found in a highly-inflamed state, and between its layers was a quantity of coagulated blood, which appeared to have come from one of its arteries which was found open; the blood found in the cavity of the abdomen appeared to have proceeded from a large ulcer on that portion of intestine which had been strangulated, (and which proved to be the lower portion of the ilium just at its junction with the cœcum,) laying open several of its vessels, and completely perforating the intestine; some of the blood also appeared to have come from a part of the intestine farther up the tube, in a way almost similar to a transudation through its coats, as no distinct orifices of vessels could be discovered, nor any mark of ulceration; but the dark colour of these portions of intestine and the adhesion of a quantity of coagulum to their surfaces, sufficiently proved that they had been the source of some of the hæmorrhage. The epigastric artery was quite safe, and the internal ring had not been cut at all; the stricture was found to have been situated within the inguinal canal at a short distance from the internal ring. The liver was small, and appeared very pale and unhealthy; the testis of the right side was much less than the one of the opposite side, and also much softer; it was also situated much nearer the external ring; the internal ring was quite pervious, and did not appear to have ever been united.

From the circumstances above mentioned, viz. the open state of the internal ring, and the situation of the testis, Mr. Greenhow was induced to suppose that the testis of the right side had never descended into the scrotum till the day the hernia became strangulated, but being then forced out of the abdomen by the violent exertion the patient had been using, had opened a passage for the bowel, by which it could not be returned, and consequently strangulation necessarily followed.

CONFERENCE ON MEDICAL REFORM.

Third Meeting of the Delegates, Saturday, February, 6, 1841.

Dr. MACARTNEY, F.R.S., in the chair.

Present—*Provincial*, Dr. Macartney, Dr. Forbes, Mr. Ceely, Mr. Wickham, Dr. H. Green.

British, Dr. Webster, Dr. Hall, Mr. Evans, Mr. Davidson, Dr. R. D. Thomson.

North of England, Mr. Carter.

Cornwall, Mr. Grainger.

Glasgow, Mr. Farr.

The minutes of the last meeting were read and confirmed.

Dr. Webster read a letter from Dr. Barlow, explaining the reason of that gentleman's absence from the conference; and one from Dr. Miller, secretary of the Glasgow Medical Association, delegating to him power to act, or to appoint another person to act, as a delegate from that body in this conference. The members of the Glasgow Association, Dr. Miller states, *entirely* disapprove of Mr. Warburton's Bill. The Bill of Mr. Hawes they think much better suited to the wants of the profession, although defective in many important points, and that of Dr. Webster as well calculated to improve and elevate the condition of the profession.

Dr. Webster, in pursuance of the authority vested in him, nominated Wm. Farr, Esq., to act as delegate of the Glasgow Medical Association.

Mr. Grainger stated, that being compelled to leave town for a few days, he had obtained the consent of the Cornwall Medical Association to substitute his colleague, Mr. Pilcher, as their delegate.

After some discussion, wherein the delegates expressed their opinion as to the importance of the same gentleman continuing to officiate for the body by which he was deputed during the whole of the proceedings, it was agreed that Mr. Pilcher was at liberty to represent the Cornwall Association.

The Secretary read a letter addressed to the chairman by Dr. Cowan of Reading, apologizing for his absence, and stating his impression that it was most improbable that Parliament would seriously entertain any system of reform independent of, and unsanctioned by, the corporations, and that the co-operation of these bodies should be sought in framing a plan of reform.

Mr. Carter observed, he had always understood that one of the duties of this conference would be to confer with the corporations, and endeavour to procure the co-operation of those bodies in the accomplishment of medical reform.

Dr. Macartney, Dr. Webster, and others, coincided in this view.

A discussion ensued respecting the next general principle of reform which should be considered.

Mr. Wickham thought the constitution of the governing bodies should come next in order.

Dr. Forbes moved, and Mr. Davidson seconded, the adoption of the following resolution:—

"That in the opinion of this meeting the incorporated body of the profession in each kingdom should elect a governing council."

