auriculo-ventricular valves sound. Through one of the pulmonary valves, near its angle of union with an adjoining valve, was a perforation nearly the size of a small goose-quill. A tolerably firm fibrinous coagulum was found in the pulmonary artery and its branches, extending, by minute prolongations, to the fifth divisions: these were made evident, by withdrawing them in a continuous mass with the forceps.

The left auricle and ventricle were occupied by a large quantity of black grumous half-liquid blood. A large portion of the mitral valve opaque, and a little thickened; otherwise healthy. The aortic valves thickened, and rather rigid at their attached margins; whilst the free margins presented a remarkably healthy appearance for their age.

The left ventricle was much dilated; its apex much broader, and more prolonged than natural: the parietes somewhat hypertrophied; and the muscular fibres of the whole organ were pale, flabby, and weak.

The aorta, which was small and narrow, pursued its usual course, but gave off the left vertebral artery between the left common carotid and left subclavian. The entrance to the arteria innominata was contracted, and slightly irregular.

Many small irregular yellowish opaque patches were seen under the lining membrane of the thoracic aorta and the ascending portion of the left subclavian artery. In most of the parts so affected, the internal membrane was much softened, breaking down under slight pressure: at three or four points it was destroyed to a small extent, admitting a thin layer of dark matter, probably altered blood, separating it in a slight degree from the subjacent tissue: this latter state was noticed near the origin of the arteria innominata and the commencement of the descending aorta. The whole length of the abdominal aorta was full of black grumous blood; its parietes thickened; the lining membrane opaque, and raised by the sub-deposition of hard, almost bony matter.

Guy's Hospital Reports, April, 1841.

CONFERENCE ON MEDICAL REFORM.

Second Meeting of the Delegates, Thursday, February 4, 1841.

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

Present—*Provincial Association*, Dr. Macartney, Dr. Forbes, Mr. Ceely, Dr. Cowan, Mr. Wickham, Dr. Hennis Green.

British Medical Association, Dr. Webster, Mr. Davidson, Mr. Evans, Dr. M. Hall, Dr. R. Dundas Thomson.

North of England, Mr. Carter.

Cornwall Association, Mr. Grainger.

The minutes of the preceding meeting were read.

A discussion took place as to the publication of the proceedings.

Dr. Forbes proposed, and Dr. Webster seconded, a motion, that the proceedings should not be published from day to day, but that, at their termination, a publishing committee should be formed, and through their agency a digest should be printed and published; but that, in the interim, the conference should have a discretionary power

to publish any part of their proceedings, if such a course should be deemed requisite. The motion was put from the chair, and carried unanimously.

Dr. Webster proposed that each section of delegates should explain the powers entrusted to them.

On behalf of the delegates from the Provincial Association, Dr. Forbes stated that the central council had forwarded to their delegates resolutions to the following effect:—

1. That in any new arrangements existing corporate bodies should be duly respected.

2. That neither the bill of Mr. Warburton nor that of Mr. Hawes was satisfactory to the council.

Dr. Cowan maintained that a general medical faculty would be ruinous to existing institutions; and in opposing its formation, he thought he was only acting in conformity with the resolutions of the central council of the Provincial Association.

Dr. Forbes could not see anything inconsistent, with all proper respect for the present medical corporations, in the establishment of a national faculty or incorporation of the profession.

Dr. Macartney was of opinion, that the respect which should be shown to existing corporate bodies should not be allowed to compromise the public interests.

Mr. Grainger inquired if the provincial delegates were at liberty to support the establishment of a faculty, if it were found that such an institution were incompatible with the continuance of existing corporate bodies.

Mr. Carter, as a member of the Provincial Association, could perceive nothing in the resolutions of the central council which was at variance with the report of the medical reform committee of the same association. That report insisted on the incorporation of the profession, at the same time that it expressed a desire that all due consideration should be shown to existing interests and bodies. The report was unanimously adopted; and its author, Dr. Barlow, was the individual who proposed that power should be given to the central council to take such steps as they might deem expedient for promoting medical reform until the next general meeting of the association: a motion seconded by Mr. Carter.

