power to confer degrees has been disputed, this function being regarded as the exclusive prerogative of the Universities. It is now wishful to forego the *examination of graduates*, under certain conditions, but, as an equivalent, seems anxious that all physicians practising in England should hold its *license*.

The college is in favour of a uniform education for Doctors of Medicine graduating in each division of the kingdom, and, with this view, suggests the appointment of a controlling body, to which the bye-laws of the different Colleges of Physicians should be submitted for revision. But if, under such a body, the regulations for granting *degrees* can be assimilated, it may be a question whether the graduates of any university should be compelled to take the *license* of a college of Physicians, or whether they should not, on verifying their degrees, have a *right* of admission into the college of their division of the kingdom, with the privilege, on change of residence, to enter *ad eundem* into the college of another division.

The legislature, before extending the jurisdiction of the College of Physicians, will perhaps inquire what it has done—whether it has promoted the public welfare, fostered merit, encouraged science, or protected the medical profession; to none of which queries can a satisfactory answer be given. The council cherishes no vindictive feeling towards the college. On the contrary, it desires to see it remodelled, believing that a reformed college may occupy a most useful position under a new scheme of medical polity.

The College of Surgeons, faulty though the constitution of its council is, has yet made no declaration of any proposed amendments.

The Society of Apothecaries has published a manifesto, setting forth the changes to which they are favourable.

But the council repeats its advice to the association, not to abate its exertions, but to press onward in the cause of Medical Reform, and to urge the representatives of the North of England to give their parliamentary assistance in the work. There are many difficulties, but they are not insurmountable, and should act, not as discouragements, but as inducements to renewed and greater efforts. The progress of the last few months has been surprising, and gives assurance of ultimate success.

Dr. Brown, in moving the adoption and printing of the report, referred to the “golden opinions” which Mr. Carter had won, not only from his brethren in the North, but from the profession in all parts of the kingdom. Dr. B. advised the members of the association to be united—not only amongst themselves, but also with other bodies of a similar character—and success was certain.—(Applause.)

Mr. T. M. Greenhow moved the adoption of a petition to the House of Commons, of which the following is the substance:—

“That, in the opinion of your petitioners, the Bill for the better government of the medical profession, now before Parliament, is based on principles which are calculated to confer important benefits on the community.

“Your petitioners, therefore, humbly beg that those principles may receive the sanction of your Honourable House.”

Mr. Gregory seconded the motion, and it was at once agreed to.

Mr. Carter brought forward a petition in favour of certain clauses proposed to be introduced into the Poor-law Amendment Bill, to abolish the “tender system” in the appointment of medical officers in unions, and for other improvements in the medical relief of the poor.

Mr. Torbock having seconded the motion, it was adopted.

After the transaction of some private business, the thanks of the meeting to the President were moved by Mr. Dixon of Sunderland, seconded by Dr. Brown, and carried by acclamation.

The Chairman acknowledged the honour; and Dr. Brown then said, that he could not allow the meeting to separate, without paying a similar compliment to their invaluable Secretary. Dr. Headlam said, that he might not, as Chairman, be strictly in order, but still he claimed to second the motion; for sure he was that the association owed its efficiency chiefly to Mr. Carter.—(Applause.) Mr. Carter returned thanks, and observed, that the North of England Association, considered with reference to the extent of its district, could boast of a larger enrolment of medical men than any similar institution in the kingdom.

At 5 o'clock, the members and their friends, to the number of upwards of thirty, sat down to an excellent dinner in the Bridge Hotel.—*Gateshead Observer*.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

Thursday, April 15.—Council met.

Resolved—That petitions be presented to both Houses of Parliament, praying that such alteration may be made in the law as may render the medical charities of Ireland efficient, and regulate their administration, and that they shall not be subjected to the control or government of the poor-law commissioners; and also, that such amendments may be made in the vaccination act as will enable grand jurors to remunerate medical practitioners for the performance of that duty by annual salary, and not by a small sum for each case.

That petitions be also presented, praying that measures, proposed for the improvement of the medical profession, should be favourably entertained; and that provision should be made for the payment of medical witnesses.

That these petitions be entrusted, for presentation, to Lord Lansdowne and the Attorney-General; and that a circular be addressed to the members of the association, in the country, requesting them to cause the adoption of similar petitions.—*Dublin Medical Press*.

ACADEMY OF MEDICINE.

Paris, April 20.

DIVISION OF THE URETHRA; TWISTED STRUCTURE; ARTIFICIAL OPENING IN THE PERINEUM; CURE.

By M. RICORD.

