

## Association Intelligence.

### REPORT OF MEETING OF COMMITTEE OF COUNCIL:

*Held in Birmingham, on the 2nd instant.*

PRESENT:—Sir C. Hastings (in the Chair); Mr. Booth Eddison; Mr. Humphreys; Mr. Ellis Jones; Mr. O. Pemberton; Mr. Soden; Mr. Terry, jun.; Mr. A. T. H. Waters; Mr. Watkin Williams; and Dr. Philip H. Williams.

Sir C. Hastings read a letter from Dr. Mackesy, the President of the Irish Medical Association, on the subject of Medical Representation in Parliament.

Dr. Williams read a Memorial forwarded by the Irish Association.

The following resolutions were unanimously adopted:—

1. That this Committee desire cordially to cooperate with the Irish Medical Association, in obtaining the representation of the medical profession in Parliament, and to unite with them in sending a memorial to Government for that purpose.

2. That Mr. Watkin Williams, Mr. Waters, and the General Secretary, be requested to draw up a memorial.

3. That the Secretary be directed to write to the Honorary Secretaries, requesting them to call meetings of their several Branches, to consider the propriety of actively assisting the registrar under the new Medical Bill; and

That the Committee of Council would suggest the desirability of inviting, as far as practicable, all gentlemen residing within the district to attend such meetings, so as, if possible, to obtain their aid.

4. That the General Secretary be requested to send an application, as early as possible, to all members of the Association whose subscriptions for the present or past year are unpaid.

5. That the Honorary Secretaries be requested to make application to each member of the Association in their district for the payment of his annual subscription at the commencement of each year; and that on the 1st of July in each year, the General Secretary be requested to make a similar application to all those members whose subscriptions at that time shall remain unpaid.

6. That a copy of the above resolution be forwarded to each Honorary Secretary.

7. That Dr. Dickinson (of Liverpool) be requested to deliver the Address in Medicine; and

That Mr. Waters (of Liverpool) be requested to deliver the Address in Physiology, at the next Annual Meeting of the Association.

8. That the question of the Sectional arrangement of Papers at the next Annual Meeting be decided by the Local Committee.

9. That it be an instruction to the General Secretary to communicate with the house surgeons or resident medical or surgical officers of the great provincial hospitals, with the view of ascertaining how far they may be enabled to furnish reports of the operative or other proceedings of their institutions, for publication, from time to time, in the JOURNAL.

CHARLES HASTINGS, M.D.

PHILIP H. WILLIAMS, M.D.

Worcester, November 1858.

### SOUTH-EASTERN BRANCH:

SOCIAL AND SCIENTIFIC MEETINGS OF THE MEMBERS RESIDENT IN ROCHESTER, MAIDSTONE, GRAVESEND, DARTFORD, AND THEIR VICINITIES.

Social and scientific meetings of members of the South-Eastern Branch resident in Rochester, Maidstone, Gravesend, Dartford, and their vicinities, will be held on the undermentioned days:—

Friday, March 25th, 1859, at 3.30, at the Town Hall, Gravesend.

Friday, April 20th, 1859, at 3.30, at the Town Hall, Dartford.

The members resident in this district will be gratified by the attendance and assistance of any of the members of the British Medical Association.

JAMES DULVEY, *Honorary Secretary.*

Brompton, Chatham.

## Editor's Letter Box.

### THE NAVAL MEDICAL SUPPLEMENTAL FUND.

SIR,—I will feel obliged by your inserting the following remarks, relative to the Naval Medical Supplemental Fund, in our JOURNAL.

A meeting of the members of this Fund, comprising all the medical officers of the navy, is advertised to be held on the 24th instant, to take steps for obtaining a new order in council for the regulation of its future management. It is to be hoped, and it is expected by the majority, that something more is intended than to go through the form of renewing a worn out lease, or to procure a general meeting merely to render it legal.

This Fund has been grossly mismanaged from its commencement, and suffered to decline, through want of proper supervision; and only by greatly reducing the widows' pensions, it has begun to show signs of amendment. Of the desirableness of such an institution, there can be no question; and if any proof were wanting, the exertions that are being made in different districts of England to establish a similar fund, would be the most convincing argument. In its present state, the Fund is in a most favourable condition, and should not be allowed to lapse through the want of unanimity amongst its members, the junior branches of whom cannot at present, but may in after years regret the hasty dismemberment of such a useful and necessary institution. It possesses £60,000 in capital; so that nothing is wanting but good management to render it efficient.

