

if not slanderous, attacks on bodies and individuals. An instance of this occurs at page 539 of the last number of THE LANCET, headed, "Medical Reform." It is there stated that "the object to be effected" by Lord Elcho's Bill "is simply the pecuniary benefit of the Scotch Universities;" and that "it is proposed that a whole profession of a great kingdom, and the public convenience, should be sacrificed to the gains of a few professors of a single division of the kingdom." The only apology that can be made for statements so reckless and devoid of foundation, is that their author is obviously utterly ignorant of the subject on which he is writing. He cannot have read Lord Elcho's Bill; if he had, he would have seen that the degrees of the Scotch Universities are not once mentioned in it, and that in the event of that Bill becoming law, they would be valueless as affording claims for registration. The theory of Lord Elcho's Bill appears to be, that the corporations, having the power to grant diplomas in surgery within certain districts, and the Universities (in Scotland) the sole power to grant degrees qualifying for the practice of Medicine, in the formation of a national board for granting a new national diploma, ("Licentiate in Medicine and Surgery,") the universities and corporations should be fairly represented. In what respect would such a measure prove more advantageous to the Scotch than to the English and Irish Universities? In one respect it would be decidedly injurious, inasmuch as it would deprive their graduates of the right to practise medicine legally, until they had obtained the national diploma—a right which they now possess by law in Scotland, and by courtesy, if not by law, in the provinces of England.

But let us look more closely to these "pecuniary gains." By Clause XXXVII. of this Bill it is provided, that all moneys arising from its working shall be applied—

1. For such expenses of registration, and of the execution of this Act, as are not otherwise provided for.

2. For the payment of the several examiners appointed by the Council.

3. For division amongst the several bodies appointing the examiners.....in such proportions as the Council.....shall from time to time determine.

4. In payment.....in aid of the museums.....of the..... Royal Colleges of Physicians and Surgeons, and the Faculty of Physicians and Surgeons of Glasgow.

In what respect would these provisions add unfairly, if, indeed, they should add at all, to the "pecuniary gains" of a few Scotch professors? I happen to be one of this terrible body, but how Lord Elcho's Bill is to increase my "profits" I have yet to learn. It certainly was rumoured that "pecuniary" "gains" had no small share in raising the storm by which this Bill was assailed when it issued from the Select Committee last year; but that storm did not blow from the Scotch Universities.

But I accept the "Remarks" of your correspondent as a good omen. It is a bad cause which calls in the aid of groundless anonymous personal attacks. I augur from them that Lord Elcho's Bill is in the ascendant; and let me assure all who take an interest in the subject, that in its original framing, and re-introduction into Parliament, the Professors of the University to which I have the honour to belong, and so far as I know, of any other Scotch University, had no share whatever, and that the statement that it will, either directly or indirectly, unfairly contribute to our "pecuniary" "gains" is a baseless fallacy.

But, apart from individual "pecuniary benefits," which ought never to be mooted in a question of national importance, Lord Elcho's Bill has this *primâ facie* advantage over that of Mr. Headlam's, that it was framed by a committee of independent men for the public good, irrespective of the interests of universities and corporations. It assures the public that every registered practitioner has been examined, and found qualified by impartially-constituted examining boards, and it leaves the universities and corporations free to confer on those thus registered, such additional privileges and honours as their charters may entitle them to grant. It is true that Mr. Headlam's Bill, as it went into Committee, differs essentially from that Bill (now improperly called Lord Elcho's Bill) as it came out of Committee; but does not this "simply" show that the ideas of independent members of the House of Commons do not coincide with those of the medical corporations as to what is best for the public weal. I leave it to every unprejudiced man to say which, the Select Committee or the Medical Corporations, was most likely to be influenced by purely public motives.

It is unnecessary for me to defend Lord Elcho from the insinuations of your correspondent, and I feel that an apology is due to him when I venture to say that the House of Commons does not contain a member more incapable of sacrificing "a whole profession of a great kingdom, and the public convenience,"

"to the gains of a few professors." Can we be surprised that the very name of "medical reform" should be offensive to the great majority of our legislators, when the conscientious recommendations of an independent and honourable Committee of the House of Commons are distorted into grave accusations against one of its high-minded members? Be assured, Sir, it is not thus that the dignity of our profession is to be maintained, or its highest interests promoted.

I am, Sir, your obedient servant,

J. A. LAWRIE, M. D.,

Professor of Surgery, University of Glasgow

May, 1857.

To the Editor of THE LANCET.

