THE LATE CHANGES IN THE ARMY MEDICAL WARRANT.

To the Editor of THE LANCET.

SIR,—Once upon a time a certain well-known elderly gentleman named Mr. John Bull, having got entangled in the meshes of a net made of red tape, was sorely ill-treated by the Cossacks of the Crimea, the Sepoys of India, and the Tartars of China. Being sadly bruised and wounded, he applied to a certain Æsculapius for relief, who promised his assistance upon condition of receiving a certain income and a position in Mr. Bull's family. The Medicus, by removing certain obstructive matters and skilfully husbanding his patient's strength, succeeded in bringing the old gentleman out of his troubles, and then claimed the stipulated reward. "What!" exclaimed the knave, "have I not given you part of the price stipulated, and let you go without any marks of my knuckles about your neck? You ought to be thankful you have not been deprived of everything you possess."

This little parody of Æsop's well-known fable exactly applies to the treatment the gentlemen of the naval and military medical service have received from the hands of her Majesty's advisers in these matters.

The Warrant never has had effect since its formation. In India and China it was a dead letter. At home, officers of cavalry and others entitled according to rank to the same considerations as field officers with respect to chargers were denied the privilege; and now, no sooner is there a lull in the storms of war, and the services of medical men appear (for it is only in appearance) to be less urgently required, than the opportunity is taken to reduce the rank of surgeons, and to put a number of young gentlemen upon half-pay, to show the profession, as it were, that their services were not so valuable as they seemed, and that the service does not now require applicants.

If a private individual similarly broke faith with his groom, the laws of old England are sufficient to protect the weak from the strong. But we, Sir, can look to the power of the press alone for protection against whatever insult or injustice the authorities may think fit to inflict.

I have the honour to remain, Sir, your obedient servant,
May, 1861. FIDES.

To the Editor of THE LANCET.

SIR,—The circular lately issued by the War-office, lowering the relative rank of all future surgeons in the army, cannot fail to give general dissatisfaction to the Medical Department. I am certain that until the issuing of this obnoxious circular all the members of our department were well satisfied with their rank and pay; indeed, what had they to complain of? Nothing. But now, after having given us a good standing amongst our brother officers, we suddenly find ourselves reduced to an anomalous position—a position likely to expose us to ridicule. If we take into consideration the time, expense, and great amount of study a man has to pass through before being qualified for the medical profession, it appears a great injustice that we should be thus treated. I consider that a surgeon, after having passed five or six years of hard study attending hospitals, &c., and acquiring a professional education, in comparison with which the majority of the other officers in the service have nothing to show,—I say that I consider that he is fairly and honestly entitled, on promotion, to rank with a major in the army according to seniority. The medical department was growing into what it should be before this new circular made its appearance. Great inducements were held out to medical officers to distinguish themselves in every way. The Fort Pitt medical school was established, and men came forward readily to compete for appointments, when, alas! this new grievance appears, and must strike all with amazement. Surely a surgeon is entitled to the rank which has lately been taken away from him; and it is, indeed, difficult to imagine the why and the wherefore of it.

I sincerely trust that Lord Herbert will take the matter into consideration, for I really believe that he is a friend to the department. Has he not said publicly that the rank lately allowed to surgeons was not at all too great, for they were entitled to it in consequence of their professional education, and it was absolutely necessary to ensure due respect from the men in the execution of their duty. All unbiassed minds must agree with him.

It may, perhaps, require a second edition of the Crimean campaign before medical officers in the army are properly re-

spected and dealt with. Look at the private practitioner. Does he not, as a professional gentleman, rank with any man? But the surgeon in the army, who has actually a greater ordeal to pass through (I allude to the medical school at Fort Pitt and the three separate examinations he has in the service),—who exposes himself on the field of battle with his brother officers, and to the ravages of disease in the hospitals, for the purpose of saving life,—I say he is not considered worthy to take his stand with a major in the army.

The profession should unanimously protest against such inroads on the status of their brethren in the service, and I would propose that the medical students come forward in a body and signify their determination not to join the army whilst such a circular as that lately issued is allowed to stand. If they did this, Sir, I think it would be productive of much good, for who can say what the next step will be? It is all very well whilst they require men in the service, but immediately they are stocked with medical officers they appear to imagine that any liberty can be taken with them.

I am, Sir, your obedient servant,
May, 1861. AN ARMY ASSISTANT-SURGEON.

TETANUS AND STRYCHNIA.

To the Editor of THE LANCET.

SIR,—In confirmation of the very judicious remarks which you have made in your leading article on the 18th inst., upon the above subject, I beg leave to forward you a case which occurred in my own practice.

