

board of guardians of this union £ per annum, with certain defined extras for particular surgical cases, for all cases of midwifery, and successful vaccination.

Your petitioner, however, is so inadequately remunerated for the extent of duty and the large supplies which devolve upon him, that he humbly prays your Honourable House will inquire into the medical relief of the poor, with a view to its general amendment and the more equitable remuneration of the medical officers under the poor-law.

And your petitioner will ever pray.

If you, Sir, in conclusion, should deem this subject worthy of a passing notice, or can offer any better suggestion for our guidance, I, for one, shall feel grateful.

I am, Sir, your obedient servant,
Cheapside, Halifax, 1851. **FREDERICK SMITH GARLICK.**

THE NEW EQUITABLE AND THE PROFESSION.

To the Editor of THE LANCET.

SIR,—Through your columns I am desirous of pointing out a fact which you have not yourself noticed in your able appeals to the profession on the subject of fees from insurance offices, but which appears to me to constitute a strong claim upon the profession for their strenuous co-operation in resisting the injustice of the old assurance offices. I for one remember that during the long series of years when professional attention had not been drawn to the injustice of life assurance directors towards our body, and when the great discussion upon this subject had not commenced—I remember, I say, that whole pages of your journal were filled by the advertisements of the companies who, though they refused to pay medical men, did not forget to display their wares before them as temptingly as possible. You must have received many hundreds, if not thousands, of pounds in this way, I am well convinced. But now the scene is changed. I find your advertising columns crowded, it is true, to an unprecedented extent; but where are the life assurance companies which were wont to appear in such portly form? They have disappeared from the advertising columns of *THE LANCET*. One or two advertisements of this kind are all I ever see together in your journal.

Now, as I doubt not, when you began to fight our battle a few years ago against the non-paying offices, you took this loss into account, and determined, notwithstanding, to fight and win the cause of the profession, I do think the least we can do is to support *THE LANCET* and the New Equitable; and we will support them, since that is the only emphatic mode of treating the unjust attempts of the offices to defraud us of payment for our services, and to injure you, our advocate and defender.

From what I observe around me, I am convinced that the New Equitable will be the only office in the three kingdoms which will receive the hearty support of the profession. And how could it be otherwise, when by supporting it we assert the individual rights of medical men, and advance the triumph of a great principle?

I am, Sir, your obedient servant,
M.D., Manchester.

THE ROYAL MEDICAL SOCIETY OF EDINBURGH.

A POINT IN MEDICAL ETHICS.

To the Editor of THE LANCET.

SIR,—The proposed extension of the Royal Infirmary has rendered it necessary that the members of the Royal Medical Society should provide themselves with a new Hall. A subscription list has been opened for this purpose, to which I would earnestly direct the attention of the numerous members of that ancient and most excellent society, who are now practising in London and the provinces. My special object, however, in addressing you, is to inquire whether you conceive that the Building Committee are not sacrificing every feeling of professional decorum, in receiving donations from the avowed abettors of quackery? A gentleman whose name may be found in p. 433 of the *Medical Directory*, where he describes himself as the author of a work on the "Treatment of the Small-Pox, Measles, Scarlet Fever, &c., by the Water Cure and Homœopathy," has contributed *Ten Guineas*, and offered a second donation if requisite.

Should we not insist upon the Building Committee returning this mammon of unrighteousness?

I am, Sir, your obedient servant,
An OLD PRESIDENT.

Dec., 1851.

IMPORTANCE OF DIAGNOSIS BETWEEN PREGNANCY AND ABDOMINAL DISEASE.

To the Editor of THE LANCET.

SIR,—Perceiving in *THE LANCET* of November 22nd, a case reported by Dr. Nelson, in which I was concerned, and my name being mentioned, I find, has given the impression that it was written with my sanction. I beg to state that such was not the case. In fact, I can bear testimony that the physician alluded to in the report did not assert the lady to be pregnant; but the case, as Dr. Nelson observes, being one of difficult diagnosis, it was thought right to privately ask the patient whether it was possible she could be pregnant. This was done with a view to clear up the difficulty. On being answered in the negative, he immediately replied, "I believe you;" and at the same time stated to the lady that none of the true signs of pregnancy were present. This was the only allusion made to the subject of pregnancy by either myself or the physician, and any wide-spread report of the same must have come from the patient herself. I therefore cannot see that any attack upon her medical attendant was necessary to vindicate her character; and the important question was not then put, until the most anxious attention had been given the case for a period of four months, during which time the tumour increased in every respect as the pregnant uterus would, and was similar to a pregnant uterus, excepting that there was a greater amount of fluctuation than natural. Any subsequent recurrence to the pregnancy was brought forward by the patient or her mother, when it was invariably, and in a most unqualified manner, stated that such was not the case, and the gentleman alluded to added, if any of the true signs of pregnancy had been present, the state would have been affirmed rather than asked. With respect to Dr. Nelson's previous history of the case, it is certainly not in accordance with what he obtained from me, and no remedy was given which had a tendency to produce the catamenial discharge, which came on spontaneously and by gushes, as if from the interior of the uterus, at irregular periods, after being absent four or five months, and not from the effect of any remedies. Dr. Nelson's statement that I was present at a microscopical examination of the parts is incorrect. I deeply regret that Dr. Nelson should have connected my name with the letter, which I feel called upon to state, is, in my opinion, illiberal and incorrect. I think it right to state also, that the gentleman alluded to remained in attendance some time after the question relative to pregnancy was put, and on discontinuing his attention, was requested by the patient and her mother to renew it when required, but there certainly was a most unfavourable change towards the gentleman so deeply charged by Dr. Nelson, after the period he discontinued his attention.

