

of the fatal results, but to which, more or less, ligature inevitably tends. He would have no hesitation in operating on the knotty veins described by Mr. De Méric; but he would first operate at the part nearest the circulation. As to the dividing the vein, the reason for doing this was, that the lining membrane of the vein is not serous, and does not secrete lymph in its natural state. It may be mechanically blocked up by lymph, but there is no vascular union. But if the vein be divided, then vascular union can take place. With regard to the alleged return of varix, it was very probable that a patient may have another varicose vein near the original one, after a time.

Editor's Letter Box.

POOR-LAW MEDICAL REFORM.

LETTER FROM RICHARD GRIFFIN, ESQ.

SIR,—I shall feel obliged by your allowing me, through the medium of your JOURNAL, to inform the Poor-Law Medical Officers, what I am sure will be a source of much regret to them; viz., that domestic affliction has caused Mr. Pigott to apply for leave of absence from the House of Commons until the 23rd inst. The introduction of the Poor-Law Medical Bill must, therefore, necessarily remain in abeyance for a short period; but I hope medical men will not relax in their efforts to obtain the support of the individual members of the House.

I am, etc., RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, 10th March, 1860.

POOR-LAW MEDICAL REFORM.

SIR,—I am glad to see by the letter from "An Associate and Poor-Law Medical Officer," that some have been attempting parochial petitions in favour of Poor-Law Medical Reform. I am quite certain that Mr. Griffin is correct. If the Bill does not pass, it will be owing to our apathy. I have managed to muster nearly twenty parochial petitions from friends and others; and, as a rule, very respectably signed. I have, however, inserted in Mr. Griffin's form, No. 2, the average payment we now receive, viz., three shillings and one penny per patient, as I found that some few ratepayers considered us too well paid already, until I told them the average rate.

I am grieved to see that on a subject that affects the well-being of such a large section of the profession, the dons (if I may use the word) are even more apathetic than the rest of us. Unless I am mistaken, at the late meeting of the Bath and Bristol Branch, there was a petition on the table in reference to Poor-Law Medical Reform, which I expected would be signed by the president and those to whom we look up to support every good movement in the profession. I believe it was never signed by anybody; for the juniors, seeing those who should lead them on stand aloof, did not like to put their names down before their elders; and so the matter dropped.

I trust so unsatisfactory an example will not be followed by other Branches. Many persons disapprove of Mr. Griffin's method of working the question. My reply to such persons is, "devise a better, and help us to work it; but if you do not assist us, what right have you to find fault?"

A MODERATELY PAID UNION OFFICER.

March 13th, 1860.

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

SIR,—Some twenty years since, I obtained the diploma of the College of Surgeons, and looked upon it as something worth possessing; but, from the way in which the Council are now granting it, I believe that many others, with myself, will very shortly feel ashamed of being members of such a body as the College of Surgeons, which really ought to be of as high standing as any in the kingdom. In those days, the Apothecaries' Company were called a "set of traders", etc.; but, to say the least, they gave a good, fair, and practical examination, and have never insulted their members in the way the College has done, and is still doing. For instance, the College conferred the fellowship on members who submitted themselves to an examination (this was a test of merit, and all fair); and then sold the fellowship to men some of whom would be as

much afraid of touching a scalpel as they would be of handling a live crocodile. This brought "grist to the mill", and the gentlemen were dubbed F.R.C.S. Now the Council admits men who have not gone through the prescribed routine of education; and, by way of further insult, proposes the admission of dentists. The latter gentlemen (very wisely) appear determined to keep aloof from so mercenary a body. Much has been said of late about elevating the profession. I suppose this means, granting *any one* this celebrated diploma, and then the ten-pound licence of the Edinburgh College.

Perhaps you will kindly inform your readers when the bone-setters and the chiropodists are to be admitted as members of the College. Surely their turn will come soon. And, as money appears to be the chief object which the Council of the College have in view, let those who are interested in John Hunter's invaluable museum look sharply, lest it, like us members, be sold.

I am, etc.,

A COUNTRY APOTHECARY.

March 1860.

THE ROYAL COLLEGE OF SURGEONS.

SIR,—The College of Surgeons has of late granted its diploma to a number of grossly uneducated men, to the great grief and no less displeasure of those members of the College who, when admitted, never supposed for a moment they were destined to be associated in any such company.

Will you, then, permit me, through the JOURNAL, to put a question which, I trust, will call forth an answer sufficiently definite to serve as a guide to myself, and others like me, who may labour under the mortification of having any of these professional hermaphrodites in their neighbourhood?

Can any individual, holding only the diploma of the College of Surgeons, visit, dispense medicines, and charge for the same, without subjecting himself to a legal penalty? And, if he cannot, what is the course of proceeding to take, to put him down?

