In Dr. Rutherford's and M. Vignal's experiments a modification of Röhrig's method was adopted. Dogs which had fasted for eighteen hours were curarised, and artificial respiration maintained. A cannula was tied in the common bile-duct; the cystic duct was clamped. The bile flowed from the cannula into a finely graduated cubic centimeter measure, and the quantity secreted was recorded every fifteen minutes. It was shown that this method of continuous observation yielded results far more reliable and instructive than that adopted by Röhrig.

Two experiments on the secretion of bile in dogs that had fasted for eighteen hours, and which received nothing more than the doses of curara used in all the experiments for the purpose of keeping the animals at rest, showed that the biliary secretion was not affected by the doses of curara given; that the biliary secretion, on the whole, somewhat diminishes in the course of an experiment lasting from six to eight hours, but that the chemical composition of the bile remains almost exactly the same.

The curara was always injected into a vein; the various substances hereafter mentioned were injected directly into the duodenum; for this purpose, the wound in the abdominal wall was opened, and the substances injected through the wall of the viscus.

Three experiments with croton-oil showed that, although it produced violent irritation in the alimentary mucous membrane in all cases, it increased the biliary secretion in only one instance. A high place is, therefore, not assigned to this substance as a stimulant of the liver.

Six experiments with podophylline proved that this substance greatly increases biliary secretion. A definite statement regarding the composition of the bile before and after podophylline will be given in the report.

Röhrig's statement that aloes deserve a high place as a hepatic stimulant was confirmed by three experiments, in which the extract of Socrotine aloes was employed. The analysis of the bile (not hitherto given), however, showed that after aloes the bile is more watery; nevertheless, the velocity of secretion is so much increased, that it certainly causes the liver to excrete more biliary matter.

Three experiments with rhubarb proved that it is a far more important hepatic stimulant than Röhrig has stated it to be. Doses of rhubarb were given nine times in the course of the experiments, and they never failed to excite the liver within half an hour after they were given. Analysis of the bile before and after rhubarb in all the three experiments proved the remarkable fact that, notwithstanding the greatly increased velocity of secretion after rhubarb, the bile-solids secreted by the hepatic cells are not diminished. The rhubarb apparently calls forth an increased secretion of normal bile.

Three experiments with senna proved that its power as a cholagogue is far below that of rhubarb. The bile is rendered more watery.

Four experiments with the aqueous extract of colchicum proved that it is a very decided cholagogue. The bile was rendered more watery, but the increase in the velocity of secretion was such that the amount of biliary matter excreted by the liver was certainly increased.

Two experiments with the solid extract of taraxacum proved it to be a cholagogue, though not a powerful one.

Two experiments with scammony proved that it has a slight cholagogue action.

Of four experiments with calomel, the secretion of bile was slightly increased in one, but there was nothing but diminution of the secretion in the other three. Purgative action was produced in all. The bile was rendered more watery.

Two experiments with gamboge gave no evidence that this substance is a cholagogue.

One experiment with castor-oil confirmed Röhrig's statement that this substance has scarcely any cholagogue power.

Two experiments with dilute alcohol injected into the stomach showed that, after the alcohol was given, the secretion of bile slightly diminished.

In the report, a full account will be given of the *post mortem* examination of the state of the alimentary canal (hitherto entirely omitted in such experiments), so that the effect upon the biliary secretion and that upon the intestinal mucous membrane can be compared.

It was shown that the increased biliary flow from podophylline, rhubarb, etc., in these experiments could not be ascribed to reflex contraction of the gall-bladder; for this had been previously well nigh emptied by digital compression, and the cystic duct had been clamped; nor could it be ascribed to reflex spasm of the larger bile-ducts, for the exaggeration of the biliary flow was far too great and far too prolonged to be explained in this way. Reasons were adduced for regarding it as probable that the agents are absorbed, and act on the liver directly. It was not professed, however, that their *mode of action* was definitely settled, the experiments having had for their primary object a determination of the facts of the case.

The opinion was expressed that powerful purgative action tends to diminish the biliary secretion.

The diminished secretion of bile in *non-fasting* animals after podophylline, observed in the experiments of Dr. Bennett's Committee, probably resulted from a diminished absorption of food from the alimentary canal, in consequence of the purgative action.

