

a strong light the advantages of postural treatment, and the grave responsibility which attaches to the neglect of this means.

### SURGICAL DAMAGES.

IN an action tried this week at Liverpool, before Mr. Justice Keating, a qualified surgeon has been condemned in severe damages for alleged want of proper care and skill in his attendance on a patient suffering with injury to the knee-joint. It will be seen from the details that the case was one of much difficulty, and requiring great skill and practice in its treatment. The adverse verdict and heavy damages contrast painfully, in this case, with the usual result of actions for gross ignorance and neglect frequently brought against quacks. It will be remembered that ignorant and unlicensed fellows have escaped scot-free after lancing an aortic aneurism, after poisoning children with opium and adults with lobelia, after treating apoplexy by cold shower-baths and pneumonia with wet sheets. The judges have always charged the jury strictly that something more than mere want of sound judgment or good knowledge must be shown. If the defendant possessed a fair knowledge of what he practised, and sought to the best of his ability to do what he thought right, he could not be convicted. In fact, convictions have been rare even in the grossest and most fatal cases. It was, however, far otherwise here.

"The plaintiff, it appeared, was a miner, working at Dalton, in Furness. He was engaged at his labour in a mine five years ago, when a barrel of iron ore fell upon him, injuring one of his legs at the knee. He was attended by the defendant as his surgeon for some time. Since the accident the plaintiff has been lame, the head of the bone of the tibia, or leg bone, projecting backwards, the apposition of the ends of the two bones, the femur and the tibia, not being correct.

"On the part of the plaintiff it was contended that this was owing to a partial dislocation of the knee-joint, and that the defendant ought to have reduced that dislocation, instead of which he treated the injury as a fracture of the upper part of the tibia.

"For the defendant it was contended that the injury the plaintiff had suffered was a transverse fracture of the upper part of the tibia and also of the fibula, or small bone of the leg; that the fracture got displaced after it was set, and the plaintiff refused to allow it to be reset, the consequence of which was the bone had united in an uneven manner, causing the posterior projection of the leg and lameness of the plaintiff. The plaintiff's poverty was the reason assigned for the delay in bringing the action. Surgical evidence in support of these opposite theories was produced by the plaintiff and the defendant, and the case occupied the greater part of the day.

"His Lordship having summed up with great care,

"The jury retired, and, after an absence of two hours, returned with a verdict for the plaintiff—Damages, £45."

Can such a verdict stand?

## Correspondence.

"Audi alteram partem."

### DR. PROSSER JAMES ON "SORE-THROAT."

To the Editor of THE LANCET.

SIR,—Dr. James seems to be much aggrieved at the review of his work which appeared in your pages, which I regret, since my only object was to give a fair *critique* of the work, having no personal bias whatever upon the subject, nor being acquainted with its author even by name. I have to thank Dr. James for the reference to Dr. West as an authority for "opening the jugular veins of infants;" but may state in addition that having referred to several authors since Dr. James's letter appeared, I do not find Dr. West's practice recommended in any one of them, nor do I believe that it is taught generally in medical schools, as Dr. James would imply.

If Dr. James will take the trouble to refer to the review, he will see that it was to the *previous ligature of the carotid*, and not to the well-known fact that the large vessels are occasionally involved by sloughing, that I alluded as a "questionable state-

ment," which is clearly shown by the latter part of the sentence being in italics. To set myself right, however, I will transcribe the whole sentence from page 19 of the book, thus:—"The sloughing may implicate the carotid artery, and so end in sudden death, unless it be previously tied." Whether "previously" means before the vessel is involved, or before death takes place, I must leave others to judge; but either way I consider it, to use the mildest term, "a questionable statement."

In reply to the accusation that I have omitted much that Dr. James's "book tells about the laryngoscope," I may say that I quoted the only two points on which any certain information is afforded; for though the instrument is repeatedly mentioned, no practical observation is made respecting it, so far as I can find, except in the case of laryngitis, and there the possibility of employing it appears so doubtful, according to the author's own words, that I did not feel called upon to quote it.

I have, however, carefully gone through the list of subjects in Dr. James's letter, and append *verbatim* the notices of the laryngoscope contained in his book, which will, I think, amply justify my former opinion.

*Ulcerated Sore-throat*.—"My speculum and a reflector will be found very useful in this investigation."

*Ulceration of Pharynx*.—"My tongue-depressor, speculum, and mirrors have served me good turns here."

*Hoarseness, Aphonia, and Hysterical Simulations*.—"No mention whatever of the laryngoscope!"

*Acute Laryngitis*.—"If the tongue be pressed down with gentle firmness, the epiglottis may be seen very red and swollen; and where the distress occasioned by the reflector is not too great, the laryngoscope may bring to view a similar condition of the whole larynx."

