bers, in order that they may become tenant occupiers of a college possessing neither a medical nor surgical title; your memorialists cannot but look upon such a scheme as pregnant with future evil, if not degradation, to the profession, and they sincerely trust you will not sanction the establishment of any such ambiguous institution.

Your memorialists may state with confidence, as the universal sentiment of the profession, confirmed by a host of most respectable evidence adduced before the Medical Registration Committee, and previously before the Education Committee of 1834, that no scheme of medical reform can be effectual or permanent, unless it provide for the efficiency and respectability of the whole profession, by securing for all the adoption of one uniform standard of education, combined with such examinations as shall be a fair test of qualification in each of those sciences, a knowledge of which may be considered necessary to the formation of a competent medical and surgical practitioner.

Now your memorialists would observe, that the scheme of the conference comprises no such uniformity of education, but, whilst it stringently provides for the lowest grade being instructed equally in medicine and surgery, would permanently establish, if sanctioned by the legislature, the practical absurdity (as has been well pointed out in the memorial from Manchester) of the fellow of the College of Surgeons being authorized, *without any medical examination whatever*, not only to practise every department, but, further to do so with the prestige of superior rank; and would, in like manner, leave the fellows and associates of the College of Physicians devoid of any test of their having obtained a knowledge of the principles of surgery.

Your memorialists therefore earnestly entreat you to counteract so gross an anomaly, by providing, in any Bill to be introduced into Parliament, such a modification of the Colleges of Physicians and Surgeons as shall insure that all their members, of whatever grade they may be, shall undergo, in the first instance, a joint and uniform test of their qualification to practise both in medicine and surgery, and your memorialists consider such an arrangement not less requisite for the well-being and harmony of the profession, than for the safety of the public.

As another advantage of such uniformity of education, your memorialists would point with pleasure to the facility which it will afford for a simple and effectual plan of registration; nor have your memorialists any objection to the division of labour, and the consequent partition of the profession into the two classes of physician and surgeon, or again, of each of these into a higher and lesser grade; but other titles and designations, more particularly if necessitating or leading to the formation of a new college, whereby future practitioners are to be alienated from the time-honoured institutions of their ancestors, would, in the estimation of your memorialists, not only be superfluous and uncalled-for, but positively injurious.

Your memorialists, in conclusion, are extremely anxious that no scheme, having for its object further monopoly or aggrandizement on the part of the corporate bodies should obtain your approval or concurrence; but that the just requirements of the profession and the public should be embodied in a liberal and comprehensive measure of medical reform, based on the principles of "Representation" for the members in their several colleges; "Uniformity of Education;" and "Assimilation of Qualification" for like degrees and titles throughout the kingdom. Such a measure, your memorialists conceive, would be beneficial to the public, and satisfactory to the profession.

HENRY JOHNSON, M.D., Shrewsbury,

May, 1849. President of the Shropshire and North Wales Association.

* * The above is a document of the highest importance, and has been signed by a large number of the most respectable medical practitioners in the kingdom. We recommend to all our medical brethren an earnest attention to this memorial, and we hope that the example of the Shropshire and North-Wales physicians and surgeons will, at this juncture, be followed by the members of our profession throughout the United Kingdom.—ED. L.

SUGAR AN ANTI-APHRODISIAC.—M. Caesar Provençal, a physician in the South of France, mentions, in a pamphlet of his, that sugar is a better and perhaps quicker antiaphrodisiac than camphor. According to him, large doses of sugar, looked upon as an article of food, would repair the debility consequent on sexual excesses, and, considered as a therapeutic agent, would prevent such excesses.

Correspondence.

"Andi alteram partem."

THE VINCENT TESTIMONIAL.

To the Editor of THE LANCET.

SIR,—On February 12th, 1847, I paid my £2 2s. towards the Vincent Testimonial, being told that I should have a proof engraving of the portrait intended to be presented to that gentleman. Need I say that since my money was paid nothing has been heard of the subject.

May I be allowed, through the pages of THE LANCET, to ask the committee if the portrait has been painted? and if so, why the subscribers have not been asked to see it? and 2ndly, if an engraving is to be made, and when the prints will be ready for distribution?

The insertion of this letter will much oblige

Your constant subscriber,

Islington, May, 1849.

M. D.

RUPTURE OF THE UTERUS.

To the Editor of THE LANCET.

SIR,—You will oblige me with a small space to insert a few remarks to your anonymous correspondent, "Medicus," of Nottingham, who made some observations in THE LANCET of May 19th, (p. 532,) on my case of Rupture of the Uterus, which appeared in THE LANCET of Nov. 18th, 1848, (page 551,) and permit me to state here that I regret so ingenious a correspondent should withhold his name from the profession.

