

pose any applicant, stating his name, residence, and professional rank; the proposal is then exhibited for at least a fortnight in the library, and the individual is next balloted for by the Council. The Council consists of eighteen members, annually elected, but with a proviso prohibiting any member from being in office for more than three years consecutively. A majority of two-thirds is necessary for admission, five members at least being present. The intention of the present movement was to render homœopathsists for the future ineligible for membership. The Institution numbers ninety members, of whom seventy were present.

Dr. MACNAUGHT was called to the Chair.

A conversation took place respecting the admission of reporters from the newspapers. The sense of the meeting was taken, and it was decided that it was a private one, and that reporters should not be admitted. The sense of the meeting was then taken whether any member should be allowed to send a report to the public journals of the proceedings of the meeting. It was almost unanimously decided that a report might be sent to the medical journals, but that no report ought to appear in the local papers.

Dr. VOSE moved the following resolution:—That to Law 2, "The Liverpool Medical Institution shall consist of physicians, surgeons, and other legally-qualified practitioners," there be added—"but anyone practising homœopathy shall be ineligible for election, either as a member of the Institution, or as a subscriber to its library; and any regularly-elected member or subscriber subsequently becoming a practitioner of homœopathy shall, *ipso facto*, cease to be a member of, or subscriber to, the Institution."

Mr. ELLIS JONES seconded the resolution.

Dr. INMAN moved the following as an amendment:—"That the members of the Medical Institution do not consider it just or expedient to deprive any legally-qualified practitioners of the privileges of the Institution solely on the grounds of the medical opinions they entertain, and they feel confident that the present Laws are sufficient to maintain the honour of the profession."

Dr. CAMERON seconded the amendment.

Dr. Chalmers, Dr. Dickinson, Mr. Steele, Mr. Waters, and Mr. Desmond supported the original motion.

Dr. Petrie, Mr. Grimsdale, Dr. Imlach, Dr. Eager, Mr. Fletcher, and Dr. Drysdale supported the amendment.

The amendment was put and lost.

The original motion was then put, when there appeared—For the motion, 40; against it, 27. The motion was accordingly lost, as it is necessary to have a majority of two-thirds of those present at a general meeting, to make any alteration in the laws of the Institution.

The following are the names of those who voted for and against the motion:—

For.		Against.	
Drs.	Messrs.	Drs.	Messrs.
Macnaught	Dawson	Cameron	Sinclair
Vose	Swinden	Gee	Moore
W. Taylor	Stephens	Drysdale	Higginson
Stookes	Batty	E. Whittle	Harris
Skinner	R. Batty	Eager	Cocks
Turnbull	E. Jones	H. Taylor	Oldham
Chalmers	Manifold	Ne vins	Paterson
Gruggen	Waters	Trench	Hakes
Ayrton	Lister	Collingwood	Fletcher
Dickinson	R. Jones	Petrie	Grimsdale
Messrs.	Bickerton	Inman	Slack
K. Ellison	Blower	Duncan	Pope
Townson	Lewtas	Imlach	Smyth
Denton	A. Whittle		Hamilton
Worthington	Marsh		
Lowndes	Callon		
Johnstone	Gill		
Rowe	Stubbs		
Millett-Davis	Desmond		
M'Cheane	Hey		
Steele			

(Signed) JOHN MACNAUGHT, *Chairman*.

At a meeting held on the 4th December, of the supporters of the original resolution brought forward at the meeting of the 29th November, Dr. MACNAUGHT in the chair, it was unanimously resolved that the following statement should be forwarded for publication to the medical journals.

We, the undersigned, have read the report in the *Liverpool Mercury* of the 2nd instant, of a meeting which took place at

the Medical Institution on the 29th ultimo, which report was headed with the following notice:—

"A medical gentleman has furnished us with the following very full report of the meeting held on Monday evening, and he assures us that we may depend upon its accuracy, as some of the speakers furnished abstracts of their speeches, whilst others revised the report drawn up by the medical gentleman from his own notes."

We, who spoke on that occasion in favour of the original motion, beg to state, *that we neither furnished abstracts of, nor revised the speeches we made, nor were even requested to do so*; and we ALL declare the report of those speeches to be partial, unfair, and inaccurate, and we cannot but regret that any member should have been induced to commit so grave a breach of what is usual amongst gentlemen, as to send a report to a newspaper in opposition to the almost unanimously expressed wish of a strictly professional meeting.

J. Macnaught, M.D., } Chairman of the meeting of Nov. 29th.

J. Vose, M.D.,
J. Dickinson, M.D.,
D. Chalmers, M.D.,
Ellis Jones,
L. E. Desmond,
A. T. H. Waters,
A. B. Steele, } Speakers in favour of the original motion.

