

gestions; and to assure you that, by settling this long-agitated question, you will ensure the grateful thanks of the whole medical profession.—I have the honour to be, my lord, your lordship's most obedient and very humble servant,

(Signed) "C. H. ROGERS HARRISON,
Hon. Sec."

"To the Right Hon. LORD JOHN RUSSELL,
Colonial Office, Downing Street."

PAROCHIAL MEDICAL RELIEF.

We are desirous of bringing the subject of poor-law medical relief under the notice of our readers, in order that when the question shall come before the legislature, which we trust will be early in the ensuing session, the medical profession may be prepared to support such measures as shall provide for the settlement of this question upon a just and equitable basis. To promote this object we print Mr. Sergeant Talfourd's proposed clauses, intended to be introduced into any bill which may be brought forward by the government for amending the existing poor-law. These clauses, we may observe, have already received the sanction of the Provincial Medical and Surgical Association, a motion approving of them having been unanimously passed at the general meeting at Southampton, and a subsequent one to the same effect at the branch meeting recently held at Bridgewater.—Eds.

PROPOSED CLAUSES.

I. *A Medical Commissioner to be appointed in addition to the three Poor-law Commissioners.*

And be it enacted—That it shall be lawful for her majesty, her heirs and successors, by warrant under the royal sign manual, to appoint one fit person, being a physician or surgeon lawfully qualified to practise in physic or surgery, for a period of not less than five years, to be a commissioner to carry into execution the acts relating to the poor in England and Wales, in addition to the commissioners appointed under such acts, and to be styled "The Medical Poor-law Commissioner for England and Wales," and also from time to time, at pleasure, to remove such medical commissioner; and, upon any vacancy in the office of medical commissioner, to appoint some other such person to the said office; and that the said medical commissioner shall be sworn, and his appointment notified in the manner prescribed in respect of the other poor-law commissioners; and that, being so appointed and sworn, he shall attend at the meetings of the poor-law commissioners, but shall not have any voice at such meetings, except in matters concerning the medical relief of the sick poor, in which matters he shall have equal voice with such other commissioners; and all rules, orders, and regulations relating to such medical relief shall be sealed or stamped with the common seal of the poor-law commissioners, and shall have the same force and effect, and be received in evidence in like manner with other orders, rules, and regulations, sealed or stamped with the said seal.

II. *The Medical Commissioner to settle the extent and boundaries of medical districts throughout England and Wales within three years, and submit the scheme thereof to a Secretary of State, to be laid before Parliament.*

And be it enacted—That the medical commissioner, with the aid and under the authority of the other poor-law commissioners, shall, after the passing of this act, proceed with all convenient despatch to take into consideration the size and population of every district for the administration of medical relief throughout England and Wales, to be committed to the charge of a medical officer, in order to settle the extent and boundaries thereof upon the scheme

following, that is to say, that no district shall include a larger population than ten thousand persons.

That districts of greater area than eight thousand acres (*about twelve square miles*) shall not include a population of more than four thousand persons.

That districts of greater area than one thousand acres (*about one and a half square mile*) shall not include a population of more than six thousand persons.

That districts of area less than one thousand acres may contain a population not exceeding ten thousand persons.

And that the medical commissioner shall, within three years after the passing of this act, complete the regulation of all districts throughout England and Wales, and submit the scheme thereof, specifying the extent and boundaries, and population of all such districts, to one of the principal secretaries of state; and such scheme shall be laid before both houses of parliament within six weeks after the receipt of the same by such principal secretary of state, if parliament be then sitting; or if parliament be not then sitting, then within six weeks after the next meeting thereof.

III. *The Medical Commissioner and Poor-law Commissioners to make orders and prescribe limits to the remuneration of medical officers, with power to suspend or vary such orders.*

And be it enacted—That the medical commissioner and the other poor-law commissioners shall from time to time make orders, whereby they shall prescribe limits within which the remuneration of medical officers may in every case be determined by the guardians of every union, provided always that it shall be lawful for the said commissioners at any time to suspend or vary the operation of such orders in any particular case or cases, by writing, under the hands of any two or more of them, of whom the medical commissioner shall be one.