Dr. Macartney thought the elective franchise should be confined to qualified practitioners of ten years' standing.

Mr. Wickham was of opinion that some such limitation should exist.

Dr. Forbes consented to modify his motion to the following:—

"That a council shall be elected periodically, in each division of the United Kingdom, from and by the incorporated members of the profession resident therein."

Mr. Davidson seconded the motion.

Dr. Macartney thought no one should be elected who did not possess a diploma or degree.

It was remarked, that such a provision would exclude persons who were in practice before the year 1815.

Dr. Webster thought the councillors should be men of at least ten years' standing in the profession.

Mr. Carter said, the qualification of electors had yet to be considered; it would be fixed before any election took place; he agreed with Dr. Webster's remark.

The motion was put and agreed to.

Dr. Marshall Hall read a letter which he purposed addressing to Sir R. Peel on medical reform.

Mr. Wickham thought the qualification for a degree, as well as that for a license, should be fixed by the councils, and that the examination for honours should be conducted by those bodies; the

degree itself might be conferred by such university or college as the candidate might prefer.

Dr. Webster thought the suggestion was deserving of consideration.

Mr. Davidson suggested that the written opinions of the council of the British Medical Association, on the formation and functions of a senate, might now be read.

Mr. Wickham thought that until the functions of the council were determined, there could be no adequate means of knowing whether or not a senate might be required.

Dr. Forbes thought that uniformity of operation between the three divisions of the kingdom could not be secured without a senate.

Dr. Webster stated, that the senate might be looked upon either as a body representing the councils, a kind of delegation, or as an executive body. If viewed in the former light, the British Association had considered that one delegate from each council would be sufficient, but that more would be requisite if the senate were entrusted with power to make by-laws, &c.

Dr. Forbes thought it would be unnecessary at the present moment to decide between the two plans.

Mr. Wickham moved, "That in the opinion of this conference it is expedient that a senate should be formed."

Dr. M. Hall seconded the motion, which was unanimously agreed to.

It was considered that the leading principles of reform had now been settled.

Dr. Webster, at the request of the meeting, read the suggestions of the council of the British Medical Association as to a Medical Reform Bill.

It was resolved, that the next meeting be held on Thursday, at three o'clock P.M.

Fourth Meeting of the Delegates, Monday, February 8, 1841.

Dr. Macartney, F.R.S., in the chair.

Present—*Provincial*, Dr. Macartney, Dr. Forbes,

Dr. Green, Mr. Ceely.

British, Mr. Davidson, Mr. Evans, Dr. R. D. Thomson, Dr. Marshall Hall, Dr. Webster, Dr. Grant.

North of England, Mr. Carter.

Cornwall, Mr. Pilcher.

Glasgow, Mr. Farr.

Gloucestershire, Mr. H. W. Rumsey.

The minutes of the last meeting were read and confirmed.

Mr. H. W. Rumsey appeared as deputy from the Gloucestershire Medical Association, and read a series of resolutions passed by that body respecting medical reform.

Mr. Carter proposed that, in the opinion of this conference, uniform arrangements should be enforced throughout the United Kingdom with regard to medical education.

Dr. Green seconded the motion.

Dr. Marshall Hall and Mr. Farr opposed it; a uniform test of qualification was all that should be required; each educating body should make its own regulation with respect to education.

Mr. Davidson opposed the motion.

Mr. Rumsey thought the question might be more advantageously considered at a future time.

Drs. Macartney and Forbes were in favour of specified educational arrangements.

At the instigation of Dr. Hall, the motion was thus modified:—

"That this conference thinks it desirable that uniform arrangements should subsist in respect to medical education throughout Great Britain and Ireland."

This resolution was agreed to.

A letter was read from Mr. Wickham, suggesting that conferences should be held with the corporations, which bodies he would comprehend in any new scheme of medical polity. Mr. W. thinks they should be supported by the fees payable hereafter for diplomas.

