Consultation with Homœopaths.

Sir,—Now that some of the leaders of the profession have come forward and pronounced in favour of meeting homœopaths in consultation, it would be advantageous if any who have held such consultations would publish their experience. To many, these meetings would appear to be valueless to the patient, and therefore not to be countenanced, and I believe most of us would refuse on that ground alone.

In conclusion, let me ask especially whether any purpose can be served, unless it be the gratification of a whim of the patient. The diagnosis and general treatment may possibly be agreed upon; but, if medicine be required, how is this to be settled? It is not to be expected that homœopaths will always follow Dr. Kidd's example, and submit to the dictation of the (so-called) allopath.—I am, sir,

Quack.

Sir,—It should be the pride of the leaders of our profession, to think as much of the interests of the humblest country practitioner in an obscure village, as of those of the most successful consultant in the metropolis. This Dr. Bristowe and Mr. Hutchinson appear to have quite forgotten in their advice respecting consultations with homœopaths. They both agree in saying, "If the man be registered, meet him in consultation, no matter how widely divergent your views and his may be, how wild and unscientific his practice is". This is all well and good for the great physician or surgeon who is called in as consultant. He knows that his dictum will be followed; that the patient will insist on his plans being carried out. But, according to the Hutchinson-Bristowe theory of action, the general practitioner is as much bound to allow a homœopathic physician to be called in as consultant as he would be to meet Dr. Bristowe himself in a case (for is not the homœopath registered? and are we not called upon to meet all registered practitioners?). Here the homœopath's idea of treatment must have weight; and I can imagine no more humiliating and discreditable position for a medical man to be in, than to have to stand by and sanction, by his silence at least, the administration of belladonna in the millionth dilution in a case of severe scarlatina, or to see the billionth part of a grain of ipecacuanha given to check the vomiting produced by an irritable state of the stomach.

I suppose that, if a sect of medical men arise who practise witchcraft and incantation for the cure of their patients, we shall be called upon to meet them in consultation, if their names are found upon the *Medical Register*. But, thank God! there are men like Sir William Jenner still alive, who deem scientific orthodoxy and personal honour to be of more value than either the applause of patients or the friendship of qualified quacks. To these, we, the humble members of the profession, safely leave our defence.—I am, etc.,

A Country Practitioner.

Sir,—Most controversies arise from want of definition of the matters in dispute. The present discussion on consultation with homœopaths appears to be no exception to this rule, as very different combinations have been included under this title. It is evidently one thing if I seek the advice of a homœopath for my patient, quite a different thing if he seeks mine. Again, it makes a wide difference whether a homœopath seeks the assistance of a practitioner of his own standing in the profession, in which case the two meet on equal terms to discuss the best treatment, or whether he calls in a consultant who henceforth takes the responsibility of the case, and to whom the attendant medical man stands in the same relation as the captain of a vessel does to the pilot, when the latter has come on board. Now it is this last case only that is under discussion at present; and, in reference to it, I believe the following theses can be sustained.

1. The consultant is alone responsible for the plan of treatment adopted.
2. The usual medical attendant is responsible for that treatment being carried out, and it is his concern alone to decide whether he can conscientiously do so.
3. The consultant is not concerned in the opinions, practice, or character of a registered practitioner in attendance on any case, as long as he faithfully carries out the treatment ordered.
4. The crisis of a dangerous illness is an exceedingly unsuitable time to raise the question of a patient dismissing his usual medical attendant.—Yours, etc.,

Parsonstown, September 5th, 1881. A. W. Wallace, M.D.

A Case of Hydrophobia supporting Sir Thomas Watson's Theory.

Sir,—The following authentic facts may be of suffieient interest to merit notice. A gentleman in India was severely bitten by a favourite dog in the hand, the scar remaining for many years painless, and no unpleasant symptoms followed the bite. One day, whilst riding a restless horse, the reins tore open the scar; in a few days, he died hydrophobic, and in frightful agonies. The case was related to me by a lady who was with the patient at the commencement of his illness, as being very singular; Sir Thomas Watson's theory, that the virus might long lie latent, enclosed in some of the tissues, until circumstances caused it to be absorbed, being unknown to her.—I am, etc.,

Richard Neale, M.D.Lond.

60, Boundary Road, N.W.

Mr. W. H. Bull (Stony Stratford).—Duly received.

Questions regarding Coroner's Law.

Sir,—I shall feel much obliged to you or any member of the profession who will kindly enlighten me on the following points. Is it a fact that the law does not allow more than one medical witness in the case of a person "Found drowned", except by the special written request of the jury? Where the coroner thinks it likely that some inquiry into the person's previous history and probable mental condition will be a matter of necessity, is or is it not his duty to represent the fact to the jury, and so obtain their special written request in a case where the evidence can only be got at by calling in a second medical witness? Has the coroner any right whatever to call this second medical witness on his own responsibility, and without being requested by the jury, to take his evidence, and then refuse to allow him the usual fee of one guinea? Is it true that, under such circumstances, the law allows only a single fee? and is the coroner justified in expecting that the medical witnesses are to be contented that he should divide this single fee between them, and feel satisfied with 10s. 6d. each? This has been the course recently adopted here by one of our legal Suffolk coroners. It seems to me very much like an innovation that ought to be strenuously resisted.—I am, sir, yours faithfully,

John Wilton Sheridan.

Stowmarket, September 2nd, 1881.

Unprofessional Advertising.

