

read. That the Institute consist of those gentlemen who have already signified their intention to coöperate in the formation of the same, with such other qualified practitioners as may join within the specified time, or who may become members in accordance with the future arrangements of a regularly constituted council.

3rd.—That in accordance with the recommendation of the Committee, it is the opinion of this Meeting, that the annual contribution for the membership of the National Institute should be fixed at one guinea.

4th.—That those members of the Provisional Committee who have expressed their willingness to join the National Institute be requested to proceed with the enrolment, and to call a meeting of the members of the National Institute at as early a period as possible, that the necessary steps may be taken for the election of the council and the officers.

5th.—That henceforward the interests of the National Association of General Practitioners be entrusted to the Council of the National Institute of Medicine, Surgery, and Midwifery, their principles and objects being identical.

The 6th and 7th resolutions were votes of thanks to the secretaries and the president.

After the 6th resolution, Mr. COOPER rose for the purpose of proposing a resolution to the meeting, having reference to a Bill at present before the House of Commons, and having for its object the registration by law of all qualified practitioners of medicine and surgery in Great Britain and Ireland. His desire in proposing the resolution was to take the opportunity, at a public meeting of the Association, to express the opinion of the general practitioners, that they were not satisfied with the present "registration" of the College of Physicians and Surgeons, and the Society of Apothecaries. It was with the intention of protecting the interests of the general practitioners that he moved for the expression of an opinion by that meeting, leaving the details of the Bill in question for after-discussion, that a uniform system of registration was desirable for the profession, and he proposed that four active members of the Committee should be appointed to watch the progress of the Bill, and to protect the interests of the general practitioner. Mr. Hunter seconded the resolution, which was supported by Mr. Sparke.

A conversation followed, in which several members of the Committee took part. Mr. Clifton thought the subject could not be entertained by the meeting, and referred to the Chairman for his opinion on the point. He concurred almost entirely with the remarks of Mr. Cooper, but he also stated, that a Sub-committee had looked over the Bill, and had drawn up a series of resolutions respecting it, which they had already forwarded to the Home Secretary. Mr. Nussey was against the motion, because the Sub-committee, having agreed to certain resolutions respecting the Bill, the motion of Mr. Cooper, if pressed to a division, might put the meeting in the anomalous position of disapproving of what the Sub-committee had done. Mr. Fuller was against the motion, because it implied a want of confidence in the Committee; and Dr. Webster was in favour of an expression of opinion in support of registration, and of this Bill more particularly, as it was opposed by the Colleges of Physicians and Surgeons, for that of itself was sufficient to show that the Bill was a good one for the general practitioner—an opinion in which Mr. Davis concurred. Mr. Cooper was anxious to press his motion, because a most important principle was involved in the Bill, whatever its merits—a principle, indeed, for which the Association had always contended, and of which Mr. Warburton and Mr. Hawes were advocates. It was a simple alphabetical arrangement, with the qualification appended. He knew the Bill was opposed by the colleges; and he felt anxious to show the government the opinion of a public meeting of the profession respecting registration. The Chairman decided that, the meeting having been convened for a particular object, this motion could not be entertained; the conversation on the subject therefore dropped.

IS SECONDARY SYPHILIS CONTAGIOUS?

INSTANCES BEARING ON THE QUESTION.

To the Editor of THE LANCET.

SIR,—Medicine not being one of the perfect sciences, we cannot arrive at facts by induction, but are compelled to draw conclusions from weight of testimony, and in this way reconcile, as far as we can, the extraordinary discrepancies in the opinions of medical men on almost every subject mooted in your valuable journal. I am led to these observations by the perusal of the evidence and opinions of Dr. O'Connor and

Dr. Bull, in THE LANCET of June 6th, and your own criticism on the statements of Dr. Bull.

Sir Astley Cooper, as you are aware, used to put certain interrogatories to himself, in his concluding lecture on Syphilis, and the answers convey his opinions in definite language:—"Is a child liable to be affected by syphilis when in utero? Mr. Hunter said, that a child in utero could *not* be affected by this disease. Now, Mr. Hunter was, unquestionably, a man who possessed so much judgment in his profession that his opinions are entitled to the greatest respect and attention. He is an authority to which we are all induced to bow with deference and submission. We must not, however, think too highly of his opinions in opposition to facts which we have ourselves observed; and if I know anything of my profession, I have seen syphilis in a child immediately after birth, and therefore, in this particular instance, I am convinced Mr. Hunter was mistaken."

Again:—"Whether the matter of a secondary venereal ulcer be infectious or not? Mr. Hunter said it was *not* so; however, for my own part, from what I have seen and heard, I should hesitate for a considerable time before I could join in this assertion."

