenant by courtesy," intended by the words "born alive," not that there should merely be evidence of the continuance of foetal existence, but that the infant should have assumed for itself that new state of being which is universally regarded, in the ordinary acceptance of the term, as the "commencement of life."

I am, Sir, your obedient servant,
Portman-square, May, 1861. FRANCIS H. RAMSBOTHAM, M.D.

To the Editor of THE LANCET.

SIR,—Although retired from the active duties of the profession, I still feel great interest in everything which concerns obstetrics. I have for many years laboured to raise the value of embryonic and foetal life, and to depreciate as far as possible the *murderous operation of craniotomy* in the estimation of those who practise midwifery, (*vide* "The Value of Embryonic and Foetal Life, Legally, Socially, and Obstetrically Considered," "British Record of Obstetric Medicine," &c., 1848; also several papers in *Provincial Medical and Surgical Journal*.)

On this account I read with great satisfaction (as an effort in the right direction) the excellent remarks of Dr. Tyler Smith "On the Abolition of Craniotomy from Obstetric Practice in all Cases where the Foetus is Living and Viable." ("Transactions of the Obstetrical Society," vol. i.) I also read with pleasure, and felt the truth and justness of the opinions of Mr. Freeman and Dr. Tyler Smith, "that pulsation of the heart is evidence of live-birth," (delivered before Vice-Chancellor Stuart in the case of "Brock v. Kellock.") A different opinion was, however, expressed by Dr. Robert Lee, who maintained that respiratory action is necessary to constitute life; but the Vice-Chancellor wisely decided otherwise.

Dr. Robert Lee asks (THE LANCET, May 18th, p. 493), "If a child is born, but neither moves nor breathes, and shows no other sign of life except 'a slight pulsation at the cord' (funis), ought I to consider such a child to be born alive?" &c. If pulsation exists in the funis, there is strong presumptive evidence, more especially if it is felt at or near to the umbilicus, that the child possesses a greater or less degree of vitality; for it is physiologically true that if the child dies, the placental circulation soon ceases, and with it almost immediately that of the funis, first nearest the child's body, but not long after in its entire length. To entertain a contrary opinion would lead to a most disastrous practice, and would consign to the grave infants which might, and indeed would, be saved if (under conviction of suspended animation) resuscitating measures were energetically and perseveringly used.

With respect to the question of "what is proof of live-birth?" physiology can alone decide it; it belongs to medicine, and not to law. There are gross inconsistencies in reference to foetal and infantile life on the statute books which ought to be expunged, and more enlightened views recorded to justly guide legal decisions, more consonant with common sense, and based on a knowledge of the physiological laws of life both before and after birth.

I shall not further extend my remarks at the present time, as your valuable leading article last week upon this subject makes it quite unnecessary for me to do so; but I do hope that the time has now arrived when several moral, social, and obstetric questions in relation to the value of embryonic, foetal, and infantile life will receive a greater consideration from the members of our profession, which may lead the Legislature to adopt opinions based on science and humanity.

I am, Sir, your obedient servant,
THOMAS RADFORD, M.D.

Higher Broughton, Manchester, May, 1861.

To the Editor of THE LANCET.

SIR,—If your readers were interested in your report of the case of "Brock v. Kellock" in THE LANCET of the 11th inst., and your subsequent comments thereon, possibly the annexed

extract from my note-book, in relation to a case bearing upon the subject which occurred in my practice, and which excited some doubt in my mind at the time, may not be devoid of interest. I may add that the district registrar, on the strength of my opinion, recorded the birth (i. e., the live-birth) and the death of the child, neither of which he would or ought to have done had the child been still-born.

"April 13th, 1858.—Mrs. T. S.—; primipara. Presentation natural; labour severe and difficult—duration thirteen hours. Child, a boy, moribund; no instruments used,* but from the strong pains and detention in and passage through a somewhat straitened pelvis, the foetal head was greatly contused, the vertex tumefied, the forehead compressed, and the nucha abraded. Respiration never occurred, although the heart was felt and seen beating for a quarter of an hour; pupils widely dilated, and one eye open, but dull. Meconium had been discharged in utero, and oozed from the vagina in large quantities after the birth of the child.

"Could it be said to be born alive? Vitality certainly existed, although respiration had not commenced—not a sigh or gasp ever witnessed. Perhaps dead (still-born), according to vulgar acceptance and the regulations of the Registrar-General, although physiologically and really alive at birth.

"The apoplectic state of the child, caused by the injuries it had sustained in its birth, rendered all attempts made to induce respiration, by the postural method and other means, hopeless and unavailing. All pulsation ceased in less than half an hour."

I have attended the same female twice subsequently, and on each occasion she has given birth to a living child.

