agophony. On the 11th, well-marked metallic tinkling was found; strong diaphragmatic action excited, causing a churning of the pus, attended with great pain.

On the 12th, an emphysematous swelling was found about the size of the hand round the puncture. On making gentle pressure, this was heard by the stethoscope to enter the pleural cavity with a gurgle. Before the air had been pressed back, respiration was audible over the upper part of the left lung, but afterwards this was lost,—an answer to those who contend that the entrance of air during the operation is harmless; for how can it be harmless to supply the place of one fluid by another. On coughing, the metallic sound was more prolonged than usually described.

On the 13th, the emphysematous swelling had reappeared, the metallic sound was again heard, and the voice through the stethoscope sounded as if it passed through a brazen tube. The only chance for the patient appeared to be by the evacuation of the remaining fluid, not with any prospect of ultimate success, but to afford temporary relief, and a trocar was again introduced, and nearly a quart of thick pus was evacuated. This time a small trocar was introduced, and by the aid of an elastic bottle, whose nozzle fitted into the canula, the admission of air was in a great measure prevented. (This apparatus has since been improved by the addition of a second stop-cock, which appears likely to answer very satisfactorily.) The evacuation of the fluid was equable and slow; a circumstance much to be desired. The patient expressed himself much relieved; but nature was too much exhausted, and towards evening he became restless, and died about three o'clock on the following morning.

On inspection, twenty-eight hours after death, no difference in measurement of the two sides was found, each half being thirteen inches. The intercostal spaces on the left side were less prominent than during life. Nearly a quart of pus, thick and creamy, was found in the left pleural cavity. The left lung was much condensed, and closely pressed against the mediastinum. The left pleura was thickened and coated with a layer of delicately flocculent lymph. The pleura covering the lower lobe was connected with the pleura costalis by a firm broad band of lymph. The trocar had passed between the eighth and ninth ribs, and not, as intended, between the seventh and eighth, and only just above the diaphragm. The heart was small, and pushed completely to the right of the sternum. A small quantity of serum was found in the pericardium. Heart pale, and a small patch of lymph was found on it. Right lung healthy, as also the abdominal viscera.

One important fact may be deduced from this case: that the success of the operation depends on its early performance, and that as soon as ever the physical signs lead to the suspicion of the presence of pus, the exploratory puncture should be made. In this case doubtless the operation was too long delayed to ensure ultimate success, but it went to prove that in cases where it is of consequence to prolong life, even a short time, it may properly be attempted. Another point of practical interest, is the best situation for puncture. This case proves that the space between the eighth and ninth ribs is not one to be selected as there is greater risk of wounding the diaphragm, which is confirmed by two cases related by Mr. Cook. When the patient

is not like this one, much exhausted, it may be possible to move him so as to evacuate the lower part of the pleural cavity; but in cases of great exhaustion, it is desirable that some flexible tube should be used, and a question arises whether a curved canula, with a chain trocar, could not be made to answer the purpose.

Several cases were related by members of the Society, and Mr. Jackson exhibited the instruments which were used, and also the apparatus invented by Mr. Snow.

OBSERVATIONS ON THE CLAUSES AND PROVISIONS OF SIR JAMES GRAHAM'S MEDICAL BILL.

By CHARLES T. CARTER, Esq., Hadley.

(Concluded from page 595.)

The register provided by clause 13, and the penal clause 31, valuable as they would be in connection with other parts of a Medical Bill, would yet afford but a very inadequate means of protecting the public against unqualified practitioners of medicine and surgery. The absence of such protection forms a distinguishing, and, in my opinion, a *thoroughly objectionable* feature in this Bill. Let me, however, in justice, acknowledge that Sir James Graham shares his opinions on the subject of protection with many members of the profession, whose sentiments, no less than their characters, are entitled to the highest respect. Let it also be remembered, that in the year 1841, the Colleges of Physicians and Surgeons, and (I believe) the University of Edinburgh, the University of Glasgow, and the Irish College of Surgeons, put forth statements containing the same views. We cannot, therefore, be very much surprised that the Right Honourable Secretary should have adopted them; and, under the circumstances, they who think differently ought not to stigmatize him as an enemy of the profession, and as wishing to degrade it—as some have hastily averred. With all deference, however, to Sir James Graham, and those who coincide with him on this point, I must beg to express my firm assurance, that to remove the restrictions already existing, (imperfect though they be,) without substituting others quite as stringent, *and more so*, would be to inflict an unspeakable amount of injury on the public, and a flagrant injustice on the qualified members of the profession. It is impossible to exaggerate the importance of this subject. In discussing it, three questions very naturally present themselves—

1. Is it the duty of the State to protect the public health?
2. Is it wise or expedient in the State to adopt measures for providing a body of men to take charge of the public health?
3. Should the State encourage men of liberal education and acquirements to become members of that body?

