

Therefore, representatives of Branches bring no new powers to the Council, and relieve it of no responsibility whatever.

The Articles of Association are of higher authority than the by-laws, which must be construed subject to the Articles. Article 25 is as follows: "The business of the Association shall be managed by the Council, and the constitution, duties, powers, and mode of procedure of the Council shall be determined on from time to time by the Association in general meeting."

In face of this supreme power of general meetings, which constituted and can modify or remove the Council, limit its powers, and specify and define its minutest duties, what becomes of the claim of the Council to supremacy or to independence?

Article 27 defines the position of the Branches. Their sole object is "the wider diffusion of the benefits of the Association," and the article proceeds, "Branches shall be so constituted and shall have such powers and privileges and shall be subject to such obligations as shall be determined on from time to time by the Association in general meeting." So that the right of appointing representatives to the Council was conferred, and can be rescinded, by general meetings, and, of course, its exercise in the like way be limited and controlled.

We think we have shown that in making such a claim there has been a grave error of judgment, and that the Council has been ill-advised. Even more to be regretted is, we fear, the cause of this amazing error—apparently a determination to prevent the Association from taking up medical defence.

The grounds long advanced by the Council for resisting this measure were:

- (1) That under the Memorandum of Association our funds could not be applied for the purpose.
- (2) That the Association is a purely scientific body.

If the first contention were correct, much of the work of the Parliamentary Bills Committee would be outside the scope allowed by the Memorandum of Association, expenditure for that work would be a misappropriation of our funds, and the money misappropriated would be recoverable from those who misappropriated it.

The contention that the Association is purely a scientific body is negated by the Memorandum of Association, which declares one of its objects to be "the maintenance of the honour and interests of the medical profession." This is not science. It is medical defence. But by the alteration of the Memorandum of Association these chimerical objections are swept away.

By rejecting the Treasurer's amendment to postpone further proceedings till a scheme should be adopted, the Birmingham meeting, in effect, instructed the Council to proceed without waiting for a scheme. This instruction was not modified by the meeting at Carlisle, which authorised the Council to submit to the Branches the schemes and proposed amendments, but not the question of taking up medical defence. The Council disregarded the instruction, and deferred legalising the special resolution, and, besides intricate and conflicting schemes bristling with novelties and difficulties, submitted to the Branches the question whether they were in favour of taking up individual and collective medical defence—a measure three times resolved on by the Association in general meetings.

The terms of the question, by connecting both forms of defence together, arrayed against collective defence the opponents of individual defence, whilst the over-detailed, intricate, and unwieldy schemes were well calculated to alarm and deter even warm advocates of medical defence. A short and comprehensive scheme dealing with leading principles would have met with general acceptance; but the complacency with which the Council reports the results of its policy cannot fail to suggest the ancient maxim, "*divide et impera*."

The root of the stubborn opposition to medical defence is the idea that it is derogatory to our dignity.

In every calling, in every society, the defence of common rights and mutual interests is accounted honourable. Those who affect to despise it must cease to use their rights, or be convicted either of gross inconsistency or Pharisaical hypocrisy. Contempt can attach only to claims of rights not

justly ours, or to an ungenerous use of our rights.—We are, etc.,

HUGH WOODS, Archway Road.  
 JOHN GABE, Mecklenburgh Square.  
 R. B. ANDERSON, 30, Montague Place, W.C.  
 THOS. S. GIMSON, Fitzroy Square, W.  
 H. R. SMITH, Gordon Street, W.C.  
 JOHN H. VINRACE, Gower Street, W.C.

SIR,—I think it will be interesting to the members if you will allow me to supplement the report of the Council on this question by giving the results of the voting as far as I have been able to ascertain them. It is much to be regretted that some of the Honorary Secretaries did not send out voting cards to all their members.

TABLE I.—Branches in Favour of Medical Defence.

Name.	Number of Votes For.	Number of Votes Against.	Majority For.
Bath and Bristol ... ..	61	0	61
East York and North Lincoln ... ..	11	5	6
Edinburgh ... ..	72	59	13
Hong Kong and China ... ..	14	0	14
Jamaica ... ..	14	8	6
Lancashire and Cheshire ... ..	70	5	65
North of Ireland ... ..	45	0	45
North Wales ... ..	10	8	2
Oxford and District ... ..	?	?	?
Perthshire ... ..	6	5	1
Queensland ... ..	?	?	?
Shropshire and Mid Wales ... ..	9	3	6
South-Eastern... ..	93	43	50
Southern ... ..	16	5	11
South Midland... ..	28	13	15
South Wales and Monmouthshire ... ..	56	7	49
South-Western... ..	87	8	79
Thames Valley... ..	24	20	4
Worcester and Hereford ... ..	18	17	1
South Midland... ..	?	?	16

TABLE II.—Branches not in Favour of Medical Defence.