When a hepatic and intestinal stimulant, such as podophylline, is administered to an animal that is not fasting, it is probable that (1) the liver is excited to secrete more bile; (2) the absorption of bile and food from the small intestine is diminished on account of the purgative effect.

In conclusion, it was pointed out that this research proposed to be simply a contribution to comparative physiological pharmacology; and that it was left to the clinical investigator to compare these results with those observed in human pathological conditions.

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF MEDICINE,

At the Annual Meeting of the British Medical Association,
in Edinburgh, August 1875.

By W. T. GAIRDNER, M.D., F.R.C.P.Ed.,
Professor of Medicine in the University of Glasgow; Vice-President of the
Section.

IN taking the chair of the Section of Medicine, I have, in the first place, to submit to the Section the letter I have received from Dr. Quain, expressing his extreme regret at being unable to be present at this meeting, owing to unavoidable circumstances which have led to his devolving his duties on the Vice-Presidents. (After reading the letter, Dr. Gairdner continued.) You will not, under these circumstances, expect me to give you a very elaborate or systematic address, the more so as, in occupying the same position at Leeds some years ago, I to some extent anticipated what I might have said on the present occasion. I will rather ask you to receive a few thoughts that have occurred to me almost on the way to this meeting, and in listening to the admirable address which we have just heard from Dr. Begbie; I refer especially to that part of the address in which he spoke of Cullen. It is impossible for anyone, being in Edinburgh, and inheriting the traditions of the Edinburgh Medical School, not to associate Cullen with the *genius loci*, of which, indeed, he was eminently a representative man. The fame of Cullen was, moreover, world-wide, and extended beyond medical circles; he was a distinct and noteworthy personage in that literary and scientific society which included Adam Smith, David Hume, Robertson the historian, and Black the distinguished chemist. Cullen had, by reason of his accomplishments, something in common with all of these and all the other eminent men of that time, and was highly esteemed by them all. In point of medical experience, he was at the very head of his profession; a most distinguished clinical teacher, constantly associated with his students in the observation of hospital cases, and, besides this, engaged in private consultations which brought him into extensive correspondence (as his manuscripts in the College of Physicians show) with all parts of the country. Now, one of the most remarkable facts in the history of the epoch of Cullen is one which was not alluded to by Dr. Begbie, but which, nevertheless, might be made available in discussing, or in reflecting over, the signs of progress in the medical art to which he alluded. About a hundred years ago, when Cullen was at the height of his fame, the Chair of the Royal Medical Society was filled by a man who had been the pupil, the friend, almost the dependent, of Cullen, and who then and afterwards became his most bitter antagonist. He was not a man of large personal experience in the art of medicine; his learning and accomplishments were of a very limited kind; his private life and character were the reverse of laudable; his personal and social standing was in every point so much inferior to that of Cullen as to admit of no comparison. Yet this man, first in the Royal Medical Society among the younger students, and afterwards by a literary and doctrinal influence which extended in a wave of controversy to the very extremities of European civilisation, became the recognised author of a system which all but subverted that of Cullen for a time in Edinburgh, and, up to the end of the century, occupied the minds of men in Italy and Germany to an extent that we can hardly even comprehend now-a-days from anything we know of the system itself. I will almost take it upon me to affirm that there are not two men in this room—if, indeed, there are so many in the whole British Medical

Association (and I do not pretend to be one of the two)—who could at this moment give off-hand a reasonably clear account of the doctrine which was called Brunonianism, and of its application to the leading varieties of disease and their treatment. Yet it would be an inquiry fraught with the deepest interest to us, and I know none which would more effectually gauge for us the progress of the art of medicine during these last hundred years, and thereby show us if we are in reality getting upon solid and surer foundations, than to ask ourselves whether, if some such man as this John Brown were to arise now and to broach such a system as he advocated in 1775, it would have a shorter life, and be less revolutionary in its effects. I cannot enter upon that question to-day; I cannot even talk to you, however briefly, of the respective merits of Cullen's and of Brown's teaching; but I happened, in looking over a few books on the subject yesterday, to light upon an actual and apparently authentic prescription of John Brown's, preserved for us by one of his pupils; or rather, perhaps, let us call it the net result of his system conveyed in written advice to a hypochondriac patient as follows. I think you will recognise in it something not unlike what we have seen and known in our own time.

