

geon, of Westbury, by whom the remains were taken to Mr. Herapath, of Bristol, for analyzation. A coroner's inquest sat on that day, which was adjourned till this day, after taking evidence of the identity of the exhumed bodies.

At the resumed sitting, Mr. Shorland described the state in which he forwarded the bodies to Mr. Herapath; after which that gentleman gave the following curious and important evidence:—"On the 12th inst., on my return from Exeter, I found at my laboratory a large, square, shallow box, on which the cover was sealed down with a crest similar to that on Mr. Shorland's seal. This seal was perfect. The box was divided into three compartments by two divisions, in one of which was a portion of soil tied up in a handkerchief. In the next compartment I found a mass of earth and the remains of a coffin, exceedingly decomposed, and penetrated in all directions by the roots of a tree. There was a label, in Mr. Shorland's handwriting, on the top of this, to this effect: 'Sarah Smith, born July 18, 1841; died August 7, 1841, aged 20 days.' Upon carefully removing portions of the soil, I found the remains of an infant, evidently very young, as there were no teeth in the sockets of the jaw, with the exception of one tooth-bud on the front of the lower jaw. The texture of the body was entirely gone, and the bones were all separated from each other. I took some of the bones, and subjected them to analysis, when I found in them traces of arsenic. I then took some of the black mould from the interior of the skull, and in that I also found traces of arsenic. I then sought for some of the black mould between the ribs, and nearer the region of the stomach, and there I found arsenic in greater quantity,—specimens of which I produce." Mr. Herapath then exhibited tubes containing arsenious acid, metallic arsenic, Scheele's green, and orpiment, produced by various tests, and continued:—"This, I believe, is the first instance on record of arsenic being discovered after an interment of eight years, and I wish it to be circulated throughout the country that years have no effect in removing traces of arsenic. In the third compartment, I found also the remains of an infant, with a label, in Mr. Shorland's handwriting, as follows: 'Edward Smith, born June 14, 1844; died June 29, 1844, aged fifteen days.' This body and coffin were nearly in the same state as the others; the bones below the knees were wanting. The roots of trees as large as my little finger had passed through the head and skeleton, and had followed the bones in all directions. Treating this skeleton as I did the other, I found arsenic in the bones, in the black mould under the head, and a greater quantity in the black mould under the ribs. I produce specimens of metallic arsenic, and the other tests, which are even more distinct than those in the last case: this is after an interment of five years and one month."

The Coroner.—From the statement you have made, and from your analysis, have you any doubt that arsenic was administered during life?

Mr. Herapath.—I have never found arsenic in a body which was in a natural state; and I mention this to correct the ridiculous notions which have gone abroad, owing to some sayings which have been attributed to the French chemists. Raspail, for instance, is reported to have said that he could produce arsenic from the legs of chairs; and Orfila, that he could do so from the common soil. I have made experiments on hundreds of bodies of human beings and brutes, but have never discovered arsenic unless it had been administered medicinally, or for a criminal purpose. I have also made many experiments on soils, and I believe the statement of Orfila to be a mistaken one. My opinion is, that arsenic was administered to both these children during life, and that it was the cause of death; it existed in too great a quantity to have been administered for a medicinal purpose.

The jury, without hesitation, returned a verdict "That the deceased children died from the effects of arsenic, but how or by whom administered there is no evidence to show."—*Times*.

Correspondence.

"Andi alteram partem."

UTERINE HÆMORRHAGE.

To the Editor of THE LANCET.

SIR,—Mr. Bainbridge, of Tooting, has thought it necessary to criticise the case of uterine hæmorrhage published by me in THE LANCET of July 7th. Of course I can make no objection to fair criticism; but as it does seem to me that there is in the communication of that gentleman an undue anxiety to

"hint a fault," I conceive it necessary to write a few words of explanation.

The main criticism of Mr. Bainbridge is founded upon the opinion he had formed that the gentlemen in attendance and myself allowed too long a time to elapse before the introduction of the hand into the uterus. I mentioned the time during which the treatment was pursued, up to the complete arrest of the flooding, as having been upwards of two hours; Mr. Bainbridge observes upon this—"Most likely these two hours were consumed in proceedings which were utterly inefficacious." These inefficacious proceedings including the abdominal pad and bandages, the exhibition of ergot, and cold douching of the vulva and abdominal surface.

Now I beg to assure him that a few minutes only, certainly not a quarter of an hour, elapsed, after the commencement of any unusual hæmorrhage, before the hand was within the uterus, and that the great part of the two hours were consumed with the hand in its cavity. If there be anything in the narration of the case to lead to a contrary conclusion, it was the description alone, for it certainly was not the practice, which was in fault. But I do not consider the account of the case warrants the incautious guessing of Mr. Bainbridge. Surely it need not, with skilful assistance, take any man two hours to bind the abdomen, give ergot and brandy, apply cold to the vulva, remove the abdominal bandage, and apply warmth and cold to the abdominal surface. It assuredly did *not* do so in the case in point. The greater part of the two hours was passed, as I have said, in supporting the flaccid and atonic uterus, and preventing the hæmorrhage by sustained pressure.

