

With respect to the legal right of the Edinburgh M.D. to practise in England, I beg to offer a few observations. First, I contend, that before it can be said that he is practising illegally in England as a physician, it must be proved that he is violating some law, and making himself liable to some penalty fixed by legal enactment for so doing. Now, so far as regards his practising within seven miles from London, the senior censor confesses that there are no penalties to enforce—ergo, if the Edinburgh M.D. is violating a law, it is an absurd law, because it carries with it no punishment for its disobedience. Secondly, I think I can prove that the Edinburgh M.D. has something more than negative grounds on which to assert his right of practising in England. He has obtained his degree from a university belonging to an integral portion of Great Britain. He has paid £10 stamp duty on the same into the public exchequer. His qualification is appreciated and accepted in the medical departments of the army and navy; and his evidence is admitted in courts of law and at coroners' inquests in England. He has, moreover, a positive legal right to exercise his calling in England, inasmuch as by the late Acts of Parliament for the government of lunatic asylums in England and Wales he is qualified to act as visiting and certifying medical practitioner to those institutions. Hoping that these remarks may be followed up by some others from my calumniated fellow-graduates, I have the honour to be, Sir, your most obedient servant,

A DOCTOR OF MEDICINE OF EDINBURGH UNIVERSITY.

Bath, Nov. 1847.

#### THE MEDICAL REGISTRATION COMMITTEE AND THE MEDICAL CORPORATE BODIES.

A CORRESPONDENT remarks, that if the project for the organization of the medical profession, which has received the signatures of the heads of the London colleges, &c., had been issued or proposed by them, it would have been readily met by the Government; "at present," he says, "I consider it out of place; and while a medical registration committee is sitting for the express purpose of inquiring into the state of the profession, with a view to registration, it looks very like opposition for them (the corporate bodies) to start a scheme of their own. It would have been discreet forbearance in them, if they had waited for the Report of the committee. To proceed while the subject is under consideration is uncourteous towards the committee, and very unusual. They may depend on it, that the report of Mr. Wakley's committee will exhibit the nucleus of medical reform, and further legislation on the subject. The President of the Royal College of Physicians and the Royal College of Surgeons, the Master of the Society of Apothecaries, and the President of the National Institute, as well as the members of the profession generally, seem to have forgotten that the present House of Commons is a *new one*, and in *their legislative capacity* can know nothing of the condition of the medical and surgical profession, the grievances that we suffer from, and the anomalies that exist. He considers, therefore, that an interference both premature and obstructive has been manifested in the movement got up to anticipate the result of the deliberation of the medical committee; and he urges that the work of petitioning should be again resumed by the profession, to make the new parliament acquainted with their wants and their sentiments on this subject."

#### RELIGIOUS PERSECUTION AS AFFECTING MEDICAL PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—I very much admire your excellent remarks in the last number of THE LANCET, on the iniquitous persecution that is oftentimes waged against the members of our profession, on account of their religious persuasions, and this, too, from those from whom we might have expected better things. The abuse, in the country, is on the increase, and as your able pen has hitherto defended our rights, I trust no apology will be needed by my troubling you with the grievance complained of. Let us suppose an intelligent practitioner (a dissenter) should think proper to settle himself in a village or country town; if there is a prospect of his success, the warfare immediately commences. The village parson having got scent that Mr. So-and-so, the doctor, has a patient in his village, immediately calls on the patient, and assumes astonishment he should have employed Mr. —, the dissenter, for his doctor. A natural reply is then put—"Why? Do you know anything wrong against him as a medical man?" The answer is generally evasive, and symptomatic of a weak mind. "Why, no; but he is not admitted into polite society,"—or some such

silly argument. "Well," the patient says, "if that is all, I do not feel justified in changing my doctor." But he is again immediately reminded he will have no hot dinners, or comforts to promote his convalescence, and moreover, when Christmas arrives, no offerings for him. The result is, the poor man changes his medical man, lest he should be the talk of the village gossips, and this is a matter of no small importance with the poor: and the parson sometimes will offer to provide his own medical man gratuitously, to shut out this other practitioner.

Now, in the name of common humanity, I would ask, is such fair?—that a medical man, who is compelled to support his more wealthy opponent, should be subjected to such a systematic mode of persecution. The evil has a demoralizing tendency, and is, I regret to say, of every-day occurrence, as many of your intelligent readers must be witnesses. To one who has suffered from the abuses complained of, and who has been compelled to leave those nearest and dearest, or submit to penury and want, the only alternative remains, to seek an asylum elsewhere, perhaps to encounter a similar line of treatment. Surely our trials from the caprices of the community are sufficient, without increasing our difficulties. I write not these lines in any disrespect or vindictive feeling towards the church, but I do hope to see the day when a medical man may be permitted to worship his Maker as he may deem fit, without being subject to a whole host of enemies, who studiously endeavour to effect his ruin and blight his prospects in this world, as in the instance of the writer.

I am, Sir, your obedient servant,

London, July, 1848.

H. THOMPSON, Surgeon, &c.

#### ON DR. MACDONNELL'S CASE, PUBLISHED IN "THE LANCET" FOR JULY 1ST, 1848.

To the Editor of THE LANCET.

SIR,—All who are well imbued with the doctrines of the pathology of the nervous system recently promulgated by Dr. Marshall Hall, and who have read the works of Drs. Bright, Hope, Burrows, &c., as of MM. Andral, Bouilland, &c., on a particular form of this pathology attendant on pericarditis, cannot but feel a deep interest in the case of Dr. Macdonnell, given in THE LANCET of July 1st, pp. 16—18.

All these cases resemble tetanus. They are *reflex* diseases. The former arise from irritation of the pneumogastric, the latter arose from irritation of the subcutaneous thoracic spinal nerves; for we agree with Dr. Hope in his statement, that "the sardonic expression and peculiar contortion of the features attending the worst forms of pericarditis, are occasioned by the sympathy subsisting between the respiratory nerves of the face and those of the heart. An impression is conveyed to the spinal cord through the pneumogastric nerves, and reflected to the face through the portio dura." This is rather the true explanation than that advanced by Dr. Bright, that "the phrenic nerve is the more immediate means of communicating the irritation to the spinal cord." The pneumogastric nerve is, in fact, an incident excitor nerve, whilst the phrenic is a reflex motor nerve; the former may be an excitor of diffused tetanic affection; the latter could only, so far as we yet know, excite the diaphragm.

Let your readers now carefully examine the statements made by Dr. Macdonnell at pages 17, 18, in so far as they relate to the medical question, and they will see that his case must be added to those arising from irritation of the pneumogastric, and that it differs from them only inasmuch as it is a nerve of similar function—an *excitor* of respiration—about to be distributed on an external surface excitor of respiration, which is the channel for conveying the effects of irritation to the spinal marrow.

We are pretty well acquainted with the excito-motor actions excited by irritants of the cutaneous and mucous surfaces. But we still require a series of cases illustrative of excited reflex actions, arising from morbid excitation of the serous, cellular, and other internal tissues.

July 5th, 1848.

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#### SUGGESTIONS FOR THE TREATMENT OF CHOLERA BY ANÆSTHETIC AGENTS.

To the Editor of THE LANCET.

SIR,—In THE LANCET of the 20th of May, 1848, is published an account of a new anæsthetic agent, discovered by Mr. Harold Thanlow, of Christiana, in Norway, designated "sulphate of carbon," and considered likely to replace chloroform. May I refer you to a communication from me, dated 11th