Name.	Number of Votes For.	Number of Votes Against.	Majority Against.
Aberdeen, Banff, and Kincardine... ..	?	?	?
Birmingham and Midland Counties ... ..	16	21	5
Border Counties ... ..	4	17	13
British Guiana ... ..	0	22	22
Burma ... ..	0	6	6
Cambridge and Huntingdon ... ..	?	13	12
Dorset and West Hants ... ..	?	?	?
Dublin ... ..	?	?	?
Dundee and District ... ..	13	19	6
East Anglian ... ..	26	54	28
Glasgow and West of Scotland ... ..	?	?	?
Halifax and Nova Scotia ... ..	?	?	?
Metropolitan Counties ... ..	20	41	21
Midland ... ..	0	13	13
North of England ... ..	8	10	2
Reading and Upper Thames ... ..	?	?	?
Staffordshire ... ..	2	23	21
Stirling, Kinross, and Clackmannan ... ..	8	9	1
*West Somerset ... ..	11	11	0
Yorkshire ... ..	0	20	20
Northern Counties of Scotland ... ..	?	?	?

\* This Branch should have been placed in both Tables.

It will be noticed that there is a very considerable majority of members in favour of medical defence. It will also be noticed that many of the larger branches—for example, the Bath and Bristol, the Lancashire and Cheshire, the South-Eastern, the South-Western, the South Wales and Monmouthshire, and the Edinburgh—have recorded a large number of votes in favour of it.—I am, etc.,

Cardiff, July 19th.

T. GARRETT HORDER.

SIR,—The present position of the Association with regard to medical defence requires clear definition, so that at the approaching annual meeting there may be no misunderstanding on the subject. At the annual general meetings

of 1895 and 1896 resolutions were passed in favour of systematic medical defence being undertaken by the Association, and in deference to resolutions of the same tenour passed by twenty-eight Branches, it was decided that a scheme of medical defence should be drawn up, and placed before the Branches for their approval. During the past year this has been done, with the result that there appears to be much difference of opinion in the Association, not only as to the merits of the scheme, but also as to the advisability of our Association systematically undertaking medical defence. Whether it is that members cannot make up their minds on the subject, or whether it is that the majority will not take the trouble to record their votes, the fact remains that only one tenth of the members entitled to vote on this subject have voted, and the result is about equal. It is quite certain that it would be an extremely ill-advised action to make such a pronounced departure in the policy of the Association, without an overwhelming majority in favour of it, and this majority we have not as yet obtained. It therefore follows that at the present time the scheme proposed, under which the Association should systematically undertake medical defence, cannot be further proceeded with.

The case is entirely different with regard to the resolutions passed in a constitutional manner by two special general meetings held in 1896—under the provision of the Companies (Memorandum of Association) Act, 1890—which directed that the Memorandum of Association should be made perfect. The case for the proposed amendment was shortly as follows: The present Memorandum states that the objects for which the Association was founded are two in number: First, the promotion of medical and allied sciences; and, secondly, the maintenance of the honour and interests of the medical profession, but through an oversight on the part of those who drew up the Memorandum, while power is given to the Council to spend money on the first object, no further mention is made of the second. Our position, therefore, is somewhat remarkable. In effect, we say that our Association is to do what it can to promote medical science, and to maintain the interests of the profession, and that the Council may spend money on the advancement of medical science, leaving the question as to how the second object is to be attained an open one. The resolutions passed at the special meetings aimed at amending this anomalous and faulty Memorandum, and the Council was directed to take the necessary steps to add the omitted permission to spend money on the second object of the Association's existence to the Memorandum.

These resolutions are only indirectly connected with medical defence, and do not in any way bind the Association to systematically undertake medical defence, about the advisability of which there is much difference of opinion. The Memorandum, amended according to these resolutions, gives the Council power to devote money when and how they think fit towards the maintenance of the honour and interests of the medical profession, and leaves to the Council the right of deciding whether in any particular case such expenditure is justifiable.