*Chronic Laryngitis*.—"The laryngoscope will clear up many a difficulty."

*Laryngeal Phthisis, and Tumours Pressing on Larynx or Trachea*.—"No mention of instrument!"

*Follicular Ulceration of Epiglottis*.—"By the laryngoscope they may be certainly detected."

*Nervous Sore-throat*.—"The laryngoscope will prove a valuable means of investigation."

My remark that Dr. James administered aconite in very small doses was made in perfect *bona fides*, and your readers would naturally suppose that he repeated them till they produced a sensible effect.

Having now disposed of Dr. James's facts, I beg to express my adherence to my former *opinion* of his little work, and am

Yours obediently,

March, 1861.

THE REVIEWER.

### THE LATE DR. MATTHEW BAILLIE.

To the Editor of THE LANCET.

SIR,—The perfectly erroneous nature of the statement regarding the rejection of my father, the late Dr. Matthew Baillie, by the examiners of the Royal College of Physicians is even yet doubted by some, as appears from a letter in your last number signed "Medicus." I beg to state that the records of that institution have been searched by its officers, and that all the examinations of the above eminent physician were passed with perfect success on the first presentation of himself to the authorities. The whole story in question is utterly without foundation in all its parts as far as my father was concerned.

I am, Sir, your obedient servant,

March 25th, 1861.

W. H. BAILLIE.

### THE MARSHALL HALL METHOD IN CASES OF DROWNING.

To the Editor of THE LANCET.

SIR,—In common, I believe, with the greater portion of the profession, I had long regarded the Marshall Hall method to be the accepted treatment in apnoea from submersion, and that its utility was as unquestioned as its benefits were great to humanity. It seems, however, that some doubts have been lately expressed in reference to its value. Perhaps it would tend to raise the merits of the treatment above all controversy if further trials were recorded and the results fairly stated; I therefore send you a short account of a case which has occurred in my practice.

William L—, aged six years, the son of an engine-fitter residing at Mitford-street in this town, on the afternoon of the 25th of June last, while playing, fell into the Tyne and

soon sank. The accident was fortunately observed by those on board a passing steamboat, and one of the passengers bravely dived after the child, and succeeded in reaching him. I was called to attend, and soon got to the public-house where they had conveyed the body. I now found I had to deal with a very unpromising case of asphyxia; but former experience taught me not to despair, and I at once commenced to carry out the method of treatment so clearly and simply laid down by its great discoverer. In about forty minutes I had the satisfaction of seeing respiration fully established. The boy never had a bad symptom afterwards, and he was running about in three or four days. In the case treated by me at Bishops Auckland (THE LANCET, June 13th, 1857), and Case 6 in Dr. Hall's work "On Drowning," when the respiratory function became established I had to deal with alarming secondary convulsions; and I rather feared this accession in the case above related, but happily this only proceeded so far as slight clenching of the hands along with grinding of the teeth. I may remark that I have had equal success in the treatment of apnoea in still-born infants; and only a few days since its value was strikingly exemplified after a protracted breech presentation of a large child in a primipara.

In conclusion it may be asked—How are we to account for the failures lately recorded? But I would answer—Was not the Ready Method received in these quarters with reluctance and doubt from the *very first*? and may not the alleged failures have arisen in no small degree from want of confidence and consequent want of perseverance in the means? And when we read of a patient's cervical vertebræ being dislocated and fractured in an attempt at restoration, it becomes at once apparent that he must have been subjected to motions not at all contemplated by Dr. Marshall Hall. I have no fear but time will do for this what it has done for every great scientific truth.

I am, Sir, yours obediently,

RICHARD ELLIS, L.R.C.S. Edin.

Hinde-street, Newcastle-on-Tyne, March, 1861.

## APOPLEXY AND NARCOTISM.

To the Editor of THE LANCET.

SIR,—The following case, which occurred within my own practice some few years ago, so fully corroborates the value of your remarks in THE LANCET of the 16th inst., upon the danger of forming a hasty judgment upon the bare coincidence of circumstances, that I am induced to ask for its insertion in your valuable journal—so especially bearing as it does upon the subject to which you have alluded.

By my notes, I find that I was sent for hastily one evening to visit a Mrs. C—, who, while at supper some twenty minutes before in her usual good health, suddenly expressed her fear that her son had made some mistake in the herbs he had collected for the salad, as the taste was so extremely nauseous; and then questioned him if he was sure he had not gathered some of the "fool's parsley" (*Aethusa cynapium*) by mistake, which she had heard was poison. Vomiting immediately came on, and, feeling that she was getting very ill, she desired to go to bed and that I should be sent for. Upon my arrival (within a very few minutes) I found her apparently insensible, and totally incapable of making any communication; the eyes closed, the pupils dilated and insensible to the light of the candle; countenance rather pallid; pulse scarcely perceptible; with cold and clammy sweats. I immediately washed out the stomach by means of the stomach-pump, the warm water alone returning, strongly impregnated with the odour of onions; and then injected warm brandy-and-water, and used the usual means for resuscitation; but all to no avail: the pulse gradually sank, the sweats increased, the coma of course continued, and at the expiration of twenty hours death put an end to them all.