Dr. Green proposed, "That, in the opinion of this meeting, it is expedient that existing medical institutions be respected, provided their existence can be rendered compatible with uniformity of qualification, equality of privileges to practise medicine, and a fair system of representative government."

Mr. Carter could have no objection to second the motion, seeing that it was not inconsistent with the views already adopted by the conference.

Dr. Webster thought it unnecessary, at the present moment, to take cognisance of any existing corporation: the delegates should proceed with their own plans of reform, and afterwards confer with the colleges and other bodies.

Dr. Forbes thought the motion was harmless, but would come with greater propriety at a more advanced stage of the proceedings.

Mr. Farr and Mr. Davidson thought the present corporations should no longer possess the power to license practitioners; their arrangements relative to internal self-government would not be interfered with.

Dr. Marshall Hall moved an amendment, which was seconded by Mr. Davidson:—"That this conference respects, in the fullest manner, all existing institutions, as far as this is compatible with incorporation of the whole profession, on the principle of representation, uniformity (tested by examination) of qualification of privileges, rights, and immunities."

The amendment was carried, Dr. Green, the Chairman, and Mr. Carter voting for the original proposition.

Dr. Webster proposed, and Dr. Forbes seconded, the motion,—

(5.) *"That no unlicensed person should hereafter, in the opinion of this conference, practise medicine without being subjected to a penalty."*

This was unanimously carried.

Mr. Carter proposed, and Mr. Farr seconded, the motion,—

(6.) *"That a registry should be kept of all persons who should receive a license to practise medicine."*

A discussion then took place relative to chemists and druggists, and as to the propriety of including any regulations bearing upon them in a Medical Bill.

Dr. Webster thought that some representation should be made of the present want of adequate control over chemists and druggists.

Dr. Marshall Hall thought the subject should be entirely excluded from a Medical Bill.

Dr. Forbes thought it should be noticed by this conference.

Mr. Farr and Dr. Thomson expressed a similar opinion.

Mr. Carter, impressed with the importance of this subject, would propose,—

(7.) *“That, in the opinion of this conference, it is highly necessary to the public health, that measures should be taken by the Legislature to secure a proper superintendence over the trade of chemists and druggists, as by license and registration, and by such other means as Parliament should think proper to adopt.”*

Dr. R. D. Thomson seconded the motion, which, after some remarks in support of it from Dr. Webster, was unanimously passed.

The Secretary then commenced reading the suggestions of the British Medical Association respecting the incorporation of the profession.

On the motion of Mr. Farr, seconded by Mr. Davidson, Provision 1 was agreed to, after a short discussion as to the admission of qualified quacks into the electoral body.

Dr. Macartney protested against the admission of practitioners keeping open shops for the sale of medicine.

Provision 2 of the heads of Bill was agreed upon.*

Dr. Macartney having left the chair, Dr. Forbes was requested to preside.

Provision 3 being read, the number of councillors for each county was reserved for future consideration.

Provision 4. Election of a president was carried.

Provision 5. The senate.

Dr. Forbes thought there should be an educating body distinct from the governing councils. He read a statement of his views upon the formation of a new educational establishment, to which he would confide the making of regulations for education, and the granting of a primary grade in medicine. The medical councils would still have power to examine all persons applying for their license, and the universities might grant degrees as heretofore.†

Dr. M. Hall insisted on an election of the senate by the councils; it was necessary there should be a connexion between the two.

Dr. R. Dundas Thomson thought Dr. Forbes's observations were most valuable, but they involved questions which could not be considered at present; he thought that the senate ought to consist of delegates from the councils.

The Chairman begged that gentlemen would state their views respecting the construction of the examining boards for licentiates to practise medicine.

Mr. Farr moved, and Dr. Thomson seconded, “That the councils should appoint the examining boards, one half of which should consist of persons chosen by concours, the remainder of members of the councils.”