There are, it must be acknowledged, several circumstances that cause it to lose the favour and support of the medical officers of the navy generally. It is so bound with red tape in its *ex officio* management; so restricted in its views; exclusive in its meetings; and unbusinesslike in its transactions; that it has failed to gain the confidence of even the directors themselves. This hap-hazard instalment of directors cannot be expected to produce men of business; and though there may be one or two who are very enthusiastic in a desire to advance the interests of the Fund, they have no man of business to whom to refer, and are consequently obliged to fall back periodically on the opinion of an actuary. It appears to me that the Fund in its present condition wants a practical man to undertake the business, with an efficient secretary, an extension of the number of directors, and a better investment of the capital. In its present state, this would amply secure all the benefits of the institution, and there can be no doubt of its immediate success; while, on the other hand, the low rate of interest, the tardiness in collecting the accounts, and, above all, the want of unanimity amongst the members, are serious drawbacks. The latter, however, I feel assured would not exist if the management were placed on a proper footing.

With respect to the abolition of the society, I do not believe that any one giving this subject due consideration, would desire it. It is now solvent; but there is not enough to buy off the annuitants, including the insured members; and in this state, such a proceeding would be without a precedent, and would violate every principle of justice, unless the whole sum that each person had invested could be returned without loss. To do away with the compulsory subscription, would render it insolvent. Nothing, therefore, remains but to continue it; only let it be done in a way that will not only give satisfaction, but confidence. The subscription of a shilling a week from an uninsured member cannot be complained of, if the abolitionists will only take the trouble to inform themselves how frequently the wives and families of the uninsured have become dependent on the compassionate Fund for immediate relief.

Let us hope that the medical officers of the navy will persevere steadily and mutually to render aid to each other, especially in seeking provision for the orphan and widow, recollecting that though we are bound to use the public well, it never considers itself bound to return the compliment, and the mortality amongst medical men in the navy has greatly exceeded the average of other branches. They should be unanimous in their opinions, urging at the general meeting the re-constitution of the Committee, to give efficiency to its management, as the only means to insure the support and confidence of all its members. Such is the advice of

ONE WHO IS AN INSURED MEMBER, AND A MEMBER OF THE BRITISH MEDICAL ASSOCIATION.

Chatham, November 8th, 1858.

a deeper inquiry into the phenomena of disease. But as the subject is quite too long for this paper, I must content myself with the references I have given above.

While penning the foregoing, I was consulted on the following case of inframammary pain in a man, which forcibly illustrates many of the points contended for.

Mr. B., aged 37, a tall, pale, spare man, a master billiard-table maker, came to consult me respecting pain confined to the right inframammary region. He had had it for three months. It came on when he got up, and increased in severity till bedtime. After a few days complete rest, it went off, but always came on after four or five hours work. His work was planing, lifting, sawing, fine work, etc. The pain always compelled him to knock off work. He had not pain in any other part of the body, except one common in indigestion, and spoken of as a grasping pain under the right clavicle, and relieved by the passage of flatus. The physical signs showed that the lungs and pleura were sound, and there was no indication of hepatic disease. The pain, I ascertained, never existed when he was lying down, but was produced by turning in bed. The spot was tender on light pressure, yet he often pressed both hands on it to relieve it. For six months, he had had gradually increasing dyspepsia and anorexia, and all the usual signs of great debility. The only spot where leading questions indicated the existence of myalgia, was in the inter-scapular aponeurosis and along the margin of the right lower ribs. The man had an irritable cough, and this made the pain worse. I explained to him my views of the case and prescribed the treatment, but he objected to the former, because he "had been doing no work for many days;" but I soon found that he had been travelling daily on railroads, walking much about, and coughing almost incessantly; this, surely, was plenty of work for a weak body! The case is, of course, inconclusive as yet; I merely give it as a perfect specimen of inframammary pain in the male subject.

In conclusion, I will merely add that I am so much interested in the diagnosis between myalgia and other diseases, that I am thankful for every objection that can be started.

I am, etc., THOMAS INMAN.

Liverpool, November 8th, 1858.

#### THE MEDICAL COUNCIL:—DANGER A-HEAD!

SIR,—It is currently rumoured and widely believed that the London College of Physicians have at last stolen a march upon the profession, by certain steps which they have cleverly taken to secure a preponderance of power in the Medical Council of Education and Registration. It is said that the first meeting is to be convened by the Home Secretary, to meet in the house of the College of Physicians, in Pall Mall; that the President is to be one of its Fellows; and that the whole business arrangements are to be regulated by gentlemen officially or otherwise connected with that institution.