The strictures of "Medicus" appear to be the result of theory and not of practice; for what can he mean by stating so positively, "that delivery, most unquestionably, ought to have taken place sooner." What is there in the description of the case to countenance such an assertion? The woman had been in labour ten hours only, she was well formed, and possessed a good constitution; her strength was well sustained; the bowels had acted freely, and she had micturated repeatedly during the progress of labour; the vagina was freely moistened by the liquor amnii; and there was no preternatural heat or swelling, no deformity of the pelvis, (she had had six children before by the natural effort,) and as to the discharge which "Medicus" quotes, as indicating the necessity of speedy delivery, the labour was not of sufficient duration or violence to produce such a state of things, and my chief reason for sending to Mr. Batten was, the fact of the head remaining at the superior brim of the pelvis, notwithstanding the pains. We satisfied ourselves, from examination made during and in the interval of the pains, that the head was the presenting part, but felt equally certain of the existence of something abnormal in its condition which arrested its progress; and as there was nothing pressing in the nature of the symptoms, Mr. Batten felt disposed to observe the effect of a few more pains before resorting to artificial means. It was at this time that the poor woman expressed a wish to stand upon her legs, she having experienced the good effect of this change of position in her former labours. And surely "Medicus" must be aware, from his experience in the obstetric art, that it is a common practice, especially amongst the poor, to alternate the position in this way, and that oftentimes this change from the recumbent to the erect position renders the pains more efficient, and facilitates the expulsion of the child. I have yet to learn that such a proceeding, when no hæmorrhage or symptoms of exhaustion exist, is attended with any danger in practice, notwithstanding the critical remarks of "Medicus," which appear to me quite wide of the subject.

"Medicus" talks of the "over-excited" state of the uterus, and states that "the erect position increases the intensity of the pains, by bringing the body and head of the fœtus into immediate contact with the inner surface of the neck and mouth of the womb, which must have tended greatly to produce the fatal result." Without stopping to inquire what he means by the "over-excited" state of the uterus, or to examine the correctness of his conclusion, I may venture to observe, that had it been possible for us to have foreseen the impending result, it is probable that we should have kept the patient in the recumbent position. But I must confess to the want of "Medicus's" penetration and sagacity, in being able to discover, *a priori*, the peculiar position, and consequent tendency of the uterus to give way; and the "bringing the body and head into immediate contact with the inner surface of the neck and mouth of the womb," is so desirable, and likely to expedite the labour, that I do not suppose any practitioner would be

reluctant to bring this about, by allowing the patient to take the erect position, even without the fear of a rupture of the uterus being always before his eyes.

"Medicus's" suggestions about the treatment are gratuitous and unnecessary, as he must perceive, if he will take the trouble to re-peruse my report of the case,

With regard to the use of the stethoscope in ascertaining the life or death of the child, in this case it was entirely superfluous; no beneficial result would have been effected by it.

Most writers on the subject of midwifery state, I believe, that the average period of a natural labour is about twelve hours; and I think, Sir, your readers will agree with me, that "Medicus" was scarcely justified in stating that delivery should have unquestionably been effected earlier in the case in question, where no urgent symptoms existed prior to the accident.

I remain, Sir, your obedient servant,

W. H. BORHAM.

Forest of Dean, Gloucestershire, May, 1849.

CLERICAL INTERFERENCE WITH MEDICAL PRACTITIONERS.

To the Editor of THE LANCET.

"Still there are follies e'en for me to chase,
Which yield, at least, amusement in the race."

SIR,—In a former communication on Clerical Interference inserted in your journal of the 14th of April, I gave an instance of this species of annoyance, rather as a case in point to illustrate a general evil, and not for the sole inspection of the "delinquents" only, but that others who transgress, in a similar manner, might see it and be convicted, for "*mutato, nomine, de illis fabula narratur*." Such being the purport of the letter, the medical men referred to were only introduced as necessary to the exemplification of the case, and their conduct was in no way censured, though an indirect inference must have been conveyed to the minds of all your readers, as to the impropriety of members of a learned profession lending themselves, for the sake of gain, to a clique of officious sectarians.

I have nothing to retract, having made myself well acquainted with the facts of the case before I penned it; but if Mr. Ozanne is an M.R.C.S.L. simply, and not "a simple apothecary," I beg to remind him that as such he would practise as an apothecary unlawfully, and I beg to assure the rev. incumbent that he would be patronizing (according to the strict letter of the law) an illegal practitioner.

I acknowledge that the prizes and medals of which Mr. Ozanne speaks with so much pride, are the just rewards of an industrious student, and may be exhibited to the public as tokens of previous achievements, though, in my opinion, it would be better to leave them to the inspection of anxious parents, or solicitous friends. Much less can I admit the policy of parading the "three honorary certificates," testimonials which any attentive student may obtain, almost *ad libitum*.