I have heard Sir Astley Cooper reiterate these opinions, and also assert that the disease was very frequently fatal to children; and the following cases will, I think, go very far to verify his assertion:—

In 1828, a person applied to me having symptoms of secondary syphilis of an aggravated character. He said that he had led a very irregular life, and feared that his wife was also affected, and that she was then far advanced in pregnancy. I saw nothing more of this individual, but some weeks afterwards, a respectable married woman (Mrs. F——) applied to me, with a sore on one of her nipples, and made the following statement:—"I lost my own child, and took a child to nurse, six weeks ago. This child has a very sore mouth, and he smells very bad." She then informed me whose child it was; and when I found it belonged to the individual above alluded to, I desired her to send it home at once. The nipple was dressed, and she was put under treatment for a period; but her husband obtaining work at another place, I lost sight of her for years. When I again saw her, she informed me that she soon became covered with an eruption; she lost the skin from the palms of both hands; she had pains in her limbs, and the sides of her nails were affected. In 1830, she was delivered of a male child, whose skin was covered with an eruption; the nails were diseased, and also the corners of the mouth, and the angles of the eyes. The child lived three months and three days. After the child was born, the pains in her limbs and the eruption on the skin continuing, she was advised to take a quack medicine called Gilbert's Drops, which she did at an expense of four pounds. She was again confined in March, 1831, but the child was dead, and she has not been pregnant since. Prior to taking the diseased child to nurse she had excellent health, but subsequently has been in a wretched state.

About six weeks after I first saw Mrs. F——, another respectable married woman (Mrs. H——) applied to me, having a large sore on one of her nipples, a copper-coloured eruption on the skin, and ulcers on both tonsils. I requested to see her husband, and I carefully examined him, and found no vestige of a previous sore, either on the glans or the prepuce, and he assured me he never had any venereal affection. Mrs. H—— then asked me if a nurse-child could thus have affected her, as she had one, covered with an eruption similar to that on her own skin: it had also a very sore mouth, and sores about the fundament. I inquired whose child it was, and on hearing it was the one sent home by Mrs. F——, I desired she would at once get rid of it. I examined her own child, and found the same kind of eruption on the skin, and sores about the arms. I call attention here to a singular fact—the children *never* sucked from the same breast; Mrs. H—— making it a matter of conscience that each should have its proper supply. Her own child, therefore, could not have been affected from the ulcer on the nipple.

I put Mrs. H—— immediately on a mercurial course, and gave the child mercury with chalk, for a long period, in small doses. The child got well, and is now alive; it was suckled until it was sixteen months old. During this period, Mrs. H——'s husband came to me, to show some excoriations on the glans and prepuce, and extensive desquamation of the cuticle covering the scrotum and the upper and inner parts of the thighs. These appearances soon yielded to treatment; but they were, unquestionably, the result of intercourse with his wife.

Two years and five months from the birth of the above child, Mrs. H— was again confined, and in a fortnight the infant became covered with the same kind of copper-coloured eruption as the other child had. Its nails came off, and in six weeks it died, a miserable object. I put the mother again on a mild mercurial treatment.

Twelve months from the death of this child, Mrs. H— was again confined, and in a fortnight the infant became affected in the same manner as the former children were, and lost all its nails. I gave it large doses of mercury with chalk, constantly, for three months, and it was cured, and is now alive.

About this time the iodide of potassium was coming into use, and as Mrs. H—'s throat was still very bad, and copper-coloured spots remained, I prescribed it for her in large doses, and its beneficial effects were soon visible. She got perfectly well, and has remained so, having given birth to seven healthy children subsequently.

I take leave to say that a more valuable addition to our *materia medica* than the iodide of potash has not been made in our day; and I believe it will ultimately alter and modify the characteristics of secondary syphilis as much as the introduction of vaccination has modified and altered variola.

I have visited Mrs. F— and Mrs. H— lately, that I might have their opinions of the correctness of their respective cases, as above stated, and they tell me the facts are recorded exactly as they occurred. Without further comment,—I am, Sir, your obedient servant,

Margate, August, 1846.

DAVID PRICE, F.L.S.

“IS SECONDARY SYPHILIS CONTAGIOUS?”

To the Editor of THE LANCET.

SIR,—Dr. O'Connor's communication in a late number of THE LANCET calls for a few observations from me.

Passing Dr. O'Connor's mesmeric witticisms, I come at once to the important question at issue, a slight reference to which (the only one in his letter) he reserved for almost the postscript, and I beg to draw your attention to what he calls his “established facts.” They are three in number; let us analyze them. Fact the first—“That the mother had an intractable sore on the breast.” As it fell to my lot to treat the mother for this sore breast, happily I am enabled to pronounce on its nature: it was simply a case of eczema, affecting the nipple in the first instance, and thence extending itself over the entire breast. The complaint yielded to appropriate remedies, and was not more intractable than we generally find that disease to be. Thus I show Fact the first to be perfectly valueless in elucidation of the question at issue.