"For breakfast, toast and rich soup made on a slow fire; a walk before breakfast and a good deal after it. A glass of wine in the forenoon from time to time. Good broth or soup to dinner, with meat of any kind he likes, but always the most nourishing. Several glasses of port or punch to be taken after dinner, till some enlivening effect is produced from them; and a dram (of whisky?) after everything heavy. One hour and a half after dinner, another walk. Between tea-time and supper, a game with cheerful company at cards or any other play, never too prolonged; a little light reading; jocose humorous company, avoiding that of popular Presbyterian ministers and their admirers, and all hypocrites and thieves of every description. Lastly, the company of amiable, handsome, and delightful young women, and an enlivening glass."

I think that from this prescription we can obtain a pretty good idea what was the nature, or at least the upshot, of the famous Brunonian system, the end and issue of all those lectures and expositions upon direct and indirect debility, and upon excitability, which formed the key-stone at once of Brown's doctrine and of his practice. It is a very curious proof how things go to sleep and are revived again, that we should have seen a practice, not, indeed, based upon the same theory, but very like this in its processes within our own time, even within these few years, to such an extent as to have led to a formal declaration against it by many of our most distinguished physicians. I can testify for one that people have come to me repeatedly who had been formally advised, very much after the manner of John Brown, to take, say, four or five, or more, glasses of port wine after dinner and after that as much toddy as their heads could carry, and this as part of a regular prescription going on for weeks together. But, if anyone should ask, Could such a practice, however indulgent to the weaknesses and follies of self-indulgent people, be successful in our day in floating such a general theory of disease and cure as the Brunonian system? I should incline to reply in the negative; and I should rely on giving that answer not only upon the great advances that have been made in physiology and pathology, the sciences upon which all genuine improvement in the medical art is founded, but also upon the much more exact and complete methods of clinical observation pursued in the present day, even as compared with the time of Cullen. I refer especially, of course, to the methods taught to the average general practitioner in our schools; for no one would wish to deny that we have had great and true, nay, eminently exact, clinical observers in the past, even in the remotest ages.

No doubt, too, there are still many imperfections; but, on the whole, we are pretty safe in saying that now-a-days, in every well appointed school, the clinical study of medicine is far more carefully attended to in detail than in any previous age; and the introduction of those practical methods of teaching and examination to which Sir Robert Christison has referred has in no department been more successful than in medicine proper. There seems reason, therefore, to believe that we have been gradually gaining for the art of medicine a more secure position in connection with demonstrable or demonstrated facts, and that we have gone some way towards making it impossible for any man, coming forward with a new theory not based upon the careful study of facts, to make such a revolution in opinion as was the case in Brown's time, and such as has over and over again been witnessed in the history of medicine almost from the days of Hippocrates. In regard to the methods of medical teaching in general, I sympathise very much with Sir Robert Christison's remarks. The true way is not to depreciate lectures as opposed to practical teaching, but to maintain both in a high state of efficiency, so that the excesses of doctrinal development may be corrected by the constant appeal to facts, while, on the other hand,

the facts may be more carefully correlated, and their real significance brought out by carefully regulated systematic instruction. And for this purpose the true ideal is to have as much as possible the systematic and the practical teaching in one hand, so that no one is led by the nature of his office to become a mere lecturer or a theorist only, and no one, on the other hand, a mere demonstrator of facts and experiments. If you will allow me to use a comparison that is with me a familiar one, I would say that the art of medicine is like a tree; it must have its roots in the soil of facts, and its branches and leaves in the upper air, amid the currents of human thought. Unless its roots are well fastened down into the ground, it will be blown over; but, unless its leaves are freely inhaling every breath of opinion, it will wither and die, as surely as if it were torn up by the roots. And this should be the character of our work in this Section: careful and exact observation, followed by discussion, in the most absolutely free spirit, of all points involving differences of opinion.

REPORT OF PARLIAMENTARY BILLS COMMITTEE, 1875.

THE Parliamentary Bills Committee beg to report that they have held numerous meetings during the year, and have taken steps to bring under the notice of Parliament, and of the Government, amendments in the Artisans' Dwellings Bill, in the Adulteration Acts Amendment Bill, and in the Public Health Acts Amendment Bill.

