POOR-LAW MEDICAL RELIEF.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—There are several questions, in connection with the order of the poor-law commissioners for the payment of fees for surgical operations, which it seems desirable to submit to the consideration of that portion of the medical profession whom it concerns, that the general expression of their opinions may prevent disputes that may otherwise be liable to arise.

1. A pauper fractures an arm at a distance from home, and is first attended by the surgeon in whose district the accident happened; he is sent home the same day, and the after treatment, of course, devolves upon the surgeon of the district in which he resides. Who is to receive the fee in this case, or should it be divided?

2. Before performing an amputation, or other capital operation, the surgeon is required to obtain, at "his own cost," a certificate from a member of the Royal College of Surgeons, or otherwise qualified person, as to the necessity of the proposed operation. Will surgeons give their advice gratuitously to their professional brethren, or will they expect a fee?—and, if so, to what amount? They may sometimes have to ride many miles to consult on the case.

3. Are surgeons entitled to a fee in cases of miscarriage or abortion, which frequently take up as much of their time as labor cases, from flooding, or other causes?

I should feel greatly obliged by your giving the above a place in your excellent and widely circulated Journal, and I trust that it will have the effect of eliciting the general feeling of the profession on the above questions.

I am, Gentlemen,

Your very obedient servant,

CHARLES HALLETT, M.R.C.S.L., L.A.C., &c.,
A Union Medical Officer.

Axminster, July 8, 1843.

DIAGNOSIS OF OBSTRUCTION IN THE TRACHEA BY FOREIGN BODIES.

In some observations appended to the case, read by Sir B. Brodie, at a late meeting of the Medico-Chirurgical Society, he remarked that the difference of symptoms indicating the presence of a foreign body in the air-passages would depend upon the size and figure of the body in question. If large, it would become impacted in the trachea, and the respiration would be obstructed; if small, it would probably descend into the right bronchus or one of its divisions, and the breathing would be less obstructed. If it were light, or not irregular in shape, it might ascend to the glottis in coughing, and produce suffocation; if heavy, it would not ascend during coughing, and there would be less fear of bad results. It had been thought that in the present case the coin had passed into the right bronchus, because, in some experiments on dead bodies, it was found that a sixpence or a half-sovereign usually fell into this passage when introduced into the trachea. There was little inconvenience experi-

enced by the patient when he was in the upright position, but he (Sir B. Brodie) believed that, had the coin been allowed to remain, disease of the lungs, leading to a fatal result, would have followed. The failure of the stethoscope to afford any diagnostic assistance probably arose from the small space occupied by the coin, but even in more favorable circumstances it had been proved that we could not depend on this instrument. Mr. Hodgson, of Birmingham, had related a case to him in which a little boy, six years of age, had got a berry of the bladder senna, as large as a pea, into the trachea; no sound whatever could be detected by the stethoscope. In seven days he died; the berry was found impacted in the trachea. Mr. B. Phillips had informed him of another case in which a little girl, two years old, had died from the presence of a piece of the claw of a lobster in the trachea, on a line with the margin of the sternum, and in this case there were no stethoscopic signs of its presence whatever. The opening in the trachea in Mr. Brunel's case had fully answered one of the purposes for which it had been made, for none of the spasms or convulsions had followed the inversion of the body subsequently to the opening being made. The proceeding failed in the other object contemplated; but it must be remarked that the introduction of forceps into the trachea was always very difficult, for not only might the instrument slide over the surface of the compass by its sides, but there was a fear of grasping the bifurcation of the trachea, recollecting that the parts were out of sight and at some distance from the surface. Every attempt to introduce the forceps was accompanied by great spasm and irritation, and, contrary to what might have been expected from the experiments of Magendie, this irritation was produced whether the forceps were passed up towards the larynx or downwards towards the bronchus. The forceps were accordingly abandoned for these reasons, and the fear of injuring some of the most important parts situated in that neighbourhood.

MORBID STATE OF THE FUNCTION OF THE SKIN IN INSANITY.

The function of the skin is frequently badly performed in insanity. The peculiar smell which some madmen have I have often heard spoken of by those who have had much experience in these cases, and I always attributed it to the uncleanness of the patient, but since my attention has been more particularly drawn to it, I think that the peculiar odor is due to the disease; when it exists, however, it is a very unfavorable sign; the only thing I can compare it to is the smell of a person just prior to dissolution. Baths of all descriptions have very properly been recommended to ensure the due performance of this important function. In the hospital we employ hot and cold baths, the hip bath, the shower bath, pediluvia, and the douche. The tepid bath is of great service in subduing irritability and excitement. It is sometimes necessary that the patient should remain in for an hour and a half, or two hours. Ice or cold lotions to the head should be applied at the same time; it may be necessary to repeat it every day, sometimes twice daily, till some effect is produced.—*Dr. Sutherland.*