It would be most lamentable if such a desirable amendment of the Memorandum were opposed by any member under the mistaken impression that it had directly to do with the proposed systematic undertaking of medical defence by the Association, which cannot at present be further proceeded with. We are all agreed as to the advisability of having a perfect and satisfactory Memorandum of Association, and as to the necessity of amending our present one, which is so vague and ambiguous that every question relating to it has to be referred to counsel, often with the result of making confusion worse confounded, and always with a useless expenditure of money.

It will be seen in another column that a special meeting has been called before the annual general meeting to consider various resolutions relating to the delay that has taken place in the carrying out of the resolutions of the special meetings of 1896. It is most earnestly hoped that every member who has the welfare of the Association at heart will attend the meeting and vote on the subject, and that in voting he will disabuse his mind of the impression that the resolutions in question necessarily involve the systematic undertaking of medical defence by the Association.

I have no doubt that a satisfactory reason will be given for

the delay, and that the Council will strive now, as it has always done, to meet the wishes of the members. It is difficult to see how any reasonable objection can be raised to the resolutions, when they are understood thoroughly.—I am, etc.,

Great Bookham, July 19th.

A. G. WELSFORD.

#### THE PROPOSED OBSTETRIC NURSES BILL.

SIR,—I have read the Obstetric Nurses Bill with great interest. It is obviously founded on the draft Bill of the Lancashire and Cheshire Branch, upon which it is a great improvement. The "Austrian" absurdity clause, which permitted obstetric nurses to "operate" upon women and children, is gone. Gone, too, is the famous 15th clause, with its elaborate nonsense. It is to be admitted that to be exempted from the "Act" is better for medical practitioners than to be exempted only from "this Section." It is satisfactory also to learn that the Obstetric Nurses Board is to find the necessary funds to carry on this Act—may they never be required!—and not the General Medical Council. But with these points the satisfaction ceases. The obstetric nurse is still "to see at once that a registered medical practitioner is called in" in certain eventualities; "to demand medical assistance" on other occasions; and to "more particularly insist upon a registered medical practitioner being called" on special occasions, as when "the perineum is ruptured." Of course she cannot "see" or "demand" or "particularly insist" upon a medical practitioner being called in at all, nor will she be desirous of doing so except in such cases as she cannot "manage" by herself. If she "manages" to get a confinement "over" without medical assistance, whether it comes under the scheduled prohibitions or not, nothing more will be heard of it.

I venture to predict that if this Bill or a similar one be passed by Parliament, it will be the first step on a road which will ultimately lead to the practice of midwifery being taken out of the hands of the general practitioner altogether. Of course I only refer to England and Wales.—I am, etc.,

Salford, July 18th.

R. HANSON WOLSTENHOLME.

#### INTERNATIONAL MEDICAL CONGRESS, MOSCOW.

SIR,—I have to-day received a letter from Professor Roth, in which he states (1) that cheques for £1 are received in full discharge of the membership subscription; (2) that the preparation of the free railway tickets in Russia, and the *cartes de légitimation* is in active progress, but that delay is occurring from the want of exact information from members as to the route chosen by them in entering and leaving Russia; (3) that in a few days a fresh supply of the pamphlet, *Renseignements divers*, will arrive.

To meet the second difficulty a small form, to be sent at once to Professor Roth, has been prepared and issued to every member of the profession who has obtained his form of inscription from me, and copies of this form will be issued to anyone requiring them.—I am, etc.,

47, Charles Street, Berkeley Square, W.,  
July 19th.

G. H. MAKINS.

#### EXTIRPATION OF THE OVARIES AS A CURE FOR CANCER.

Sir,—In the BRITISH MEDICAL JOURNAL of July 17th, I am surprised to find Dr. Malcolm hesitating to accept Dr. Whiteford's statement "that primary, as distinguished from secondary carcinoma of the ovary, is most rare."

There cannot be the slightest doubt as to the accuracy of this statement, which has an important bearing on the matter under discussion.

Dr. Malcolm asks for evidence in support of it. This I have much pleasure in giving, as follows:—

Primary cancer of the ovary is a decidedly rare disease. Of 4,628 cases of primary cancer in women, consecutively under treatment at four large London hospitals, in only 27 was the ovary affected, or in 0.58 per cent. of 7,035 cases of primary cancer in women, under treatment at the chief Vienna hospitals, Gurlt found that the ovary was the seat of the disease in 71, or in about 1 per cent.