There is enough in the account of the case to make this evident to any careful reader. I wrote expressly, that the pressure was continued externally by Dr. Fairbrother, until "his arm and hand became numbed with exertion," so that an assistant was obliged to aid him in his task. I further described the various measures used, and the symptoms observed, between the time of introduction of the hand and the injection of the uterus with iced water. Why should Mr. Bainbridge, unless he wished to find fault, give all the time to the proceedings before the introduction of the hand, and cut short the events which succeeded it?

Mr. Bainbridge remarks, further, it was "clearly," a case of "internal hæmorrhage." It was *not* so, in the proper meaning of the term. By internal hæmorrhage is meant an effusion of blood into the cavity of the uterus, with contraction of the os or cervix uteri, or hour-glass contraction. *This* uterus had contracted after delivery; and though flaccid when the hand entered, was not of large size; nor was the os or cervix uteri contracted. The blood therefore escaped freely into the vagina. Mr. Bainbridge, pursuing his critique, says, "The treatment should have been, to introduce the hand into the uterus without a moment's delay, to roll up not less than six napkins for a pad, to be bound firmly upon the abdomen, and pressed upon by an assistant; to reintroduce the hand if hæmorrhage continued; and to tightly plug the vagina if still intractable."

With all deference, I would not venture, in such a case as that I had before me, to remove the hand from the uterus with the chance of renewed flooding, until the uterus became contracted. I am pretty sure that had I done so the patient's life would have been sacrificed. I would neither introduce the hand into the uterus, after delivery, without good and sufficient reason; nor would I, after its introduction, withdraw it until the proper object had been attained. If I have spoken cautiously of invading the uterus with the hand, it is because I know great mischief has been caused by this practice incautiously pursued. I prefer, too, for external pressure, in such a case, the educated hand to the "six napkins," or any other artificial pad. With a vagina dilated, as was that we had to deal with, plugging was out of the question. Plugging, however useful in hæmorrhage before delivery, is, I believe, of little service in post-partum floodings.

Mr. Bainbridge goes on to say: "In cases where it was necessary to detach the placenta from the neck or mouth of the uterus, I have often found it imperatively necessary to resort to plugging, in order to completely arrest the hæmorrhage, the contraction of the uterus itself not being sufficient to obliterate the open vessels. Perhaps Dr. Smith's was some such case."

I scarcely need remark on the inaptness of comparing a case of post-partum hæmorrhage after a natural labour, and the measures for its arrest, with the suppression of hæmorrhage in a case of placenta prævia. The "perhaps," like the "most likely," is altogether wrong. Mine was certainly *not* "some such case" as that brought in by way of illustration by Mr. Bainbridge. On the contrary, it was a totally different case. Of course, the contraction of the uterus is not sufficient

in hæmorrhage from placenta prævia, when each contraction of the uterus is attended by dilatation of the os and cervix, and consequently by gaping of the bleeding vessels. I cannot account for Mr. Bainbridge's having confused two such opposite classes of cases.

Putting aside the propriety of tearing away the placenta before delivery in cases of placenta prævia, the above quotation contains an important admission by a follower of the practice—namely, that plugging is often “imperatively necessary” after the operation. The profession has often been told that the mere separation arrested the hæmorrhage instantaneously!

Mr. Bainbridge does not appear to have seen the real point illustrated by the case in question—namely, that hæmorrhage may be irremediable, even when the hand has been introduced into the uterus, unless other measures be adopted simultaneously. We may compress the uterus, but unless we can make it contract, the hæmorrhage may proceed afresh when the pressure is removed. This case showed, that cold water injected into the organ while the hand remains in utero is able to produce uterine contraction and the permanent arrest of hæmorrhage.

I trust Mr. Bainbridge will excuse me for defending myself, and returning his criticism somewhat freely, but I trust justly, as, like him, I feel “that the right management of uterine hæmorrhage is a subject of vast importance;” and I think he might have charitably supposed that I should not have made, and that the two highly respectable practitioners who were associated with me in the case I detailed, were not likely to have followed me in, the imaginary errors he has thought it right to attempt to correct and expose.

I am, Sir, your obedient servant,

Bolton-street, July, 1849.

W. TYLER SMITH.

SOME NOVEL VIEWS.

To the Editor of THE LANCET.

SIR,—Much has been said, and a great deal has been written, for and against general practitioners in medicine, &c. I never yet knew an individual who was at once a good surgeon and a good physician. Some persons find delight in the study of disease and its treatment; others prefer the study of anatomy and operative surgery; and others there are who appear quite contented in keeping a shop, vending drugs, and dispensing the prescriptions of physicians. I think the medical profession should be divided into three classes, and that each class should pass an examination as a test of ability to fulfil its respective duties in an efficient manner:—1st. Physicians, who should have a perfect knowledge of disease, and the treatment of it in all its varieties, and a thorough acquaintance with the nature and properties of drugs. 2nd. Surgeons, who should be first-rate practical anatomists and skilful operators. 3rd. Dispensers, who should keep their own shop; sell harmless drugs to the public, and dispense the prescriptions of physicians. All poor-law union medical practice should be entirely abolished; and those persons who cannot afford to pay a doctor should go or send to one of the many excellent hospitals or dispensaries, for advice and medicines, gratis.