The amendments proposed in the Artisans' Dwellings Bill were chiefly directed to the amendment of the clauses relating to areas of improvement; to the protection of medical officers of health in performing the very onerous duties cast upon them under this Act; and to diminishing the expense attendant upon the preparation and approval of improvement schemes. Your Committee had the advantage of the active co-operation of Mr. Kay-Shuttleworth, M.P., the Right Hon. Lyon Playfair, M.P., and of Dr. Tripe, Dr. Meymott Tidy, and other experienced advisers; and they had the satisfaction of finding that the clauses drawn in accordance with their recommendations were framed, approved, and passed by the House of Commons in committee on the Bill, and have now become law.

Your Committee were unable to approve of many of the clauses of the Adulteration Acts Amendment Bill as originally introduced into the House of Commons, especially those which required the proof of distinct knowledge on the part of the retailer of the nature and effects of the adulteration of articles sold. They were unsuccessful in obtaining the removal of the objectionable words in these clauses when the Bill was under discussion in the House of Commons; but, by further representations to influential members of the House of Lords, they succeeded, in combination with other bodies entertaining the same regard for the public welfare in this respect, in obtaining the assent of the Government to considerable amendments, which will tend to ensure a large amount of protection to the public from fraudulent and deleterious adulteration of articles of food, while they lessen the probability of any undue pressure upon innocent vendors. The Public Health Acts Amendment Bill was, in the first instance, presented to the House of Commons by the President of the Local Government Board, as an amending Bill as well as a consolidating Bill. Your Committee felt that as an amending Bill it was wholly insufficient, and indeed quite illusory. They felt it their duty to co-operate with the standing committee of the medical officers of conjoint districts in distributing to members of the legislature an elaborate series of amendments, designed to meet proved defects discovered in the working of the existing health-laws. These were also brought under the notice of Mr. Slater-Booth, the President of the Local Government Board, by Mr. Ernest Hart, Chairman of the Committee, and Dr. Bond of Gloucester, Secretary of the Standing Committee of medical officers for conjoint districts. Mr. Slater-Booth, however, strongly urged the necessity of passing the Bill of this year as a consolidating measure, and, as the advantages of consolidation are obvious, and as Mr. Booth assured Dr. Lyon Playfair in the House of Commons that he would treat this purely as a measure for consolidation, leaving the ground open for early amendment of the law, your Committee did not think it advisable to use the parliamentary influence of the Association and its Branches to oppose the Bill. The thanks of the Association, and indeed of the public, are certainly due to the honorary local secretaries of Branches for the trouble which they took in bringing the matter under the notice of their local representatives in Parliament. Letters were received from upwards of sixty members of Parliament undertaking to assist in setting the views of the Association on this subject before the legislature, and no doubt the same assistance will be forthcoming, and may be effectually used, on a future occasion.

It is probable that the Committee will draft the amending clauses which were then circulated in the form of a separate Public Healths Acts Amendment Bill, which will be introduced into Parliament early next year by an influential member of the House.

Your Committee have the satisfaction to report that a Royal Warrant has been issued, granting to the medical officers of the Navy a considerable number of those concessions, as to rank, pay, and retirement, which were laid before the First Lord of the Admiralty by a deputation of the Committee. The Committee have had the pleasure of receiving the warm and grateful thanks of many eminent members of the naval medical service for the successful results of that representation, which is believed to have had a very valuable effect. Your Committee have renewed representations to the Secretary of State for War as to the redress needed for many grievances of the army medical officers. Great pains were taken to ascertain the facts, and to submit to Mr. Gathorne Hardy suggestions which would meet the views of the service at large, and were such as might be reasonably entertained. Mr. Hardy has since several times stated that he has tested these suggestions very minutely, and that he is still giving them his careful consideration. Your Committee trust that before long a Royal Warrant will be issued making such amendments as to pay, retirement, relative rank, and allowances of army medical officers, as will restore contentment and popularity to that important service.

Your Committee beg to remind the Branches of the Association that each Branch is entitled to elect a representative annually on this Committee. One or two Branches during the last year omitted to do so. It is desirable that every Branch should have its representative member on this Committee, in addition to those who are elected by the Association at large. The labours of this Committee are considerable and continuous throughout the year. They involve a modest expenditure, and the Committee recommend that the Association grant £15 during the ensuing year towards these expenses.