My letter was neither "malicious" nor "scurrilous," but a plain, unvarnished statement of facts, to the truth of which I can vouch, though by so doing I may seem "to dare to question" the incumbent's assertion to the contrary. The cry of clerical interference has not been sufficiently often repeated, though there is no doubt it has each time been administered *usque ad nauseam* to those who from idiosyncrasy or other causes find it a most unpalatable draught.

In justice to my former statement, I beg you will insert this at your earliest possible convenience.

Yours, most respectfully,

LIBERTAS.

EXCISION OF THE HEAD OF THE FEMUR.

To the Editor of THE LANCET.

SIR,—In Mr. Norman's reply to my last communication respecting the operation of excision of the head of the femur, that gentleman has opened a question of such grave importance, one so seriously affecting this proceeding, that I deem it my duty to make some further observations, which will be more specially directed to this one point.

I refer to his suggestion that the operation should be performed in certain instances where the head of the thigh bone still remains in the socket. He states—"I doubt much, however, if the operation will be confined eventually to cases in which dislocation has occurred. I trust its benefits will also be extended to some other cases similar to the one last recorded by me, when it is evident that complete disorganization of the joint has occurred; but yet the patient is free

from serious visceral disease, and from these reasons—viz., that the patient's eventual recovery will be hastened thereby, when the operation succeeds, and the limb be a much better one than if allowed to become fixed in its distorted position; for after operation it will be controllable, and capable of being fixed in good position by suitable apparatus, which it was not before. On this point, however, I may be too sanguine."

This point, in connexion with the operation, is of serious importance, and requires careful consideration. In the first place, I must beg to state my own opinion, expressed on a former occasion in my original essay, that the operation should not be attempted whilst the head of the femur is still lying in its socket. And as I do not wish to make any assertion, or express any opinion, without advancing reasons for so doing, I will now state why excision of the head of the femur should not be performed when dislocation has not occurred.

In the first place, if the head of the femur remains in the acetabulum, we have it not in our power to ascertain, with anything like precision, the amount of disease, or the actual condition of the component parts of the joint. It would be difficult, if not impossible, to find out, whether it was the head of the femur, or the acetabulum, which was chiefly or alone affected, although I will admit that sinuses may exist which lead down to the joint, and give us a certain amount of information respecting the more superficial part of the joint, but none respecting the condition of the deeper portions.

Secondly, if we just consider the pathology of this affection, and call to mind what usually occurs in cases of hip disease, when dislocation from the socket on to the ilium does not take place, I think we shall find another argument against the operation in such instances. If the head of the bone remains in its socket, carious ulceration having gone on to a great extent, in all probability the cotyloid cavity will be seriously implicated, or, as can be seen in any of our museums, it will have become perforated, when of course there could be no hope from any operative process. Taking away one portion of the joint would only bring temporary relief.

But in other cases of less severity, where the bone is not dislocated, it frequently happens that, under favourable circumstances, a natural cure will take place, after carious ulceration, by a process of repair, which, although denied by some, yet undoubtedly occurs, and terminates the case by ankylosis; and I am of opinion, that when we have reason to expect such is going on, although the disease may have seriously affected the general health, it would be far better to leave the business to nature, although the subsequent deformity which occurs is a serious matter. It would be a very awkward thing, on cutting down upon the joint, to find it in a partial or complete state of ankylosis; although, it is true, the disease might be seated in the neck of the bone, or in the greater trochanter, and it might, as I have seen, be got at and effectually removed. Yet disease in these parts is rare, compared with its frequent occurrence in the joint itself.

If, on the other hand, dislocation should have taken place, it will happen, as has been proved satisfactorily by the successful results of some of these operations, that the acetabulum will have become obliterated, filled up with new bone; and in such instances the carious head of the femur may be removed with facility, and with permanent benefit to the patient; and I sincerely hope that the operation will be limited alone to such cases where there is no doubt of dislocation, and where no active disease is going on. If it should be attempted in any other instances, I much fear that the results would only bring discredit upon the proceeding and its proposers.

I will admit, with Mr. Norman, that there is great difficulty in some cases in arriving at a correct diagnosis respecting the amount and situation of the disease; yet the successful results of three cases, in which Mr. Fergusson gave his opinion that the disease was limited to the head of the femur alone, prove that a pretty correct idea may be formed. I have under my care, at the present moment, a case which that gentleman and myself have examined, with the view of ascertaining the propriety of an operation; and I should undoubtedly have performed it, had there not been co-existent disease; for the history of the case, and the appearance of the parts, were sufficient to induce us to suppose that the morbid action is chiefly or entirely confined to the head of the femur.

Deeply interested as I feel in the results of this operation, I shall perhaps not be deemed presumptuous if I caution those who may wish to put it in practice, not to do so without exercising the greatest care in selecting their cases; and I would seriously advise them not to attempt it, except in instances where there can be no doubt of dislocation having taken place, and all signs of active disease has ceased. And it would be far better for the success of the operation if this