Mr. B. Robinson, who announces that he is about to leave the Chesterfield Medical Aid Association, and to practise in the town and neighbourhood, does himself a great injustice by the way in which he advertises in the local newspapers. Such advertisements lower the profession in the eyes of the public; and Mr. B. Robinson will find that in injuring his profession he has injured himself. It would be well if he could adopt some other means of letting the working classes know that he is anxious to lay himself out for club practice.

Mr. Jeston's Army Service.

Sir,—As there is a little error in the report of my speech when I returned thanks for the army (see Journal, August 20th, page 336), may I request you to correct it? I joined the Duke of Wellington's army directly after the battle of Salamanca, and was with my regiment, the 36th Foot, at Vittoria, Pyrenees, Nivelle, Orthes, and Toulouse—not at Vimiera or Cordova.—I am, your obedient servant,

T. W. Jeston.

Lightning-Stroke.

Sir,—Just after the storm which visited many parts of the Isle of Wight a few days ago, I was asked to see a man lying under a tree about three miles from here. I found him lying on his back in the road, close to a hedge, just beneath a lofty elm tree. The body was quite cold and flaccid, the hands crossed on the body. The face was livid, the eyes open and injected, the pupils dilated. On the right forehead, just below the hair, was a transverse wound about two inches long, not extending to the bone. The wound resembled one made on such a part by a blunt instrument. Very little blood had flowed. The right side of the whiskers and beard were much burnt. The right side of the neck was also burnt, the cuticle separating in patches with the charred shirt (a linen one). From the right sterno-clavicular articulation a charred line two inches broad passed obliquely across the chest to a point in the left medio-lateral line midway between the axilla and anterior spine of the ilium. There was here a circular space, of the size of a crown-piece, much charred, the shirt (also charred) adhering. Immediately below it were two smaller charred spots. There was no mark on the thigh, but just below the calf of the left leg there was a small spot slightly charred. The back of the left boot (a strong new one) was burst open. The metal watch-chain, passing to the left waistcoat pocket, was broken into many pieces, blackened, and smelling like an exploded percussion-cap. The watch (silver) was found at the side between the cloth and lining of the waistcoat, having been driven through the lining of the pocket. Its ring was fused. The deceased's hat, a stiff felt, lay on the ground; in its front was a large irregular shaped rent, the edges showing signs of fire. The tree was only slightly damaged. A wren sitting just above the man was killed, the feathers on its head being stripped off.—I am, etc.,

Hutton Castle, M.B.Lond..

Newport, Isle of Wight.

Medical Etiquette.

Dubitans.—In the absence of all the attendant circumstances of the case alluded to in "Dubitans'" brief statement (such as, for instance, the cause of the services of A.'s locum tenens being dispensed with after the first attendance, and the practitioner B. sent for, and also the degree of intimacy existing between A. and B.), a satisfactory decision cannot well be arrived at. Assuming, however, that A. and B. are on terms of personal intimacy, leading to mutual assistance and reciprocal obligation, B., in our opinion, would do well not to make any charge to A.'s patient for his services, but consider himself to have acted simply as one of the locum tenentes of the absentee A.

In regard to the division of the accouchement fee, we would refer our correspondent to the principle enunciated in Rule 12, p. 36, of the *Code of Medical Ethics* published by Messrs. Churchill.

X. Y. Z.—Huxley's *Lessons in Elementary Physiology*; St. George Mivart's *Elementary Lessons in Anatomy*. Both are published by Macmillan and Co.

COMMUNICATIONS, LETTERS, etc., have been received from:—

Dr. R. M. Simon, Manchester; Mr. W. H. Bull, Stony Stratford; Dr. Markham, London; Our Aberdeen Correspondent; Mr. T. L. Walford, Reading; Mr. G. Eastes, London; Mr. J. Casey, London; X. Y. Z.: Dr. Fairlie Clarke, Southborough; Mr. E. D. O'Neill, Dublin; Dr. Sawyer, Birmingham; Dr. Newth, Hayward's Heath; G. E. B.; Dr. Haycraft, Birmingham; A. C.; Mr. Lawson Tait, Birmingham; Mr. H. C. Hopkins, Bath; Mr. F. W. Fletcher, London; Dr. S. C. Griffith, London; J. C. R., Dayton, Ohio; Dr. H. A. Husband, Edinburgh; Mr. W. P. Hourigan, Freshford; Our Glasgow Correspondent; Dr. H. E. Armstrong, Newcastle; Mr. J. Calahan, Belfast; Messrs. Evans and Wormull, London; Mr. T. Whitehead Reid, Canterbury; Mr. Thomas Dutton, Sidlesham; Dr. T. W. Barron, Durham; Mr. D. M. Fraser, Deptford; Mr. W. Perkins, London; Mr. J. Ferguson, West Ferry-on-Tay; Mr. W. J. Kynaston, Barnes; Mr. W. A. Caskie, Largs; Dr. C. R. Drysdale, London; Mr. H. Bracey, Birmingham; Mr. John Bland, London; etc.

BOOKS, ETC., RECEIVED.

What to do in Cases of Poisoning. By W. Murrell, M.D., M.R.C.P. London: H. K. Lewis, Gower Street. 1881.

Diseases of the Nervous System. By W. A. Hammond, M.D. London: H. K. Lewis, Gower Street. 1881.

Deaf-Mutism. By Dr. A. Hartmann. London: Baillière, Tindall, and Cox. 1881.

Manual of the Principles and Practice of Operative Surgery. By S. Smith, A.M., M.D. London: Sampson Low and Co. 1881.