ERNEST HART, *Chairman*.

REPORT OF THE SCIENTIFIC GRANTS COMMITTEE.

YOUR Committee beg to report that they have held five meetings with the object of arranging the principles of distribution of the fund entrusted to them, and the determination of particular grants for the present year, in response to applications for such grants from gentlemen proposing to pursue definite scientific investigations in furtherance of the medical art.

Your Committee have thought it desirable to adopt for the present year the "conditions" for grants which have been and are in use by the British Association for the Advancement of Science.

The following are the grants which were recommended by the Committee at their meeting in London in January 1875, and approved by the Committee of Council:

Mr. Hicks. Researches on Alcohol	£50
Dr. P. M. Braidwood and Mr. Francis Vacher, Birkenhead. The Life History of Contagion	15
Dr. R. Caton, Liverpool Royal Infirmary. The Electric Currents of the Brain	20
Dr. J. M. Fothergill, London. The Effect of certain Agents upon the Circulation	10
Dr. M'Kendrick and Mr. James Dewar, Edinburgh. Physiological Action of Chinodine and Pyridine Compounds	25
Dr. Mahomed, London. The Pathology of Albuminuria	20
Dr. Munro, Cupar. An Antidote for Chloroform	5
Dr. W. H. Spencer, Clifton, Bristol. The Action of Uranium Salts in Diabetes	20
	£165

Of these grants the following amounts have been expended:

Dr. P. M. Braidwood.	£12	4
„ R. Caton, Liverpool	8	16 9
„ Fothergill, London	3	18 10
„ M'Kendrick	5	0 0
„ Mahomed	5	12 8
„ Munro	2	15 11
„ W. H. Spencer	13	15 11

Interim reports have been presented by Dr. Fothergill on the action of Aconite and Digitalis; by Drs. Braidwood and Vacher, on the Life History of Contagion; by Dr. Spencer, on Uranium in Diabetes, and on Trimethylamine in Rheumatism; by Dr. Mahomed on Albuminuria; by Dr. Caton on the Electric Currents of the Brain. Mr. Hicks has been

unable to carry out the proposed research on Alcohol during the year, and has not drawn the sum allotted.

The Committee beg also to recommend the Committee to make a grant of £30 in aid of researches carried out during the past year on the Biliary Secretion, by Professor Rutherford of the University of Edinburgh, and M. Vignal; the results of this investigation will be laid before the Association at the present meeting by Professor Rutherford in his Address on Physiology. The balance in hand will then be £101:6:5, which will be returned to the treasurer.

Your Committee recommend that a further grant of a total sum not exceeding £300 be made for the purposes of scientific grants during the year ending July 30th, 1876. They will be happy to receive at once applications for grants from physiologists and members of the profession generally, in aid of scientific researches; they are desirous that such researches should in all cases have relation to the advance of medicine and its auxiliary branches, and will be especially glad to further scientific research in the departments of therapeutics, and clinical medical and surgical research.

FRANCIS SIBSON, *Chairman*.

REPORT OF JOINT COMMITTEE ON STATE MEDICINE, 1875.

YOUR Committee, in presenting their report for the past year, desire to return their best thanks to the 135 medical officers of health who sent replies—many of them very full and of great practical value—to the schedules issued by them last year. If they have not yet communicated to their correspondents the results of that inquiry, it is because the time for making a profitable use of the information has not yet come.

Your Committee at one time thought that last spring would have been the time for energetic action on their part; and, judging merely by the bulk of the Public Health Bill of this session, some may be of opinion that they have acted wrongly in remaining quiescent. But, as the Bill was almost entirely one of consolidation of previous statutes, and so directed to the accomplishment of one of the objects earnestly sought for in their original memorial to the Government, your Committee did not consider it advisable needlessly to interfere with the progress of a measure which, though still incomplete and in various respects inefficient, is a step in the right direction, and will enable many to study this important subject in a single Act, instead of having to unravel the perplexing and often inconsistent provisions of twenty or thirty. They will thus be enabled with comparative ease to qualify themselves for the intelligent consideration of the amendments which, according to the express statements of Her Majesty's ministers, will be submitted to the next session of Parliament. It was this assurance which chiefly weighed with your Committee in deciding to reserve any communication to the Government until the nature of the amendments shall appear.