To prevent some of these threatened evils, ought not some unbiassed and influential person to be requested to explain how matters stand to Mr. Walpole, as he is not well-informed on medical politics? Ought not that gentleman to be told,—

1. That there is a slumbering jealousy on the part of many members of the Medical Council, and on the part of the vast majority of the public and of the medical profession, as to the London Corporations?

2. That this will lead to distance, distrust, and, perhaps, to animosities and fightings in the Council, if the Council be started under appearances of a London Corporation tendency in the first arrangements?

3. That the selection of the apartments of the London College of Physicians for the first meetings would render the existing jealousy rooted, open, and violent?

Why should not the first meeting be summoned to take place in some government office? or rather, why should it be summoned to meet in any place else than a government office? The Council will require considerable and permanent accommodation for its registrar and his clerks. It surely cannot be proposed that such accommodation is to be provided, and a permanent office established at the College of Physicians!

The other questions which I have mooted rest with the Council. In the mean time, all that the government is called upon to do, is to summon the Council to meet in some place which all parties would regard as neutral ground.

I am, etc., SALUS POPULI.

8th November, 1858.

## Medical News.

### BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

\* In these lists, an asterisk is prefixed to the names of Members of the Association.

#### BIRTHS.

DAVIES. On November 3rd, at 23, Finsbury Square, the wife of Herbert Davies, M.D., of a son.  
HALSE. On November 4th, at 4, New Bridge Street, Blackfriars, the wife of Charles Smith Halse, M.D., of a daughter.  
JONES. On November 3rd, at Sydenham, the wife of Edward Jones, M.D., of a son.  
LESLIE. On November 3rd, at Alton, the wife of \*L. Leslie, M.D., of a daughter.  
PENHALL. On October 26th, at Hastings, the wife of John Penhall, Esq., Surgeon, of a son.  
WESTMACOTT. On November 6th, at 10, St. Mary's Terrace, Paddington, the wife of John G. Westmacott, M.D., of a daughter.

#### MARRIAGES.

BOULTON—GIBSON. Boulton, William Whytehead, Esq., eldest son of \*R. G. Boulton, M.D., of Beverley, to Mary Hudleston, only surviving child of the late John Gibson, Esq., R.N., at Norton, Durham, on November 4th.  
FOORD—STICKINGS. Foord, George, Esq., to Georgiana, second daughter of George Stickings, Esq., Surgeon, Lenham, on November 6th.  
LEVERTON—PARKYN. Leverton, Henry Spry, Esq., Surgeon, of Truro, to Miss Parkyn, of the same place, on Nov. 4th.  
MEARES—ANDERSON. Meares, John, Esq., of Exeter, to Elizabeth Sarah, widow of the late John Anderson, M.D., Deputy Inspector of Hospitals, at St. Mary's, Cheltenham, on November 3rd.

#### DEATHS.

BETTS. On November 5th, at Watford, Marion, infant daughter of G. Harvey Betts, M.D.  
LATHAM, John William, M.D., in Upper Harley Street, on November 7th.

#### PASS LISTS.

ROYAL COLLEGE OF SURGEONS. MEMBERS admitted at the meeting of the Court of Examiners, on Friday, November 5th, 1858:—

BENSLEY, Edwin Clement, Calcutta  
BROWN, Robert Charles, Preston, Lancashire  
DURANT, James John, Calcutta  
FREEMAN, William, New York  
HARRISON, Alfred James, Belper, Derbyshire  
MASON, John Bridges, Richmond, Surrey  
MORKEE, William, Cape of Good Hope  
SMITH, Eustace, Leamington  
SQUIRE, Alexander John Balmanno, York Gate, Regent's Park

WADE, Charles Albany, Kidderminster

At the same meeting of the Court—

WALLACE, James McElroy, passed his examination as Naval Surgeon. This gentleman had previously been admitted a Licentiate of the Royal College of Surgeons of Ireland: his diploma bearing date 5th November, 1848.