If these questions be answered in the affirmative, the proper conduct of the State in reference to medical practice must become apparent, and the necessity of restrictions can hardly be denied. There are those, however, who are ready to allege, on the other side, that it is difficult to define what is meant by medical practice—that the restrictions which have been made

in times past have not succeeded in abolishing irregular practice—that quackery has existed in every age, and will continue to exist, in spite of legislation; and whilst the art of medicine is imperfect, the State has no right to say to a desponding invalid, “You shall not consult Mr. A. or Mr. B., because he has no license to practise”—and that, as you cannot suppress unauthorised practise, you should leave it alone.

That quackery is, in this country above all others, an evil of enormous magnitude, few will dispute. The public are but very imperfectly informed as to the amount of injury it inflicts; for while its *pretended* cures are continually trumpeted forth, it is only now and then that some glaring instance of malpractice makes us acquainted with its failures and atrocities. The victim of quackery is unwilling to incur the ridicule that would follow the confession of his gullibility, in placing himself under empirical treatment. If, then, quackery be an acknowledged evil, it is one that well deserves the attention of Government and the Legislature. To abolish it *entirely* by Act of Parliament is impossible. As long as ignorance and credulity shall exist, so long will quackery continue, and in shapes that would probably evade any—the most stringent—law that might be made against it. But it can be *mitigated* and *controlled*. Some check can surely be placed upon it; and what can be done, ought to be done, to counteract the frightful consequences of a system replete with fraud and with danger to the public welfare. The little that has in this way been effected hitherto, forms no argument against further efforts, any more than the impossibility of *annihilating* quackery affords a reason for legalizing it.

A distinction may, I think, without impropriety, be made between the open, avowed, advertising quack, and the *irregular medical practitioner*; by which term I would designate the man who acts under false colours—who, having no legal qualification, would yet have the public *believe* that he is qualified—that all is right in his case. His pride prevents him classing himself with the quack, but it does not prevent his endeavour to assume another character, to which he has no title. The quack is the more honest man of the two. He makes no pretensions to regularity: he has a system of his own. His professions are so extravagantly absurd, that there is no mistaking him. The spurious practitioner is the more *dangerous* man of the two. He is, moreover, the greatest enemy the qualified practitioner has to contend with. The misdeeds of the quack are not imputed to the regular profession. The case is different with the *quasi* licentiate. The public will not take the trouble to distinguish between him and the qualified member of the profession. This is the class of persons whom the Apothecaries' Act has kept in check. Their definition is not difficult; and any bench of magistrates would be able to detect their usurpation and imposture. It may be said, that legislation has not prevented the existence of an immense number of such practitioners. This is true, and the reason is obvious: the expensive nature of its prosecution has prevented the Apothecaries' Company from using the power vested in it by the Act of 1815, except in a limited number of instances. There would have been *many more* irregular practitioners if there had been no such Act; and if the punishment of offenders had been made *summary* and *inexpensive*, the

infringements thereof would have been comparatively few. For an illustration of the evils resulting from uncontrolled practice, let those who are old enough call to mind the state of things before 1815. With the best of laws, however, and the strictest surveillance, I admit that it would be difficult to suppress *entirely* irregular medical practice; but are we on this account to make no effort to suppress as much of it as possible? Consistently with such a doctrine, the criminal code might be repealed, inasmuch as the “terrors of the law” do not prevent murder, burglary, and arson. The register, it may be said, would point out who are legally authorised practitioners, and if people choose to employ unregistered persons, they would have themselves to blame. This may be very fine in theory, but it would be very mischievous in practice. Of the whole population of this country, how many would know anything about the register? How many, if attacked with sudden illness or accident, would be able to consult a register, to ascertain if the nearest practitioner's name were inserted there? How many unqualified persons are at this moment acting as medical assistants? (A return of their names would be an interesting parliamentary document.) Under the auspices of the new bill, they would not long remain *assistants*. They would soon aspire to become *principals*, and would not be very scrupulous as to the means of ingratiating themselves meanwhile with the patients of their employers. This is a very serious consideration, but not quite so serious as the position in which the chemists and druggists would be placed by the measure, when no longer confined to their *counters*, they would be at full liberty to *visit* and *prescribe* without let or hindrance. With them, the irregular practitioners, and the quacks, put in array against him, the general practitioner would have a *sad* struggle to keep body and soul together, or to procure a maintenance for those who might be dependent upon him for support. The public welfare and safety should, of course, be the paramount consideration with the Legislature. But are the interests of the medical body deserving of no attention? Have we no claim upon the State? We have, I contend, a very strong claim; and the removal of the restrictions would press upon us, or rather those who may come after us, most oppressively and unjustly. It happens, however, that in the present instance, the welfare of the public and of our profession are closely and inseparably identified; and for the sake of society—for the sake of the qualified members of an honourable, but an arduous, an anxious, an ill-requited profession—let us hope that henceforth every possible barrier will be opposed to unauthorized medical practice. How is a high standard of qualification to be encouraged and maintained, how is the “knowledge of physic and surgery” to be “promoted,” if protection and *bond fide* privilege be not given to those who are willing to devote time, labour, and money, to their attainment? How is the profession to meet with public confidence, if medical men be not distinguished as a *body* for their knowledge and acquirements? If registered and unregistered are to be alike permitted to practise, the medical character will be deteriorated. The blunders, ignorance, and misconduct of the unqualified portion, will be charged to the *mass*: they will leaven the whole lump. The public will become timid and distrustful

