

He slayed the children, the two below stairs first. Such was the evidence in support of the charge against the prisoner.

"Five or six of Frost's neighbours deposed to certain indications of eccentricity which they had observed in him, but the general tenor of their evidence showed that up to the time of the commission of the fatal deeds for which he was now arraigned he had shown no symptoms of insanity. Mr. Cross, Mr. Firth, and Mr. Nicholls, surgeons, in Norwich, were also called on the prisoner's behalf, and gave it as the result of their observations of him and his conduct in the prison, that he was labouring under a 'moral' or 'homicidal mania,' by which he was induced to believe that the dreadful act in question was praiseworthy, and not a crime.

"The jury, after consulting together for a few minutes, acquitted the prisoner 'on the ground of insanity.'"

## HOSPITAL REPORTS.

### GUY'S HOSPITAL.

Cases furnished by the Clinical Society of the Hospital.  
[Reported by Mr. W. BAILLIE.]

#### PLEURO-PNEUMONIA.

F—— C——, ætat. 28, admitted Oct. 11, 1843, under the care of Dr. Barlow. A muscular and hitherto healthy man, who has been employed as a porter in a tobacco warehouse, and also at the London Docks. Four days ago, when much heated, he was exposed to the rain for some time. He felt no inconvenience on that day, and went to bed at night in his usual health, but on the following morning he was too ill to leave his bed, complaining of rigors, headach, sickness, and some vomiting.

*Present Symptoms.*—There is a hard, frequent, and short cough, attended with much pain over the sternum, and passing through to between the scapulæ; this pain is much aggravated by a deep inspiration. There is copious expectoration, of a rusty colour, but which is more frothy than viscid. There is also pain, on pressure, over the region of the liver, and the conjunctivæ are tinged of a yellow colour. He complains of occasional acute pains in the right shoulder. The right side of the chest is dull on percussion, inferiorly, and there is a dry crepitation over the middle lobe of the lung on that side, about which situation there is also œgophony. The skin is pungently hot and dry, excepting some moisture at the palms of the hands. There is also a yellow tinge over the surface. Tongue white and furred; pulse quick and full, but easily compressible; urine high coloured. Ordered cupping on the right side of the chest to ten ounces.

R *Protochloride of mercury*, two grains; *opium*, a quarter of a grain. Mix for a pill every four hours.

12. Cough continues. The sputa are of a more yellow colour, and the patient remarks that they are bitter to the taste. Bowels open once since admission; fæces dark coloured; tongue rather cleaner; pain on pressure over the liver continues.

R *Antimonial wine*, twenty minims; *sulphate of magnesia*, a drachm; *tincture of orange-peel*, a drachm; *distilled water*, an ounce and a half. Mix for a draught every six hours. Repeat the pills.

13. Cough, &c. much the same; bowels much relaxed. The dose of antimonial wine was increased to half a drachm.

R *Protochloride of mercury*, one grain; *opium*, half a grain. Mix for a dose every four hours.

14. Did not sleep at all last night from continued lancinating pain in the right side. This morning he is somewhat easier. There is now a distinct, dry rubbing of the pleura to be heard over the middle lobe of the lung, the crepitation over that part having ceased. Posteriorly there is loss of respiratory murmur and well-marked bronchophony. Percussion elicits general dullness on the right side, but this is most evident posteriorly. He is unable to take a full inspiration. Sputa slightly tenacious, but still frothy, and tinged of a dirty-yellow colour. Cupping on the right side of the chest to eight

ounces. The mixture repeated. A pill to be taken every six instead of every four hours.

15. Passed a better night, the acute pain of the right side having left him; he still, however, complains of general soreness of that side. The rubbing sound is still distinctly audible over the same region as before. Bronchophony posteriorly is somewhat œgophonic. Two loose evacuations since yesterday morning.

17. Cough much diminished; complains but little of his chest, except of slight dyspœa; sputa frothy, but tenacious, and more free from colour. Ordered compound ipecacuanha-powder, ten grains, every night. The mixture repeated. The calomel and opium pill discontinued.

31. He has been improving, and coughs but little; no expectoration; tongue clean; skin moist; pulse fuller, but of moderate frequency. There is still dullness posteriorly on the right side of the chest; inferiorly bronchophony.

Nov. 2. Ordered conium mixture.