Mr. Ceely was of opinion that the instructions he had received were by no means inimical to the incorporation of the profession into a faculty.

Mr. Wickham could not see clearly how such an institution was to be established, without divesting the present corporations of their authority and their pecuniary resources. He should like to hear the subsequent heads of the Bill read before forming an opinion.

Mr. Davidson asked, if the provincial delegates represented the association, or the central council only.

Dr. Macartney replied, that they were appointed by and were the representatives of the council. He was of opinion, that if the officers of the present corporate bodies were hereafter to be elected by the members thereof, that a general council or governing board might be composed of a certain number of those officers chosen from and by the councils of their respective corporations.

Dr. Webster read a portion of the report of the reform committee of the Provincial Association adopted at Southampton last year, wherein the establishment of a faculty was distinctly recog-

nized and advocated. He also read extracts from a letter addressed to him by Dr. Barlow relative to the same point.

Dr. Forbes was of opinion that the time had not arrived for considering the privileges of the corporations in connexion with a new system of medical government.

Mr. Carter thought that such discussion should be deferred until the 5th clause of Dr. Webster's Bill, relating to the establishment of a general medical senate, was taken into consideration.

Mr. Wickham had no objection to pass over the first clause.

Dr. Cowan thought that the whole Bill should be read, that members of the conference might see the connexion of one part of it with another. This being assented to, the secretary read the Bill.

Mr. Grainger stated that he felt himself bound, not less by duty than by inclination, to act in conformity with the principles of the Cornwall Medical Association, which are as follow:—

"That all legally-qualified practitioners shall form a faculty of medicine, who shall elect a senate for each capital of the United Kingdom; that these senates should be subject to the same laws and regulations, and shall form by-laws for the government of and protection of the faculty. That the members of the existing medical corporations shall be invited to take part in the formation of the first senate. That all candidates for degrees in medicine shall be publicly examined by a board elected as the senate shall suggest. That a high medical qualification shall be demanded from candidates, who shall receive equal rights, titles, and privileges; and that a register shall be kept of the names of the members of the faculty, and that no one whose name does not appear in the register shall be entitled to practise. That no member shall sell drugs, or compound medicines, unless prescribed by himself, or others in consultation with him, and for his own patients, except by special license."

Dr. Webster said, that the delegates of the British Association were left at liberty to use their discretion, so long as they kept in view the principles which had been invariably upheld by that body.

Mr. Carter made a similar statement relative to the North of England Medical Association.

Dr. Forbes suggested that it would expedite the business of the conference if a few general principles were, in the first place, agreed upon by the delegates.—This suggestion was acquiesced in.

Mr. Grainger accordingly proposed,

1. *That the representative system of government be considered by this conference as an essential principle of medical reform.*

Mr. Evans seconded the motion.

Mr. Wickham thought that if this principle were acted upon, it would require to be controlled by many checks. He could by no means see the necessity for its adoption.

Mr. Davidson observed, that the provincial delegates were bound to support the principle by the recorded sentiments of their parent body.

A discussion now took place as to the mode of taking the sense of the meetings on the various topics which should be brought before them, and it was resolved unanimously,—That when a very general feeling should prevail in favour of a given

opinion, those who might not acquiesce in it should enter a written protest against its adoption.

Dr. Cowan and Mr. Wickham desired that the following protest should be recorded on their behalf:—

We agree that medical reform is requisite, and that the representative principle is desirable, if it can be found to be practicable, but we do not regard it as an *essential* feature of reform.

The other delegates were unanimously in favour of Mr. Grainger's motion, which was accordingly declared to embody the opinion of the conference.

