face changed colour, and the head sank backwards. Dr. Jäger at once supported with his left hand the backward-sinking head, and introduced the right index finger into the pharyngeal cavity, in order to remove mucus, or perhaps thrown-off membranes, and to produce irritation and coughing. No cough ensued; by spasmodic closure of the lower jaw, the teeth hurt his index finger. Dr. Jäger now tried at once to induce artificial respiration, when it appeared that the chink of the glottis was suddenly completely obstructed. It was neither possible to express air from the thorax, nor to draw air into it. Death had occurred quite suddenly in the course of a few seconds. At the most, fifteen seconds had elapsed from the beginning of the deep inspiration until complete pulselessness was present. This had happened already before I could be called from another floor of the mansion. It would have been perfectly useless to perform tracheotomy, for which all preparations had been made, on a lifeless body. The symptoms which I have communicated proved that no croupous membrane had been formed within the larynx. The sudden occlusion of the rima glottidis can only have occurred by aspiration of a diphtheritic membrane which had been formed higher up, and which was forcibly driven into the chink of the glottis by a strong inspiration. Such cases of death in diphtheria occurring *so very acutely*, in consequence of similar accidents, are rare. However, a number of quite analogous cases have been recorded in literature. Even in adults, the same accident has happened, in spite of their glottic opening being so much larger than in children.* A *post mortem* examination was not performed, because such might have occasioned a further propagation of the infectious matter.

[In the case of Princess Victoria, the diphtheritic membranes were completely thrown off, not on the 11th, but on the 14th of November.]

THE NEW MEDICAL REFORM BILL.†

By R. H. S. CARPENTER, L.R.C.P.,

President of the Medical Alliance Association.

THOSE who watched the various causes which led to the passing of the Medical Act of 1858 will have little difficulty in recognising, as one of them, an aim on the part of the Scotch Medical Corporations, in aid of their own revenues, to destroy the monopoly of the Society of Apothecaries in granting qualifications, giving their holders an exclusive right to practise medicine in England and Wales. Previously to the passing of this Act, the ordinary qualifications of English general practitioners were those only of the Society of Apothecaries and the London College of Surgeons; and it was then as unusual, as it is now common, to see Scotch graduates and licentiates in medicine practising in England as general practitioners. It can scarcely be doubted—indeed it may be asserted—that this undesirable change is the result of the Scotch Medical corporations having propagated amongst the profession, innocently enough no doubt, the erroneous doctrine that the Act, as was intended by its promoters, conferred equal rights to practise throughout the United Kingdom upon all persons registered under its provisions. The fear of losing these imaginary privileges accounts for the persistent opposition every measure of medical reform has met with from the representatives of the Scotch Medical corporations. Soon after the passing of the Act, its wording, in other ways, was found to be opposed to the intentions of those who draughted it. It will be recollected that, in 1859, only a few months after the Act became law, a strong “Registration Association”, with its head-quarters at Charing Cross, and the late Dr. Ladd as its secretary, prosecuted a person for falsely assuming a medical title; and that, having obtained a conviction against him, the police authorities, under a feeble protest from the Medical Council, pounced upon the penalty, and left the Association to pay the costs of the prosecution. The intended good work of the Association, in compelling registration and suppressing one phase of illegal practice, was thus frustrated; and, from that time to the present day, agitations for the amendment of the Medical Act have been frequent, and sometimes vigorous. Foremost amongst these agitations has been a demand for direct representation of the profession in the Medical Council. This point was taken up with great earnestness by the Medical Reform Union of Birmingham, and, in 1870, was included by them in a memorial to the Medical Council, praying for fresh legislation. Subsequently, it was adopted by the Reform Committee of the British Medical Association, whose movements for obtaining this popular claim, even by sacrificing far more important measures of medical reform, have been

directed, with untiring energy and devotion and singleness of purpose, by Dr. E. Waters of Chester.

It is a remarkable fact, which ought not to be lost sight of by the profession generally during the approaching Parliamentary efforts for medical reform, that the respective Bills of two Governments of opposing political principles, and the two Bills of the British Medical Association, have, with the passive sanction of the Medical Council, proposed to make the practice of the profession absolutely free to any persons whomsoever; whilst, at the same time, they would have permitted these persons to assume unregistrable medical titles, undistinguishable by the public from the best titles in the profession. The Bill of the Medical Alliance Association guards against the adoption of these dangerous free-trade principles in the practice of medicine; whilst it is believed that, at the same time, it embodies and carries out in a comprehensive and liberal spirit all the chief points of medical reform which have been demanded by the profession since the passing of the first Act in 1858. These points are, *principally*: An alteration in the constitution of the Medical Council; direct representation of the profession in the Medical Council; conjoint examining boards; the amendment of the penal clauses; the registration of reputable foreign qualifications; the registration of colonial qualifications; the registration of the qualifications of medical women.