of medicine, and of medical men. Learning and capital will be diverted into other channels. What is said about interfering with the liberty of the subject in connection with his choice of a medical adviser, I estimate very lightly. When that liberty threatens to be dangerous to himself, or detrimental to his family or society, it should be restricted. To be consistent, Sir James Graham should not interfere with gambling. Why should people not be permitted to indulge their propensity to be cheated in pocket as well as in health and life? Would the consequences be less injurious to themselves and those who depend on them in the former than in the latter case? On this part of the question of Medical Reform, I humbly think Sir James Graham has been ill-advised, and sincerely do I hope that he will be induced to reconsider it, and listen to the *almost unanimous voice* of the profession, on a matter with which it *must* be fully conversant. It forms no light argument in favour of the view I am endeavouring to support, that at all the meetings which have been held to discuss this bill, how much soever the parties attending them may have differed on other points, they have been unanimous as to the impolicy, the danger, the injustice of throwing open the profession to ignorant and unauthorised pretenders. And who are the persons holding these sentiments? Are they young men just entering upon practice, and whose interests would suffer from the proposed innovation? No: they are men of long-standing and experience, who have nothing personally to gain or lose by any change in the law, but who are actuated solely by a desire to promote the well-being of the public and the honour and respectability of their profession. It is truly gratifying to see them display so much spirit and energy at the present crisis; and when we find the chairs at their meetings occupied by the senior practitioners of the respective localities, we may be encouraged to hope that their representations and opinions will meet with attention in the proper quarter.

I hope that many more such gatherings will take place, and that the bill will be discussed in a fair and dispassionate manner. Indiscriminate condemnation should be avoided. Some of its provisions are excellent; others are susceptible of improvement, (especially in matters of detail,) and this they would probably receive in a committee of the House of Commons; in some essential points, as in the removal of restrictions, &c., it would, in the opinion of a vast majority of medical men, prove not less injurious to the profession, than to the public. If, however, we reflect on the long period during which the subject of Medical Reform has been in agitation, and on the unsettled state of medical affairs at this moment—a state unsatisfactory to all, and positively hurtful to medical students and schools, we should not on insufficient grounds, throw aside the opportunity of obtaining a bill, “for the better regulation of Medical Practice.” The Parliamentary recess has been fortunately allowed us to consider the whole matter in connection with the measure proposed by Sir James Graham, and as the right honourable Gentleman cannot feel otherwise than desirous to be made acquainted with the opinions of the profession on the bill, those opinions should be freely, emphatically, and at once declared, and how strongly soever we may feel as to its faults and deficiencies, we should not altogether repudiate it, before ascertaining whethe

its author be willing so to modify and amend it, as to correct the one and supply the other. A *perfect* bill we must not expect; a bill that shall satisfy every one, we may look for in vain; the profession is not in a state to submit to the Legislature, a measure emanating from itself, and I firmly believe we shall obtain *no* bill, unless it either be introduced by one of her Majesty's Ministers, or with the sanction and support of the Government. The profession (with few exceptions) has entered on the consideration of the bill in a proper spirit, and we may feel assured, that if any change is to be effected in the views and intentions of Sir James Graham, it must be brought about, not by declamation and invective, but by a candid, earnest, and temperate statement of opinion. Vituperation is a *bad* substitute for argument; moderation of expression is quite compatible with energy and warmth of feeling. When we consider the endless varieties of opinion existing on the subject, its admitted difficulties, the failure of former attempts at legislation, the many and perhaps conflicting interests concerned;—when, too, we call to mind the apathy displayed by his official predecessors in regard to medical reform, we should feel obliged to Sir James Graham for directing his attention, and that of Parliament, to this complicated question, and should give him credit for being actuated by good intentions towards the profession, although some of the remedies he proposes to apply to its unhealthy and disordered condition (possibly after an imperfect examination thereof) may not, in our opinion, be the most efficacious that could have been prescribed. It would indeed be surprising if, under all the circumstances of the case, the bill should require neither revision nor amendment, and that this may be obtained to an amount commensurate with the *just and reasonable* demands of medical practitioners, the interval between the present time* and the re-assembling of Parliament, should be actively employed gathering their sentiments on a subject of vital importance to their own interests, and to those of the entire population of the United Kingdom. Meetings should be held in every county, petitions prepared, Members of Parliament instructed as to their contents, and urged to support them, memorials should be forwarded to the Home Office, and deputations of physicians and surgeons from various parts of the kingdom, *accompanied by Members of Parliament*, should seek interviews with Sir James Graham. The result will show whether this, or any other bill that may be submitted to the Legislature, must be supported or opposed; and whatsoever that result may be, *the profession*, at least, will have done its duty.

There are several points in the bill to which no allusion has been made in the preceding remarks. At present, I must forbear entering more fully into the subject, and in excuse for the length of this letter, must plead my desire to co-operate with my former associates in the north of England, in advancing the cause of Medical Reform.

* Mr. Carter's letter is dated 5th of October, 1844. [Ed.]