pared to that of England or Ireland, it contains, besides its Colleges of Physicians and Surgeons of Edinburgh, other licensing bodies—viz, the University of Glasgow, the Medical Faculty of the same city, and the Universities of Aberdeen and St. Andrews. Yet the Scotch colleges will, I trust, find no difficulty among themselves of settling the proportion of delegates from each of the licensing bodies, to form the medical council of their nation; and the mode I am about to suggest of collecting the votes of so scattered a constituency in the United Kingdom, will be more easy than that proposed by Mr. Warburton in the draft of his bill for regulating the medical profession in 1840.

Each college will, or ought, to keep a registry of its members, each member being called upon to report his residence, and afterwards any change as often as it may occur, to the college from which he has received his licence. If he possess the diploma of more than one college, then let him make his selection in which he chooses to vote.

One month previous to the election of a member or members of council, circulars can be issued by each college to its members, conveying a printed form, which, being returned, the successful candidates may be declared by the president and managing committee of the college, whatever may be its designation. The duration of council may conveniently be for three years.

The duties of each of these national councils will be, to appoint examiners, to regulate the examinations, to license successful candidates, and to superintend the general concerns of the profession.

In order to connect these three councils, so as to preserve uniformity of proceeding throughout the United Kingdom, it is proposed that each of these councils shall, within one month after its formation, elect three persons from amongst their own body to form a medical senate, which may, like the council, continue in office for three years. To these nine medical delegates government will, in all probability, be disposed to add some lay assessors, as the duties of the senate will be of a most important nature—viz., the enactment of bye-laws and regulations for the entire profession. Those of the council would be, to have those laws and regulations carried into effect.

It is also proposed that a college of pharmacy shall be established in each metropolis of the United Kingdom for the purpose of regulating and superintending the practice of pharmacy. The Apothecaries' Companies of London and Dublin are ready formed for this purpose; but it will be necessary to establish a new college of pharmacy altogether in Edinburgh.

If druggists will enlarge their sphere beyond the wholesale traffic of drugs and dye-stuffs, they should be under the necessity of qualifying themselves by study and the ordeal of an examination to become apothecaries competent to prepare as well as compound their medicines.

Let this separation of the practice of pharmacy from the practice of medicine once be decided by Parliament, and we shall soon see a race of apothecaries in the United Kingdom, equal in science and respectability to those who are to be met with on the Continent."

[From this paragraph it would appear that Mr. Carmichael is desirous of preventing any medical practitioner from dispensing his own medicines.]

"By this scheme of medical reform there will be no minimum examination to supply practitioners for the poor, or a maximum for the rich; all will be equally qualified, and, I shall venture to say, *sufficient numbers will always be found to supply the wants of the nation.*

There will be some difficulty, I acknowledge, in preserving equality of qualification, even though the examining boards be reduced from nineteen to

three. I can see no mode so effectual, or so likely to preserve it as by public examinations, and a frequent interchange of examiners between the three councils, which could be easily effected, as these officers ought, by sufficient salaries, to be rendered in a great measure independent of private practice, and, therefore, have their time exclusively devoted to the public service."

SHEFFIELD MEDICAL SOCIETY.

Perforation of the Stomach and Bowels. By CHARLES F. FAVELL, M.D.

Oct. 2.

Sir A. J. KNIGHT, M.D., in the Chair.

Dr. Favell commenced his communication by reading the account of two cases related at p. 35—7, of Dr. Abercrombie's work on disease of the stomach and abdominal viscera, and afterwards proceeded to notice some cases which have fallen more particularly under his own observation.