The scheme in the Bill for the reconstruction of the Medical Council proposes that there shall be but nineteen members, instead of twenty-four as now; that these nineteen members shall include four representatives of the profession, three Crown nominees, one of whom shall be president, and twelve members chosen in the following way: one each by the Royal College of Physicians, the Royal College of Surgeons, the University of London, the Society of Apothecaries, the College of Physicians of Edinburgh, the College of Surgeons of Edinburgh, the Faculty of Physicians and Surgeons of Glasgow, the College of Surgeons of Ireland; one for the Universities of Oxford, Cambridge, and Durham, collectively; one for the Universities of Edinburgh, Aberdeen, and St. Andrew's, collectively; one for the Queen's University and the University of Dublin, collectively; one for the King and Queen's College of Physicians and the Irish Apothecaries' Hall, collectively. The representatives of the profession are to be elected: two for England, one for Scotland, and one for Ireland. The examining boards are to be formed: one for England, one for Scotland, and one for Ireland. The certificates of these boards will not be registrable until after their holders possess themselves of a registration diploma, obtained from one or more of the now existing medical authorities; but, in the case of *women*, if these authorities, where they have the power to do so, refuse to grant a diploma, then the certificates of the examining boards will become registrable, but only as certificates of competency. The penal clauses are those of the former Bills of the Alliance Association. They were amplified and weakened by the Government, but are now strengthened, so as to carry out the intentions for which they were originally constructed. The registration of foreigners' qualifications is provided for in such a way as to prevent their being mistaken for English qualifications, and they will, accordingly, have a separate column in the *Register all to themselves*. Colonial diplomas will likewise be distinguishable from other diplomas, and they, too, will have a column in the *Register all to themselves*.

The Bill contains about thirty-six sections, and perhaps as many subsections. It is made up from the Medical Act of 1858, the Government Bill of last year, the Bills of the Alliance Association, and two sections of the Bill of the British Medical Association. It includes as well the amendments of the Government Bill as proposed by the Government and the amendments proposed by the Medical Council; yet, although it is made up from these Bills, it differs from them in many ways. It differs from the Government Bill, as it proposes to alter the constitution of the Medical Council, to provide for the representation of the profession in the Medical Council, to restrain persons from assuming unregistrable medical titles, and to compel the personal attendance of medical men who fill up death-certificates. It omits the Government scheme for licensing midwives. It does not deprive the Society of Apothecaries of the power they now have as an examining body and as a prosecuting body. It differs, too, from the Bills of the British Medical Association in the same way upon all the above-named points and other points as well. Thus the members of the Medical Council being already too numerous, the Bills of the Association propose that they shall be increased from twenty-four to thirty members. They propose also that members elected by the profession shall be life members in the Medical Council; whereas the Bill of the Alliance limits their time of service to five years, at the expiration of which term they may be re-elected. The outline now given of the Bill is intentionally brief; but it is hoped it is sufficiently explicit to show its nature and its scope. We do not say it is a perfect Bill, because the conflicting interests which

* See a case described by Löwenhardt in Oertel's "Epidemic Diphtheria" in v. Ziemssen's *Cyclopadia*, German edition, vol. ii, p. 603.

† Read at the South London District Meeting of the Metropolitan Counties Branch.

have to be considered are too numerous and too well acknowledged to enable a perfect Bill to be drawn; but we do say that it is beyond all comparison the best Bill that has as yet appeared for the amendment of the Medical Act.

One word may be added in relation to the plagueful question to medical legislation—"the woman's rights" question. The admission of women to the profession and the *Register* is, like the Dental Act, an accomplished and an accepted fact. Had the profession been on the alert and given an united opposition to this unseemly encroachment upon its decency, it might have been prevented; but now no general measure of medical reform would have the least chance of becoming law, unless it provided for the further admission of women to our ranks. Necessity, therefore, has driven us to make this provision; but, in my humble opinion, all those women who avail themselves of it will inflict a degradation, not upon themselves—they will be past that—but upon the chaste and refined of their sex.

A NEW TRACTOR FOR OBSTETRIC FORCEPS.