Your Committee have observed with satisfaction that, during the recent discussions on the Public Health Bill, there has been a steady approximation to the views constantly maintained, and the proposals persistently brought forward, by the Committee; and that, in particular, it is now plain that several important principles urged by them from the beginning, such as the adoption of larger areas and the readjustment of boundaries, will be adopted. In proof of this, your Committee refer with much pleasure to Section 284 of the Public Health Bill, 1875, which empowers the Local Government Board, "on any representation made to it that the appointment of a medical officer of health for two or more districts, situated wholly or partially in the same county, would diminish expense, and otherwise be for the advantage of such districts, by order to unite such districts for the purpose of appointing a medical officer of health." They are happy to observe, from this provision, that the Imperial Legislature is at length beginning to perceive that it may be possible to promote both economy and efficiency by the appointment of skilled officers: an idea which was thus formally propounded in the original memorial of the Joint Committee, dated May 1868; "yet it is believed by those who have directed their attention to the subject that the amount actually disbursed under the present disjointed and very inefficient system would, if otherwise distributed—the districts and many of the duties being consolidated—go far to maintain a sufficient staff of specially trained and highly qualified district scientific officers with inspectorial functions. Without such officers, it is vain to expect any material improvements in this important department of the public service."

Your Committee are also happy to observe that the same section permits the appointment of assistants to the officer appointed for the united districts. The mode of dealing with nuisances, where the cause

of the nuisance arises without a district, prescribed by Section 106, is also a very marked improvement on the existing law.

Your Committee cannot help referring to a speech of Mr. Stansfeld, delivered at Halifax on January 11th, 1875, in which it was made to appear that the British Medical Association had been adverse to "a system of local self-government" in sanitary matters, and that Mr. Stansfeld, in reply to a deputation in 1872, had combatted these views in the following terms:—"He could understand the position, the point of view, of professed and scientific sanitarians. Their first idea was health, their second local government; but not in the sense of trusting it; on the contrary, they led to a hopelessness about it, and sometimes to an unmerited contempt. . . . Local administrators would not display intelligent interest in their new functions, unless they were shown respect and trust. Respect for the principle of local self-government, and a keen sense of the importance in these days of inspiring local administrators themselves with the feeling that they were treated by the Government with respect, were his guides in the administration of the Poor-law and of the Local Government Boards." Your Committee read the report of this address in the *Times* of January 12th with the most profound astonishment, and think it sufficient comment on the statements contained therein to refer to the following extracts from the Committee's report of 1874, and from the memorial presented in 1872 by the very deputation mentioned by Mr. Stansfeld. At page 8 of the report are these words:—"We cannot too strongly urge on the Legislature the necessity of limiting the powers and functions of the central authority within the narrowest bounds consistent with effective action." And at page 15:—"This mode of administration" (by the frequent intervention of the central authority and its officials) "has the threefold disadvantage of being costly, of being inefficient, and of keeping the country in a state of perpetual tutelage. If, on the other hand, the inspectors, or rather, chief officers of health, highly trained in all the departments of public medicine, were resident in their districts, each one of them would be a centre of instruction whence sound and enlightened views on all sanitary matters would emanate, so as gradually to enlighten the public mind, stimulate local action, and reduce to a minimum the need of interference by the central authority." And the seventh paragraph of the above mentioned memorial, which was read *in extenso* at Mr. Stansfeld's own request, is as follows:—

"That, though they have always insisted on the necessity of a central check on local inefficiency and caprice, your memorialists did not contemplate, and cannot regard with approval, the investiture of any department of the executive with powers so large as those which the Public Health Bill" (the first draft of Mr. Stansfeld's own Bill) "proposes to confide in the Local Government Board; and that the costly alternative adopted in the Bill of providing a system of central inspectorial supervision of undefined proportions and cost, rather than efficient local government, cannot be considered either wise, expedient, or effective."

Throughout the same address, your Committee observe with surprise the adoption by Mr. Stansfeld of all or nearly all the principles and amendments on the Sanitary Act, urged on his attention from time to time by the Committee collectively and by some of its active members in their individual capacity, as though these had originated with himself, and were in opposition to the views of the Committee.

