ground. The result may be anticipated, for the gun went off, lodging its contents in the body of John Smith, who stood about three yards from its muzzle.

I was sent for immediately, and arrived just as the poor fellow was brought home. The contents of the gun had entered about half an inch below the navel, on the right side, and had passed out about two inches above the hip, and three from the vertebral column; the distance from wound to wound was about six inches. I could not decide at the moment whether the charge had passed directly through the body, or whether by the resistance of the abdominal muscles, it had been diverted in its course, and had made a semicircular transit immediately under the integuments. Such a thing struck me as being possible, although not very probable. Under the circumstances I thought it right to give a very unfavourable prognosis, and the family of the poor man were prepared for a fatal issue. The ignited wadding or cartridge passed through the wound unextinguished, and set fire to the shirt, opposite the posterior opening.

The public prints gave a detail of the accident at the time, but the public were never informed of the result.

Perhaps it may be in the recollection of many gentlemen present, at any rate it must be familiar to those who are in the habit of reading and treasuring remarkable surgical cases, that in the year 1811 or 1812, a gentleman in the act of taking his horse from his gig, was in consequence of the impatience of the animal, suddenly pinned to the wall, the end of the shaft coming in contact with his side, penetrated the thorax, making its way completely through the chest, and passing out under the opposite axilla. My memory will not serve me to mention the name of the surgeon who attended, and afterwards published a narrative of the case. Sir William Blizard, I know, was called in. I had an opportunity of examining this case after the patient's wonderful recovery. He was brought to Mr. Brookes's amphitheatre, at the time I was a pupil there; the pamphlet was read, and the gentleman submitted himself to be freely examined by all the students. The case made a great noise at the time. I quote it simply to justify my own practice in the manner I treated John Smith. The surgeons looked upon the case as hopeless; so did I. They merely defended the wound; I did no more. There was neither probing nor poking, no endeavours to remove extraneous substances. Nature was left to her own operations, and nature in each case did her business, far better than we, her assistants, could. In the case of John Smith, the wounds digested properly, portions of garment, and other extraneous matter passed out at the posterior opening, and about 40 shot passed with them. There still remains under the integuments perhaps 15 or 20 of the shot, but he suffers no inconvenience from them, and is scarcely aware of their existence. The man continues in excellent health.

I am quite aware that this case has nothing to recommend it to your notice, except as exhibiting one of those extraordinary events, which show either the marvellous interposition of Divine Providence, or a concatenation of opposing influences, whereby what would appear to human judgment as mortal injuries, are, after all, without human aid, rendered harmless.

To account for these anomalies is out of the reach

of mortal speculation, for who is capable of pointing out the idiosyncrasy which succumbs in one case, and resists in another; or can tell by what extraordinary process the most formidable weapons shall enter the great magazine of human existence, and in the rudest manner interfere with the most delicate structures, and the functions of animal life be yet preserved.

There is one practical inference which I think may be drawn from this case, and that is, in deep and dangerous injuries, where vital parts may be involved in the mischief, the less we interfere with the processes of nature the better, and I am convinced that much evil is often inflicted by our readiness to anticipate the beautiful workings of the *vis medicatrix nature*.

INFLUENCE OF MALARIA IN THE PRODUCTION OF INTERMITTENTS AT SOME DISTANCE FROM ITS SOURCE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I have received by this day's post, from an early friend of mine, and a man of first-rate attainments in his profession, — Henry Parkin, M.D., lately principal medical officer of the Royal Marine Infirmary at Woolwich, — a letter containing some remarks which, perhaps, you will think with me, are of sufficient importance to be submitted to the world through the medium of your pages. They relate to the fact adverted to in the address which I had the honour of reading to the members of the Provincial Medical Association, assembled at Northampton, on August 7th that fevers of an intermittent and remittent type not unfrequently appear at a considerable distance from the source of the malaria that causes them. To make the subject perfectly intelligible to your readers, I shall subjoin, first, the extract from my address; and then Dr. Parkin's interesting commentary upon it.

Believe me to be, Sir,

Yours faithfully,

A. ROBERTSON, M.D.

Northampton, Aug. 24, 1844.

