MEDICAL REFORM.

House of Lords, Monday, May 13th, 1833.(From *The Times* of Tuesday, May 14th.)

"The Duke of HAMILTON wished to put a question to the noble Lord at the head of the Home Department, upon a subject which had already been before the legislature, and which he felt it his duty to mention to his Majesty's ministers, with a view to its alteration. The subject to which he alluded was the Apothecaries Act, which pressed very heavily on an important portion of the community—the Scotch Medical Practitioners. He hoped the Government would speedily take it into their consideration, and that the existing law would be speedily revised.

"Lord MELBOURNE said, that the subject was one deserving consideration, but it was not so easy or narrow a matter for consideration as might be supposed. There was much of difficulty, arising from conflicting interests, for, as far as he understood, an Edinburgh diploma would not enable the parties holding it to practise in Glasgow, and *vice versa*, and, therefore, when there was no reciprocity between those two Universities, it was not surprising there should be none between this metropolis and those universities. The Scotch diplomatists were not in a worse situation than were those holding the diplomas of the College of Surgeons in London, who could not practise as apothecaries without a license from the Hall.

"The Duke of HAMILTON conceived it to be a great hardship to call upon medical men, who had received a liberal education, both general and professional, to ask a license from a body formed of persons whose principal qualification was a five years' apprenticeship in an apothecary's shop.

"Lord SUFFIELD inquired, whether the London diplomatists had, in Edinburgh, the same facilities for practising as were enjoyed by the Scotch practitioners in this country.

"The Duke of HAMILTON was not prepared to answer that question."

INQUEST AT HORNCastle.

LETTER FROM DR. VEITCH.

To the Editor of THE LANCET.

SIR,—As I receive *THE LANCET* monthly, it was not till yesterday that I saw the Number in which my professional character is attacked; I might perhaps complain of the comments of the Editor on an *ex*

parte statement,* but I rely on your justice to insert a simple account of the truth of the case.

I received a message from a magistrate by a constable, requesting me to inspect the body of a child which the constable told me had been found buried in a field about a mile from Horncastle, and seemed to have been murdered. I went with the constable to a public-house where the body was, impressed with this message, and wholly ignorant by whom it had been buried. I saw a bundle of hay and sacking, tied round with string, and on opening it, found the body of a full-grown child, having the appearance, on the first momentary inspection, of a contusion on the head. Full of the intelligence conveyed by the constable, corroborated by these and other appearances of violence, I exclaimed at once, "This child must have been destroyed," or words to that effect. I was proceeding to examine it, when the constable, who was the only person present, told me (of which I had before no notion), that it had been taken in a gig and buried in a field near Dalderly by Mr. Ward and Mrs. T. Fawcett (which was the fact). On hearing this, I think I acted as right feeling would prompt any medical man to act towards another. I desisted from examining the body, and went first to the house of the vicar, whom I consulted on the subject, and from thence immediately to that of Mr. Ward, whom I accompanied to the magistrate's office, when he gave an explanation, with which a magistrate who was present was satisfied.

From the above account, you will perceive, that even if I had seen this child (as stated two years before) as a preparation, it was wholly impossible that I should recognise it in the circumstances under which it met my eye at the public-house. Whether I had done so or not, I am uncertain, nor can it in any way affect my character. But when it is added that it appeared in a minute autopsy, that there existed neither bone nor spinal marrow, I beg to explain that no such inspection took place during the inquest, and that not one of the medical men there present would swear that the child could not have breathed, which is all that is requisite to exculpate me from the imputation of ignorance, which, I suppose, it is intended to convey in consequence of my first exclamation on sight of the body, and when, as I have already said, no one was present but the constable; nor did I ever again either publicly or privately

* It surely is not correct to designate the common newspaper report of an inquest, whence our information was derived, an "*ex parte* statement."
—ED. L.

make any such allusion. If such inspection took place, it was after the inquest; and I can only despise the pitiful malignity which thus proved the conviction of those who instituted it, that they had failed in their attempt to blast my character. I have thus, Sir, confined myself to those facts which affect my own character, and have expressly avoided attacking others. But I must add, that I have by me the means of proving, that the whole statement which has been communicated to you is grossly prevaricated, and in more than one instance absolutely contrary to the truth. I am, Sir, yours, &c.

A. VEITCH, M.D.

Horncastle, May 4th,* 1833.

MIDDLESEX HOSPITAL.

FEMORAL HERNIA, WITH A DOUBLE HERNIAL SAC.—OPERATION PERFORMED BY MR. TUSON.

MARY MONTAGUE, æt. 37, was admitted into Bird's Ward on Thursday evening, April 18th, with femoral hernia on the right side.

She stated that she had been ruptured for the last seventeen years, and that the swelling had existed more or less during that period, but had never entirely disappeared. She had been treated for peritonitis previous to admission, and had various leeches applied, and also a blister. Her countenance was pallid, and expressive of much anxiety and constitutional depression. Great pain and tension of the abdomen existed, with frequent stercoraceous vomitings. Pulse small, quick, and sharp, but not hard. When the tumour was pressed, she experienced very great pain at the umbilicus. Every effort was made to return it, but without success. She was then placed in the warm-bath, and the taxis was again tried, but without avail. It should be observed that the hernia had been down since Saturday, and she first felt inconvenience on Monday, after nursing a heavy child, from which time to her admittance she became gradually worse, and had been vomiting more or less during the whole time. The bowels had not been relieved since the Friday.

In the absence of Mr. Mayo, surgeon of the week, a consultation was held between Mr. Tuson and Mr. Arnott, when it was decided that the only chance of relief was to be derived from the operation. The patient having been informed of this opinion, consented, and at about one o'clock

on the Friday morning, Mr. Tuson made an incision over the tumour. The skin being pinched fairly up between the fingers, was divided, and the fascia superficialis cut through by introducing the director beneath it. Several layers were, in like manner, divided, until the sac was observed, which was then carefully opened, and discharged above half an ounce of serum. Within this sac a very curious tumour was observed. It appeared as if one small tumour arose from a larger, and that from the lower or inner one a small appendix descended.

Upon examining this unusual appearance, it was found to be thick and very vascular, and, in some respects, led the surgeons to believe, that it was a portion of one of the large intestines, much thickened by remaining so long in the sac. The stricture was next divided, by introducing a bistoury on the inner side of the tumour, and dividing the crescentic arch, or third insertion of the external oblique muscle. The tumour was then pressed, when a part of its contents was returned, but still a considerable portion remained, unable to be reduced. It was, therefore, thought advisable to make an incision into the tumour, particularly as it appeared impossible for the intestine to resume its functions. There were several strong bands of adhesion, binding it down to the adjacent sac. An incision was therefore carefully made, when it was found that this was the true sac, and that the intestine was situated within it; but there was not the slightest appearance of fluid. The intestine presented a highly vascular appearance, not dark-coloured, and it was therefore returned into the abdomen, the stricture having been divided by the former incision. The lips of the wound were then carefully brought together, with two sutures, and a compress and roller were applied, when the patient was ordered to take castor oil 3oj, immediately, and a common injection was administered three hours afterwards.

April 19th, ten a.m. Bowels have not been opened; much swelling over the abdomen; pulse 100.

R *Epsom salts* 4 drachms; *saline draught* immediately.

R *Epsom salts* 1 drachm; *saline draught* every four hours.

Common enema to be administered immediately.

Twelve o'clock. Bowels had been moved twice; great pain and tension of abdomen; much anxiety of countenance; pulse 120.

R *Leeches*, 16 to the abdomen.

Calomel 2 grains, every eight hours.

* Received on the 17th instant.—E.D. L.