CASE I.—A. B., a stout-looking girl, about 20 years of age, lived in the service of a gentleman in the immediate vicinity of the town. She had never complained of ill health, and was not suspected to be in any way indisposed. Her fellow servants had never noticed her to fail in her appetite, or heard her complain of indigestion. One night she ate her supper as usual, and afterwards joined the other servants in dancing. She went to bed at the usual hour, apparently in good health and spirits. In about half-an-hour afterwards she was suddenly seized with severe pain at the epigastrium, in consequence of which the lady of the house administered a variety of domestic remedies, but as the violence of the pain did not abate, the family medical attendant was summoned. He regarded the case as one of acute peritonitis, and proceeded to bleed her from the arm. But when only three or four ounces of blood had flowed, so much prostration came on, that the arm was tied up again. She continued in extreme suffering during most of the following day, and died in the evening.

On a post-mortem examination, we discovered marks of severe and extensive inflammation in the peritoneum, and a perforation through which the little finger could easily be passed, near the cardiac extremity of the stomach. The edges of the ulceration were hard and elevated.

CASE II.—A young woman, not quite 20 years of age, had slightly suffered for some time under the common symptoms of dyspepsia, for which she applied to a druggist, who prescribed for her. She went to her work as usual. One night, after returning home, and whilst sitting on the hearth, she was suddenly seized with severe pain in the abdomen, in consequence of which a surgeon was sent for, who, regarding the case as one of simple peritonitis, treated her accordingly. She died in about forty-eight hours after the seizure.

On a post-mortem examination, a large aperture was discovered in the posterior coats of the stomach.

CASE III.—A man aged 40, who had not previously been under medical care, was seized suddenly, about one, a.m., with violent pain and spasm of the abdominal muscles, incessant vomiting, wiry pulse, and coldness of the surface. He had a full dose of opium given, and was subsequently bled. He died between 11 and 12 the same night.

Post-mortem Examination.—The abdominal cavity contained about a quart of fluid. Great peritoneal inflammation. The stomach was collapsed, and exhibited, at its greater curvature, near the pylorus,

an ulcer of irregular shape, with thickened edges—this had penetrated the serous coat, and the aperture was sufficiently large to admit the finger. (From the "Lancet" for October 23, 1841.)

CASE IV.—About eleven o'clock, a.m., of Tuesday, Sept. 14, I was requested to visit the Rev. J. S., who I found had been suffering from fever for about a fortnight. His pulse was feeble at 100, and the tongue, covered with a dark brown fur of considerable thickness, was very dry. He made no particular complaint, but said that, during the night, he had suffered exceedingly from pain in the bowels, which continued so long, and was so intense, that he summoned the medical gentleman who had previously been attending him. Some appropriate medicines were administered, and afforded relief. The bowels had acted well and regularly each day during his illness. When I saw him there was no general abdominal tension, but a slight fulness in each iliac region, and there was no tenderness on pressure, except very slightly in the neighbourhood of the fulness. No sickness.

Distention of the abdomen afterwards came on very gradually, accompanied with symptoms of peritonitis and obstinate constipation. He died on the afternoon of the fourth day after the seizure, with severe pain.

On opening the abdomen, twenty-six hours after death, we found abundant marks of recent severe peritoneal inflammation, with effusion of lymph and purulent matter. The stomach and intestines were distended with flatus; a small perforation was discovered in the inferior third of the ileum; and very extensive ulcerations existed in other parts of the intestinal canal, which, in two or three places, extended down to the serous membrane.

CASE V.—Emma Roebuck, aged 23, a domestic servant, was admitted into the Sheffield General Infirmary under my care, Nov. 16, 1839, suffering from common symptoms of dyspepsia, for which she was successfully treated. But, almost immediately after losing her dyspeptic symptoms, she was seized with diarrhoea of most obstinate character. At the same time she had tenderness on pressure in each iliac region, but more particularly in the right. She was repeatedly leeches, and took a variety of medicines without experiencing much alleviation. After suffering in this way for several weeks, she was suddenly seized, about nine o'clock one morning, with violent pain all over the hypogastric region, for which she took a quantity of opium, but died about twenty minutes past nine on the same evening.

On examining the body, after death, perforation of the small intestines was discovered.

