

ever appeared to me to promote the welfare of the College, or tended to raise the character of the surgical profession.

In retiring from the Council, I shall always entertain that respect and esteem for its members which their characters and talents so justly merit.

I am, etc., JOHN BISHOP.

38, Bernard Street.

ELECTION OF THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS.

SIR,—Will you grant me space for a few lines on the present mode of electing members of Council of the College of Surgeons? I have always imagined that it must have been the intention of the framers of the new Charter, that the members of Council should be elected in accordance with the opinion of the majority of the Fellows. If this is a correct opinion, the only person who was legally elected on Thursday last was Mr. Solly.

The number of Fellows who voted was 258: of these, 152 voted in favour of Mr. Solly, and 106 voted against him, given him a majority of 46 votes; 121 voted for Mr. Fergusson, and 137 against him, leaving him in a minority of 16; 107 voted for Mr. Mackmurdo, and 151 against him, leaving him in a minority of 44; and yet, in the face of these minorities, the latter two gentlemen, I hear, are to take their places in the Council. If this mode of election is continued, the following would be the result in case of there being no more candidates than there were vacancies; viz., if the whole body of Fellows were to vote against the candidates, these would, nevertheless, be elected solely by their voting for themselves. This is a *reductio ad absurdum* which, I think, it would be as well for the Council to take steps to prevent from being perpetuated.

I am, etc.,
F.R.C.S.

CONSULTATION WITH HOMŒOPATHS.

SIR,—Why have we not the courage to act upon this question about consultation with homœopaths, and set the matter at rest? Let the public be unmistakably informed by our actions, that, while we are willing to devote ourselves to their service, to advise them, to teach them, and to risk our lives for them, we are determined no longer to pander to the caprices of those among them who—without having taken the pains to acquire the slightest knowledge of the principles on which the treatment of disease is conducted, with nothing save their ignorance to excuse them, their conceit to support them, and the false glittering armour of riches and position to protect them from the contempt of those whom they call their friends—profess themselves the best judges of the powers of this or that system of treatment to relieve suffering, cure disease, or avert impending death, and constitute themselves our advisers, teachers, and judges.

It has been argued, that we are ourselves conscious of practising one form of deceit, because we do not with one voice decidedly oppose systems which have been shown by evidence to be untrue; and that we believe there is something in homœopathy, because we ourselves give less medicine than formerly, while some eminent among us meet homœopaths in consultation, because, although they consider homœopathy a farce, they know that medicine is a farce too.

Let a resolution be published to the following effect:

“We, the undersigned, will not meet a homœopath; nor will we meet any member of our profession who has knowingly met such a person in consultation, until his apology for so doing, and his explanation of the circumstances, have been advertised at his expense in at least four medical journals.”

Let the names of all agreeing to this be forwarded in confidence or in sealed envelopes to you; on the condi-

tion that, if one hundred or more names be received, the list be published, and republished from time to time as new names are added. If considered desirable, a subscription might be raised to advertise this in the leading papers.

I am, etc., A PHYSICIAN.

HOMŒOPATHS IN VOLUNTEER COMPANIES.

LETTER FROM THOMAS BICKERTON, ESQ.

SIR,—Dr. Hayward, a homœopathic practitioner, takes exception to the remarks which I made in the BRITISH MEDICAL JOURNAL of June 15th, with reference to homœopaths attached professionally to volunteer companies. He begins his letter by misquotations; as, if he will refer to and carefully read my letter, he will find that the sentence he has misquoted—viz., “Had they possessed the honesty to declare,” etc.—reads, “Indeed, there can be little doubt that, had they possessed the honesty to declare,” etc.; which makes a considerable difference in the absolute meaning of the sentence.