I think that if these suggestions were to be carried into effect the numbers of the medical profession would then be a great deal more contented and happy than they now are; for each one would prosper and become rich, by steadily fulfilling those duties within his proper sphere of labour. X. X.

* * The opinions of our correspondent will, we think, be productive of some amusement amongst some thousands of general practitioners.—ED. L.

ST. GEORGE'S HOSPITAL AND ITS MEDICAL SCHOOL.

MR. LANE lately addressed a printed circular to the governors of St. George's Hospital, in reference to a Report of the “committee appointed for the purpose of considering the communication lately addressed by the medical officers and lecturers to the weekly board,” in which Report the committee state, “that it is indispensably necessary to the welfare of the charity, that the pupils, who are to be employed as house-surgeons and dressers, should be taught anatomy and chemistry in connexion with the hospital,” and “recommend that the governors grant a sum of £200 per annum, towards the payment of the rent of the premises in Kinnerton-street.”

Mr. Lane, as the proprietor of the school in Grosvenor-place, “adjoining the hospital,” remonstrates against this proceeding,

as prospectively ruinous to his property, and gives the following history of the foundation and progress of the school in Grosvenor-place, showing that it was the first connected with the hospital, and brought into operation only by surmounting several obstacles, and entailing much expense:—

“Previous to the year 1830, no school of medicine existed at St. George's Hospital. In that year the governors permitted the medical school of Windmill-street to be transferred to the hospital, but expressly prohibited the teaching of anatomy within its walls. It was in this emergency suggested by Drs. Chambers, Hewett, and Seymour, the senior physicians of the hospital, in the first instance to Dr. Wilson, then junior physician, and afterwards to Mr. Walker, the assistant-surgeon, that one of these gentlemen should unite with me in the establishment of an anatomical school. Accordingly, I erected on my present premises, next door to the hospital, a building, comprising a theatre, museum, and dissecting-room, capable of accommodating 100 pupils, which has since been twice enlarged, at an expense altogether amounting to upwards of £4000.

“At the opening of this, (the original anatomical school, in October, 1830, the anatomical pupils of Windmill-street, attending the medical classes of St. George's Hospital, twenty-six in number, who had previously paid their fees to Mr. Mayo and Mr. Caesar Hawkins, were transferred to Dr. Wilson and myself, and received their anatomical education from us without any pecuniary consideration whatever. Dr. Wilson and myself continued to educate in anatomy the pupils in attendance at the hospital for four consecutive years, whilst the lecturers at the hospital fully participated in the advantages of my outlay, and of our entire support for that period.

“In the year 1834, during a prolonged contest for the election of a second assistant-surgeon to the hospital, for which office I was a candidate, the new anatomical school in Kinnerton-street was commenced, under the sanction, and with the concurrence, of Sir B. Brodie, without any intimation of such design being communicated to Dr. Wilson or myself, or even to some of the teachers of the medical school of the hospital. . . . Yet this undertaking was carried out and supported by all the medical officers of the hospital of that period, with the exception of Dr. Wilson and Mr. Walker. The interests of this new anatomical school were of necessity placed in direct and injurious opposition to those of the original anatomical school, of which I was the proprietor, and it became absolutely necessary either to close our school, or to obtain other associates in the various branches of medical education. We were immediately joined by Mr. Stone and Dr. Henry Davies, who previously lectured in the hospital theatre, and by Mr. Walker, and other gentlemen, and lastly, by my present colleagues. The Grosvenor-place school has been conducted with success up to the present period, while the Kinnerton-street school, which since its commencement has enjoyed the advantage of being connected with the lecturers of the hospital medical school, as appears by the minutes of the weekly board, has of late years been carried on at a pecuniary loss!

“The present laws and regulations relating to pupils enact, that on the payment of certain fees they shall be eligible to hold the offices of house-surgeon and of dresser, without reference to the school at which they may have attended their lectures, or to its locality. A deviation from this principle has lately occurred at St. George's Hospital. Sir Benjamin Brodie and Dr. Chambers instituted, several years back, clinical prizes for the best reports, surgical and medical, of the cases treated in the wards of St. George's Hospital, which were originally open to the competition of all the pupils attending the practice of the hospital, wherever educated in the other branches of their medical studies, till a recent period, when some new regulations, emanating from the lecturers of the hospital school, completely excluded our pupils from this privilege, which they had heretofore enjoyed in common with the other pupils of the hospital. This was the first step in a system of exclusiveness, and my colleagues and myself, feeling the injustice of this conduct towards our pupils, immediately instituted two similar prizes, of equal value, the competition for which was thrown open to the pupils of the hospital school as well as our own.”*

A quarterly board of governors of St. George's Hospital was held, in the board-room of the hospital, on Friday, the 6th inst., which was made special, to consider, with other matters, the following report—viz.,

“That it is indispensably necessary to the welfare of the charity that the pupils who are to be employed as house-surgeons and dressers should be taught anatomy and che-

* N.B. The italics &c. are introduced by our ourselves.