After detailing the foregoing cases, the author concluded his observations by a few inferential remarks, to the following effect:—

I. That the same organic lesion may occur in different individuals, without being productive of similar symptoms. In the majority of cases of perforation the pain is immediate, severe, and persistent. But, in Case IV., although the pain was severe at the moment of perforation, it had almost entirely disappeared seven hours afterwards. A case is related by Dr. Griffin, in the "Dublin Journal," for January, 1835, where the patient died apparently from pure exhaustion, but, on examination after death, twenty-seven perforations were found in different portions of the intestinal canal. Dr. Griffin states that, where there is great exhaustion and attenuation, perforation may occur without occasioning any pain. Again, constipation usually accompanies perforation, especially where the perforation occurs in the intestines. This was remarkably exemplified in Case IV. But, in three cases out of ten, mentioned by Louis, there was diarrhoea, and this also occurred in one case out of nine, recorded by Dr. Stokes. A tympanitic state of the abdomen generally comes on very speedily after

the perforation, but this is by no means universally the case.

II. Serious organic lesions may exist without occasioning formidable symptoms. In the cases already detailed, the symptoms which preceded the perforation were exceedingly slight and trifling. In Case I., there had been no complaint made, and in the other examples, the patients had only suffered from common symptoms of dyspepsia. The function of the stomach may be tolerably performed during the existence and progression of extensive disease. A case is recorded by Dr. Hastings, in which the whole stomach, with the exception of the cardiac extremity, was one mass of ulceration, and yet, he observes, digestion was performed without inconvenience. But the knowledge we possess ought to stimulate us carefully to investigate, and perseveringly to treat all cases of protracted dyspepsia, or long-continued disturbance of any of the functions of the chylopoetic viscera.

III. The state of the alimentary canal ought to be most rigidly watched during the existence of fever. The agminated glands are peculiarly prone to the ulcerative process during the existence of typhoid fever. Louis states, that in every case of typhoid fever which he had an opportunity of examining after death, Peyer's glands were more or less diseased, through an extent of the intestine varying from two to eight feet. The most advanced patches invariably appeared nearest the cæcum, the ulcerative processes successively destroying the mucous, submucous, muscular, and peritoneal coat. Complete perforation took place in 8 cases out of 50, or about one-sixth. These lesions were most marked in subjects dying between the fifteenth and thirtieth day. The period elapsing between the occurrence of perforation and death varied, except in one instance, from twenty to fifty-four hours. In the excepted instance the patient survived till the seventh day. Case IV. is a good illustration of the lesion, and of the insidious manner in which the ulcerative process may be carried on.

IV. When ulceration is progressing, nature often makes an effort to prevent the evil consequences which result from perforation, by effecting adhesion between the diseased portion and some other part. This is illustrated by Case VIII, p. 37, of Dr. Abercrombie's work. Many other cases, illustrative of the same fact, occur in the works of other pathologists.

V. The treatment in cases of perforation is very unsatisfactory. From the violence of the symptoms the lancet is not unfrequently employed, but I believe always injuriously. The prostration which accompanies perforation is almost invariably so great as to forbid the employment of venesection, and where it is adopted, the patient begins to sink so rapidly that the flow of blood is speedily stopped. This truth is particularly exemplified in Case I. Complete rest, a sparing, mild, and bland diet, and large doses of opium, afford the best chances of cure.

We are not warranted in hastily concluding that perforation of the intestine does not exist, merely because the stomach and intestines are observed to be distended with flatus. It has already been remarked that, in case IV., on making the examination after death, when the contents of the abdominal cavity were exposed, the stomach and intestines were distended, and yet, on a careful and accurate examination, a complete perforation was detected in the ileum.

Dr. Favell also exhibited to the society a portion of the intestine of a child, aged 10, which died after suffering for a long time from chronic bronchitis. The serous coat of the intestine was completely studded with tubercles, and so also was the peritoneum covering the stomach, liver, &c. The mesenteric glands contained large quantities of tuberculous deposit. The mucous membrane of the intestines was free from tubercle, and there was only one solitary tubercle of small size in the left lung. The right lung was entirely free from tuberculous deposit.