THE FELLOWSHIP. The following gentlemen, having undergone the necessary examinations during the past week for the Fellowship of the College, in Classics, Mathematics, and French, will be admitted to the professional examinations when they shall have severally complied with the regulations:—

CARDELL, John Magor, Salisbury: diploma of membership dated November 3rd, 1854  
LANGDON, John, Yeovil, Somersetshire  
PARTRIDGE, Samuel Bowen, Birmingham: Aug. 5th, 1851  
POWELL, William, Dalston  
STONE, William Domett, Lincoln's Inn Fields  
WILEY, Henry, Birmingham  
WOTTON, Henry, Cavendish Square

At the same time—

WOOD, Robert Henton, of Leicester, who had previously undergone the preliminary and professional examinations, was admitted a Fellow of the College: diploma of membership dated February 29th, 1856.

UNIVERSITY OF ST. ANDREW'S. The following gentleman, having previously obtained the degree of Doctor of Medicine, has been placed on the list of Honours.

ROBINSON, Thomas, London

ROYAL COLLEGE OF SURGEONS OF IRELAND. The following gentlemen have obtained the Diploma of the College during the present year:—

BERNEY, George, Nenagh, county Tipperary  
 BOURKE, Joseph John, Oldtown, county Mayo  
 BRIGHT, Samuel, Dublin  
 BROWN, John, Dublin  
 BRUN, Austin, Cootehill, county Roscommon  
 BURNETT, Thomas Smith, Tullow, county Carlow  
 CANE, George Edward, Inver Glebe, Donegal  
 CANE, Richard James, Kilkenny  
 CARBERRY, Wm. D., Youghal, county Cork  
 CHESNEY, George C., Westpark, Glasnevin  
 COFFEY, Edward, Crowhill, Newmarket-on-Fergus  
 COGHILAN, Michael, Nenagh  
 CREAN, Robert, county Wexford  
 CREAN, T. J., Knockelly, Fethard, county Tipperary  
 DAVIDGE, George Abraham, Castlepollard  
 FIDDES, John M., Scotstown, Monaghan  
 FITZGERALD, Thomas Naghten, Melbourne  
 FITZMAURICE, Ulysses, Creagh House, Listowel  
 FULHAM, John, Gormanstown, county Meath  
 GIBBON, Edward Acton, the Cottage, Sandymount  
 GOODMAN, Godfrey, Ballyamun, Dingle  
 GORGES, Thomas Edward, Mount Prospect, Miltown  
 GRAVES, Wm., Dublin  
 HAGUE, Robert, Cavan  
 HARRIS, John Pitt, Dublin  
 HENRY, Richard, Birkenhead, England  
 HOGAN, Michael, Dublin  
 HOLMES, Arthur Parker, Dublin  
 HUDSON, Arthur C., Seabank, Arklow  
 HUNT, John H., Deerpark Lodge, Carrick-on-Suir  
 JAMESON, Thomas, Lisbellard  
 JENNINGS, Alexander, Saintfield, county Down  
 KEARNS, Wm. Robert, Ahascragh, county Galway  
 KELLY, John, Ballyshannon, county Donegal  
 KENNEDY, Matthew S., Tipperary  
 KINAHAN, John, Feakle, county Clare  
 LIKELY, Richard, Ballyshannon  
 MACBETH, Hugh M., Ennis, county Clare  
 McDERMOTT, John Joseph, Dublin  
 McDONAGH, Patrick, Dublin  
 McFARLAND, Francis Edward, Dublin  
 MAHONY, John, Limerick  
 MASSY, Hugh D., Dublin  
 MASTERSON, Edward, Corrig Avenue, Kingstown  
 MOFFIT, Andrew, Derrylin, county Fermanagh  
 MULLOCK, Horatio Nelson, Dublin  
 MURTAGH, Thomas, Dublin  
 NEALE, Joseph M., Newington, county Kildare  
 NIHILL, John, Killaloe, county Clare  
 PARSONS, Wm., Mountmellick, Queen's County  
 PUREFOY, James Robert, Lucan, county Dublin  
 QUALE, Robert, Roebuck Grove, Donnybrook  
 RAMSAY, Thomas, Strabane  
 RAVERTY, Henry, Bray, county Wicklow  
 ROBINSON, John, Athlone  
 SEMPLE, Charles Wm., Castlebar, county Mayo  
 SHEA, Henry, St. John's, Newfoundland  
 SPEEDY, James, Dublin  
 STEWART, John, Dublin  
 SWEETMAN, Stephen, Air Hill, county Cork  
 SYMES, Glascott Richard, Kingstown, county Dublin  
 TEMPLE, Wm., Monaghan  
 THORP, Thomas, Dublin  
 TRACY, Maurice Charles, Pilltown, county Waterford  
 TRIMBLE, James, Castlebellingham  
 TROUSDELL, Charles, Ennis, county Clare  
 TYMONS, James, Baskin House, county Dublin  
 VANCE, John, Dublin  
 WALSH, Thomas, Dublin  
 WALSHE, T. P., Ballinakill, Queen's County  
 WARREN, Benjamin, Dublin