I am, Sir, yours &c.,
Stanhope, May, 1861. GEO. ARNISON, L.R.C.S. & P. Edin.

FRUITLESS SUCKING AND IDIOCY.

To the Editor of THE LANCET.

SIR,—Your correspondent, Dr. Richardson, has fallen into an error which I find is common to many who have read the abstract of my paper "On a Preventable Cause of Idiocy," &c.,—namely, a supposition that the substance of it was to attribute idiocy to "sucking the thumb." Now it so happened that "sucking the thumb" was not once mentioned. The error was assumed by Dr. Down, who rose first to speak to the paper. I am anxious to correct this erroneous impression by assuring Dr. Richardson that by fruitless sucking I do not mean "sucking the thumb." Fruitless sucking is a genus of which sucking the thumb is a species. I have fully explained what I mean by fruitless sucking in the work I have published on the subject, to which allusion was made in the paper; and I do not hold myself responsible for any other interpretation of it than that I have given.

The discovery I claim to have made, and which I am anxious to have recognised by the profession, is, that fruitless sucking is the principal cause of diarrhoea in infants.

The object of my communication to the Medico Chirurgical Society was to attract attention to this subject, by pointing out that the condition of idiocy bore evidence of the truth of my views, by its being stamped with the proofs of long-continued, retained habits of fruitless sucking in the manner I have explained.

I have not said that idiocy resulted *directly* from fruitless sucking, but that fruitless sucking causes thinning and softening of the stomach and intestines, of which process the frequent and green stools are the evidence. From this impaired condition of the *prima via* an imperfect growth and nutrition of the tissues of the body obviously results. And this is shown in the "pathological condition of the brain and the various scrofulous manifestations" which Dr. Guggenbühl has observed "to be associated with idiocy, and to depend upon some *undiscovered cause* operating in early life."

Two centuries ago Dr. Sydenham wrote that the convulsions of infancy resulted from diarrhoea, and I cannot see that he attributed them to teething. His words are—"Epilepsia vel primo mense aggreditur a frequentibus nimis alvi dejectionis, vel circa dentitionis tempus," &c.

Idiocy appears to be a state to which an unfortunate child is reduced who has suffered severely with diarrhoea in infancy, and had in consequence either a severe attack of convulsive disorder, or, what is perhaps more usual, a frequent recurrence of it, and has been unfortunate enough to survive its affliction.

Mr. Wilde, in his work on the "Institutions of Austria,"

* Forceps sent for, but delivery effected shortly before the messenger's return. Catheterism required afterwards.

states that the great mortality in the Vienna Foundling Hospital had baffled the attempts made to lessen it. During fifty years it ranged from sixty to ninety-five per cent.; and that it resulted especially from diarrhoea. He also says, "the general infantile mortality in Vienna and throughout Austria is very great, and the causes of death are chiefly abdominal diseases." Again: "Each infant, no matter whether it suckles at the breast or is spoon-fed, is provided with a kind of artificial nipple, called zuzel or zulp, and formed of a bit of linen, in which a piece of pap or bread-and-milk, about the size of the thumb, is bound up." I believe this custom explains the great mortality, and from other information I have obtained, as well as my own observation, I think it probable that some of the few survivors are idiots.

I am, Sir, your obedient servant,
Southwick-place, May, 1861. THOMAS BALLARD, M.R.C.S.

COLLEGE OF DENTISTS OF ENGLAND.

DR. RICHARDSON delivered the first of a course of three lectures on the "Salivary Glands and Saliva," before the members of this College on the evening of Tuesday, the 14th inst.

After a few introductory remarks, Dr. Richardson gave a general outline of all the glands of the body, showing their natural division into secreting and non-secreting glands, and their classification according to position, structure, and function. He first described them as belonging to great tracts, including a comprehensive enumeration of all the glands. He then gave a general idea of the construction of glands, remarking especially on the great law, that in the construction of glands as much blood as is possible is brought to a point by bloodvessels, and exposed to the largest possible secreting or elaborating surface. He also dwelt on the importance and peculiar influence of nerves in regulating the supply of secretion in glandular structures.

After concluding the anatomical, structural, and physiological classification of glands, in which he devoted special attention to the organs of insalivation,—the parotid, sub-maxillary, and sub-lingual glands,—Dr. Richardson took up the question, why individual glands should produce "specific secretions;" explaining the primary facts—that the blood is the source of every secretion; that the power of "special secretion" does not lie in the "mechanism of a gland;" and that the whole process of secretion is evidently conducted through the agency of some chemico-physical relationship existing between cells and blood.

Dr. Richardson concluded by observing that the recollection of the subject-matter of that lecture would greatly facilitate his consideration of the "Salivary System" especially in his next.