6. Presented cured.

#### Remarks by Dr. Barlow.

Although in this case we have little more than an instance of pleuro-pneumonia, with some degree of bronchitis—a form of disease of very frequent occurrence in this climate, and one which, when detected sufficiently early, and subjected to prompt and decided, but not violent treatment, we can generally hope to combat successfully—still there are certain points in its history which are capable of affording illustration of the diagnosis and treatment of pneumonia, the former of which is the more important, since, if the disease be overlooked in its commencement, a fatal result or permanent injury to the health and comfort of the patient may ensue.

At the time of his admission, the more obvious symptoms presented by this man were not manifestly those which are most generally regarded as indicative of pneumonia. There was an oppressed and almost apathetic expression in his countenance, which, at first sight, seemed to belong more to continued fever than to thoracic inflammation; the pulse again, though quick and full, was compressible, and the cough and expectoration were rather those of bronchitis, a very frequent complication of continued fever, than of pneumonia. There was, however, one symptom which, although it is not exclusively pathognomonic of pneumonia, is, nevertheless, so constantly associated with it, especially in its earlier stages, that its presence ought always to excite suspicion of the lungs being inflamed, and to suggest the expediency of making a most careful examination of the chest. I need hardly say that I allude to the dry pungent heat of the skin, which was noticed on the patient's first admission. The value of this symptom in relation to pneumonia, has been so often pointed out in this hospital by Dr. Addison, that it is here needless to insist upon it. It may, however, be well to observe, that its great value consists in its presenting itself so readily to the sense of touch upon the first examination of a patient, and that although it will, no doubt, sometimes mislead if relied upon singly (as will every symptom which has been laid down as exclusively pathognomonic in any disease whatever), still, when viewed in its proper light, as one which ought to direct especial attention to the condition of the lungs, it is, I believe, among the most valuable additions which have been made in late years to our means of diagnosis. The result was, that auscultation confirmed the opinion which had been first suggested by the condition of the skin. For it was found that the resonance of the chest was somewhat diminished in the situation of the middle lobe of the right lung, where a dry crepitation was heard, indicative of the first stage of pneumonia. The dullness on percussion, indeed, extended downwards over the lower lobe, where the sound of the voice was œgophonic, indicating that the pleura covering the inflamed lung participated, as is frequently the case, in the inflammation, and that some effusion had ensued. It is at all times most satisfactory, when the diagnosis formed by a topical examination of the organ suspected, and that derived from the constitutional symptoms, are thus mutually confirmatory of each other.

There was another symptom present in this instance, which deserves consideration in connection with pneumonia, I mean the icteric tint of the surface. This appearance has been sometimes supposed to depend upon the increased determination of blood to the superficial vessels, which commonly takes place in pneumonia; but I think that if this explanation were correct, we ought to find it in all cases of pneumonia, in which there is, as almost constantly happens, great heat of surface; whereas this icteric tint, though frequently present under such circumstances, is as frequently absent. The evidence of the presence of bile in the circulation, afforded both by the urine and the sputa, tends to show that the colour of the skin was really that of true jaundice; and that such a disease should often co-exist with pneumonia (especially of the right lung), is what we might have been inclined to anticipate, from the near relation as regards position, circulation, and function, which exists between the liver and the lungs.

The principles upon which this patient was treated, are, perhaps, sufficiently apparent from the history. Local was preferred to general blood-letting, both because the powers of the patient seemed hardly to justify the latter, and because I believe, that unless it be imperatively called for by the condition of the patient, blood-letting is, as has been observed by Dr. Stokes, less effective than cupping in subduing the local affection of the lungs.

The use of calomel, antimony, and opium, is a practice which has been sanctioned by long experience in this hospital, as well in pneumonia complicated with pleuritic inflammation, as in the more simple form of the disease; and although the treatment by antimony alone has been highly extolled by several French practitioners, I am, nevertheless, much disposed to concur in the opinion expressed by Dr. Stokes, that although it is a very effective medicine in inflammation of the mucous membrane of the air passages, it is not so serviceable as calomel in inflammation of the lungs themselves.

#### HOUSE OF COMMONS.

WEDNESDAY, AUG. 7.