It occurs to me that the profession stands in great need of some central prosecuting society, with branches in the country, to take up such cases of malpraxis which so generally abound, and thereby relieve private individuals the unpleasantness inseparable from a prosecution.

I am, etc., NEMO.

March 13th, 1860.

ON SUPPORTING THE PERINÆUM.

SIR,—If every reader of the BRITISH MEDICAL JOURNAL, who has an opinion on the question proposed by "Aliquis" as to the expediency and best method of supporting the perinæum during labour, were to express it in writing, your columns would soon be filled by every conceivable variety of experience and theory. And yet, in spite of a wholesome dread of such a catastrophe as an obstetrical controversy, I feel strongly infected with the desire to set down a few words on the subject. The two extremes are already represented respectively by Mr. Samuel Smith and Dr. R. Uvedale West. The former gentleman, it appears, is an exponent of the *supporting plan*. When he heard, a few years ago, that an old pupil of his class "had entirely given up counterpressure as advised by him, and believed that his patients did better without it," he "could not but feel glad, for the sake of the young wives in the neighbourhood," when he heard also that the pervert "had left the profession and gone to a more lucrative occupation." For the credit of Mr. Smith's charity towards many who are yet engaged in the *less lucrative* occupation, we must hope that it was *more particularly* the fact that his old pupil had bettered his circumstances, if such were the case, which gave him the benevolent gladness. From the other extreme of opinion, Dr. R. Uvedale West writes that, "if Aliquis will let the perinæum alone, he will find that it will scarcely ever be ruptured"; and then very unwisely adds that, "in fact, it is most frequently the compression of the part between the hand of the accoucheur and the head of the fœtus, which, by bruising the tissue and otherwise preventing its relaxation, causes the laceration." Medicine is confessedly an uncertain science; and, according to these differing doctors, the art is not much better. Amidst such conflicting opinions, how are we, the juniors and "old pupils" of such mature advisers, to determine which course we shall adopt, unless, like Mr. Smith's friend, we venture to have an opinion of our own, or cause gladness to the hearts of our seniors by making an exit from a profession for which we are so incompetent as to suppose we had better leave our patients alone? What is the real cause of these discrepancies? are they to be attributed to

the diverse nature of the facts observed by different individuals, or to the varied aspects which the same facts will present viewed in the light of opposed theories. We can all understand the attainment of the same end by different means; but, when one authority lays it down that the plan adopted and prescribed by another authority is "most frequently" the cause of the evil which it is designed to obviate, I am personally at a loss to discover alike the reason and reasonableness of such a contradiction.

I have dwelt thus at length upon the *decided* expression of these adverse opinions in your number of the 25th inst., because the paradox, though by no means unequalled in the annals of medical discussion, is certainly of serious moment, if not to the interests of scientific truth, at least to those of the profession, as calculated to mislead in practice, or make sceptical in theory. A just estimate of the matter at issue can scarcely be obtained without something like a well considered view of the circumstances and conditions under which the danger to be avoided is likely to occur.

We are all more or less familiar with the anatomical details of the parts concerned, and with the nature and direction of the forces engaged in the last stage of labour, and, indeed, of the middle also; for both are intimately concerned in producing the conditions favourable to rupture of the external parts. But perhaps there are no two cases essentially alike in regard to those more variable conditions of a secondary nature which enter so much into the composition of the functional act of parturition; such as the character of the presentation, not only in its phase as referred to a particular class by authors, but, what is perhaps, in respect to the present subject, of even greater importance, those modifications of which it is susceptible by the greater or less degree of compression which it undergoes in the osseous canal, and by the extent and duration of the force which is exerted upon it by the contractions of the uterus; producing in their turn peculiar prominence of particular parts of its surface, as in the extreme overlapping of the cranial bones, and determining the amount of pressure which it shall exert on the surrounding parts by its anterior, posterior, or lateral aspects; each and all of which conditions, however apparently trivial in themselves, may operate strongly in producing or preventing the risk of rupture of the perinæum.

