

with the hope that its objectionable points will be reconsidered, and so far modified as to render equal justice to all parties, and thus accord with that wise and friendly spirit so clearly evinced by the manner in which this measure has hitherto been treated.

III. That, nevertheless, lest it should be thought that the fourth issue of the Medical Bill is satisfactory to the profession, this meeting cannot refrain from noticing the following points as highly objectionable :—

1. It places the entire management of the profession under the control of the government of the day.

2. The institution of a Royal College of General Practitioners, with the limited privileges it is proposed to give it, will only prove an additional complication to the profession, without in any way elevating the rank, or promoting the interest of the general practitioners themselves.

And, 3. Although recognizing, as before, the principle of protection, it still does not establish any summary and inexpensive remedy against illegal practice.

HENRY G. BULL, Hon. Sec.

#### MR. JACKSON'S CASE OF GASTROTOMY: REPLY TO THE LETTER, SIGNED SENIOR.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND  
SURGICAL JOURNAL.

SIR,

I have just one or two remarks to make in reply to "Senior" in your last.

In the first place allow me to ask him—What is most to be dreaded from inflammation of serous membranes, or from injuries calculated to excite intense inflammation in such structures? And, again, What does he consider to be the best preventive or remedial means where inflammation in those structures is apprehended or really present? As far as my experience goes, (and I believe the opinion accords with that of a great number of the ablest men in the profession,) the action of mercury is the most sure and speedy means of arresting the morbid state in question. Indeed, so clear is my mind upon this subject, that I know of no means so certain in arresting the progress of peritoneal inflammation as that of mercury; and such confidence have I in its power in those cases, that I consider all danger has disappeared after there is evidence of its action. I think "Senior" will agree with me, that inflammation of the peritoneum is a result most to be dreaded after the danger from the first shock in such cases is over. I firmly believe, that in the instance I have brought before the public, the calomel and opium had a highly beneficial effect; and this opinion was further corroborated by the subsequent examination, from which it appeared, that the process of reparation had progressed favourably, and had the constitutional powers been adequate to the emergency, the result would have been our patient's recovery.

It will be found that the calomel was commenced when there were evidences of inflammatory excitement, viz., on the 20th, and discontinued on the 23rd, during which time about sixteen grains had been administered. It was uncertain whether the mouth was affected or not; I am inclined to think it was not. The propriety and utility of the practice pursued in this case, may be the subject of a difference of opinion amongst medical practitioners; and I admit that the

spirit in which "Senior" has criticised that practice, is fair and unobjectionable, with just this trifling exception, viz., the omission of his name at the foot of his communication; and this leads me to remark, that no one should be permitted to indulge in anonymous criticism upon those communications to which the author has attached his signature. If this principle of anonymous criticism were admitted, it appears to me highly probable that many practitioners would be deterred from contributing to the Journal. I frequently observed things published in journals which are objectionable either in doctrine or practice; but a sense of propriety, and a feeling involving in the act a certain amount of injustice, would always operate upon my mind so as to dissuade me from following the example of "Senior." "Senior" may be an old practitioner, or he may be a junior for aught I know; but inasmuch as this is the disguise under which illiberal critics and falsehood usually screen themselves, one would have hoped that an individual of so amiable and kind a disposition as "Senior" appears to be, would have avoided this kind of cloak.

I remain, Sir,

Yours truly,

Sheffield, Sept 22, 1845.

WM. JACKSON.

#### CAUSES OF SUDDEN DEATH IN THE AGED.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND  
SURGICAL JOURNAL.

SIR,

The observations on the death of the late General Dick, by Dr. Blackmore, lead me to remark in coincidence with his views, that there are especial reasons why the existence of slight disease, in old persons, may produce sudden dissolution.

Having had very many opportunities of making *post-mortem* examinations of old persons, some of whom died of pure old age, two remarkable abnormal changes were almost invariably present—softening of the nervous mass, which has been so often alluded to, and great dilatation of the aorta, especially at its arch, accompanied very frequently with ossific deposit. These, in many instances, I think sufficient to prevent reaction and re-established circulation in syncope and slight shocks to the nervous system, in the very aged. Thus the existence of disease, which would not be dangerous in the young, especially fainting, from whatever cause, in persons of advanced age, is often terminated by a fatal result.

I have no doubt that the excessive dilatation of the arch of the aorta is often the *immediate* cause of death in old people. They are said to sink gradually—to cease to exist; they do so, I conceive, from the nervous energy,—the *vis vite*,—not being sufficient to overcome the obstruction to circulation, from the accumulated blood in that vessel.

Obediently yours,

M.D.

#### SOCIETY OF APOTHECARIES.

Admitted a Licentiate, Thursday, September 11th, 1845 :—G. J. Macklin, Buntingford.

#### TO CORRESPONDENTS.

Communications have been received from M.D., Bath; W. G.; Mr. Nesbitt; and Mr. J. Staines.