SIR,—Although born north of Tweed, educated in modern Athens, and naturally predisposed to promote my own country's prosperity, still, Lord Elcho's Bill for Medical Reform (?) is so partial towards several northern universities, that I feel it quite impossible to support his main propositions. While the entire profession would thereby be prostrated under the despotic fiat of a supreme Council, appointed wholly by Government, it too much favours the three teaching universities in Scotland, by excluding from the Board of Examiners, the only one which is not a pupil manufactory—viz., St. Andrews. This is unfair, and indicates clearly the real animus now actuating the framers of such selfish legislation. Instead of tabooing the most ancient university of Caledonia, it ought, at least, to be on an equality with other licensing establishments; especially, as teaching and granting the privilege to act as a practitioner should never be combined in the same corporation. Considering the professors of the favoured Scottish schools have little sympathy with the great body of medical practitioners, even in North Britain; knowing they are placed in office, by the Crown, as at Glasgow; by the College and Senatus Academicus, as at Aberdeen; or chiefly by a Town Council (!), as at Edinburgh; and seeing graduates have nothing whatever to say in any nomination, or are never permitted to interfere regarding the management of the *Alma Mater* from whence they have obtained their paper titles, all impartial observers must fully acknowledge that similarly constituted authorities are by no means desirable officials to decide respecting professional qualifications, or the laws affecting medicine and surgery.

On the other hand, Mr. Headlam's scheme avoids many of the evils which would inevitably ensue were the clever, if not insidious, plans of his trans-Tweedian opponents successful: for, besides a large proportion of the managing Council, the former suggests, being chosen by various medical corporations and universities, whereby these institutions will speedily be materially reformed, and so rendered more in unison with their constituents, the Crown has also power to name six councillors, who, in addition to keeping the above bodies in order, must be also a guarantee to the public that they were not overlooked, nor their interests neglected. Further, as it is likely, some of the Crown nominees would be taken from amongst men high in scientific attainments, perhaps distinguished lawyers and even statesmen, or belonging to the Legislature, such selections would not only greatly conduce to the general benefit, but also prove highly important to the medical profession, in thus connecting them with other influential classes of society, and particularly should any member of the governing council be in Parliament, which contingency is exceedingly desirable. These parties could then advocate or explain all professional or sanitary questions brought before the House of Commons; they would likewise be able to discuss many subjects about which most of our representatives have heretofore shown an utter ignorance, combined, often, with a total want of experience on matters affecting the health and physical well-being of the community.

Mr. Headlam's Bill should therefore be strenuously supported. It may not be perfect, but it certainly forms an admirable instalment: whereas, the other measure is put forward by a small monopoly-loving section, to damage the only proposal of medical reform that has yet received the unanimous assent of almost the whole united profession in Great Britain and Ireland, which great fact becomes conclusive.—Yours, &c.,

May, 1857.

SCOTO-MEDICUS.

ON A CASE OF IDIOPATHIC TETANUS.

To the Editor of THE LANCET.

SIR,—Having observed with great regret the contradictory opinions displayed by several medical officers at the celebrated trial of William Palmer, as touching the symptoms which arise from the administration of poisonous doses of strychnia, I trust

you will not consider me obtrusive in wishing to record the particulars of a case of idiopathic tetanus which has just come under my observation, my chief object being to bear testimony to the correctness of the views on the subject established by Professor Taylor, of Guy's Hospital.

The particulars of the case treated by me are as follows:—Rungiah, a native, and by trade a hawker, was admitted into hospital on the 4th of March. He had completed a march of two hundred miles, slept when *en route* beneath trees, and was therefore exposed to much damp and cold, as heavy dews at night prevail in India during this season. On the completion of his march he complained of inability to swallow, of stiffness of the jaws and neck, which gradually extended to the trunk and extremities, with the exception of the hands and wrists, which were perfectly free from spasm up to the moment of his death. On examination of the patient, I found the body in a state of opisthotonos; respiration laboured; pulse 90, feeble; paroxysms or fits of spasm increasing in severity every five minutes; no approach to an intermission, but merely a slight remission of the general spasm; countenance anxious, and the *risus sardonicus* particularly marked; intellect clear; perspiration excessive; tongue furred, and bowels constipated. With great difficulty a powder of jalap, calomel, and croton oil, was administered, by which the bowels were freely relieved, and the intervals between the severe paroxysms somewhat prolonged, but no intermission of the general spasm of jaw, trunk, or extremities was once observable. On account of the great difficulty of administering solids, I ordered large doses of laudanum and ether to be given, applied hot fomentations to the extremities, and supported the system with brandy and ammonia; but notwithstanding the treatment adopted, the paroxysms gradually increased in severity, and death closed the scene on the fifth day.

Thus it will be observed that the symptoms of this case of idiopathic tetanus, and those which Cook experienced from the effects of strychnia, differed in the following important particulars—viz., the paroxysms came on and proceeded *gradually*; no approach to an *intermission* of the general spasm was observable, and the *hands* and *wrists* were free from spasm, whereas it will be remembered that just the contrary occurred in Cook's case.

Believe me, faithfully yours,
JOHN PEARSON NASH, M.D.,
Madras Army.

Madras, 1857.

THE MARSHALL HALL METHOD OF TREATMENT IN ASPHYXIA.

DROWNING IN SOAP-SUDS.

To the Editor of THE LANCET.

SIR,—When Dr. Marshall Hall first published in your columns, on April 12th, 1856, his Ready Method of treating Asphyxia, I felt so convinced of the soundness of the views then promulgated, that I resolved to test them practically on the first occasion which should present itself. I had not to wait very long for an opportunity of doing so.