Dr. Green read a letter from Mr. Crosse of Norwich, expressing the regret of that gentleman that he could not be present in his capacity of a delegate. Mr. Crosse observes,

"I humbly conceive that no change can be satisfactory, unless it goes to the extent of making medical education and legal qualification to practise uniform throughout the empire, with liberty to reside in any part of it. Moreover, I deem it absolutely essential that there should be an annual registration of all gentlemen legally authorized to practise, specifying residence and grounds of qualification. The above general principles being kept in view, we should respect existing institutions to all the extent practicable; but I am an enemy to all partial patchwork, unsystematic legislation, and to the maintenance of privileged corporations for local and individual purposes."

2. Dr. Forbes proposed, "*That, in the opinion of this conference, there should be an uniform test of qualification, and equal privileges for all persons who shall hereafter be licensed to practise medicine in the British dominions.*"

The motion was seconded by Dr. Marshall Hall.

Dr. Macartney thought an examination was no proper test of qualification. He contended there should be one standard of education for all practitioners: he would have no insufficiently educated medical men.—The learned gentleman then read an extract from a paper written by himself, wherein this principle was advocated.

Dr. Cowan suggested that the word *minimum* should be substituted for *uniform*.

Mr. Evans objected to the term *minimum*; it would tend to produce an erroneous impression, that the qualification must be of a limited and insufficient character.

Dr. Forbes could see no objection to both words being employed. When an uniform qualification was spoken of as a passport to medical practice, it did not follow that a still greater amount of knowledge might not be acquired, that the medical studies should not be prolonged, or that degrees in medicine or surgery should not be conferred on those who should prove, on a subsequent examination, that they were entitled to such honorary distinctions.

Dr. Webster maintained that the general practitioner received the highest medical education of any grade in the profession. He did not approve of one class of practitioners being provided for the rich, and another for the poor. The latter were more in need of well-educated medical attendants than the former. The poor man had, for the most part, no latitude of choice; but the rich could call into aid a plurality of opinions.

Dr. Cowan was strongly in favour of two grades. It was most desirable that encouragement should

be given for some members of the profession to devote themselves to learning and to scientific researches; whilst others were engaged in those active duties which would allow a comparatively imperfect pursuit of other objects than those of a practical nature.

Mr. Wickham was also an advocate for two grades.

Mr. Carter thought that this discussion was irregular; the question related to the qualifications of *licentiates* in medicine. The subject of grades would come under discussion at another stage of the proceedings—equal qualification of practitioners ought to be accompanied with equal privileges, and the abolition of exclusive rights of practising in particular localities. The Scotch licentiate should be at liberty to practise in England, and *vice versa*.

Dr. Cowan denied that equal privileges should be enjoyed by all practitioners, if more than one grade were to exist in the profession.

Dr. Forbes explained, that the higher grade would be an honorary distinction, but that it would not confer additional privileges, at least not legal ones.

Mr. Carter remarked, that the privileges of the higher grade would be perhaps, as they are now, conventional. The physician had not, at the present time, equal *legal* privileges with the general practitioner.—Mr. C. read an extract from a letter addressed to him by W. Wood, Esq., of Edinburgh, explaining that the College of Surgeons of that city were in favour of honorary degrees in medicine, but that they were of opinion that such distinctions should bestow no *exclusive* right or privilege.

Dr. Forbes's motion was then put, and agreed to unanimously.

3. Incorporation of the profession.

Dr. Marshall Hall moved "*That, in the opinion of this meeting, the legally-qualified members of the medical profession in great Britain and Ireland should be incorporated into three faculties, or corporations; one in England, a second in Scotland, and a third in Ireland.*"

This motion was seconded by Dr. Webster.

Dr. Cowan was persuaded that members of the new faculty would not go to the old colleges for admission: the latter would be converted into inferior bodies by the faculty; the present corporations would not submit to a casual or voluntary admission of members. And he thought that the changes involved in the proposal of Dr. Hall would be entirely frustrated by the powerful opposition of those bodies.

Dr. Forbes observed, that the Apothecaries' Company was the only legal qualifying body in England, and yet the colleges were repaired to.