#### THE MEDICAL REFORM BILL.

SIR JAMES GRAHAM rose for the purpose of bringing under the consideration of the house the state of the law regarding the medical profession, and to propose his remedies in the provisions of the new Bill. (So little interest, however, did the members of the house appear to feel in these important subjects, that when the right honourable baronet commenced his address there were only eleven members in the house, and the numbers did not amount to twenty during the debate. The right honourable baronet spoke in an exceedingly low tone of voice, and he was with great difficulty and most indistinctly heard by the reporters.) The right honourable gentleman commenced his address by observing that there was no art or science which had done so much for suffering human nature as the noble science of medicine, and in no country of Europe had its beneficent influence been extended so widely as in this country. Being an inductive science, its boundaries were enlarged by enlightened knowledge and increased experience, and although at the present time there might be some legal imperfections in the system, he was glad to pay a tribute of respect to the great body of medical practitioners throughout the kingdom, and it was not lightly or unadvisedly he should presume to interfere with them. All interference by law had, it was true, been stigmatised by many able men, and there was a letter extant from Adam Smith to Cullen on this subject, in which, with more playfulness than was generally characteristic of that author, Dr. Smith deprecated all legislation in the strongest terms. On the other hand, the practice in this country had not been to leave this matter unguarded by all legislative interference. From an early period there had been legislation in regard to medical practice. Physicians in England now practised under licences

from the College of Physicians in London, or by virtue of degrees granted by the Universities of Oxford and Cambridge. In London, and within seven miles of it, the degrees granted by Oxford and Cambridge were ineffectual, and conferred no privileges. In latter times the legislature had conferred upon the Universities of London and Durham the power of granting degrees, but they were worthless as to legal privileges. For a long time prior to 1800 the College of Surgeons gave the title of surgeon. In 1800 the Charter of George III. was granted, and they still gave the title, but conferred few privileges. In regard to the Apothecaries' Company, he should be sorry to say anything disparaging of the individuals composing that society, still it must be recollected that, after all, they were a trading body—(hear, hear)—and entrance might be obtained into it by apprenticeship, birth, or by almost any mode except by examination as to qualification; yet no man could practise as an apothecary in England without being examined by this trading body. The Apothecaries' Act was passed in 1815, and in that Act there was a clause which, considered in regard to the skill, knowledge, and attainments which should be possessed by the great body of medical practitioners in England, appeared utterly indefensible. He alluded to the clause by which no person, who had not been apprenticed five years to an apothecary, should be qualified for examination. Those five years occurred exactly at the period of life the most valuable and important for obtaining knowledge. The youth was bound, at about fifteen years old, to an apothecary, and his opportunities for acquiring general knowledge were very limited, until at twenty or twenty-one he entered upon a more enlarged sphere of action. He was then naturally desirous of turning his profession to account, and often, at twenty-one, sought to enter into practice, having passed five of the best years of his life in an apothecary's house and shop, cut off, generally speaking, from attending lectures, and from all opportunities of general study and improvement. In the United Kingdom there were sixteen colleges or bodies for granting medical licences. The right honourable baronet here recapitulated the names of these colleges, including the Universities of Oxford and Cambridge, Dublin, Edinburgh, and Glasgow, and the two Universities of Aberdeen; the Colleges of Physicians in London, Edinburgh, and Dublin, the Colleges of Surgeons in London, Edinburgh, and Dublin, and the Apothecaries' Company in London. Now, it was obvious that without some controlling power these various bodies would be rivals, and, as rivals, their tendency being unchecked, was to underbid one another. If that underbidding only related to the amount of fees, it might be very well, but the general tendency was to pass students for the purpose of granting licences or degrees, and as the fees became low, and the standard of knowledge relatively low, the competition became great. In the northern part of the United Kingdom particularly, those degrees had been sold without requiring any examination, and even in regard to this country, the standard of the College of Surgeons in Dublin was higher than in London. As might be expected from the increased facilities of the north, the licences granted to medical practitioners in England were as five out of six granted in Scotland. He felt it his duty to give some explanation of the reasons which induced him to bring forward a measure of this importance. One evil attendant on the practice of medicine was the incompetency of those who professed to practise it, and the remedy required was to secure to the public a sufficient degree of knowledge and skill on the part of the practitioner. But all men were tenacious of life, and when life was endangered there was a natural tendency to fly for succour to those who held out promises of relief. Hence quackery attained an influence over the human mind,

"For sure the pleasure is as great  
Of being cheated as to cheat."

He did not propose that quackery should be put down by statute. The object of the present Bill was to amend many of the provisions of the present imperfect law. But to put down quackery by legislation would be seeking to attain an impossibility. Without attempting, therefore, to suppress quackery, he still thought it was within the scope of a wise legislature to offer direct encouragement to the able, quali-