Mr. Carter proposed as an amendment, “That there should be one examining board appointed in each capital of the United Kingdom.” As the conference had determined to invite interviews with the corporations, he thought it was by no means necessary that its members should pledge them-

selves to the *manner* in which such boards should be formed. They might, at this time, adopt the principle that there should be one board in each capital, without specifying by whom it should be chosen, until after the opinions of the corporations should become known, for they might possibly suggest some plan which, while it would give effect to the principle of having but three boards, would not deprive the corporations of all share in their construction.

Professor Kidd was an advocate of one board in each capital, but he had suggested that each of the present examining bodies should be represented therein; one-half of the board being nominated by them, the other by the profession at large, or, in other words, by its representative governing council. It would be time enough to pass a resolution similar to the one proposed by Mr. Farr, when it was found that the corporate bodies would not co-operate with the conference in giving effect to their principles. It was possible that a participation in the appointment of examiners, and a share in the fees of persons examined, would obviate the hostility of existing corporations to a new system of medical government.

Mr. Ceely seconded the amendment.

Dr. Webster remarked, that if the corporations were to participate in the formation of the boards for examining licentiates to practise, they would no longer be looked upon as honorary establishments. He thought the conference should proceed with its plans irrespective of existing bodies; the views of the former might be modified after consulting with the latter.

Dr. Grant spoke at great length in favour of conciliation being exercised towards old establishments, whilst endeavouring to construct new ones. Reform, to be safe, should be gradual—the co-operation of existing bodies should be sought. We wanted reform, not revolution; the corporate institutions should, if possible, be amalgamated, and should enter into the formation of the examining boards. The latter should be wholly distinct from instructional establishments. He did not think the concours was likely to answer in the case of examiners, although he could conceive nothing more intensely calculated to promote ambition among rising medical men than the competition by concours now proposed.

Mr. Farr consented to propose his motion without the latter clause, and moved, “That the examiners should be appointed by the councils.”

Dr. Thomson concurred, and seconded the motion.

Dr. Macartney thought there should be one board of examiners for the three countries. The examinations should be conducted before assessors, who should decide on the validity of the candidate, the examiners simply conducting the inquiries into his qualifications.

Dr. Webster supported the motion: on being put, there appeared—

<i>For the motion.</i>	<i>For the amendment.</i>
Dr. Forbes.	Mr. Ceely.
Dr. Webster.	Mr. Carter.
Dr. Hall.	
Dr. Thomson.	
Dr. Farr.	
Mr. Davidson.	

Dr. Grant, after some explanation, supported the motion.

* These are the clauses of Dr. Webster's bill to which we have frequently alluded. It seems passing strange that their provisions should not have been made known to the public by the committee of the conference. Had we foreseen that suppressions of this kind were to take place, we should have declined altogether publishing any portion of the proceedings of the conference.—Eds.

† Published in the Provincial Journal, No. 24.

Dr. Macartney protested against both.

It was then proposed that two classes of examiners should be chosen: the *permanent* or resident examiners, and the non-resident; the former to be chosen by concours, the latter by the councils.

Mr. Farr explained that the former would be wholly occupied in their vocation, and would not be allowed to engage in other duties. They would be a consulting board in matters relating to public health, as in the testing of poisons, in questions of medical jurisprudence, &c.

Dr. Grant could not perceive the necessity of disconnecting the examiners from other employments than those specified. They would be more likely to be qualified for their office by a life of active employment, as in teaching, than by one of the character in question.

Dr. M. Hall thought they would have occupation enough.

Dr. Macartney thought the concours would form a bad corps of examiners. He could not see why one part of the board should be chosen differently from the other.

Dr. R. D. Thomson supported the appointment of examiners, by concours, in a long speech.

Dr. Webster alluded to the University of London, in exemplification of the present system of appointing examiners. The concours would have provided a more efficient board.

Dr. Forbes said, the fault was owing to the mode in which the senate of the university was appointed; they were irresponsible, and they chose examiners from their own body. Such would not be the case under a representative form of government.