WHITE, Matthew S., Carlow  
 WHITE, Richard, Dublin  
 WHITE, Thomas Edward, Kingstown  
 WHITE, Wm., Goresbridge, Kilkenny  
 WILLIAMS, Nicholas, Macroom, county Cork  
 WILSON, Frederick Robert, Richmond, Kingstown  
 WILSON, Henry, Sandymount, county Dublin  
 WILSON, James, Dublin

#### HEALTH OF LONDON:—WEEK ENDING NOVEMBER 6TH, 1858.

[From the Registrar-General's Report.]

THE present return shows a rather high mortality. In the two previous weeks, the deaths were 1,113 and 1,133; in the last week ending Saturday, November 6th, they rose to 1,217. The mean temperature of the air in the first week of November was 6° lower than in the latter half of October; and to this cause apparently the increase of mortality is due. In the ten years 1848-57, the average number of deaths in the weeks corresponding with last week was 1,028; but as the deaths now returned occurred in a population which has increased, they can only be compared with the average, when the latter is raised proportionally to the increase, a correction by which it becomes 1,130. The comparison shows that 87 persons died last week who would have survived if the average rate of mortality, as found at this season in former years, had prevailed.

If the deaths of last week had been according to the rate of mortality that prevails in autumn in the healthiest country districts of England, they would have been 770; and the actual excess above this limit which the return exhibits, amounting to 447, is therefore to be referred to causes that are only or chiefly found in operation in London and other city populations.

Scarlatina reached its highest point in October, and was stationary during the greater part of that month. It is satisfactory now to mark a decrease in its mortality, the deaths having fallen from 156 to 138. Last week it was decidedly more fatal in the Northern than in any of the four other divisions of the metropolis. Fifteen deaths from scarlatina occurred in Marylebone, of which more than half were recorded in the sub-district of Christchurch; 13 were returned in Pancras; 8 in Islington; 8 in the sub-districts of Kennington and Brixton; 4 in that of St. Paul, Deptford. A shoemaker and two of his sons died of diphtheria, at 209, Bethnal Green-road, within a period of six days.

The increase of the deaths in the present return, over those of the previous week, which has been shown above, arises principally from bronchitis and pneumonia, the former of which rose from 83 deaths to 128, the latter from 77 to 99.

Last week, the births of 890 boys and 916 girls, in all 1,806 children, were registered in London. In the ten corresponding weeks of the years 1848-57, the average number was 1,535.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 30.212 in. The barometrical readings were high, their daily means having been above 30 in. throughout the week. The highest reading was 30.45 in. on Sunday (October 31st). The mean temperature of the air in the week was 43.3°, which is 2.7° below the average of the same week in 43 years. On Monday, the coldest day, the mean temperature was 8.5 below the average. The thermometer ranged from its lowest point 28.2° on Monday, to its highest point 54° on Wednesday; the mean daily range was 15°. The difference between the mean dew-point temperature and air temperature was 4.1°. The mean degree of humidity of the air was 85; on Monday the humidity was 96, being near the point of complete saturation. The wind was nearly always north-east; during the greater part of the week the air was very calm. Hardly any rain fell.

#### UNIVERSITY OF ST. ANDREWS:—MEDICAL EXAMINATION PAPERS. OCTOBER 1858.

THE following were the questions proposed to the candidates for the degree of M.D. at the recent examinations:—

*First Examination.* First Part. Passage from Celsus to be translated into English. Give the derivations and primary meanings of the following words: Accephalocyst, Asthenic, Atrophy, Creasote, Epiglottis, Glucosuria (or Glycosuria), Monomania, Monorchides, Teratology, Zoospermata.