A beautiful series of coloured diagrams added materially to the comprehensiveness of a most interesting lecture.

REGISTRATION OF BIRTHS AND DEATHS, SCOTLAND.

THE following is the petition adopted by the Glasgow Faculty of Medicine:—

To the Honourable the Commons of Great Britain and Ireland, in Parliament assembled.

The petition of the undersigned ———, Surgeon,

Humbly sheweth,—That your petitioner is a legally-qualified member of the medical profession, practising in ——— of shire.

That since the Act 17 & 18 Vict., cap. 80, came into operation, your petitioner has been annoyed, and held in fear, while in the pursuit of his lawful calling. That, by section 41 of said Act, power is given to the common prosecutor to institute proceedings against your petitioner, whereby serious penalties may be inflicted on him, in case he should omit or decline to grant, gratuitously, certain professional certificates; said certificates being of much importance to the community, for whose interest and behoof they are demanded.

That your petitioner is altogether at a loss to comprehend on what principle he is thus dealt with; that he considers his professional knowledge and labour his legitimate property, of any portion of which he cannot constitutionally be deprived, on any pretext whatever.

That your petitioner cannot lend his sanction to a law which, under the threat of punishment, compels the members of any class of men devoted to scientific pursuits to give the result of their investigations otherwise than as a free gift to the State. Every system of terror and coercion so applied, being a gross violation of every honourable and upright principle, must fail in practice to produce the results ostensibly wished for—truthful and reliable information. Fear, injustice, and wrong naturally lead to evasion, resistance, and hatred.

That, whilst your petitioner is glad his fellow-practitioners in England are wholly exempt from any such grievance, he cannot but express his indignation that so uncalled for a distinction should have been made between him and them.

May it, therefore, please your Honourable House to take the premises into consideration, and repeal the penalty portion of the 41st section of the Act 17 & 18 Vict., cap. 80, and your petitioner, as in duty bound, will ever pray.

—, in the County of —, May, 1861.
(Signed)

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

FOR the last two years the greater part of the sewage of Paris, collected by an enormous main drain traversing the town from east to west, has been discharged into the river Seine at Asnières, a village distant about three miles from this capital. At a short distance from Asnières, and lower down the stream, lie embedded in the river the pipes through which the water is sucked up by steam pumps to the great reservoirs whence the suburb of Montmartre and a population of 200,000 souls derive their chief supply. Since the opening of the main sewer the inhabitants of this district had found that the water, hitherto excellent and perfectly wholesome, had acquired the very opposite qualities; and a petition had been addressed to the municipal authorities in order to obtain a prolongation of the supply pipes to another point in the river where the water was less impure. Those alone of your readers who have had the misfortune of being involved in a Chancery suit can form an idea of the tedious character of French ministerial proceedings. The water in question emitted a disgusting odour; it had a muddy look and a nauseous taste; it produced colic and vomiting. Was it unwholesome, and was it impure? For the solution of this problem the three infallible evidences of sight, smell, and taste might surely have sufficed; but we do things differently in France, and the following process was consequently adopted:—1st, the local sanitary board of Montmartre, composed of the mayor, two doctors in medicine, two chemists, and three architects, met, inspected, tasted, smelt, and analyzed (talking a little between-whiles), and finally gave vent to their feelings in a *report*. 2ndly, the Superior Sanitary Council of the Seine, presided over by the prefect of police, and consisting of thirty-two members, amongst whom are MM. Guérard, Devergie, Cadet de Gassicourt, Petit, Robert de Lamalle, Bouchardat, Michel Lévy, Bérard, M. Dubois, Dean of the Faculty of Medicine, and several celebrated architects, likewise assembled to consider the question, and, after a similar course of proceedings, issued a *second report*. The municipal authorities, however, not so easily satisfied, requested a second examination of the subject by the same Superior Council, and a *third report* was framed. The question then passed under the consideration of the "Ponts et Chaussées," and a *fourth report* was the result; all which being considered insufficient, the subject was submitted to the highest of the sanitary tribunals in France, the "Consulting Commission of Public Hygiene," and the apparent consequence of this last and *fifth report* has been the desired prolongation of the Montmartre suction-pipes to a point where the water ceases to be a mere emulsion of sewage. An indiscreet member of the select vestry of Montmartre, however, who gives very excellent dinners, and who, whilst apologizing for the badness of the water, furnishes irreproachable Richebourg as a substitute, informs me of a fact which explains the recent rapid solution of the hydrological difficulty. It would appear that the 200,000 inhabitants, growing impatient of the interminable official routine imposed by the municipality, directly petitioned the Emperor for redress.