Mr. Carter thought it might be left to a representative council to settle its own mode of appointing its examiners. The conference need not decide the question.

Dr. Webster thought the principle of the "concours" should be acknowledged; and it having been proposed that *part* of the examiners should be chosen by concours, there appeared

<i>For the motion.</i>	<i>Against.</i>
Dr. Webster.	Dr. Grant.
Dr. Hall.	Dr. Forbes.
Dr. Thomson.	Dr. Macartney.
Mr. Farr.	Mr. Ceely.
Dr. Davidson.	Mr. Carter.

Dr. Forbes thought the concours decidedly applicable to the case of lecturers, but not of examiners; it was also well adapted to young men at college, but would not be submitted to by persons established as first-rate practitioners; they would fear that their reputation might be injured by defeat: there were many qualifications for an examiner which the concours could not ascertain, such as temper, judgment, &c. He did not think this method was suited to this country.

The meeting was adjourned until Tuesday, at a quarter before four o'clock.

FOREIGN MEDICAL LITERATURE.

CLINICAL REMARKS ON AMAUROSIS.

BY M. PETREQUIN.

M. PETREQUIN, surgeon to the Hotel-Dieu of Lyons, has published some practical observations

on amaurosis, in the "Annals of the Society of Bruges." The author distinguishes several species of amaurosis, and applies to each a peculiar mode of treatment.

The first species of amaurosis described by the author is the *asthenic nervous* form; it is the simplest, but not the most common species; is usually met with in weak or debilitated persons, and is caused by the prolonged action of light, by distress, age, narcotics; in a word, by any debilitating agency, either local or general. The progress of the disease is slow, and it is unattended with pain; the sight gradually gives way: there is a sensation of cloudiness with dilatation of the pupil, and diminished contractility of the iris, dulness of countenance, &c., but without any symptoms of irritation or congestion. Although writers generally agree in regarding this as a dangerous form of amaurosis, the author assures us that he has employed the following means with very great success: 1st. Strengthening diet, with preparations of iron, bark, &c.; 2nd, Stimulating frictions with the tincture of nux vomica; aromatic fumes, blisters on the forehead, dressed with strychnine; electricity, &c.

M. Petrequin always applies strychnine by the endermic method. He excites a blister by means of the ammoniacal paste; then removes the epidermis, and powders the surface with a mixture of strychnine and any convenient vehicle. He has also found it advantageous to rub the temples and forehead with an alcoholic tincture of nux vomica, prepared by treating four ounces of the nux with a quart of brandy. The author relates three cases of asthenic amaurosis cured by the above means. In the last, which depended on a general state of debility, the patient was cured in twenty-six days, although he had been six months ill, and had tried without effect every other mode of treatment. Some cases of amaurosis produced by the action of lightning, and also cured in the same way, are related.

The second species of amaurosis, according to M. Petrequin, is the *verminous*. This form is rare, but the author cites some examples. In one case, that of a girl, twelve years of age, the loss of sight was restored under the use of vermifuge remedies. In recent cases the amaurosis disappears as soon as the worms are expelled; but, in others of longer standing, the disease persists for some time, although its cause has been removed. The author next examines *traumatic* amaurosis. This species is usually attended by congestion, and should be combated at first with antiphlogistics and derivatives. It may afterwards assume the characters of asthenic amaurosis, and must then be treated by the means already noticed. The following examples are given by the author.

A man, twenty years of age, fell from the first story of a house; he was taken up with loss of consciousness and of vision of the right eye, with partial paralysis. Local and general bleeding, purging, &c., were employed. A few days afterwards the man had completely recovered from the effects of his fall, but vision remained imperfect. As there was no symptom of irritation or congestion, Mr. Petrequin resolved on employing the tincture of nux vomica. The diplopia was soon removed, but the tincture had been all used; and its employment was suspended: the diplopia re-