Of the two homœopaths attached to Liverpool volunteer companies, Dr. Hayward states, “for one, that his belief and practice were publicly and freely declared, and this declaration sent to the lord-lieutenant of the county by Lieutenant-Colonel Brown himself.” On inquiry from Colonel Brown, I find his explanation of this matter somewhat different from Dr. Hayward’s. As to the point of the publicly and freely declared fact of his being a homœopath, Colonel Brown says, “that I cannot remember when I was asked to forward the name of a gentleman as an assistant-surgeon to a rifle corps, that it was even mentioned that the gentleman was any but a regular medical practitioner; and I believe that I first became aware of the fact that he was a homœopath from Dr. Neill (our senior staff-surgeon) some time afterwards.” So much, then, for the publicly and freely discussed homœopathic statement. Is it, however, possible that Colonel Brown was made the medium of forwarding this declaration without his being made aware of it?

Dr. Hayward again wishes to know what I mean as to there being no reason to fear any coercion in our brigade? Surely he is acquainted with what recently took place in reference to the appointment of a homœopath to the Guernsey militia, and its results.

The next point in Dr. Hayward’s letter, being a personal matter, as to temper and loss of patients, existing only in his imagination, requires no further notice.

Dr. Hayward then wishes to know what is legitimate medicine. Can any one be surprised at his making the inquiry? It would be a positive charity to inform him, had I the time to do so. But does it not occur to him that it does not consist in legally qualified practitioners, whilst advocating exclusively a so-called system of medicine, practising either one or the other, according as it suits their purposes?

I am, etc.,

THOMAS BICKERTON,
Staff Assistant-Surgeon First Brigade Lancashire
Artillery Volunteers.

Mount Pleasant, Liverpool, July 2nd, 1861.

USE OF INSTRUMENTS IN MIDWIFERY WITHOUT ASSISTANCE.

LETTER FROM WILLIAM HOAR, ESQ.

SIR,—The doctrine recently enounced by Drs. Barnes and Murphy, and Mr. Margetson, in their evidence before the Court of Exchequer, that the use of instruments in midwifery without assistance, is wrong, is simply monstrous. If such a rule were rigidly enforced, it would practically suspend their use altogether in many rural districts, and thereby much unnecessary suffering would be caused, followed frequently by fatal results.

I have had considerable experience in midwifery; and, in the course of years, have not unfrequently applied forceps by myself, unassisted, as no doubt many others have done. I believe I have done so with perfect propriety; and I know the result in every case has been great relief, and lasting advantage to my patient.

I am entirely unacquainted with either Mr. Halford or Mr. Margetson, and can therefore look at the whole case with an unprejudiced eye; and I must say that I thoroughly agree in the observations you make in last week's JOURNAL upon the "bad taste" (to say the least) of Mr. Margetson in appearing to give evidence against a brother practitioner and a near neighbour; more especially as he had formerly attended this very patient himself, and for some reason or other, which does not appear, did not on this occasion.

I have no means of knowing whether Mr. Margetson is a member of the British Medical Association. If he is not, I would advise him to join it at once; if he is, I would exhort him to attend constantly the meetings held in his neighbourhood, and learn there to put in practice one of its chief objects, viz—the promotion of kindly and brotherly feeling among professional neighbours.

I am, etc., WILLIAM HOAR.

The College, Maidstone, July 1, 1861.

COUNT CAVOUR AND BLOOD-LETTING.

LETTER FROM ROBERT WOLLASTON, M.D.

SIR,—On perusing the statement in the public journals of the death of that great patriot and most enlightened statesman, Count Cavour, it must strike every English physician that he was killed by having been bled no less than seven times!

A state of mental and corporeal exhaustion must fairly be presumed in the case of Cavour. The disease was stated to be an attack of inflammatory typhoid; certainly, in England the treatment would have been entirely of a different character. We should have probably depended more on the "vis medicatrix naturæ," quiet and quinine, and topical application of leeches. But is the Italian or the English practice the more successful? and how far does climate influence the mode of treatment? No doubt the practice of blood-letting is the favourite system pursued throughout the peninsula of Italy. I have seen a good deal of Italian practice, having been nearly six months in Piedmont, and almost daily visiting the hospital in Genoa; and I found the depleting system largely adopted in febrile diseases, combined with low farinaceous diet, and slops or tisans. The theory and practice of blood-letting are attempted to be justified by the assertion, that acute diseases run their course rapidly; that the alternations of temperature in Piedmont are great; the north winds blowing from the Alps are intensely cold, and the heat of May and June in the daytime is excessive: thus the constitution is severely tested, and disease advances with a rapidity which is unknown in the temperate climate of England.