F. Ayrton.	W. H. Manifold.
T. Bickerton.	W. M'Cheane.
G. Batty.	N. Marsh.
R. Batty.	W. P. Rowe.
B. Blower.	H. Lowndes.
W. T. Callon.	H. Stubbs.
G. B. Denton.	A. Stephens.
T. Dawson.	E. Swinden.
K. Ellison.	T. Skinner, M.D.
G. Gill.	A. Stookes, M.D.
W. Gruggen, M.D.	J. Turnbull, M.D.
H. Hulme.	W. Taylor, M.D.
J. Hey.	B. Townson.
E. Lister.	F. Worthington.
T. Lewtas.	A. Whittle.
G. Millett-Davis.	

Correspondence.

"Audi alteram partem."

ON RIGIDITY OF THE OS UTERI IN LABOUR, MENSTRUATION DURING PREGNANCY, &c.

[LETTER FROM DR. HENRY BENNET.]

To the Editor of THE LANCET.

SIR,—In the interesting essay of Dr. Gilmour "On Rigidity of the Os Uteri during Labour," published in a recent number of THE LANCET, the causes and conditions usually admitted by accoucheurs are carefully enumerated. Dr. Gilmour has, however, omitted to mention a cause hitherto unnoticed, to which I drew the attention of the profession many years ago—viz., induration and hypertrophy of the cervix uteri, the result of chronic inflammatory disease. I then stated that I believed this pathological condition to be in reality the most frequent cause of rigidity of the os during labour, and subsequent experience has confirmed this view.

Inflammatory induration of the neck of the uterus is now universally acknowledged to be of frequent occurrence in child-bearing women, and would, even more frequently than is actually the case, be the origin of rigidity in labour, were it not that, as pregnancy advances, the morbid induration usually softens. It would seem that the nutritive changes which so profoundly modify the structure of the healthy uterus during pregnancy extend to the indurated hypertrophied tissues of the neck, and thus prepare them for the final dilatation. Should, however, this softening not have thoroughly taken place when labour commences, we have, as a necessary sequela, rigidity of the os and cervix.

The practical deductions which may be drawn from this important pathological fact are twofold: Firstly, as the existence of inflammatory induration of the cervix may, in case of pregnancy, prove a serious complication to labour, it ought to be treated and removed on this ground as well as on others;

secondly, whenever decided rigidity complicates a labour, we may suspect the pre-existence of cervical disease; and, on the recovery of the patient—say six weeks after the confinement, the condition of the uterine organs should be ascertained, and, if any disease is discovered, it should be treated and removed. I may add, that the treatment of rigidity of the os during labour, from chronic inflammatory disease, is the same as that of rigidity from other causes. Patience and time are, however, still more necessary. Tissues indurated by chronic inflammation must dilate slowly and painfully.

While on the subject of uterine inflammation, I may, perhaps, be allowed to make a few other remarks. In the Hospital "Mirror" of THE LANCET there have been published, during the last few months, several cases of menstruation during pregnancy, which have been given as illustrating the not unfrequent occurrence of this phenomenon. Now, in none of those cases was the state of the cervix uteri examined; and yet, without such an examination, how is it possible to say that the show of blood does not proceed from some ulcerative condition of the uterine neck? In nearly all the cases of the kind that I have seen during the last twenty years—cases in which there was a regular periodical monthly show, and in which a specular examination has been made,—I have found such disease. That a monthly discharge of blood should take place during pregnancy, when the cervix is ulcerated, can be easily understood; for it is generally admitted that the menstrual molimen still continues to take place, especially in the early months of the pregnancy, although in a very modified manner. If, therefore, there is an abraded, ulcerated surface at the cervix, it is not surprising that in some exceptional instances blood should be exuded. These menstrual fluxes during pregnancy are, under such circumstances, to all intents and purposes, hæmorrhages: they generally indicate ulcerative disease, and they require the treatment of the disease when it exists. The duty of the medical attendant, therefore, when his patient has periodical shows during pregnancy, is to examine the condition of the uterine organs. If he finds, as I generally do, that the presumed menstrual discharge is merely an exudation of blood from an ulcerated surface, he may conclude that the safety of the pregnancy is thereby endangered, and that the best thing he can do for his patient's welfare and for that of her burden is to treat and cure the inflammatory disease with as little loss of time as possible: that effected, he will find that the flux ceases of itself.

Lastly, in the history of various cases of fibrous polypus removed by operation, which have been lately narrated in the same department of THE LANCET, it has been stated that the patients were dismissed as cured, but it does not appear that the condition of the cervix was examined previous to their dismissal. Such a procedure, however, ought to be invariably adopted. In the great majority of such cases, as I mentioned in the second edition of my work on Uterine Inflammation many years ago, the presence of a polypus in the cervical canal generally coincides with the existence of severe and extended inflammatory lesions, which it probably produces in most cases. Unless these lesions are detected and cured after the removal of the polypus, the recovery of the patient is only partial. Aches, pains, and discharges, with impaired health, continue to be her portion.