I have penned this from a deep sense of duty to myself and others, and shall not, under any circumstances, renew this disagreeable affair; I therefore consider it final, and

Remain, Sir, yours &c.,
Bordesley, Birmingham, Dec. 1851. **W. S. PARTRIDGE.**

TREATMENT OF DISEASED JOINTS BY INCISIONS.

To the Editor of THE LANCET.

SIR,—In an interesting paper, "On the Treatment of Diseased Joints," read by Mr. Gay before the Medical Society of London, and reported in *THE LANCET* of Nov. 22, in which he advocates the use of deep and free incisions on the sides of the joint, the following rather sweeping assertion occurs—"that the operation of re-section of a joint is not only a useless but an unphilosophical mode of treatment for diseased joints."

In this assertion I imagine he will find very few surgeons of the present day concur, unless he can support it with more powerful arguments than those he has adduced—viz.,

1st. That primary disease is generally limited to one of the articular extremities of the joint, and that therefore it is a useless mutilation to remove more than that disease, *supposing the operation were for a moment admissible.*

"2nd. That disease originating in the bone, when arrived at that stage at which the operation of re-section is generally employed, has extended itself far beneath the surface, and frequently along the shaft for a third of its whole length, so that re-section cannot accomplish its purpose, which must be manifestly the removal of all disease."

The operation of re-section was, I believe, first introduced into, and has been mainly advocated in, this country, by Mr. Syme, as a substitute for amputation in cases of diseased elbow-joint; and in such cases, not only is it neither "useless"

nor "unphilosophical," but is certainly preferable to amputation, inasmuch as it reserves to the patient the use of the hand and forearm, and also to the more lenient treatment recommended by Mr. Gay, by incisions; for, granting that by his treatment the disease is cured, still it must be at the expense of a lost joint, "for where ulceration and shedding" of the cartilages have taken place, nature can only accomplish a cure by ankylosis; and in whatever position the limb may be placed for this purpose, it is always a source of great inconvenience to the patient.

Now, perhaps the greatest recommendation of the operation of re-section is, that it gives to the patient an artificial joint, in place of the natural one lost; for after the removal of the diseased surfaces of the joint, a ligamentous union ensues between the bones of the upper and fore arm; and in the course of six weeks or two months, the incisions having healed, the patient is able to pronate and supinate, flex and extend, the limb,—not to the same extent, certainly, as in the uninjured limb, but still so much as to be infinitely more valuable to him than an ankylosed elbow could ever become, for all these motions must, in the latter case, be inevitably lost. The shortening of the limb is very trifling, and the deformity, without close inspection, is in many cases inappreciable.

Of these facts I have assured myself, by closely watching a number of Mr. Syme's cases during the last twelve months; and also by examining patients who had undergone the operation some time previously; and the amount of strength, free command of motion, and general usefulness of the limb, that these latter possessed, was truly astonishing. I may also mention, that, in one instance, a patient applied for relief from the inconvenience of an ankylosed elbow, and Mr. Syme performed this operation with perfect success. So much for the uselessness and unphilosophical nature of the operation.

As to the assertion that the disease is generally limited to one surface of the joint, this holds good, certainly, in the earlier stages; but in the later periods, we generally find both surfaces more or less ulcerated.

With regard to Mr. Gay's second argument, "that the disease has often extended along the shaft of the bone to one-third of its whole length," I would only ask what advantages he would expect, in such a case, from simple incisions, over the operation?

I am, Sir, yours &c.,

S. S. RODEN, M.R.C.S. & M.D. Edin.

Ironbridge, Salop, December, 1851.

THE LATE MEETING AT ROSS.

To the Editor of THE LANCET.