Dr. Cowan thought that the colleges were preferred in public opinion, and therefore their diplomas and degrees were sought by the candidate for medical or surgical practice. If the colleges were corrupt, why should they be continued on any terms?

Dr. Forbes replied, that the existing medical institutions would be reformed, and might be made so many component parts of a new system of medical polity.

Dr. Marshall Hall did not think the licensing board would be a higher body than the universities and colleges: it would be a larger body. The in-

ability of the colleges to promote uniformity in the qualification of persons entering into practice, indicated forcibly the need of a new and general board.

Mr. Carter could not think that the mere admission of a licentiate of medicine into the College of Physicians by ballot, on the payment of a certain fee, should constitute him a graduate or doctor in medicine. Such a title should convey some meaning, it should not be an empty sound, and should not be procurable without some decided tests of superior attainments in medical science. He was an advocate for two grades in the profession; but he thought it was only fair towards the public, and just to the profession, that titles and degrees should be based on some clearly-defined and proper principle; that such was not the case at present, he need hardly stay to remark. Young men, at the age of twenty-one, were annually sent out into the world as doctors of medicine, because they had studied during four winter sessions in the university of Edinburgh. It often happened, at present, that the general practitioner was a man of vastly superior attainments to the graduate or doctor in medicine. Such anomalies should be put an end to; the title should be the mark of that which its name implies—of superiority of attainments. He doubted not there were different ways in which grades might be conferred; upon principles not only of justice, but of positive advantage both to the public and medical practitioner. He thought that the title of doctor should not be attainable by any man until he had reached the age of twenty-eight or thirty. An examination should be instituted for those who wished to enter the higher grade; and this should only be instituted, on condition that the candidate had previously possessed himself of the license of the national faculty, and that the grade should not be confined to men who possessed the largest share of pecuniary means. He would make it open to all who should pass the said examination, whether, during the interval which had elapsed from his taking the license, and applying to be examined for the degree, he should have been occupied in prolonged academical studies and hospital attendance, or in the actual duties of his profession. In some such way as this, he imagined that grades might be conferred with benefit to all: they might hold out an inducement for men of fortune to select medicine as a profession; and it often happened that such persons, being less solicitous about practice than their less wealthy brethren, were found to devote themselves to scientific labours and researches which were calculated to improve their art, and it was therefore desirable that there should be such men in the profession. On the other hand, the grade being open to every licentiate, without his being obliged to return to his academical pursuits after obtaining his license, would act powerfully as an incentive to continued exertion, and as a reward of industry. It would not, he thought, be well to strip the profession of distinctive titles—it would not tend to secure it the respect of the public in a country where titles and distinction were looked upon with consideration. It had been urged that the poor curate began life with the same education as the wealthy vicar. But were there no grades in divinity,—were there not M.A., B.A., and D.D., in the same university or faculty?—Were there not also distinctions in the bar? Were

there not serjeants and queen's counsel? And did not the church and the bar hold out rewards and inducement to industry, which the medical profession never could do? Would not the poor curate become the vicar, the prebendary, the bishop, the archbishop? Could not the lawyer become a judge or a chancellor—the keeper of the queen's conscience! He was of opinion that there should be two grades; and as a medical senate would be required for regulating the qualification of licentiates, he thought that to the same body should be confided the prescribing of the terms in which grades should be attainable. Such regulations ought not to be left to a number of different institutions, which had a pecuniary interest in the matter. These observations were somewhat misplaced. He had made them, however, because many persons supposed that by incorporating the profession into one faculty, there must of necessity be amongst its members but one grade: the term faculty was confounded with the word grade. It was quite consistent for men of different titles to be incorporated together; they were so in all our universities; and it was most desirable that this mistake should be corrected.

Mr. Ceely said, the last speaker had expressed his own sentiments on the subject of grades and of incorporation.

