mote superstition, than the reasonable determination of men interested in the welfare of the human species; we would, therefore, propose that the Council appoint a conjoint Medical and Surgical Board, not more than one half to consist of members of the Council; the office of such Board being to examine candidates for the membership in all those sciences, whose knowledge may be considered essential to the formation of a competent medical and surgical practitioner.

4. Consolidation, not extension of our existing Institutions, seems on all accounts most desirable, provided, at the same time, a rule of equity and justice be meted out to all existing members of the College; and this brings us naturally to a clear and decided expression of our opinion that the selection to the fellowship, under the Charter of 1813, has been a palpable infringement of the rights of those existing members of the College, for whom we claim, as a right, under a Supplementary Charter, admission to the fellowship; with this proviso, that they be of ten years' standing, that they produce testimonials of good character, and that they engage neither to retail drugs, nor to make the remuneration of their services dependent on the quantity of medicine supplied to their patients; and that, on the same conditions, all those who were members previous to the grant of the last Charter, be made fellows in rotation, as soon as they shall have been members ten years.

5. Future members, as well as those who have passed since the Charter of 1843, to be elected fellows by examination only, or as the reward of merit, at the discretion of the Council.

6. The age of admission to members we would fix at twenty-two, a period of five years having been devoted to professional studies, not less than three of which should be connected with hospital practice.

7. The examination for the membership and fellowship to be open to the fellows and members of the College.

8. We deem it necessary that the number of the Council be increased by an infusion of provincial surgeons, whether practising surgery alone, or surgery, medicine, and midwifery conjointly; but no fellow to be eligible to the Council who dispenses his own medicines.

9. The Meetings of the Council to be open to the fellows.

January, 1846.

DR. LOCOCK'S LETTER ON THE MAL-APPROPRIATION OF HIS NAME BY THE QUACKS.

To the Editor of THE LANCET.

SIR,—I willingly acknowledge that I have reason to be gratified both with the manner and the spirit with which you have been pleased, in your last number, to call the attention of your readers to the shameful way in which notorious quacks had made use of my name.

You are wrong, however, in supposing that I have taken no steps to put down such conduct, and that I would not be desirous of getting rid of such a serious personal annoyance, were it possible.

By the advice of several of my medical friends, in whose judgment and knowledge of the world I had full confidence, I refrained from inserting any disclaiming letters in the newspapers; agreeing with them that it would lead to endless trouble, from the constant repetition of the quack advertisements, and from the very numerous country papers, magazines, journals, &c., in which they are daily inserted. Unless my repudiation appeared nearly as often as the advertisements, no effectual counteraction could be obtained.

I took the advice also of an eminent lawyer as to the propriety of applying to the Court of Chancery for an injunction, but the opinion returned to me was decisive. I quote the following passage:—"I fear you must continue to bear the annoyance of which you complain, because it is clear to me, that as you can prove neither loss nor damage by the sale of Dr. Locock's wafers, you have no remedy either at law or equity."

Three years ago, the death of my father, Dr. Henry Locock, appeared in the papers. He had retired from practice for more than twenty years, and I have ascertained was totally unacquainted with "Lady Dick." Not till after his death did the Corn-cutter at Charing-cross ever venture to publish a pretended certificate, without either date or address, signed "Henry Locock, M.D." But it is evident that as my name is not Henry, and my father's death has prevented any contradiction from him, it is not in my power to prevent or to stop such a dishonest proceeding.

It was also not till after my father's death that these pretended Pulmonic wafers were advertised; and in the printed

hand-bills which accompany the box, I found that the composition of the drug was attributed to Dr. H. Locock.

It was in this way that the fraud on the public was concocted; and I am afraid that I am likely to have no other redress than has fallen to the lot of others who have been similarly circumstanced. Every one will remember, a few years ago, the constant paragraphs in the newspapers puffing off *Ashley Cooper's pills*.

I do not wish to occupy your space with so unworthy a subject; but I was anxious that my professional brethren should not suppose that I was otherwise than seriously annoyed by such a breach of honesty; or that I was indifferent to your well-meant lecture on my apparent inertness.

The only other remark I take the liberty of making is, that you are mistaken in supposing I have any present intention of retiring from practice. If your paragraph to the contrary remained uncontradicted, I might perhaps be able to "prove both loss and damage."

I remain, Sir, your obedient servant,

CHARLES LOCOCK, M.D.

Hertford-street, May-fair, March, 1846.

ON THE CASE OF RUPTURED UTERUS REPORTED BY MR. TYTE, SURGEON, HARROW.

LETTER FROM MR. TYTE IN REPLY TO MR. D. JONES.

To the Editor of THE LANCET.

SIR,—In No. 8 of THE LANCET for 1846, page 229, there is a summary of my case of rupture of the uterus, and some remarks thereon by Mr. David G. Jones: the former is not quite correct, as it states, amongst other things, that the head was so far advanced as to press upon and dilate the perinæum,—my statement being, that the head had descended low in the pelvis, slightly dilating the perinæum,—and omits to mention that I had attended the patient three years before through a tedious labour. Mr. Jones characterizes the treatment as unusual, and says that it ought not to pass unnoticed, from the extraordinary manner in which it was conducted, repeating the statement I have corrected above, that the head was pressing upon, and dilating, the perinæum. If I have erred in my mode of conducting the case, I have the satisfaction of having done so in excellent company, as the following quotation from Dr. R. Lee's lectures on midwifery, page 435, will show.

"When the head of the child presents, and rupture of the uterus takes place, the best plan is without delay to deliver with the perforator and crotchet; and to prevent the child, during the operation, from passing through the rent into the peritoneal sac, pressure should be made over the fundus uteri, and the opening made in the head in the most gentle manner. I have seen no case of ruptured uterus in which it was possible to deliver with the forceps; and I am not aware that any case of ruptured uterus has been recorded in which a living child was delivered with the forceps. 'Efforts have frequently been made to deliver with the forceps in such cases,' says Dr. Collins, 'but this instrument is seldom applicable, as the introduction of the blades generally forces the head out of our reach; besides, but little would be gained, for the child dies shortly after rupture takes place; the dimensions, too, of the pelvis are in such cases for the most part defective; all which circumstances would seem strongly opposed to this mode of delivery. In three of the thirty-four cases above alluded to, attempts were carefully made to deliver with the forceps, but without success.' Dr. Burns is of a different opinion. He says, the child may live for hours, after rupture of the uterus, if the placenta be not detached, or the hemorrhage great. If the head have entered the pelvis, and be within reach of the forceps, we must cautiously introduce the blades, taking great care not to press up the head or make it recede. From this hazard, and from observing that in such cases the child is generally dead, it has been advised by good authorities to perforate the head; but if we have no other inducement to use the perforator, I should consider that, unless the head be high, the forceps would be as safe in this respect."

This quotation, which may perhaps not quite accord with Mr. Jones's modern views on midwifery, will, I think, bear me out in my treatment.

It will be observed, that when we proceeded to deliver, the head had receded somewhat, but was in the cavity of the pelvis; there had been no labour pains of any utility for upwards of fifteen hours; her pulse flagged, and she had vomited. Every practitioner ought to be aware, as Mr. Jones says, that vomiting is a frequent occurrence during labour, and I think also, of some other information quoted above; but taken in connexion with the rest of the symptoms, who could