IV. *Every medical officer to make an annual district report, and transmit the same to the Medical Commissioner, and the Medical Commissioner to make a general current report, to be annexed to the report of the Poor-law Commissioners, and laid with it before Parliament.*

And be it enacted—That the medical officer of every district shall, on or before the 25th day of March in every year after the passing of this act, transmit to the medical commissioner a district report, stating the number of persons who shall have received medical relief during the preceding year within his district, the expenses of such relief, and the proportions and manner in which such expenses have been or will be defrayed; the distance of his own place of abode from the most remote inhabited part of his district; and if he shall not reside therein, in addition to such particulars as aforesaid, the distance of his place of abode from the nearest inhabited part of such district, and all such other matters as the poor-law commissioners shall, by their orders from time to time, require to be included in such district report.

And that the medical commissioner shall once in every year prepare a general report, comprising the substance of such district reports, and all proceedings of the poor-law commissioners relating to medical relief in such year, and cause such general report to be annexed to the annual report of the poor-law commissioners, in order that the same may be submitted therewith to one of the principal secretaries of state, and laid therewith before both houses of parliament.

V. *Guardians to determine the amount of remuneration to be received by medical officers, subject to the orders of the Commissioners, but not to advertise for or seek to obtain tenders.*

And be it enacted—That the remuneration to be received by medical officers shall in all cases be fixed and determined by the guardians of the poor of every union, according to their discretion, subject to any limitations and directions which may be contained in the orders of the commissioners, and that such guardians shall not attempt,

by advertisement or other public notification, or in any manner whatsoever, to obtain tenders or offers relating to the remuneration to be given for the performance of the duties of such medical officers.

• VI. *Qualification of medical officers.*

And be it enacted—That no person shall hereafter be eligible to receive the appointment of medical officer of any district not being duly qualified to practise as a surgeon and physician, or as a surgeon and apothecary, unless he shall be in actual practice as a surgeon or apothecary at the time of passing this act; and that no person shall be so eligible until he shall have been in surgical or medical practice for three years.

VII. *The expense of medical relief to be a parochial charge.*

And be it enacted—That in all cases the expenses of medicines and administering medical relief shall be borne by the respective parishes in or of every union, in proportion to the expense incurred on behalf of the parishioners of each parish who shall receive such relief.

TREATMENT OF UTERINE HÆMORRHAGE.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—Uterine Hæmorrhage is a disease of so common an occurrence, and the treatment of it so frequently brought before the general practitioner, that any information or improvement in its management will, I have no doubt, be received by your readers as valuable.

After an experience of eight years, in a large and populous district, I am enabled to vouch for the value of the treatment I now adopt in the management of uterine hæmorrhage, whether the result of abortion, or profuse and long continued menorrhagia. Shortly after my appointment, in 1832, to the charity of which I have the superintendence, I found the serious inconvenience of not possessing any remedy that could be depended upon for the checking of long-continued menorrhagia. The lancet; acet. plumbi, opium, ergot of rye, acids—all seemed to produce little effect; and the labour became truly difficult from the long and wearisome time such cases remained under my care.