Fact the second—That the child, when given to nurse, had a rash on the body, and sores on its lips, which were shortly afterwards pronounced by a physician to be syphilitic.” Notwithstanding the alleged testimony of Mrs. Lane, elicited, perhaps, under the cross-firing of forensic talent, I still believe the mother, who solemnly declares that her child, when given to nurse, had no sore or rash on its body; and as to a physician having pronounced such sores, had they existed, to be syphilis, I have found nothing so common as physicians and surgeons pronouncing sores and rashes to be syphilitic, and treating them accordingly, when, in reality, they were not syphilitic, and required a very different mode of treatment.

Fact the third—“That the nurse afterwards became affected with syphilitic disease, and gave birth to a child, which died of that affection.” Suppose this “fact” admitted—let us see how far it will go to prove that secondary syphilis is contagious; for however convenient it may be now for Dr. O'Connor to evade this question, it is the only one in connexion with our correspondence in which your readers will take the least interest.

There is no evidence in these “facts” that the mother or child laboured under syphilis; it may be said, however, that such was probable from any admission that the father laboured under that disease before marriage; but when I further state that the parents were married five years before this child was born, and that two perfectly healthy children preceded it, of what avail will the admission be, notwithstanding the advantage apparently taken of it on a former occasion?

Dr. O'Connor may write about “established facts,” but I think, Sir, that he has established no fact to show that the nurse got syphilis from the child, and I also think it evident, that if she laboured under that disease she must have been infected from some other source.

Dr. O'Connor concludes his letter with an observation in

reference to the testimony which I gave on the trial of this case. I am sure he would not have made allusion to that trial, had he recollected the exact nature of my evidence and of his own. I was willing to depose to every fact and particular which I knew respecting the case, but abstained from stating my own opinion on a point so much debated as the one in question, although, from extensive observations on syphilis during the last twenty years, I was disposed to coincide in the views of those eminent men whose names I referred to on that occasion—Hunter, Ricord, Acton, &c. &c. Dr. O'Connor, on the contrary, when giving his testimony at the subsequent trial, asserted positively, that secondary syphilis was contagious, while it would appear, from the concluding paragraph in his letter, that, after his opinion has been pronounced and recorded before a legal tribunal, against the authority of those eminent men, he now finds himself in a state of uncertainty, and awaits the final settlement of the question.—I am, Sir, your obedient servant,

Cork, August, 1846.

J. F. McEVERS, M.D.

MILITARY FLOGGING.*

EFFECTS OF INJURY TO THE SKIN.

“A CASE illustrative of this principle was brought under the public notice, incidentally to a discussion in the House of Commons in the session of 1835. A marine, at Chatham barracks, received, under sentence of court-martial, 138 lashes in the usual way. Sloughs appeared on the back on the fourth day after punishment, which were succeeded in ten days more by locked-jaw and death. From the length of time that had intervened between the punishment and the appearance of the tetanic symptoms, it was assumed by the more eager advocates for the lash that the fatal result was induced by a peculiar state of the constitution, in no way dependent on the lacerations of the back; and in support of this view of the case, it was further urged that the man was of violent temper, and irregular in his habits. But it should be remembered by military tribunals, that the flogged soldier is generally a drunkard, and therefore, to this extent at least, in a bad condition of bodily health at the time of his punishment. The sufferer in this case died, in truth, of his wounds. His sentence proved to be one of death in its most horrible form; and should the practice of military flogging be frequent as heretofore, other similar cases will assuredly occur. On this subject it may here be mentioned, that in some few instances malignant tumours have appeared in the cicatrices of wounds inflicted by the lash, implying a further argument against this revolting description of punishment. In certain states of bodily health, and at certain times and seasons, no local injury is too slight for the production of tetanus in its most severe constitutional form, (the remark may be extended to certain other types of fatal general illness affecting the entire mass of the blood, and, through it, all nutrition.) A careless lash across the cheek by a whip has been known in this way to kill. There is a moral here in medicine: to the violent it teaches forbearance—to the careless, caution; on all, it inculcates humanity.”

UNIVERSITY OF LONDON.—EXAMINATION FOR THE DEGREE OF M.B.

To the Editor of THE LANCET.

SIR,—In THE LANCET of July 18th, ult., was a letter signed *Justitia*, animadverting upon parts of the system of examination adopted by the University of London. The communication really seems to have been penned in a right spirit; and, but for the limited and abstract view that the author has taken of his subject, I believe he would never have directed an assault against an institution so preëminently worthy of admiration and support. His charge is twofold:—

1st. That, as each examiner may send back a candidate for deficiency in his own department, without reference to general ability, rejections frequently take place on slight and trivial grounds.

2ndly. That undue severity is exercised in preventing the reappearance of a candidate for a whole twelvemonth.

Now, viewing these questions as bearing upon abstract principles, perhaps the arguments of *Justitia* might be, to a certain extent, plausible; but they cease to carry weight when the whole subject is regarded in its proper light. The diploma

* From pp. 88, 89, of a work on “Spasm,” &c., published by John Parker, West Strand, 1843.