I knew a gentleman in Genoa who was attended by one of the first physicians in that city, who in the course of one month was bled sixteen times! for an attack of peripneumonia: though he escaped destruction from the prodigal use of the lancet, he became blanched as wax, and his constitution shattered.

While we unhesitatingly censure the Italian practice, let us look at home, and inquire whether we have not gone from one extreme to another with regard to venesection. It is now the fashion never to bleed; pneumonia and apoplexy are treated with brandy; we do not adopt the safer axiom, "in medio tutissimus." High authorities are cited against bleeding, and the Brunonian notions are revived. I believe that we are running into a dangerous tract; avoiding Charybdis, we are drifting

on the rocks of Scylla. I remember well, some thirty years ago, that all the schools of medicine laid it down as a positive and unerring rule, that blood-letting was the sheet-anchor of safety in apoplexy and pneumonia—"mais tout cela est changé." Physicians from the schools of King's College and St. Mary's—master-minds, influencing the practice of many disciples either for good or for evil—proclaim that old notions are wrong, that a new light beacons a better path. For my own part (and I think many veteran practitioners will agree with me) I cannot consent to throw away the experience of thirty years. The inductive philosophy is not yet exploded; experiment, observation, and experience are still good guides to knowledge; and though I at once admit that pathology is more exact and minute, aided by the microscope and by the revelations of organic chemistry, yet the belief of the beneficial effects of venesection depend entirely on observation and experience; and I think I can affirm that blood-letting, freely done at the onset, has cut short many active inflammations in a manner so obvious that it is impossible to deny its invaluable efficacy. Of course, it is an open question, How much blood should be drawn? and what are the conditions which justify the use of that powerful remedy.

It is one thing to denounce a remedy, and another to use it with discretion. The tendency of the present age is to ignore venesection, and to let the lancet rust in the pocket-case. There are few remedies in the treatment of disease which require so delicate a handling as the abstraction of blood. Some time ago, I attended the widow of an esteemed and highly talented physician of London, who had a severe gastric affection. The predominant symptom was pain. She was also attended by a physician of high eminence, a baronet; and subsequently by another physician, equally well known by his public position and writings. The lady was treated for gastrodynia, for which hydrocyanic acid, morphia, bismuth, opium, and blisters to the epigastrium, had been prescribed. She was under their treatment for two months, without any benefit. At length she sent for an old friend of her husband, the late Dr. Clutterbuck, who at once bled her to six ounces. She was a pale woman, and much out of health and spirits. The benefit was so palpable both to herself and to her then medical attendants, that in three days after she solicited the same remedy; as the pain, through greatly mitigated, was not completely subdued. The operation of bleeding to the same extent was again performed, with marked success. From that time she gradually began to mend, to recover an appetite which had entirely failed, and to sleep, which for two months she had not been able to do from the severity of pain. Dr. Clutterbuck would have been ridiculed in the present day by the model practitioners of the new school, who boast of enlarged ideas and more accurate knowledge of disease and treatment. The lady still lives to attest, with gratitude, the only treatment which substantially relieved her. I do not uphold Clutterbuck's general treatment of disease; he belonged to a bleeding age; but I can never forget the manifestly good effects of venesection in a severe form of disease which had baffled two eminent physicians who had previously attended the patient, and had adopted a very different course of treatment.

Many years ago, the late Dr. Parry of Bath, in his valuable work on *Therapeutics*, wrote sensibly on bleeding; he did not, to use a phrase that was once current, knock down a disease by taking away a pint of blood *placido rivo*; but he recommended the cautious use of abstracting blood by taking small quantities, from four to eight ounces, with a view to lessen the force of the heart's action in acute cases, or, in more chronic cases, to relieve venous congestions in the larger vital organs, the brain, lungs, liver, or intestines. In many cases of acute disease, I believe moderate bleeding, from six to ten