allowing any of the next year's work to be commenced. The curriculum thus divides itself into four definite portions, as separate and distinct as the water-tight compartments of a ship. The College has expended a large sum in improving its school, which may now be considered as one of the best arranged in the kingdom.

I have now to bring under your notice an event of no small importance to all who take an interest in general and medical education in this country. I allude to the inauguration of the Royal University, which has been called into existence as a successor of the Queen's University, of which I would speak with all respect, as having done good service for education in Ireland, bringing high-class training to the doors of those who never otherwise could have obtained such inestimable advantages. Many of the alumni of the Queen's University are at this moment filling the highest positions in various parts of the empire, and reflecting honour on their Alma Mater, which has ceased to exist. The Royal University, however, is something more than a mere successor of the Queen's. The medical curriculum, like every other part, has been recast, remodelled, and excellent as was that of the Queen's, I hope improved. There are new features which are worthy of especial attention, and to which I would refer. The first is the requirement of one year of arts from the students in medicine; the other is the requirement of three months' clinical instruction in a hospital for the insane. I believe the Royal University and the University of London, are the only bodies into the curricula of which this course enters. The importance of an acquaintance with mental disease it would be difficult to overrate. Medical men have frequently been placed in positions in which their ignorance of the subject has been a source of regret and humiliation. It is no light matter that the medical witness has frequently to deal with when called to give evidence in courts of justice. In his hands may be the issues of life or death. The question as to responsibility or irresponsibility of the person accused of crime may rest on his decision; as may the rights of property, the question of testamentary capacity, of mental soundness or unsoundness. It might be supposed, from the neglect on the part of the medical authorities in requiring teaching in mental disease, that a knowledge of it comes by intuition; that every fairly educated physician should be as competent to undertake the investigation of mental disease as he is of bodily—to the study of which he has devoted years—albeit he may have never previously seen a single case. It would be no difficult task to point out the lamentable mistakes often made, and the disastrous consequences to the reputation of the medical man who has no acquaintance with the mind diseased. Insanity is said to be on the increase in all civilised countries. This may be so, or, like heart-disease, cases of it may be more regularly recognised and tabulated. Anyhow, it forms, unfortunately, no inconsiderable factor in our social life. Now, I do not for one moment mean that every medical man should be a specialist in psychology, any more than he should be a specialist in ophthalmology, but that, like the latter, I contend that he should have some training in it; that, for example, he should be able to discriminate between curable mental maladies—the results of worry and emotion—and incurable disease—caused by tissue-change or the cumulative tendencies of preceding generations. It is satisfactory to observe, in the report of the Visitors appointed by the General Medical Council, that the absence of the subject of mental disease from the curricula has been noticed. The report recommends "that the subjects of hygiene, ophthalmology, and mental disease will demand serious consideration, and perhaps admission, under careful limitation, as distinct elements of examination." It is to be hoped, from the fact that the omissions have been noted, the corporations will be induced to direct their attention to this much needed reform in medical education and examinations. When I remind you that this admirable report was the result of the self-sacrificing labours of men so eminent in the profession as my friends Dr. Gairdner, Professor of Medicine in the University of Glasgow, Mr. Teale of Leeds, and Mr. Stokes, Professor of Surgery in the Royal College of Surgeons in Ireland, I feel that it would be needless for me to say one word in the vain expectation of lending weight to their authority. The subject of special clinical instruction in fever was not omitted in framing the medical curriculum of the Royal University, following the good example set by the University of Dublin, and the King and Queen's College of Physicians. Upon this point I lay much stress, from the fact that I have known men, otherwise well educated, launched on the world, some with the degree of an university of the highest reputation, who have never seen a case of fever during their years of hospital attendance. At the first clinical examination of the Royal University, a candidate, to whom a case of fever was assigned,

refused to examine it, I need scarcely say with what result; and if the refusal were caused by cowardice, the sooner he seeks another calling, which does not involve danger to life, the better for him, and I may add, for the patients who may have the misfortune to fall into his hands. I doubt not you will excuse my dwelling on the subject of the Royal University, because I feel to some extent responsible for its medical curriculum—a responsibility, however, which I share with my medical colleagues of the Senate. We endeavoured to perform our duty influenced by a conscientious desire to send out a body of graduates well trained, and in this effort we were aided, one and all, by the non-medical Senators. Short a time as the university has been in existence, we have to deplore the loss of one, honoured and respected by us all, who by his great experience as a hospital physician and teacher was of incalculable value in our deliberations on the subject of the curriculum of the Royal University. The Duke of Abercorn, in his admirable and eloquent address at the inauguration of the University, well described our lamented friend, and late president of this Branch, Dr. Hayden, as "a physician of great eminence and remarkable ability." I have always held the opinion that all who aspire to the highest rank in our profession should have a full education in arts, a requirement, I am proud to say, demanded by the ancient university, with which I am more intimately connected than with the new.

If we dispensed with the year of arts and made our medical curriculum more facile, we might attract more students to our portals, but would we be doing our duty to our profession or to the public? We, above all things, have endeavoured that they should be safe practitioners of medicine, surgery, and midwifery. We trust that, like the old goddess of wisdom, springing in full panoply from the head of Jove, they may enter the lists fully equipped to fight a good fight, in the war which it will be their duty to wage against disease and death.

I fear I have trespassed at too great length on your attention, but I must notice one other event which is of surpassing interest. I refer to the amalgamation of the four medical societies of Dublin into one Academy of Medicine in Ireland—"C'est l'union qui fait la force." Separate, they have done good work in the past, and now that they are welded together, we may hopefully look forward to a development of fresh vigour and renewed energy. It has been my lot to have received many favours at the hands of my professional brethren, but on no mark of their approbation do I reflect with greater gratification than that I have been deemed worthy to be the first president of the Royal Academy of Medicine in Ireland.

THE SALICYLATES AND HÆMORRHAGES IN ENTERIC FEVER.

By JAMES FERGUSSON, M.B., Perth.

AT a time when salicylic acid and its compounds are receiving so much attention, may the following facts be regarded as at least worthy of statement? Last year, while resident in the infirmary here, I had an opportunity of testing the efficacy of certain drugs as antipyretics in enteric fever. These agents were used successively, each over a group of cases, and included the salicylate of soda. The latter had not been long in use when an increased frequency of hæmorrhages from the bowel raised the question, Could the salicylate be favouring the production of that complication of the malady? Whether it were or not, the suspicion aroused dictated the withdrawal of the salt from use in cases of typhoid. Shortly afterwards, I noticed that a foreign observer had reported the salicylate of bismuth, and, I think, also, salicylic acid (though of the latter I cannot be certain, as I am not able now to find the report in question), to cause intestinal and nasal hæmorrhages. The subject would not have been revived by me at present, but for the recent experience of my successor in the resident's office of the above-mentioned institution, Dr. H. McLean Wilson, who joins me in placing the facts before the readers of this JOURNAL. Dr. Wilson, in having recourse to the soda-salt in typhoid, found the same striking frequency of hæmorrhages to follow closely. His employment of the agent differed from mine, in that he administered small doses of ten to fifteen grains frequently over the twenty-four hours, while I gave half-drachm or drachm doses at longer intervals apart. In the other respect, however, our experiences have been so similar as to warrant the facts being brought under notice, so that the important practical question involved may, if possible, be decided by the evidence of a number of observers. I hope you may favour such an inquiry.