A MAN, 30 years of age, consulted M. Ricord for complete division of the urethra, extending nearly half an inch from the meatus; the patient

laboured at the same time under gonorrhœa. The root of the penis was capable of complete erection, but not the glans. The action of copaiva and cubeb in this case demonstrated that these remedies cure gonorrhœa by modifying the urine, and not by acting as revulsives on the intestinal canal; for in this and other similar cases seen by M. Ricord, it happened that the portion of the urethra over which the urine passed, would be freed from disease under the influence of the medicines, whilst the glandular portion of the urethra was still affected.

As soon as the gonorrhœa was cured, M. Ricord undertook the cure of the hypospadias, but being convinced that no chance of cure existed as long as the urine continued to pass (even in a catheter) along the glandular part of the urethra, he resolved on making an opening into the membranous part of the canal, and drawing off the urine through it during the period of cure. This was accordingly done, and the edges of the urethral fissures having been pared off, they were brought together by alternate points of twisted and interrupted suture. Yet, in spite of every precaution, the urine, instead of flowing through the artificial opening in the perineum as was intended, flowed up to the glans, and all the labour was lost. M. Ricord also observed that the points of interrupted suture allowed the edges of the fissure to turn inwards. It required six weeks' attention before the whole of the urine could be made to flow through the instrument in the perineum. M. Ricord now brought the sides of the fissure again together by the twisted suture; the wound soon healed by the first intention, and when the union seemed sufficiently solid the instrument was withdrawn from the perineum, and a catheter passed through the meatus. The urine now flowed along its natural passage, and the perineal fistula gradually closed up, but in a few days the angles of the urethral wound opened, and gave exit to a little pus. One, however, is now completely closed; the other still discharges slightly. Before the operation, the semen escaped with the urine through the fissure; it now passes up to the end of the penis without being ejaculated, but as erection of the organ is complete, M. Ricord hopes that the function will soon be restored.

The members of the Academy examined the patient with much interest, and bore testimony to the brilliant results of this operation.—*Gaz. Med.* No. XVII.

CONFERENCE ON MEDICAL REFORM.

At the ninth and tenth meetings no business of importance was transacted.

Eleventh Meeting of the Medical Delegates, Monday, February, 22, 1841.

Present.—Dr. FORBES in the Chair.

Provincial Association, Dr. Forbes, Dr. Cowan, Mr. Wickham.

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

Irish, Mr. Carmichael, Dr. M'Donnell, Dr. Maunsell.

North of England, Mr. Carter.

South Devon, Mr. Smith.

Cornwall, Mr. Pilcher.

Glasgow, Mr. Farr.

The opinions of the conference, as stated to the president and vice-presidents of the Royal College of Surgeons, were read, and discussed *seriatim*.

To Clauses 1 and 2 Dr. Cowan objected: he could not see why a new and distinct faculty of medicine was required. Why should not the present boards, after being opened to their members, and after the election of their councils by those members, be so amalgamated as to form a joint body for the government of the profession. He thought such a scheme was much more feasible than the plan of a new representative system in connexion with a general incorporation of the profession.

Mr. Carmichael expressed his full concurrence in the clauses under discussion, and he believed the principle of a representative medical government was generally acquiesced in. He did not think the amalgamation of the different corporations, as proposed by Dr. Cowan, would operate beneficially: it had been attempted in Dublin, but had failed; the College of Physicians of that capital had refused to coalesce with the College of Surgeons.

Dr. Maunsell had no objection to the proposition of an incorporated profession in the abstract; his concurrence in any particular plan of carrying it into effect would depend on the details and probable working of such plan.

Dr. M'Donnell assented to the principle in question.

Clauses 3, 4, 5, 6, 7, and 8, were agreed to.

Clause 9, relating to the interdiction of unlicensed practitioners, gave rise to an animated discussion.

Dr. Maunsell objected to any coercive measures for the suppression of illegal practice; he thought that such would not be listened to by Parliament; and, indeed, that so long as medicine was an imperfect science, and many diseases were incurable, he was of opinion that it would be a most outrageous interference with the liberty of the subject, to prevent persons availing themselves of any advice they might please to take, if by taking it they could procure alleviation either of bodily suffering or of mental inquietude.

Dr. Webster thought that legislation in this matter was not so much required to prevent the more open kinds of quackery as the administration of patent medicines, but to protect the legal practitioner from the usurpation of his privileges by unqualified persons assuming the right to prescribe for diseases on principles which it was impossible they could have proper opportunities of understanding; he considered that if chemists and druggists were still to be allowed to act as medical men, any new legislative amendments would be of little use. The Master of the Apothecaries' Company had expressed a similar opinion in common with himself a few days ago.

Mr. Carter said the meeting was discussing an opinion, not the propriety of what should, or what should not, be sought for by an Act of Parliament. He thought all must agree in thinking, that the treatment of diseases should be undertaken by none but qualified men. There would be no inconsistency in adopting the opinion that no unqualified person should practise the healing art, and at the