

instances, organically diseased; the grating *murmurs*, so constantly audible, can scarcely arise from functional or temporary derangement, and are, therefore, not likely to be effectually removed. The pathological changes that have been for so many years in progress, have now advanced beyond the hope of cure. But is it not our duty to alleviate *symptoms*, although we may not be able to eradicate *disease*? Nay, is it not incumbent upon us to mitigate even a *single* suffering, when such mitigation is under our control?

It appears to me, Sir, that a want of attention to this principle has been one great error in reference to medical reform. There is a tendency with many to decide, that unless they can have *all* they want, it is better to have *nothing*. Now this must surely be a serious mistake. It is not probable that a medical bill can be passed capable of reaching every particular that may require a change. Would it not be far better, then, instead of fruitlessly striving after such a measure, to *begin* by making *some* changes, about the propriety and benefit of which there would be little or no dispute.

Why should we wait from session to session without *any* progress being made upon a *few* points, because there are *other* points that require more time and deliberation for their adjustment? Take, for example, the *suppression of quackery*. I would ask why *this* may not be effected independently of a *general* reform? The evils arising from the practice of medicine and surgery by those who have no qualification from any examining body in the kingdom, are surely sufficiently grave and numerous to make them worthy of a *separate bill* for their immediate prevention.

I need not encroach further upon your space in order to explain my meaning. My object in this imperfect communication is simply to propose to your readers the importance of obtaining the speedy assistance of Government upon clauses about which we *are* agreed, instead of allowing them to share the same fate of unlimited delay with those clauses about which we *are not* agreed.

Hoping that this subject will meet with the support of more effective advocates, I remain, Sir,

Yours very respectfully,

P. H. WILLIAMS, M.D.

Worcester, January 7, 1846.

DIVISION OF MEDICAL PRACTICE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Under the head "Medical Intelligence," in the Journal for the 19th of December last, page 740, you inform us that a Dr. "resigned the office of Physician and Surgeon to" an "Infirmary, having held it upwards of thirty years." I hope I shall not be deemed out of order if, in simplicity and attachment only to the proprieties I enquire the meaning of the paragraph? Is it that the town is a small one, and although it can support an Infirmary, cannot muster the usual staff? Is it, that a physician, for want of a colleague [in surgery], was *forced* to be the surgeon also? Or is it that a surgeon, as no physician was to be found, was compelled to act for an absent official? The

statement, on the face of it, appears so direct an infringement of our professional division of labour, that an explanation is due for the sake of our Society, which I presume is not prepared to advocate an universal *fusion* of practice.

I remain, Sir

Yours, inquiringly,

CRATYLUS.

MEDICAL INTELLIGENCE.

Dr. Roche has been elected President of the Academie de Médecine, Paris, for the year 1846; Dr. Begin has been elected Vice-President, and Dr. Mélier, Secretary.

M. Pelouze has been named the Candidate of the Academie des Sciences for the Chair of Chemistry in the College of France, vacant by the resignation of M. Thenard.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates Wednesday, December 24th, 1845:—John Growse, Hadleigh, Suffolk; Thomas Goldesborough Stockwell, Bath; William Richard Bridges, Bristol.

OBITUARY.

January 2nd, in the 73rd year of his age, William Fergusson, Esq., M.D., Inspector-General of Military Hospitals.

BOOKS RECEIVED.

The Retrospect of Practical Medicine and Surgery, &c. Edited by W. Braithwaite, Surgeon to the Leeds General Eye and Ear Infirmary; and Lecturer on Midwifery, and the Diseases of Women and Children, in the Leeds School of Medicine. Vol. XII. July—December, 1845. London: Simpkin, Marshall, and Co. 1849. pp. 414.

Lectures on the Nature and Treatment of Deformities, delivered at the Royal Orthopaedic Hospital Bloomsbury Square, by R. W. Tamplin, F.R.C.S.E., Surgeon to the Hospital. London: Longman and Co. 1846. pp. 267.

A System of Surgery, by J. M. Chelius, Doctor in Medicine and Surgery, &c., &c., translated from the German, and accompanied with additional Notes and Observations. By John F. South, Professor of Surgery to the Royal College of Surgeons of England, and Surgeon to St. Thomas's Hospital. Part IX. London: Renshaw. 1846.

The Metropolitan Working Classes' Association for Improving the Public Health. The First Address from the Committee. London: Churchill. 1845.

A Chemical Table of the Urine and Urinary Deposits. By Dr. Brett. Liverpool.

TO CORRESPONDENTS.

Communications have been received from Mr. C. T. Edwards; Dr. Toogood; Mr. H. Crawford; Mr. J. A. Wood.

The correction in Mr. Edward's paper shall be made. The concluding portion of the paper on Cutaneous Diseases is unavoidably postponed till next week.