On the 31st of May, 1856, I was sent for express to visit a female child, aged two and a half years, said to have been drowned in a tubful of soap-suds. I had a distance of fully two miles to ride, and started with a feeling that my labour would be all in vain. Half an hour must at least have elapsed from the time the child was discovered in the water until I reached the spot. On arriving, I found the child stripped of her clothes, wrapped in a piece of flannel, reclining on her mother's knee, and people assiduously applying warm flannels to various parts of the body, accompanied with frictions. The child occasionally gave a sort of gasp or sob, with a slight quiver of the body; the eyes were projected, fixed, and the pupils dilated; the pulse could not be felt. The postural movements, with upward frictions, as recommended by Dr. Marshall Hall, were immediately commenced, and after forty minutes' continuance, respiration became more regular, but not so satisfactory as I could wish. The child began to moan occasionally, and attempted to cry; the pulse could be distinctly felt, though irregular; but the eyes continued in the same immovable state, with dilated pupils, as when I arrived. In addition to the postural movements, &c. &c., cold water was dashed over the head, face, and various parts of the body. The child was then placed in a tub of hot water to the middle of the body, a cloth wet with hartshorn applied over the region of the heart, and cold water poured upon the head. Instead, however, of improving, the breathing became more irregular,

and spasmodic in its character. The child was therefore, after being five minutes in the bath, removed, and the postural movements repeated and persisted in for half an hour. The breathing became more regular and natural, the pulse more distinct and firmer, yet the eyes continued in the same state as when I arrived. It was then evident that, besides the carbonic acid which might be retained in the blood, there was congestion of the brain, or some other state allied to it, which might be relieved by cautious depletion. A leech was fortunately got and applied to the head, with most decided relief, and, after a visit of two hours and a half duration, I had the pleasure of leaving the child in the enjoyment of a sound sleep, and in two days of seeing it quite well, after two or three doses of aperient medicine.

I could not find out how long the child had been under the water; all I could ascertain was, that it might have been one minute, but could not be more than five.

In the case of a still-born child, from breech presentation, on May 4th, 1856, I had the satisfaction of seeing the postural movements successful in restoring animation, after being *persisted in for twenty minutes before the child gave any signs of life*.

In a similar case, after a natural presentation on the 28th Jan., I failed in restoring animation, though the Ready Method was tried for thirty-five minutes. I might have continued the movements longer, but the mother required my attention for some time, and I deemed it vain afterwards to repeat them.

Until your last number appeared, I had no idea that any man or body of men, gifted with common sense, would have had any doubts of the propriety of following out the treatment recommended by Dr. Marshall Hall in all cases of asphyxia, from whatever cause. I have therefore contributed my mite to the list of cases already published, confirming the soundness of the views entertained and the treatment recommended by Dr. Marshall Hall, and trust that every medical man will see it to be his duty to follow out the Ready Method on every suitable occasion.

Apologizing for the extreme length of this communication, I have the pleasure to be, Sir, yours sincerely,
Dundonald, Feb. 11th, 1857. WM. ALEXANDER, M.D., &c.

THE LATE CASE OF MANSLAUGHTER AT VAUXHALL.

[LETTER FROM DR. JOSEPH GRIFFITHS SWAYNE.]

To the Editor of THE LANCET.

SIR,—The unfortunate case of midwifery which has just led to a verdict of manslaughter against Mr. Morgan, and which was described by Mr. Knaggs in THE LANCET of last week, appears to have arisen from a condition of the foetal kidneys precisely resembling what I myself noticed in a case of difficult labour some years ago. Mr. Knaggs states, that in Mr. Morgan's case "the cause of the obstruction was enlargement of the foetal abdomen from multilocular encysted disease of the kidneys, the left weighing twelve ounces and four scruples, and the right, which had been considerably broken up, seven ounces, two scruples and a half."

According to my notes, my own case occurred in 1845, and was attended, in the first instance, by one of my pupils. The knees presented; but finding, after some hours, that the abdomen would not follow, he requested me to see the patient. When I examined, I found that the delay arose from the large size of the child's abdomen, which felt as if it were distended with a firm fleshy tumour. By using considerable extractive force, in concert with the pains, I succeeded in bringing it through. The thorax and head speedily followed. The child was a still-born male. On making a post-mortem examination, the size of the abdomen was found to arise from the kidneys, which appeared as large as those of an adult. The right weighed five ounces and four scruples, and measured four inches and three quarters in length, and two inches and three quarters in breadth; the left weighed four ounces and two scruples, and measured four inches and three quarters in length, and two inches in breadth. These dimensions correspond pretty closely with those of the adult kidney, which, as stated in Quain and Sharpey's "Anatomy," averages from $4\frac{1}{2}$ to 6 ounces in weight, and about 4 inches in length, and 2 in breadth. The dimensions, however, are much less than those of the kidneys in Mr. Morgan's case. On cutting into the kidneys, no trace of cortical or tubular structure could be seen; but the whole of the glandular structure consisted of cysts, varying from the size of a pin's head to a pea, and filled with a semi-gelatinous fluid. The tissue much resembled the descriptions