I remain, Sir, yours obediently,
Grosvenor-street, Dec. 1858. J. HENRY BENNET, M.D.

DIPHTHERIA.

[LETTER FROM MR. HUGH GEORGE.]
To the Editor of THE LANCET.

SIR,—During the last few months I have had more than a hundred cases of diphtheria, and have noticed some peculiarities not mentioned by your correspondents. Many suffered from severe stabbing pains in the ears, and in three, after their recovery, there has been inability to read ordinary type, which continued for several weeks, as well as dysphagia. Where only one side of the throat has been attacked, it is generally the left. The disease has returned, in a few instances, in a month or two after convalescence, occasioned apparently by exposure to damp. I cannot agree with Mr. Stephens (THE LANCET, Nov. 13th), when he says that "he has not been able to detect any vesicles on these spots preceding the formation of the crusts." In several of my patients the whole or part of the soft palate has been of a deep-red, and covered with small vesicles, and, in twelve or twenty-four hours afterwards, the deposit has commenced. As to treatment, a calomel purge, the sesquichloride of iron, and tincture of calumba, of each twenty drops every three or four hours; gargles of

chlorinate of soda every hour, and the application of Beaufoy's solution of chlorinate of soda, twice or oftener daily, according to the severity of the case, beef-tea, wine, &c., I have found to be most successful.

I am, Sir, your obedient servant,
Revesby, Lincolnshire, Dec. 1358. HUGH GEORGE, M.R.C.S.

[LETTER FROM DR. ALFRED CRAEB.]
To the Editor of THE LANCET.

SIR,—The following case appears so nearly to coincide with the one from your Twickenham correspondent, in THE LANCET of the 4th inst., that I venture to trespass on your valuable space. A few weeks since I attended two children with scarlet fever in a tradesman's family in this town. They recovered; and I had ceased to attend for a fortnight, when I was again sent for on the 30th ult., to see a lad fourteen years of age, who, I was informed, had been taken ill in the throat two days prior. The moment I entered the bed-room, I noticed the livid aspect of countenance. There was extensive ulceration of the throat, great depression, but no rash perceptible. I gave an unfavourable opinion, adopted a supporting plan, but the lad died the next day. The delay of two days before getting medical aid favoured the extension of mischief. Altogether, this appears to me to have been a well-marked case, such as was alluded to by your correspondent, of "masked scarlet fever."

I am, Sir, your obedient servant,
Poole, December, 1858. ALFRED CRAEB, M.D.

THE POWERS GIVEN TO THE PROFESSION BY THE NEW MEDICAL ACT,

AND THE

USES OF MEDICAL REGISTRATION ASSOCIATIONS.

[LETTER FROM DR. W. THORN.]
To the Editor of THE LANCET.

SIR,—I have carefully looked over our Medical Act, as well as the 11th and 12th Victoria, chapter 43, and I wish to call the attention of the profession and the various Registration Associations to the following conclusions I have deduced therefrom:—

- 1st. That we are now a body of registered persons.
- 2nd. That as such registered persons we have acquired certain legal rights.
- 3rd. That any unregistered person infringing upon our rights in any way whatever is liable to a prosecution before the justices, and can be imprisoned or fined at their discretion.

Now, Sir, my first conclusion is this. We are now, exactly like the attorneys and solicitors, a duly-registered body; and how do they act? If any one attempts to infringe upon their rights, either at home or abroad, they immediately put the law in motion against such offender, and so completely put down all practice by unregistered persons. Therefore I contend that the law is now strong enough to suppress all practice carried on by unregistered persons, whether herbalists, chemists, or druggists, *et hoc genus omne*. I maintain that it will be in vain for such to say that they do not visit, and are therefore not acting illegally. I say that the law will only allow what it does to a suitor—viz., anyone may *himself* prosecute his own action, whether in the county or the superior courts; but he cannot employ an unqualified—i. e., an unregistered—agent to do so for him. If he employs one at all, that one must be an attorney or solicitor—i. e., a registered person. Now, I say that the law does only allow a sick man, if he choose, to go into any chemist's shop or herbalist's emporium, and call for any item of physic he may wish; but if an unregistered person, behind the counter, *prescribes* any medicine for such man, whether at home or abroad, then, by a parity of reasoning, I maintain that he has employed an *unqualified* agent, which agent is liable to the penalties for *acting as*, although he may not have *pretended to be*, a registered person; and the person prescribed for can be the informer and witness against such illegal practitioner. So positive am I that this is the common-sense view of the question, that I am quite prepared to try the case with the first unqualified person I may be able to get up the requisite evidence against. I am sure that no magistrate will allow for a moment that a man who is unqualified, uneducated, and unregistered, can be permitted to *sit even in his own house* to practise as a physician, surgeon, or general practitioner, and to give advice and prescribe medicine for gain. His means of doing mischief are the same at home as they would be abroad, and