Second Part. *Chemistry.* 1. What combinations does nitrogen form with oxygen? Write down the formulæ for them. How is nitric acid prepared, and by what tests may nitric acid

and the nitrates be known? 2. How is chlorine prepared, and what are its characteristic chemical properties? 3. What are the oxides and chlorides of mercury? State their several appearances and their modes of preparation; and give their formulæ. 4. What are the chemical antidotes for poisoning with corrosive sublimate, with copper salts, with oxalic acid, and with arsenious acid? *Materia Medica and Therapeutics.* 1. Mention the principal circumstances which affect the quality or character of a climate. In what diseases would you advise a change of climate, and what special localities would you recommend? 2. What vegetable alkaline salts are used in medicine, and what are their chief therapeutic uses? Do they reappear, either changed or unchanged, in the urine? If changed, explain the nature of the change. How are seidlitz powders prepared? 3. What part of the common valerian is used in medicine? Describe the appearance of the part employed. What are the pharmacopœial preparations and the chief uses of valerian? Describe briefly a case in which valerian would be an appropriate remedy, and write a Latin prescription, without using symbols or abbreviations, for a mixture containing one of the fluid preparations of that drug, suitable for your assumed case.

*Second Examination. Anatomy and Physiology.* 1. Describe the os innominatum, and mention the actions of the different muscles which are attached to it. 2. Describe the positions of the sphenopalatine and submaxillary ganglia. With what adjacent parts are they in relation, and what are the principal branches of the first named ganglion? What do you suppose to be the function of such ganglia? 3. Give a sketch of the anatomy of the lungs. 4. Describe the microscopical and chemical characters of the milk. What are the chief differences between the milk of the cow and woman's milk?

*Third Examination.* (N.B. In answering the practical questions, the examiners require every candidate to specify the mode of treatment, which he is in the habit of adopting, and the doses of the medicines which he prescribes.) *Pathology, and Practice of Medicine.* 1. Distinguish between empirical and rational prognosis, and mention the chief circumstances from which a rational prognosis may be formed. 2. In what diseases would you adopt general blood-letting as a remedy? In what diseases do we find a diminished tolerance of loss of blood? 3. Describe the symptoms preceding and accompanying an attack of asthma. What are the ordinary causes of this disease, and how should it be treated? 4. Describe the different ways in which diseases of the liver, heart, and kidneys may cause dropsy. What are the leading symptoms of the dropsy arising from renal disease, and what are the general principles of its treatment? 5. Describe the appearances presented by eczema in its different stages. With what other skin-diseases is it liable to be confounded? Describe the treatment you would adopt (1) in acute cases, and (2) in the chronic form of the disease.

*Fourth Examination. Surgery.* 1. What are the causes of lateral curvature of the spine? How can the disease be prevented, and how is the cure to be attempted? 2. What is the difference between the inflammatory affections of the testis produced by syphilis and by gonorrhœa respectively; and what is the treatment proper for each? *Midwifery.* 3. Enumerate the varieties of puerperal uterine hemorrhage; describing their causes, and the treatment appropriate to each. 4. What are the different forms of ovarian tumour? What are the various effects and symptoms produced by this disease; and how is it to be distinguished from tumour of the uterus, from pelvic abscess, and from ascites?

*Fifth Examination. Cases.* 1. A sallow and emaciated man, about 60 years of age, complains of dull pains in the epigastrium and right hypochondrium. He is subject likewise to vomiting, and has been occasionally slightly jaundiced. The liver is enlarged, its surface somewhat uneven; below the hepatic dulness, in front, there is a great extent of highly tympanitic percussion. The bowels are constipated. There is no acute pain. The patient states that after full vomiting he feels marked relief. A moderate meal can then be taken without suffering; but after one or two meal-times uneasiness returns, and is only relieved by vomiting again. Vomited matters pulpy, highly acid, contain sarcinæ, are very frothy on surface, and have a beer-like odour. Urine scanty, loaded with red amorphous sediment. Remark on the diagnosis of this case; state what is wanting to complete certainty. Comment on the facts given, clause by clause, in relation to the view you have adopted of the diagnosis. 2. In the front of a man's chest I mark out the following very dull space, viz:

Beneath the *manubrium sterni* three quarters to one inch and a half across, summit and apex about half an inch below jugular fossa. At level of third left costal cartilage, two inches across. At fourth left cartilage, three inches and a half across. At level of nipples, six inches across, two inches to right, and four inches to left of mesial line. The sounds and impulse of heart are exceedingly obscure. No murmur. The pulse at the wrist very indistinct. The hepatic dulness, especially of left lobe, extends to within one inch and a half from umbilicus. The patient has great sense of suffocation and anxiety; the surface is cold; death appears impending. What is the morbid condition, and is there any possible means of relief? Follow out the description given above, and explain your views in detail. 3. A little boy, whose mother died of phthisis, and the lower ends of the radius and ulna of each of whose arms had for two years been swollen, was on Christmas last suddenly found to have a hydrocele, communicating with the abdomen. He was slightly feverish, but played about for a few days, when he became languid, fretful, uneasy, and in the course of a week was wholly confined to bed, making, however, no complaint. His bowels were loose, the stools being unhealthy; his tongue reddish and somewhat swollen, his belly tumid, and fluctuating obscurely, but not tender; and he frequently vomited green bile. He became gradually more emaciated, and more feeble; his skin dry; and though the belly diminished in size, it continued to be full and firm. The hydrocele disappeared. As he got worse and weaker his appetite became voracious, the stools healthy, though very frequently voided; he became morose and taciturn, and died without complaint, February 15th. What was his disease, what appearances were found on dissection, and what were the causes of the various symptoms and changes above enumerated?

