

alimentary canal? Given the symptoms of perforation, how would you proceed to discover its actual mode of origin in a particular case? 4. Describe and contrast eczema, impetigo, scabies. Indicate shortly the treatment of each.

*Fourth Examination. Surgery.* 1. Describe the early symptoms, progress, and results of scrofulous disease of the vertebrae. 2. Enumerate and describe the different kinds of cancer which affect the external parts of the body; mention the regions in which each is chiefly found; and the circumstances in which you would consider it judicious to employ the knife or escharotics in the treatment. *Midwifery.* 3. In what circumstances is it advisable to induce premature labour, and by what different methods may it be accomplished? 4. What changes take place on the mamma and nipples during pregnancy and after delivery; and what are the differences between the milk secreted immediately after parturition and that subsequently yielded?

*Fifth Examination. Cases.* 1. A child, aged 5, has been delicate from the period of teething; apt to suffer from diarrhoea, disposed to feverishness from slight exciting causes. Once or twice it has been threatened with convulsions; and whooping-cough was followed by protracted chronic bronchitis, with shortness of breath and increased feverishness and emaciation. Present symptoms are restlessness, somnolency, alternating with fits of screaming and tossing; the child is irritable, and complains of the head; appetite is lost, and bowels are constipated; the face is flushed, pulse 120, but very variable both in strength and frequency; expression vacant, pupils sluggish and slightly dilated; eyes generally closed, and face averted from the light; there is great thirst, and vomiting (which in the course of the illness has frequently occurred) is now less frequent; skin hot and dry; abdomen shrunk; no convulsion; no paralysis. Remark on the diagnosis of this case, in such a manner as to give your ideas of the significance of each fact recorded above. State also the prognosis, and the probable condition of the organs in head, chest, and abdomen. Sketch out the general course of treatment applicable to such a case. 2. A young woman has had a chronic cough, chiefly during winter and spring, for three years; the chest has been repeatedly examined without any disease of the lung, beyond slight catarrh, being discovered; but there is suspicion of tubercular disease. Of late there has been an aggravation, marked by suddenly developed pain in the right side, with severe dyspnoea; percussion of right side of thorax not dull as compared with left; in front and at some points of lateral region faintly tympanitic; respiratory murmur almost universally absent on right side; on left rather exaggerated. What is the most probable view of the cause of the aggravation in this case; what further examination would you make, and what signs would you expect in the event of the probability you contemplate being converted into a certainty? 3. A sempstress complained of increasing difficulty in seeing to work: on examination, there were found (1) injection of palpebral conjunctiva, with heat and watering of the eyes; (2) inability to read for more than a minute or two at a time, though the type appeared quite distinct at first, and distant objects were always seen clearly and distinctly; (3) vision as of motes and twisted strings, these objects appearing to fall down across the field of view when the eyes were suddenly raised to the window; (4) the appearance of sparks and flashes of light before the eyes after much use of them. Explain the pathology of these four sets of symptoms, and the treatment proper to cure or alleviate the morbid states which caused them.

**ASSUMPTION OF MEDICAL TITLES.** The following resolutions were agreed to at a meeting of the Salopian Medico-Ethical Society, on Tuesday, May 10th. The blanks denote certain individuals, whose names appear in the resolutions as passed.

"That the solicitor to the Society be instructed to write a cautionary letter to Messrs. —, —, and —, of Shrewsbury, and request that they will cease to style themselves surgeon-dentists—a title to which they have no legal claim whatever; and, in the event of their refusal, that the solicitor be authorised to take legal proceedings against them, under the fortieth clause of the Medical Act.

"That the Honorary Secretary be requested to write to Mr. —, of Cardington, and apprise him of the Society's determination to prosecute for illegal practice, unless he immediately desists from practising the profession of medicine and surgery.

"That the solicitor (provided the evidence is, in his opinion, sufficiently conclusive to ensure conviction) be, and is hereby, fully authorised to institute, on behalf of the Society, legal

proceedings against — and —, for an illegal assumption of titles; and also against —, of this town, for illegal practice; and to sue in each case for the full penalty attached to illegal practice."

**ST. BARTHOLOMEW'S HOSPITAL.** Mr. Paget has resigned the lectureship on physiology at St. Bartholomew's Hospital, and, it is stated, will be succeeded by Mr. Savory; while the lectureship on anatomy, it is expected, will be divided between Mr. Skey and Mr. Luther Holden.

**EPIDEMIOLOGICAL SOCIETY.** On Monday, June 6th, a paper will be read entitled "Practical Remarks on Cholera Morbus"; by H. Cameron, Esq., Indian Artillery.

## TO CORRESPONDENTS.

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.

**NOTICE.**—DR. WYNTER will feel obliged if the Associates will address all Post Office Orders in payment of Subscriptions, to the Publisher, Mr. THOMAS JOHN HONEYMAN, 37, Great Queen Street, Lincoln's Inn Fields, London, W.C., "Bloomsbury Branch"; and he would also feel obliged by their sending all communications respecting the non-receipt of the Journal, to the same address; as both these matters are out of the province of the Editor.

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*Communications have been received from:*—MR. I. B. BROWN; MR. GEORGE NORMAN; MR. T. HOLMES; ARGUS; MR. HENRY GOODE; DR. GREENHILL; DR. R. U. WEST; DR. S. M. REMISS; QUERCUS; MR. L. PARKER; MR. T. M. STONE; DEVONSHIRE; MR. NUNN; MR. J. K. SPENDER; DR. J. E. CROOK; DR. STYRAP; MR. W. F. CLEVELAND; DR. MCWILLIAM; DR. JAS. RUSSELL; DR. W. ADDISON; DR. P. H. WILLIAMS; DR. T. H. FLEMING; MR. POUND; MR. LOGSDEN; and MR. WILLIAM DAVIES.

## BOOKS RECEIVED.

[\* An Asterisk is prefixed to the names of Members of the Association.]

1. On Dislocations and Fractures. By Joseph Maclise. Fasciculus IX; completing the work. London: John Churchill. 1859.
2. Hastings and St. Leonards-on-Sea; their Meteorology and Climate. By J. C. Savory, Esq. London: Churchill. 1859.
3. Prostitution considered in Relation to its Cause and Cure. By James Miller, F.R.S.E. Edinburgh: 1859.
4. An Essay on the History, Pathology, and Treatment of Diphtheria. By \*E. Copeman, M.D. Norwich: H. Stacy. London: Churchill. 1859.

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