And there is one point that I have not seen particularly noticed by writers on the subject, which, in addition to these, may constitute a fruitful source of danger; and its consideration may prove suggestive of some points worthy of notice. I allude to the fact that, in many cases, the perinæum is much more easily distensible at the posterior part than at the anterior border; and this circumstance renders it possible that a presentation which has made a somewhat rapid exit from the pelvic cavity (as may happen in cases of straight sacra, shallow pelvis, and wide outlets), may impinge upon the hinder part of the perinæum, strongly dilating it, whilst the anterior border assumes the form of a pendent loop in front of the presenting body, and is not so easily dilated. Again, when the anterior border is not quite so undilatable as in the last case, and yet not sufficiently distended to allow the complete passage of the fœtus, the latter will protrude to a certain extent; and, if it has any hard projecting points, as before mentioned, such as the overlapping bones of the head, sometimes presenting an almost sharp edge, which does not immediately subside, the perinæum may be subjected to severe pressure at one or more portions of its surface. Or again, in a similar case, the perinæum may be carried forward on the presenting part, and lacerated when the shoulders are making the last turn. In each of these cases, it would appear that the greatest danger arises from the excessive straining of particular parts of the perinæum, rather than from more general distension; and I think it will be found that, in by far the majority of cases, danger is to be apprehended and guarded against from these causes. The plan recommended by Mr. Smith, namely, the use of lard, tends greatly to obviate many of these difficulties, and is both easy of application and grateful to the patient; and perhaps it is especially useful in removing one circumstance, which in itself may be the cause of an alteration in the course of the presentation, or tend to increase the difficulties already named—I mean the dryness of the upper surface of the perinæum. In several instances, I have distinctly seen this impediment removed by the free use of the lard, even between the last pains.

But, assuming that the conditions I have indicated are very mainly the causes of that state of affairs which renders rupture of the perinæum probable, much may be done to remove them in the earlier part of the labour; that is, I believe, near the end of

the middle stage, and just at that juncture, with which all are familiar, when the external parts begin to strain and become tense; then, if not before, the anterior border of the perinæum may be gently dilated with the hand, at the same time lubricating it with lard or oil. This may readily be done with the left hand; and, in a very short time, the parts become so soft and distensible, that the danger is averted. I have no right to speak from experience, in the presence of your many readers; but I can well remember several cases in which the danger of rupture seemed imminent, and I have never yet known this plan to fail. If judiciously applied, I doubt not that it will be found to prevent the danger, and render "supporting the perinæum" unnecessary. I confess to believing that patients are better without any support to the external parts, unless in very exceptional cases; and I am inclined to think that the estimate Dr. West has given of it may not be far from the truth. At best it can but diminish the force of the pains, or divert its influence; and, besides the very questionable policy of presenting any unnatural obstacle to the usually violent efforts of the uterus in the last stage of labour, it must be far better so to facilitate the progress of the fœtus, that the natural force, instead of being expended in straining the tissue in any particular part, or weakened by the pressure of the hand, may be allowed to exert itself naturally in the progressive dilatation of each portion of the perinæum as the presentation advances. It does not seem improbable, also, that much undue pressure is exerted on the perinæum because the presentation is not made to turn well up under the pubic arch; to insure which, greater stress might well be laid on the position of the patient, the wide separation of the thighs, and their flexure upon the abdomen to such a degree as will make the posterior part of the perinæum sufficiently tense to direct the presentation forwards. This, although perhaps at first sight a doubtful effect, will, I think, on consideration be allowed to have a marked influence. And in all cases where the custom of "taking the child" is adopted, the relative position of the accoucheur and his patient will be worthy of attention. Some cases of laceration might possibly be prevented, if it were customary to sit more in front of the patient, so that, if any extractive force be exerted (as in some *exceptional cases*), it may be only in the natural direction of the last curve. It might be useful and suggestive to inquire into these general circumstances in such cases. But are these accidents really so common? If I had any claim to speak from experience, I must doubt it; and I confess that, in *by far the greater number of cases*, I would rather follow the advice of Dr. West and the practice of Mr. Smith's old pupil, and leave the case to nature, the course of which so often triumphs, when art can at best but fail to do mischief. Happy for "the young wives of the neighbourhood" if it is no worse.

I am, etc.,

J. M. G.

February 29, 1860.

THE ASSOCIATION AND THE JOURNAL.

LETTER FROM JOHN DIX, Esq.

SIR,—What a satire on our Association is the discussion at the Metropolitan Counties Branch! What a demonstration of the justice and accuracy of the sarcasm which nicknamed us "The British Medical Journal Association"! What a conclusive proof that, in the opinion of some amongst us, "the Association exists for the JOURNAL," and of their determination to maintain this arrangement!

Surely there was hidden irony in the remarks of my friend Holmes Coote (who I know sometimes delights in the humorous), that "but for the JOURNAL he should know nothing of the Association," and in Dr. Webster's statement that but for the JOURNAL "he could not ask gentlemen to join the Association." Similar sentiments issued from the mouth of Mr. Daniell when he came to judgment on my first paper. These, be it remembered, are the statements of advocates of the JOURNAL, and are considered arguments in its favour.

Did it never occur to the minds of any of these gentlemen, that an Association which assumes to itself the pretentious title of "The British Medical Association" *ought to have* some other benefits to bestow upon its members—some other inducements to offer to outsiders besides a weekly journal, the quality of which may be well and fairly estimated by observing the great and general desire now being exhibited for its improvement.

At a meeting convened for the special purpose of resolving "that the Association cannot efficiently fulfil its mission without a weekly organ of its own," one might reasonably