*Additional Paper for Candidates for Honours.* Name some of the organisms which seem to belong almost equally both to the animal and to the vegetable kingdom, and state the grounds on which you would decide in favour either of their animal or their vegetable character. 2. A knowledge of the organ of hearing as it exists in man and the higher mammals being assumed, mention the chief points of difference which this organ presents in the whale, in birds, in reptiles, and in fishes. What anatomical or physiological evidence have we regarding the presence of an auditory apparatus in the mollusca and articulatæ? 3. State the signs and symptoms to be expected in tubercular disease of the lungs, with special reference to the following cases: *a.* Chronic tubercle which has resulted in partial cicatrization and cure. *b.* Acute tubercle running on to a fatal termination within a few days or weeks from the occurrence of the first symptoms. 4. Mention the circumstances by which you would be guided in administering or withholding opium in the following disease: *a.* Typhus fever. *b.* Diarrhœa. *c.* Acute rheumatism. State also what you would consider to be full doses in the cases referred to. 5. Define amaurosis, distinguishing it from the other forms of weak and imperfect vision. Give an account of the various symptoms of the disease; describe the different pathological conditions which may produce them; enumerate the principal causes corresponding thereto, and mention the treatment appropriate to each variety. 6. What do you mean by the phrases, moral insanity, and homicidal monomania? By what legal and medical tests can we distinguish the insane homicide from the sane criminal? Discuss the relative value of these tests.

*Clinical Examination for Honours, conducted in the Dundee Infirmary, under the superintendence of Dr. W. T. Gairdner, one of the Assistant-Examiners.* I. *Examination of the Urine.* 1, 2, 3, 4, 5, 6. Assign the characters of each of these specimens of urine by the unaided senses. [Normal, ammoniacal, and phosphatic; mucus.] 7, 8, 9. Name the objects in the field of the microscope in each of these urinary sediments. [Phosphates, neutral and basic; uric acid.] 10, 11. Examine and report on these specimens of urine, with the aid of the means now at your disposal; viz., microscope, urinometer, tests, and spirit-lamp. [No. 11. Contained albumen, uric acid, scanty tube-casts.] No. 11. Amorphous urates, pus-corpuscles, traces of epithelium.] 11. *Examination at the Bedside:* *Diagnosis.* 1. In Case A, examine the abdomen. [Simple ascites, cirrhosis of liver.] 2. In the same case, A, examine the back of the chest. [Bronchial respiration in intercapular spaces, deficiency of respiratory murmur below, comparative excess above; dull percussion below; compression of lungs.] 3. In Case B, name the disease of the scalp. [Scanty crusts of favus; much destruction of hair; portions formerly affected clean and smooth.] 4. In Case C, examine the abdomen. [Obscure tumour in left hypochondrium, probably splenic;

generally tumid abdomen; no dropsy.] 5. In Case D, examine the chest, and appreciate the general condition of the patient. [Mitral regurgitation, probably with contractions of orifice; consecutive disease of left lung; history of dropsy; little present suffering.] 6. In Case E, remark upon the cutaneous disease. [Complicated eruption, principally eczema, extensively diffused on the scalp; isolated pustules, and patches denuded of hair. Impetigo? Favus?] 7. In Case F, examine the head, in connexion with the general condition. [Palpitations, and rapid strong action; general symptoms slight; history of chorea, dilatation with hypertrophy; systolic murmur, probably from tricuspid regurgitation; no marked valvular disease.] 8. In Case G, examine the lungs, in connexion with the general condition. [Phthisis; hectic; cavities in both lungs.]