In presence of a disease or a patient for the first time, the practitioner of medicine has pressed upon him the question—What will he do with it? *Cujusmodi* and *quâ ratione* he finds soliciting him on the threshold; and bringing with him, as he may, a typical form for comparison, he will still find the need of diagnostic signs, by the aid of which he may eliminate the particular case, and to resembling symptoms accurately affix the difference. If the above observations apply to ordinary cases of disease, a pneumonia, a fever, or a diphtheria, *à fortiori* do they to cases of suspected poisoning, in which one has not only to diagnose, but is called upon incontinently to act, in the first instance to save the patient if possible, and that, too, in some cases without his aid or consent; and should a fatal termination ensue, to do what in him lies to prevent the escape of the guilty, or the inculpation of the guiltless. At the trial of Palmer so little was known of the action of strychnia on the human body, that the island was ransacked for cases, and unprofessional persons, ladies-maids, and nurses were admitted to give evidence, so as to eke out a typical case, in order that a jury might form their diagnosis in a case of life and death! and it was felt that even this was better than to allow such a malefactor as Palmer to escape. It is therefore incumbent on skilled observers, such members of the profession as may chance to see cases of poisoning, to make the typical case, with its diagnostic signs where they exist, as clear as possible, so that once seen and appreciated it may never be forgotten or escape ordinary attention. With these preliminary remarks I beg leave to hand you for publication what I venture to call a typical case of poisoning by strychnia.

On the 14th of April, at half-past five P.M., I was called to E. H—, a servant out of place, and was told that she had been taken suddenly ill soon after returning from a trip across the Southampton water with a young man. On my arrival at the house, about 200 yards from my own residence, I found the patient a young woman, aged about thirty, in bed, perfectly sensible, but in a state of agitation and alarm—in a peculiar state of exaltation, which reminded me so forcibly of the latter stages of parturition, that, although the necessary previous conditions were denied, remembering the existence of a social evil, and that the class to which the patient belonged was that upon which that evil weighs heavily, and a *suppressio veri* not at all, I proceeded to assure myself by placing my hand upon the abdomen. The moment I touched her hand or her body, upon removing the bed-clothes, there was *reflex action*! And I wish here at once to draw attention to this fact; it was so distinct from an hysterical shrinking from the touch, which is eminently conscious, and may be prevented by diverting the patient's attention to other matters. I consider it as the diagnostic sign of poisoning by strychnia; it was perfectly apart from consciousness, as it was in the frog submitted to the influence of the same poison, subsequently extracted from the patient's stomach. She sat up in bed to take some warm water, put out her tongue in a tremulous manner, lay down again, shrieked out, and was immediately thrown into tetanic spasm; the

head and neck were drawn back; the face, from being flushed, became colourless—livid; the eyeballs rolled, and the pupils became largely dilated; the forearms were semi-flexed and pronated, and the wrists and fingers flexed and pressed upon the chest, upon which she begged the bystanders to “brize” to prevent the arching of the spine; the lower extremities were widely separated, resting on the heels, with the feet moderately extended; perfectly rigid; opisthotonos; the pulse, which had been full and incompressible during the paroxysm, became rapid, small, and almost extinct. After the lapse of some minutes the spasm relaxed, the face again became coloured, the eyes red, and the pupils natural. It was observed she had bitten her tongue. She was able to converse, and in answer to my inquiries said she had dined off ham, potatoes and greens, and had drunk beer; she did not think anyone would put anything noxious into her food, but rejoined *sponte suâ* that there were people who envied others getting on in the world. I further ascertained that the catamenia were impending—regular, though attended with pain. The conversation was interrupted by another spasm, perhaps not quite so severe as the former one. On her recovery, she thought she should be better if she were to be sick. She had taken some antimonial wine before I saw her. I left to procure some emetic, and on my return administered three or four grains of tartrate of antimony with four table-spoonfuls of warm water, which she swallowed eagerly, was laid down, had another fearful spasm, and died in it asphyxiated about a quarter past six.

Putting the remarkable symptoms of the case together, I came to the conclusion that death was occasioned by strychnia; and as the case was enveloped in obscurity, I directed the master of the house, a very intelligent man, to put himself in communication with the police. It was subsequently made out clearly a case of suicide, a bottle of the poison being found in the patient's box; the poisonous dose extracted from the stomach and contents, liver, and other viscera, and circumstances detailed at the inquest pointing to the motive: in these respects affording a noticeable contrast to the case which forms the subject of your remarks, which strike me as of the highest interest and importance, as in the present anomalous state of the coroner's jurisdiction, and from the occasional supineness of the police, I am convinced that many cases slip through for want of the evidence which prompt action alone can secure.

I am, Sir, your obedient servant,

LEONARD A. LAWRENCE, M.R.C.S.

Denzil-place, Southampton, May, 1861.

THE DIAGNOSIS OF ANEURISM.

To the Editor of THE LANCET.

SIR,—Your “Mirror of the Practice of Medicine and Surgery in the Hospitals of London” undoubtedly exercises much influence over the practical department of our profession throughout the world. It is a grave matter, therefore, that the details of all cases laid down for our guidance and example be duly considered, or most calamitous results must inevitably ensue.