Your Committee cannot conclude this brief report without expressing their deep regret, shared, they are persuaded, by the whole of both Associations, that so eminent a member of the Committee as Dr. Rumsey, who had so much to do with its formation, and whose name has been identified with every stage of our sanitary progress during the last forty years, has been disabled by paralysis from the exercise of his profession, and from those invaluable public labours which have contributed much more to the good of the commonwealth than to his personal advantage. Your Committee rejoice that many members of the Associations have already manifested, and they trust that many more will yet manifest, in a tangible form, their sense of his private worth and great public services.

WILLIAM CLODE }
W. H. MICHAEL } *Honorary Secretaries.*
A. P. STEWART }

FOREIGN NEWS.—Professor von Langenbeck has been chosen Dean of the Faculty of Medicine in the University of Berlin.—A festival of German military surgeons was held in their new hall in Berlin on August 2nd. Herr Stenzel, a student, read a discourse on the Action of Modern Projectiles on the Human Body; and Professor Gurlt gave an address on the History of Military Surgery in Prussia during the last 150 years.

BRITISH MEDICAL ASSOCIATION? SUBSCRIPTIONS FOR 1875.

SUBSCRIPTIONS to the Association for 1875 became due on January 1st, Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches, are requested to forward their remittances to Mr. FRANCIS FOWKE, General Secretary, 36, Great Queen Street, London, W.C.

BRITISH MEDICAL JOURNAL.

SATURDAY, AUGUST 14TH, 1875.

A REVIEW OF THE EDINBURGH MEETING.

THE fair fortune with which the Edinburgh meeting commenced lasted till the end, and the good work which deserved success attained it. The President, Sir Robert Christison, and all the local officers must be congratulated on the completeness with which in nearly every case their intentions were fulfilled; while the Association at large, and especially of course the members who attended the meeting, owe a large debt of gratitude for the unsparing labour, the thoughtful preparation, the unstinting liberality, and the cordial good-will which the profession in Edinburgh lavished on them at this meeting. We have the satisfaction of knowing that the entertainers at the close of their labours are justly gratified by the signal success of the great professional meeting which they organised, and feel that their work has not been in vain. The recollections which all will long retain of the Edinburgh meeting are of the most agreeable kind. The first and most striking impression which has been produced is, we believe, that which every such great gathering is likely at once to make. The social influence of an assemblage of over a thousand members of one profession is in itself the creation of a power: the contagion of vast assemblies is potent: the atmosphere of good fellowship, of academic impulse, of learned emulation, of professional self-respect, which pervades such a gathering in so great an university, under so cultivated and eminent a President, and addressed by orators so skilled and highly cultured—such an atmosphere widely diffuses itself; it cannot be breathed for a week together without influencing the individual mind. The meeting presented at every side aspects worthy of respect, and which could not but give birth to impressions at once useful and agreeable to all who took part in it, or who attentively considered it. Many hundreds of old graduates returned to find their Alma Mater more flourishing than ever, extending widely her habitation, varying her methods of examination, enlarging her power of teaching, and showing that with the experience of age may be combined the elasticity and vigour of youth. Those to whom the Edinburgh medical schools have hitherto been only a name, have learned to connect with well known names the precise ideas and associations which belong to the concrete facts. The systems both of teaching and of examination in Edinburgh are well worthy of attentive study, and the men who administer both were there to explain and to describe them. Sir Robert Christison, wisely, as we think, chose this opportunity to discuss historically and critically the rise and progress of the Edinburgh University system. We totally differ from a writer who thinks the occasion ill chosen, and we feel sure that the President's address will be consulted with advantage and with interest for years to come, by all who are interested in the development of medical education. Such an interest every member of the profession must fairly be held to have; nor could any more suitable topic be found on which to address such an assemblage of medical men as met in Edinburgh, than to trace the history of its great Medical Faculty, to describe its methods of instruction and examination, and to endeavour to ascertain how it has become great, whether its methods are suitable for general adoption, and what are the principles which may be discovered by examining its past and present circumstances. Sir Robert Christison is peculiarly well qualified by his calm and judicial quality of