### THE MEDICAL ACT.

An important meeting of medical gentlemen was held at the Norfolk and Norwich Hospital on Thursday, November 4th, "for the purpose of taking into consideration the best mode of aiding the General Council in carrying out the objects of the New Medical Bill with reference to the registration of qualified practitioners." Dr Ranking was called to the chair, and there were about sixty other professional gentlemen present. The following resolutions were passed:—

1. That an Association be formed of the medical practitioners in Norfolk and the adjoining districts, to be called the Norfolk and Norwich United Medical Association.

2. That the object of this Association be to render every assistance to the medical registrar, and to supply him with information respecting the qualification of medical men practising in this town and neighbourhood.

3. That a subscription of 2s. 6d. be paid by each member of the association for the purpose of defraying the necessary expenses.

4. That a Committee be now formed to institute inquiries, receive information, and otherwise carry out the objects of the association, to consist of the following gentlemen, with power to add to their number, five to form a quorum:—Dr. Ranking, Dr. Copeman, Dr. Webb of Lowestoft, Mr. John Godwin Johnson, Mr. Nichols, Mr. Firth, Mr. William Gadge, Mr. Worthington of Lowestoft, Mr. Crowfoot of Beccles, Dr. Cotton of Lynn, Dr. Rudge of Fakenham, Mr. Banks of Holt, Mr. G. C. Aldred of Yarmouth, Mr. D. Dalrymple, Mr. Gibson, Mr. Rose of Swaffham, Mr. Ward of Diss, Mr. Smith of Aylsham, Mr. Meade of North Walsham, Mr. Cooper of Cromer, Mr. Tunnaley of Wymondham, Mr. Garney of Bungay, Mr. Hastings of Dereham, Mr. Miller of Eye, and Mr. Bailey of Thetford.

5. That any three members of the association shall be at liberty to call a meeting through the secretaries, when such meeting shall, by such members, be deemed necessary.

6. That any member of the profession wishing to become a member of the association shall hereafter be proposed, seconded, and balloted for, the objection of one-fourth of the members present to be fatal to his reception.

Dr. Ranking was elected President; Mr. Worthington and Mr. Tunnaley, Vice-Presidents; and Mr. Crosse and Dr. Eade, Secretaries and Treasurers.

**THE QUEEN'S HOSPITAL, BIRMINGHAM: MEDICAL APPOINTMENTS.** We learn that Mr. Sands Cox, after mature and anxious deliberation, acting on the advice of some of the warmest and steadiest friends of the College and Hospital, and in accordance with suggestions from the highest legal authority, will, in his place as principal, put on the College books, at their next meeting, the following amended bye-law in reference to the election of the medical and surgical staff:—"Whenever any vacancy occurs in the medical or surgical staff of the Queen's Hospital, an advertisement, inviting candidates to supply such vacancy, shall be inserted once at least in each of the following newspapers, namely, \_\_\_\_\_, and such advertisement shall require every candidate to transmit to the originals, and to every member of the

Committee of Council of the Queen's Hospital, a printed copy of his testimonials, and shall also contain a copy of the following rule:—"Any candidate who, either personally, or by any other person, or by letter, or in any other manner whatsoever, shall solicit the vote or interest of any member of the Committee of Council of the Queen's Hospital, or of the Council of Queen's College, shall be ineligible for election, and if elected, and the fact of such solicitation be proved within \_\_\_\_\_ months afterwards, to the satisfaction of the Council, they shall, at a

special meeting called for the purpose, rescind such election, and proceed as in the case of a new vacancy. The Committee of Council of the Queen's Hospital shall consider the said testimonials of the candidates, and report to the Council, on the day fixed for the election, the names of such two at least of the candidates who are both qualified and eligible, and who are, in the opinion of the Committee of Council, best fitted to fill the vacancy; and in such report shall specify the grounds of such opinion, particularly as to age, education, and practical experience; and such one of the candidates so reported to be best fitted as shall obtain the votes of the majority of the Council, shall be thereby elected to fill the vacancy." As a matter of course, the medical and surgical staff will be invited to confer with the Hospital Committee on the merits of the respective testimonials. Should the bye-law be carried in Council, it will come into operation previously to the appointment of a physician in the place of Dr. Birt Davies, resigned. (*Aris's Birmingham Gazette.*)

### TO CORRESPONDENTS.

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ANONYMOUS CORRESPONDENTS should always enclose their names to the Editor; not for publication, but in token of good faith. No attention can be paid to communications not thus authenticated.

Members should remember that corrections for the current week's JOURNAL should not arrive later than Wednesday.

A CONSTANT READER. The time and place will be arranged by the Medical Council.

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