By ALEXANDER DUKE, M.D.,

Assistant-Physician to the Rotunda Hospital, Dublin.

ANYONE who has had a fair amount of experience in forceps-cases must often have felt the want of additional tractile power, especially where the head was more tightly wedged than usual in the pelvis, or where, from misproportion, it required more than the ordinary exertion with the strength at the operator's command to effect delivery. Having

seen more than once an experienced accoucheur fail with all his force to deliver till at length, assisted by another grasping him round the waist, he was enabled to do so (with no detriment to either mother or child),

I had often thought if some means could not be devised which, in a difficult case, would give the required power without the necessity of calling an assistant (even if one were always at hand). I was, therefore, much pleased by reading in a number of the *JOURNAL* for June 29th, 1878, a description of tractor (invented by Mr. Morgan of Lichfield) to be hooked into the fenestra of any long forceps *after* application, and which, he says, "gives additional power of traction, and in the proper direction".

Having purchased a pair of Mr. Morgan's tractors (made by Maw, Son, and Thompson, London), I endeavoured more than once to apply them according to his directions; but, besides the great difficulty of reaching the lower edge of the fenestra *after the forceps were locked*, I found that the usual amount of moulding and elongation of the head had taken place, which forced the scalp through those openings and made it impossible for me, without injury to the child's head, to apply them.

I have since had a modified pair of tractors made for me by John White of Dublin, which I hope I shall be excused for saying are, I think, an improvement, as they can be introduced *with the blades and before the forceps are locked*; and, not being hooks, but having a shield-shaped extremity, can be buttoned into the fenestra of each blade before introduction; and, not being liable to slip, cannot possibly injure the scalp of the child or soft parts of the mother.

When additional traction is required, as in cases of convulsions, hemorrhage, etc., where time is very important, I slip the rings of my tractors into an ordinary swivel attached by metal band to a strap which I have previously buckled round my waist, and can thus make any amount of traction *consistent with safety*, with the greatest ease to myself, and without fatigue, or perspiring profusely, as I often did before and many do still.

The woodcut represents the lower blade of the forceps with tractor, ready for introduction. The amount of force can be modified at will, is always applied in the right direction, and, when the operator has no help at hand, may save him much fatigue, and sometimes from resorting to the much dreaded operation of craniotomy.

CLINICAL MEMORANDA.

NOTE ON DIPHTHERIA.

DR. EIGENBRODT's suggestions in the *JOURNAL* of January 25th must be my excuse for recording the following case.

On January 14th, I was requested to give my opinion as to the condition of a child's throat. I found the right tonsil tumefied, and covered with a true diphtheritic membrane of the size of an adult thumb-nail; the left tonsil was also considerably swollen, and had on it a patch about the size of a little finger-nail; the palatal arch, uvula, and fauces were much congested; pain had been complained of at the back and sides of the neck; there was no headache, and only slight discomfort on swallowing; the pulse was 130, the temperature being 104. It appeared that the child's mother had noticed him to be unwell on the 11th; but he did not seem to be sufficiently ill to be nursed until the 14th.

The house is the first one of a terrace, has three sides exposed to the weather, and had been uninhabited for about nine months, when, on January 3rd, it was hurriedly entered by the family. The house has been built many years, and I noticed that the walls were damp; the paper old, decayed, and in many places detached. Mildew was also present, together with a fusty smell. There was no evidence of contagion, nor of importation; nor am I aware of antecedent diphtheria in the town.

Had, then, this solitary case of diphtheria in a delicate boy of eleven years arisen from the unhealthy condition of the house into which the family had newly come? There were present want of free circulation of air, dampness, old wall-paper, mildew, and general need of cleansing and repair. Can defects such as these be regarded as certain causes of diphtheria, or as prejudicial to health only? I suspect our present knowledge will only permit the latter suggestion; but if the diphtheritic membrane should prove to be the outcome of fungi, then defects of the above sort might be regarded as the very sources of diphtheria.

The following treatment would probably be considered rational on such a hypothesis. The child was immediately confined to one room, well aired and warmed; the other children being strictly prohibited approaching thereto. The atmosphere was continuously impregnated with burning sulphur; a compress of sulphurous acid (1 in 8) was applied round the throat; a gargle of the same (1 in 24) was assiduously used; and a mixture administered of nitrate of potash, liquor ammoniæ acetatis, and dilute nitro-hydrochloric acid. The gargle was recommended to the other children.

On the 15th, the congestion was less; the temperature 103. There