

to stop bleeding from it, sponge, cork, agaric, lint, cotton, wax, putty, and even driving back the tooth into the socket it came from, have all been called into requisition—also a paste made of tannin and cotton with alcohol, thrust into the socket with a probe and pressed down with the finger until it becomes a concrete. Not only simple plugs, but those steeped in alum, galls, alcohol, chloroform, creosote, and other stimulating and astringent substances, are recommended. Plugs tipped with strong caustics of various kinds, also have their advocates. Yet Prof. South, of the Royal College of Surgeons of England, and Surgeon to St. Thomas's Hospital, candidly confesses, in his edition of Chelius, that he has tried most of such things without effect, and "thinks the actual cautery had better be resorted to at once, without loss of time." He gives a case, however, where the actual cautery in Brodie's hands failed to arrest the hemorrhage for a longer period than six hours, and the patient died. He gives two cases of his own where the same remedy was repeatedly used, and it was nearly two weeks before the bleeding was finally stopped. The theory of stretching the bleeding cavity by thrusting foreign substances, with force, into it, is radically wrong, and the practice under it must necessarily be unsuccessful in severe cases. The true indication is to contract the cavity by compression with the fingers on each side of it—introducing previously a loose pledget of cotton or lint for the sides of the cavity to contract upon; and in severe cases to resort to the tourniquet to make the lateral pressure. The perpendicular pressure from below upward, or from above downward, increases the tendency to hemorrhage by enlarging the cavity; whereas the lateral pressure, by contracting the cavity, stops the hemorrhage immediately. It should be made, however, not exactly laterally but somewhat diagonally, so as to act upon the yielding part of the alveolar process that enclosed the tooth.

*Canal st., New Orleans, Feb. 20, 1855.*

## PROSECUTIONS OF MEDICAL MEN FOR MAL-PRACTICE.

BY STEPHEN W. WILLIAMS, M.D., LAONA, ILL.

[Communicated for the Boston Medical and Surgical Journal.]

I BEG leave to express my wish that something might be done, by our legislatures, to amend the law in relation to mal-practice in our profession. As it now stands, almost every physician and surgeon is liable to vexatious prosecutions for alleged mal-practice, particularly in relation to broken and dislocated bones. And as these cases are committed to jurymen who are wholly ignorant of the conformation and physiology of the human body, it is no wonder that in nine cases out of ten the defendant is defeated and mulcted in heavy damages, and perhaps condemned to imprisonment. By the public, too, he is often branded with incapacity, and subjected to loss of business, when in most instances the whole blame, if any,

lies with the patient, for neglecting the directions of his physician. The sympathies and feelings of jurymen in such trials are too apt to overbalance a sense of right, and these feelings are too prone to predominate in favor of the prosecutor, and a verdict for him is accordingly often rendered, when the merits of the case are all on the other side. We have a melancholy instance of this in the late trial in Philadelphia, for rape, or violation of a female, under the influence of chloroform. This case has taught physicians a lesson, which I trust, in future, will never be disregarded by them—and this is, never to administer anæsthetics to a lady, unless respectable persons are in the room to witness their operation. They should never, in my opinion, be administered by dentists, unless they have regularly studied the profession of medicine, or have been regularly licensed by a dental or medical college. But upon what grounds this person was justly convicted, surpasses my comprehension. The complainant was never examined by physicians to ascertain whether there were to be found upon her person marks of violence corroborative of her testimony, without which, I cannot believe the prisoner ought to have been condemned. Otherwise no man is safe from the malicious prosecution of any woman who chooses to make the complaint. The law of Pennsylvania is more lenient in cases of rape, than that of most of the States of the Union. Here the amount of punishment is left optional with the judge, while in most of the other States it is punishable with death. Still no innocent man should be subjected to any punishment, and the offence should be fairly and indubitably proved upon him before sentence is pronounced. It is an anomaly in the history of anæsthetics, that they should deprive a patient of muscular power, without at the same time depriving him of mental ability to recollect distinctly the scenes which might be occurring around him. I have witnessed the operation of chloroform in numerous surgical and obstetrical cases, and have never known an instance where a patient, who has been under its influence, has been able to give a clear account of what occurred during its use. Some have compared the effect to that of a dream. But who would have thought of taking their evidence, in a court of justice, of these effects? Many whom I have seen after the use of it, have been astonished to learn that a severe operation had been performed upon them without their knowledge, or that a child had been born to them without their being conscious of it.

In view of these common evils, I would suggest the propriety of regular physicians through the country petitioning the legislatures of their respective States for such an alteration of the law as it now stands, as that in all cases involving damages relating to medical or surgical practice, juries should be selected from regular physicians, or medical men, who are alone qualified to judge correctly in such cases. Unless such a measure be adopted, in vain may physicians expect a remedy for the evil to which all are exposed who have the misfortune to be called to cases of fractured and dis-

located bones, or even when attending upon other complaints and accidents. I know that physicians, on account of the particular nature of their employment, are now exempt from the disagreeable necessity of serving on juries. Yet there is no reason, in cases like these, where no other persons are capable of judging correctly on the subject, why they should be exempted from the duty. I hope the attention of the profession will be drawn to the subject, and that physicians as a body will unite in drawing up and subscribing such petitions to their respective State governments, as will be instrumental in turning their attention to the subject, and causing them to aid in the removal of the grievances under which the profession now labor. I have already written to a physician, a member of the State Legislature of Illinois, upon the subject, and hope he will call the attention of the other members of the Assembly to it. I know it is thought by some that lectures upon medical jurisprudence will better qualify physicians themselves to judge upon the subject. But lectures upon medical jurisprudence are now given in almost all our medical colleges, and they should be in all. In my lectures upon medical jurisprudence, in various medical colleges, I have invariably taught surgical as well as medical jurisprudence. Still the difficulty remains in relation to such cases being decided by unprofessional juries. Nor will anything abate the evil but the appointment of medical jurors. Under their verdict more equal justice will undoubtedly be dispensed.

*Laona, Winnebago Co., Ill., Jan. 22, 1855.*

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### PLACENTA PRÆVIA.

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MESSRS. EDITORS,—The article in your Journal recently, entitled "Medical Reminiscences," prompts me to send you an imperfect sketch of a case which occurred in my practice a few months ago.

December 15th, 1853, I received a message to go to the residence of Mr. C., a distance of six miles. On arriving I found Mrs. C. in bed, and learned that she was probably in the ninth month of her sixth pregnancy; that she had had two unexpected attacks of flooding, one the night before, and the other three weeks previous. Both occurred in the night, unaccompanied by pain, and were the results of no known cause. Not being able to account for these attacks otherwise than from alterations going on at the mouth of the womb, I suspected the case to be one of placenta prævia, and enjoined quiet in a horizontal position and on a hard bed; and prescribed six grains of Dover's powder with three of acetate of lead, together with an anti-hemorrhagic regimen. I made no examination per vaginam. On leaving, I remarked to the husband my suspicions as to the cause of the flooding, and requested to be made acquainted with the occurrence of another attack.

I saw this patient on the 19th and 27th following. Nothing re-