Let me illustrate the remark by an example. At page 512 (25th ult.) we read, “John S—, aged twenty-nine, carpenter, residing in London; of pale, strumous aspect. Has always enjoyed good health. For the past two years his employment has compelled him to be constantly on his feet, with a great deal of quick walking. Habits invariably temperate. About a month since he first noticed a swelling on the thigh, and although it did not cause him any convenience beyond some slight pain, he applied for relief at this hospital a fortnight ago. An aneurism of the femoral artery was diagnosed, and he was admitted.”

This diagnosis was established, according to the report, on the following evidence:—“The tumour was found to be about three inches and a half in length, and two inches in breadth. It pulsated synchronously with the pulse. The pulsation was stopped on pressure being made on the artery above, and increased when the pressure was applied to the vessel below the tumour. A distinct bruit was heard on applying the stethoscope over its site at each pulsation.”

Evidence so vague is, I contend, inadequate for the purpose of establishing a diagnosis. It affords at most but a faint adumbration of a disease in some respects simulating aneurism, and could in nowise justify or even countenance the formidable measures resorted to in the case, with so disastrous a result. Any tumour situated over the femoral vessel would pulsate—and synchronously too, I should conceive. From what kind of tumour in such situation might we expect

asynchronous pulsation? On this question I beg information. That the tumour should have had its pulsation arrested by pressure on its cardiac aspect, and increased by pressure distally applied, strikes me as by no means remarkable, peculiar, or pathognomonic. What tumour thus located would not be similarly influenced? And as regards the distinct bruit heard on applying the stethoscope, listen to one who speaks authoritatively on this head:—“Bruit, it is important to remember, is not an infallible indication of the presence of aneurism. Pressure on the artery by the stethoscope or by any tumour may induce it; and it is also found when no structural change at all exists, seeming to depend on an impoverished and deficient state of the blood.”*

Surely other and more reliable signs existed and were appreciated, although mention of them is accidentally omitted; otherwise the report is most dangerous as a rule of practice, and the treatment adopted on such evidence deeply to be deplored for its desperation and recklessness.

I am, Sir, very obediently yours,

CHARLES D. ARNOTT, M.D., &c.

Gorleston, Great Yarmouth, June, 1861.

* * The case was undoubtedly one of aneurism; and although not mentioned in the notes of the case, when pulsation was arrested by pressure on the artery above, the fluid contents of the tumour could be squeezed out by continued gentle pressure. On removal of the pressure from the blood-vessel, the blood was felt to rush into the tumour, and visibly to distend it again. The tumour, moreover, was oval in shape, circumscribed, and distinctly made out to be over and in connexion with the femoral artery. Pulsation and a bruit, taken with the other symptoms present, clearly pointed to the existence of an aneurism.—ED. L.

INJURIES CAUSED BY LIGHTNING.

To the Editor of THE LANCET.

SIR,—Under the above heading in the last number of your journal (p. 544) I observe described by Dr. Duncan of Richmond, the remarkable effects produced by lightning on the body of a person in Richmond Park during the storm of May 23rd, but fortunately unattended with a fatal result. The elective course taken by the subtle agent in that case has such a striking analogy with that which was manifested in a catastrophe unhappily fatal to one of the parties involved in it, and which occurred during the same storm, and possibly at the same moment, at the distance of a very few miles from Richmond, that little apology may be necessary for my asking room for the narration of the latter case. It was the subject of an inquest held by myself on Monday, May 27th, on the body of Mrs. Sarah Keen, (wife of the gamekeeper of — Perkins, Esq., of Hanworth Park,) who was killed by lightning, whilst her husband met with a most marvellous escape.

It appeared in evidence that on the previous Thursday evening, May 23rd, the deceased and her husband were proceeding to Hampton, when, about seven o'clock, they were overtaken by the storm which prevailed over the country some miles westward of the metropolis. They were standing together under an umbrella by the side of a lane, close to a ditch, and beneath the shelter of two elm-trees, when, as Keen the husband stated, his wife observed, “Well! it seems to be clearing off; we may as well go.” He recollected nothing more, until he found himself lying in the ditch and his wife dead beside him. How long he had remained in a state of insensibility he did not know, but he immediately proceeded to Hampton, where he arrived about eight o'clock, and procured the medical assistance of Mr. Jepson, and a vehicle for the removal of the body of his wife, which was forthwith conveyed home. The electric fluid had tattered portions of the woman's clothing, and had rent in a zigzag manner her right boot, near the toe-part of which was a small hole about the size of a crow-quill, through which it had evidently passed into the earth on which she was standing.

The escape of Keen himself had in it something miraculous. The lightning had struck his neck on the right side, where it inflicted a sore which was seen at the inquest. Proceeding thence, it had riddled his shirt as if with shot, and had passed along a metal guard which he wore attached to his watch underneath his waistcoat. His right brace was seen blackened along the course over which this guard had lain upon it. The

* Miller—Principles of Surgery.