Extract from Dr. Robertson's Address, read before the Provincial Medical and Surgical Association, at Northampton, on the 7th instant:—

"In 1828, ague was epidemic hereabouts. In that instance, it was surprising to see how it smote higher elevations, even more than villages on a much lower level. The reason of this curious and unexpected fact probably is, that the miasmata producing ague, though generated in low grounds, or swamps, are sure to rise in the atmosphere by their levity, and are apt to impinge against the neighbouring heights. What the miasmata precisely are, in their chemical properties, we know not; but it is certain they attach themselves to the hydrogen gas usually evolved in situations where there is stagnant water, or decaying vegetable matter. With the hydrogen they rise into the atmosphere, and often become more manifest, as I have just said, at a distance than nearer to their source, as causes of disease."

Extract from a letter addressed by Henry Parkin, M.D., for many years senior physician of the Royal Marine Infirmary at Woolwich, to A. Robertson, M.D., President of the Provincial Medical and Surgical Association. Dated Woolwich, 23rd August, 1844 :—

“ There is a passage in your address that caught my attention particularly, as recording a fact which I have had occasion to observe here ; namely, the distant influence of the malaria of ague from its origin. A hot sun following heavy rain, and accompanied by a light air from the eastward, exhibits the first cases of ague, on, and about the *top of Shooter's Hill*, where they are mild and easily curable. But as the cause continues, its effects are gradually traceable down the face of the hill to Plumstead Common, where the cases are much more severe, and the type of the disease is modified ; and thence to the village below, which is situated on the verge, and gives name to the *Plumstead* marshes ; where the character of the disease is purely *remittent*, and exhibits all the phenomena of the *Walcheren* epidemic ; and here is found the habitual sallow complexion, with its usual concomitant disease of the abdominal viscera, commencing in congestion, and terminating in dropsical effusion. Men who have entered the hospital from which I have lately retired, and been placed near the windows upon the eastern aspect, having syphilis, or what not, have been attacked by ague even at the distance of three miles or more from the source of the malaria ; while the patients on the *other side of the ward*, have been unaffected.”

[Similar facts have been observed by the late Dr. John Macculloch, and are recorded in his work on remittent and intermittent diseases, published some years ago. Ed.]

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, SEPTEMBER 11, 1844.

The report of the Collegiate School of Medicine of Birmingham, to which we have alluded in another column, affords valuable evidence of what may be effected towards the improvement of the medical profession, by zealous and persevering exertion. It is from such efforts as these that we are led to expect brighter prospects than the present aspect of affairs would seem to warrant. Our lamented associate, Dr. Barlow, whose long attention to the subject, and comprehensive views, qualified him better than most persons to form an opinion, constantly urged that sound principles of medical education must form the basis of a real and efficient reform of our Medical Institutions ; and, in as far as the right to public protection of the corporate and individual privileges of medical practitioners must depend upon their genuine claims to public

confidence, there can be no question of the correctness of this opinion.

Let us for one moment retrace our steps, and, looking at the position of the medical profession prior to the passing of the Apothecaries' Act of 1815, what, it may be asked, would have been the effect with which the removal of all restrictions from the practice of medicine by the ignorant and the unqualified must, at that time, have been attended ? Many of the apothecaries or general practitioners of that day were no doubt men of high attainments, deserving of public confidence, and well qualified for the duties of their profession ; but a vast number of those who at that time were practising as apothecaries, with or without licence, were as entirely without real claim to the protection of the legislature, as any empirical trader in human life and health, to whose homicidal practices on his fellow creatures the bill of the Home Secretary affords both countenance and encouragement. Whether or not the power was vested in the right hands we shall not here stop to enquire, but the principles recognized by the act of 1815,—real medical qualification, and protection for the public from the practices of the unqualified,—are sound and just. As far as the provisions for carrying them out would admit of, they worked well ; a class of practitioners of far higher qualifications was, in the course of a few years, prepared for the public service, and though the protective clauses of the act were difficult to put in force, imperfect and unsatisfactory in operation, and not always wisely applied, the dread of the power which unquestionably existed, proved a salutary check upon the illegal practitioners and a corresponding safeguard to the public.

We have before contended that the Government is, on general principles, called upon to protect the subjects of the state from the artifices of designing men ; and that it by no means weakens the claim to protection, because the victim of the artifice, from want of knowledge, himself becomes an assistant in the delusion under which he is the sufferer. A wise legislator, therefore, irrespective of the claims to consideration of the authorised medical practitioner, or of the actual condition and efficiency of the medical profession, would have felt it his first duty to endeavour to provide against all such artifice and delusion. The