Dr. Macartney had no objection to ascending grades. He objected to the term lower grade, when it was used to imply that there should be one class of practitioners for large and wealthy towns, and an inferior class for rural or thinly-peopled districts.

Mr. Wickham was in favour of a protecting faculty and uniformity of qualification for a license. But should not the higher grade be conferred by the same board which gave the license? Might not a joint board be composed of existing corporate officers?

Dr. Forbes thought that a representation of the existing institutions might be infused into the councils of the new corporations or faculties.

Dr. Cowan suggested, that the conference might agree that the profession should be incorporated, without expressing an opinion as to the mode in which this should be accomplished.

Dr. Webster dwelt strongly on the importance of a faculty, both as relating to Government protection and qualification of medical men: he should reserve what he had to say respecting grades to another opportunity.

Dr. M. Hall's motion was then agreed to, and the meeting was adjourned until Saturday, 6th inst., at two o'clock P.M.

It was resolved,—That five members should constitute a quorum, and proceed to business, provided that three of the members should be of different associations from the remaining two.

HOUSE OF COMMONS.

MEDICAL INTELLIGENCE.

Tuesday, April 6.

Mr. Hawes gave notice that on the 22nd instant he would move the second reading of the Medical Profession Bill.

Mr. Hawes also presented a petition from Cockermouth, in favour of his bill.

Mr. Wakley has given notice that he will move the addition of the following clauses, relative to medical relief, to the Poor Law Amendment Act.

1. That no medical district in any parish or union shall be larger than ——— square miles.

2. That no medical district in any parish or union shall contain a greater number of inhabitants than ———.

3. That the system of letting the medical treatment of the poor by tender be abolished.

4. That no medical officer, or relieving officer, or governor of any workhouse, in any union or parish, be allowed to be the registrar of deaths for any district in which such workhouse, parish, or union may be situated.

5. That no medical officer of any parish or union, or clerk to any board of guardians of any parish or union, be allowed to be coroner for any district, city, liberty, or borough, in which such parish or union is situated.

6, 7, 8, 9.

10. That the rector, vicar, or curate, and the churchwardens or overseers of any parish, shall be empowered to grant a "medical order," in case of illness happening to any pauper; and the pauper having such order shall be empowered to take it to a medical practitioner of his own selection; the said order to state the sum which shall be allowed for medicines and attendance in the case; such sum not to be more than ——— shillings, nor less than ——— shillings.

ROYAL COLLEGE OF SURGEONS IN LONDON.

List of Gentlemen admitted Members on April 2, and April 5, 1841.—Thomas Hore Graham, Thomas Johnson, Edward Menzies, John Charles Parrott, Thomas Longmore, Frederick Weatherly, Emanuel Swasey, Thomas Moore, John Charles August Franz, William Nerobegin, Richard Southby Otto Thring, Thomas Godfrey Heathcote, William Akid Rogers, Jeremiah Medlicott, Alexander John Shepard, Robert Trout Hawley Bartley, Alfred Emson, Thomas John Young, Thomas Jones, Thomas Taylor, Edward Frank Mecey, Dayrell Joseph Thackwell Francis, Hugh Stott, Henry Cox Mason Stead, Charles Gerhard Borehends.

BOOK RECEIVED.

A Complete Treatise on Venereal Diseases and the Immediate and Remote Consequences, including Observations on Certain Affections of the Uterus, attended with Discharges. By William Acton. Illustrated by an Atlas of Plates. Renshaw, London, 1841. 8vo. pp. 410.

Printed by THOMAS IBOTSON, of 105, St. Martin's Lane, in the Parish of St. Martin in the Fields, and GEORGE JOSIAH PALMER, of 20, Regent Square, in the Parish of St. Pancras, at their Office, No. 3, Savoy-street, Strand, in the Precinct of the Savoy; and published by JOHN WILLIAMS RUMSKY, at his Residence, No. 6, Wellington-street, Strand, in the Precinct of the Savoy.—Friday, April 8, 1841.