Having directed my attention to the administering of powerful styptics, I commenced by giving tolerably large doses of sulphate of alumina, with aromatic sulphuric acid, with the most decided benefit, finding that under the use of this medicine the hæmorrhage would become lessened in a few days. It struck me, that there was nothing in the composition of the remedy to prevent me pushing the dose to a greater extent, and I commenced giving the following mixture:—three drachms of sulphate of alumina, an ounce and a half of sulphate of magnesia, two drachms of aromatic sulphuric acid, and twelve ounces of distilled water; of this mixture one ounce was given every four hours, and where much pain existed, a grain and a half of acetate of morphia was added to the whole. When the stomach rejects every other medicine, even brandy and water, this will remain on the stomach; and after the administration of one or two doses, the hæmorrhage will be considerably lessened; and seldom or ever have I to give beyond four doses, when it will have entirely ceased; but when I have arrived at that stage, I continue the mixture without the sulphate of alumina, and give it in doses of one ounce three times a day, for two or three days. In about two hours after the first dose has been taken, the patient becomes hot, the tongue hard and dry, presenting much of a typhoid appearance, pulse hard and steady, considerable thirst, which, however, must not be too largely gratified, and these symptoms will remain should the bowels not be acted upon by the sulphate of magnesia in the mixture. A copious evacuation of the bowels should be effected within twelve hours; and if the medicine does not effect this, we should give one ounce of castor oil, and two drachms of tincture of jalap, in a little

peppermint water. Should this not succeed in the course of two hours, a quantity of warm water must be injected with an enema syringe. This practice is absolutely necessary, as should the bowels be too long confined, mucous inflammation might ensue. After they have been well freed, the tongue gradually regains its natural appearance, and the secretion from the uterus will, in the course of twenty-four hours, become thin and foetid, quite pale in colour, and gradually disappears after a little. Such has been the manner I have for many years treated cases of this description, and the success that has attended the practice has been most encouraging. In illustration I send you two cases which I have had sometime since under my care.

CASE I.—Aug. 20th. I was called to see Mrs. L—, who lived four miles from my residence, who, I was informed, was dying from uterine hæmorrhage. I had a bottle of the mixture made and given to the messenger, stating that I would immediately follow him. On my arrival I found the patient nearly speechless, covered with a cold sweat, and suffering from incessant vomiting, pulse scarcely perceptible. On inquiry I found that she had passed at six o'clock in the morning a twelve weeks' foetus, and up to the period at which I arrived, had suffered from continued and profuse hæmorrhage. Her countenance was bad, the eye glazed, and her whole appearance indicated a speedy dissolution. I immediately gave her some æther and tincture of opium, which was at once rejected; after waiting for ten minutes, I gave one ounce of the styptic mixture, which remained on the stomach; after which the vomiting did not return. Warm water was applied to her feet, and the limbs rolled in flannel; after about an hour she expressed herself better; the pulse became stronger, and thirst came on; the bleeding was checked, and the violent pain in her back lessened. Two hours afterwards the dose was repeated, and it remained on the stomach for two hours longer, when the great flow of blood had stopped, and her whole appearance showed a decided improvement. I gave directions that the mixture should be continued every four hours until I should see her on the following day.

21st. On visiting her at two o'clock to day, I found that the hæmorrhage had ceased, and a thin foetid discharge issued from the vagina; the bowels had not been acted upon, so I gave one ounce of castor oil, which produced the effect.

22d. This day she was suffering only from debility, when I gave directions to let her have broth; and from this period she gradually improved, and had no return of the bleeding.

CASE II.—M. Lawless, wife of a labouring man, was seized with typhus fever on the 12th of June, and on my visiting her, I found the common symptoms attendant upon the disease present; it ran a tolerably favourable course for eight days, at the end of which period she was seized with uterine pains, and passed a six weeks' foetus. The hæmorrhage which supervened was so great, that the person in attendance upon her thought she would die before I could see her. On my arrival I found the bed soaked through, and the blood dropping on the clay floor. As no time was to be lost, I gave her the solution of sulphate of alumina, &c. as soon as it could be had from the dispensary, though I was uncertain how it might affect the febrile symptoms. Her tongue was thickly coated with fur, pulse feeble from loss of blood, and the head considerably affected: however, after taking the second dose, the bleeding became less, and finally ceased on the following day.

The fever did not seem to be affected either by the hæmorrhage or the remedy; but great debility came on, and we were compelled to support the patient with nourishment until its termination, which took place about the 17th day.—I am, Gentlemen, your obedient servant,

N. GRATTAN, M.D.

Killeagh Dispensary, Oct. 26th, 1840.