quires unity of action and ample means at command, without which our best endeavours may be unavailing. Some gentlemen have contributed most liberally to the Association fund; but a vast number have done very little, and many literally nothing. Since the commencement of this year, 593 medical officers only, out of the 3200, have sent subscriptions: this apathy is unworthy a noble profession with so much at stake. For years past the Poor-law medical department has been in a degraded position, ground down to so low an ebb that resignations have been most numerous, almost compulsory, twenty-nine having taken place during the last month. Surely, now there is a prospect of making ourselves respected by the guardians and the community at large, my friends will awake from their lethargy, and prepare themselves to support the proposed Bill of the president of the Poor-law Board, or to press upon Parliament the necessity of its amendment, should such be needed; and also to take their share in the support or rejection of the other Bills. But this cannot be done without funds, printing on an extensive scale and a large and continuous correspondence being absolutely necessary. Surely a few shillings from each member cannot be considered thrown away in an attempt to redress the wrongs of our oppressed brethren, omitting altogether the prospect of obtaining the £231,000 mentioned by Sir John Trollope, or even the 50 per cent. named by the president, which is £115,000 annual addition to our salaries.

I have recently been in correspondence with the Poor-law Board on the subject of our salaries, and annex their last reply.

I am, Sir, your obedient servant,
12, Royal-terrace, Weymouth, RICHARD GRIFFIN, M.R.C.S.
June 14th, 1858.

Statement of the President of the Poor-law Board, copied from "The Times" of June 11th:—

MR. ESTCOURT said that he had endeavoured to frame a measure which should give satisfaction both to the Poor-law medical officers and to the public with respect to the complaints which were urged on both sides: by the former, that their salaries were inadequate and their position not such as their professional status entitled them to; and by the latter, of the want of proper attention on the part of the medical officers. He did not expect that that measure could receive the sanction of Parliament in the present session, but he hoped to be able to lay it on the table, so that it might receive some amount of consideration.

Poor-law Board, Whitehall, June 9th, 1858.

SIR,—I am directed by the Poor-law Board to acknowledge the receipt of your letter of the 1st inst., and to state that the Poor-rate Return for 1855, from which the amount (£231,682) referred to by you is taken, does not give the information required as to the proportion of that sum paid in salaries to medical officers, in fees or other expenses. I am directed to add, however, that a return is in course of preparation for the year 1857, for the purpose of being laid before the House of Commons, which will give the particulars relating to the medical relief for that year in very minute detail. The Board will readily furnish you with a copy of the return as soon as it is completed.

I am, &c.,
COURTENEY, Secretary.

THE MARSHALL HALL METHOD OF TREATMENT IN ASPHYXIA.

To the Editor of THE LANCET.

SIR,—Your correspondent from Columbia, Tennessee, U.S., appears to be much interested in the method of treatment in asphyxia recommended by the late Dr. Marshall Hall, and generally known as the "Marshall Hall" or "Postural Method." Allow me, through the medium of your journal, to call his attention to the results of my experiments and observations on this important subject.

The principle involved in the postural method is precisely the same as in a plan formerly much practised, in which simple compression and relaxation of the chest were employed to induce expiration and inspiration. The difference is this, that in the postural method the compression of the thorax is occasioned by the weight of the body of the patient resting on the chest during the prone position, followed by the removal of the pressure and consequent return of the thoracic parietes to their ordinary level on the patient assuming the supine posture. No attempt is made to enlarge the actual capacity of the chest by inducing an elevation of the ribs, such as takes place on making a deep inspiration.

This method of treatment has been found open to some objections; for instance—

1. Expiration is made to precede inspiration, whereas originally expiration is second in order, and not the primary act. In still-born infants, whose lungs have never been inflated, forced expiration at first is of course impossible.

2. The expansion of the thorax or inspiration, being dependant on little more than the elasticity of the tissues, takes place feebly, inefficiently, and therefore calls for some more active mechanical aid.

3. It is scarcely possible to use the warm-bath, if indicated, in the case of a still-born infant, during the adoption of the postural method.

4. The patient is liable to have the mouth and nose compressed, the face bruised, or the neck twisted, by the almost lifeless body being turned alternately on the chest and back fifteen times a minute for some hours; moreover to the operator this process is very arduous.

5. When the body is "turned on the face, and pressure made on the back," (pronated,) the contents of the stomach are liable to pass into the œsophagus and windpipe.

6. When the patient is turned "completely on the side and a little beyond," (supinated,) the tongue obstructs inspiration by falling back into the throat, the epiglottis resting against the back of the pharynx.

7. Both sides of the chest are not equally inflated, one side only being called into action at the same time to any important extent.

8. This process is not entirely in harmony with that of Nature. It is not the way in which we generally breathe.

9. That the amount of air respired is exceedingly small, as has been proved by actual experiment. This is doubtless in consequence of the actual capacity of the chest not being increased.

The method of performing the experiments, at St. George's Hospital, on the dead subject, which appeared to prove that in the Marshall Hall Method "nearly as much air entered the lungs as would be inhaled in an ordinary inspiration in a state of health," is, I believe, by no means satisfactory; it is, in fact, open to obvious objections. The tube of the pneumometer was passed into one of the nostrils of the patient, the other nostril and the lips being closed with adhesive plaster. The want of rigidity of the cheeks, and the amount of air in the respiratory tract, and even in the stomach, &c., of the patient, could scarcely fail to render the indications of the instrument, however perfect in itself, liable to suspicion, if not entirely valueless, in point of scientific accuracy.

The method which I have ventured to bring before the profession, is not open to any of the above objections. It is a simple imitation of natural deep respiration, and effected by means of the same muscles as are employed by Nature in that process. In ordinary deep inspiration, we lift the ribs and sternum by the pectoral and other muscles, which pass between the chest and the shoulders, and thus produce the threatened vacuum which inflates the lungs.

In my method we lift the ribs and sternum by the pectoral and other muscles which pass from the shoulders to the parietes of the thorax, by steadily extending the arms up by the sides of the patient's head; by elevating the ribs the cavity of the chest is enlarged, a tendency to a vacuum is produced, and a rush of air immediately takes place into the lungs. Expiration is brought about by simple compression of the sides of the chest by the patient's arms.

The distinguishing feature of my method is the actual enlargement of the cavity of the chest.

In order to maintain a free entrance of air into the windpipe, we draw forward the patient's tongue, and keep it projecting beyond the lips. If the lower jaw be gently raised, the teeth may be made to hold the tongue in the required position. Should it be found necessary, the tongue may be so retained by passing a handkerchief under the chin and fastening it over the head.

In this way the patulous orifice of the windpipe is raised and drawn forward, so that nothing intervenes between it and the natural channel of air through the nose. The tongue is entirely prevented from falling back into the throat, whilst the extent to which the windpipe put on the stretch is clearly indicated; the pharynx also is sufficiently opened to allow of the removal of liquids, &c., from the mouth, nose, pharynx, &c.

My method has been tested by experiment on the dead body with most satisfactory results; and a successful case of resuscitation has already been recorded.—Yours obediently,

HENRY R. SILVESTER, B.A., M.D. Lond.

High-street, Clapham, June, 1858.