Then came the question, What was the cause of death? She was quite well up to the time of eating the salad, was the only one who *did* eat of it, and the only one taken ill; she complained of its nauseous and suspicious taste; became rapidly so ill as to require to be removed to bed; and with equal speed did all the symptoms follow which I have described, coma not being omitted, which we all know is as constantly produced by narcotic poisons, or the circulation of venous blood, as it is by pressure on the encephalon. A post-mortem examination was made some few hours after death, when nothing abnormal was found about the abdomen or chest; but upon removing the skull-cap and slicing the brain to get at the ventricles, a small clot of dark blood, about the size of a filbert, was found in an isolated cavity in the substance of one of the hemispheres.

There was not any unusual injection of the vessels on the surface or other parts of the brain, but simply this clot bedded in its substance. I should also add that previous to death there was not any stertor, foaming at the mouth, or convulsions.

I am, Sir, yours truly,

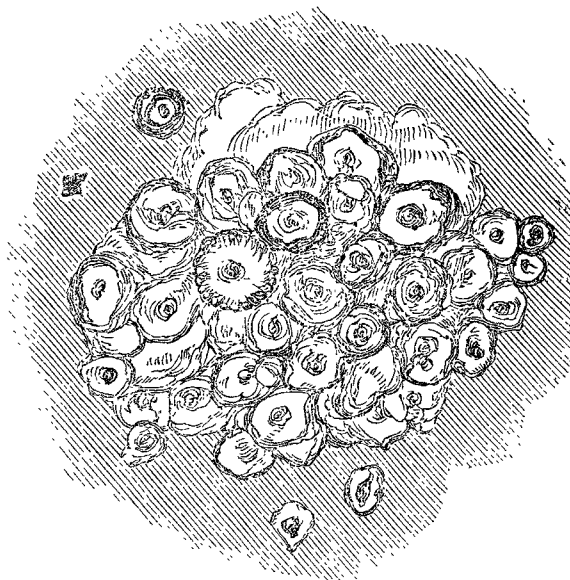
Margate, March, 1861.

ALBERT P. OWEN, M.R.C.S.

## ON A CASE OF VACCINIA.

To the Editor of THE LANCET.

SIR,—I beg to enclose a drawing of a case of vaccinia, as it appeared on the fifteenth day after vaccination.



Zone of inflammation. Life size.

I vaccinated the child with twelve others, from one very fine arm. The twelve passed through the usual stages without an untoward symptom; but that of which I send the drawing, although vaccinated at three points of a triangle, sent forth, as will be seen, thirty-two pustules (not vesicles), every one with a depression in the centre, very closely resembling small-pox.

I am, Sir, yours faithfully,

Bow-road, March, 1861.

S. LAWRENCE GILL, M.D.

## DIPHThERIA AND SCARLET FEVER.

To the Editor of THE LANCET.

SIR,—I have been attending a family in which three children have been suffering from scarlet fever with diphtheritic throats, in whom all the symptoms of scarlet fever were well marked, including desquamation of the cuticle; and a fourth child, an infant four months old, is suffering from diphtheria alone, not having had scarlet fever. The elder children have recovered; the baby is still bad, and I fear will sink. The diphtheritic patches made their appearance at the outset of the illness, and have gradually disappeared after recovery from the fever.

These cases might be considered as going towards proving scarlet fever and diphtheria to be one disease; but I have noticed diphtheritic patches form on different kinds of inflamed throats. I have now under my care a girl, fifteen years of age, who has had quinsy, on whose throat diphtheritic patches formed from the very beginning of the inflammation, before the tonsil had much enlarged, and extending beyond it and across the back of the pharynx; and the diphtheria still continues, although the tonsil has supplicated and discharged, and almost entirely healed. From the occurrence of such cases, it would appear that there exists a tendency for the formation of this disease wherever the mucous membrane of the throat differs from that of health, and we cannot suppose that because it may exist with some other disease that therefore they are one and the same, or allied even, although they may have one other symptom in common, unless that symptom could be in itself a sufficient evidence of the disease.

I cannot doubt but that other medical men have met with cases in which the peculiar diphtheritic pedicle has formed on different kinds of inflamed throats; and as our knowledge of disease is only gained step by step by the observation and re-