SIR,—My attention has been called, to-day, to a paragraph in your publication, contained in page 513, in which you allude to a speech said to have been made at Ross, by a Mr. Armitage, whom you describe as the Manager and Agent of the estates of Guy's Hospital, in that neighbourhood. As I have the honour to hold the above situation, and was certainly *not present* at the meeting of the Governors of the Ross Dispensary, at which the speech referred to is said to have been made, I beg you to insert this communication in your next impression, and

I remain, Sir, your obedient servant,

ARTHUR ARMITAGE.

Lansdown-place, Clifton, Bristol, Dec. 4, 1851.

* * Is not the above something like an equivocation? Has not Mr. Arthur Armitage deputed his functions, as manager and agent of Guy's Hospital, to his son? and did not the latter act as we stated at the meeting of the governors of the dispensary?—ED. L.

THE DRAFT SUPPLEMENTAL CHARTER OF THE ROYAL COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—I have read in THE LANCET of last week the "Draft Supplemental Charter of the Royal College of Surgeons of England." I regret to see that the Council of the College are still desirous to perpetuate an act of great injustice to nearly *three thousand gentlemen* who have become members of the College since the Charter of 1843, a large number of whom were medical students sometime previous to that Charter being granted. Now, if every gentleman interested in this matter would individually petition Sir George Grey, the Home

Secretary, I feel convinced he would feel it his duty to listen to their prayer, and withhold his sanction from the Supplemental Charter. You would greatly oblige an important section of the profession if you would give in your valuable journal the form of petition necessary to be observed in addressing the Secretary of State.

I am, Sir, your obedient servant,

Birkenhead, Dec. 1851.

JAMES McNICOLL.

MEETINGS OF THE MEDICAL SOCIETIES IN LONDON DURING THE ENSUING WEEK.

NOTE.—When the day of the month is not specified, no meetings take place.

Societies.	—	Days of Meeting.
Epidemiological, 53, Berners-street	Mon. 8½ P.M.	Dec. 15
Chemical, 5, Cavendish-square.....	Mon. 8 P.M.	
Medico-Botanical, 32, Sackville-st.	Tuesday.	" 16
Medico-Chirurgical, 53, Berners-st.	Tues. 8½ P.M.	" 16
Pathological, 33, George-street, } Hanover-square.....	Tues. 8 P.M.	
Hunterian, 4, Bloomfield-street, } Finsbury.....	Wed. 8 P.M.	" 18
Pharmaceutical, 17, Bloomsbury-sq.	Wed. 9 P.M.	
Harveian, 64, Edgware-road.....	Thurs. 8 P.M.	" 20
Western Medical and Surgical, } 44, Sloane-street.....	Fri. 8 P.M.	
Medical Society of London, 32A, } George-street Hanover-square }	Sat. 8 P.M.	

Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College, at the meeting of the Court of Examiners, on the 5th inst.:—

BAYNE, ALEXANDER FRASER, Reading, Berkshire.

CASSON, EDWARD, Hull.

COOKSON, JOHN DOUGLAS FRANCIS, Gloucester.

GIBSON, THOMAS, Birmingham.

LEE, JOSEPH, Guildford, Surrey.

MERCER, EDWARD, Uxbridge, Middlesex.

PALIOLOGUS, WILLIAM, THOMAS, Calcutta.

TIERNY, JOHN FRANCIS, Bengal.

At a meeting of the Council on the 11th instant, the following gentlemen were admitted fellows of the Royal College of Surgeons, having undergone the necessary examinations on the 2nd and 4th instant:—MAYO, GEORGE, Australia, diploma dated January 2, 1829; OSBORN, SAMUEL, Brixton, June 29, 1838; BARKER, THOMAS HERBERT, Bedford, May 16, 1842; STATHAM, SHERARD FREEMAN, Mortimer-street, April 28, 1848; and MAY, GEORGE, jun., Reading.

The following questions in Pathology and Surgery were submitted to the senior candidates for the Fellowship on the 4th inst.:—

1. Describe the probable consequences, immediate and remote, of a severe blow on the testicle, and the requisite treatment.

2. Describe the forms of venereal sores, and state the course of symptoms, secondary and tertiary, exhibited by that form of sore to which the term *syphilitic* has been specially applied: mention generally the required treatment.

3. Describe the characters of scalds, burns, and frost-bites; and generally describe the treatment of the several stages of each.

4. State the circumstances which, in a case of alleged rape on a young female child, would induce you to give a decided opinion that the crime had been committed; and point out those occasional conditions of the parts which render a decision difficult.

5. Describe the causes, symptoms, and results of phlebitis, and state the treatment it requires.

6. Describe the characters and consequences of synovial inflammation of the knee-joint, acute and chronic; also its treatment.

The following, on the same subject, were submitted to the juniors:—

1. Describe the formation and progress of a true aneurism when not interfered with.