the grounds for the proceeding could be more easily brought before them than the senate; but there should be an appeal to the latter. The occasions on which this power should be exercised would be cases of gross moral misconduct and indecent empirical practices.

Proposed Gradations in the Rank and Qualification of different Members of the Profession.

It has been often said, that practitioners in remote situations, where their emoluments are but small, should not be called upon to possess as good an education as those living in large cities, as if the lives of persons in the rural districts were of less value than in the metropolis. The fact is, that the person, the more he is removed from the counsel and assistance of his brethren, requires a higher standard of education instead of a lower one. I should object to there being an inferior grade of medical practitioners, also, on the ground, that it prevents the profession being respected. In no other profession does any such distinction exist, founded on different degrees of wealth. The poor curate receives the same education as the rich bishop, and the junior lawyer the same as the lord chancellor. It is the equality of education which gives the rank of a gentleman to all the members of the clerical and legal professions. The gradations of education in the medical profession have been the chief cause of its disunion, and, consequently, its want of influence and power over the rest of society.

Fund for sustaining the necessary Expenses attending an Improved State of the Medical Profession.

The profession would contribute to its formation by the tax on the registry. There might also be a stamp-duty on each of the licenses granted by the senate of 20*l*. The demand to be made on the public purse would not exceed, I think, 800*l* a year;—a sum so small, when we consider the advantages to be derived from a reform of the abuses at present existing in medical affairs, that the strictest economist could not object to it. Probably the sum expended on the parliamentary committee on medical education would bear the expense of the reform bill for half a century.

In this hasty sketch of my views of Medical Reform, I have omitted many details which would obviously present themselves in framing a bill on liberal principles. I have not touched on some points, on which all parties are agreed; as, for instance, an equality of education, and an equality of privileges, in every part of the United Kingdom.

I fear that many will think my scheme is rather too revolutionary in its character, but, if it be, those must bear the blame who have allowed abuses to prevail to such an extent, that only a measure, which might be called a revolution, would be sufficient to sweep them away. I am quite satisfied that it would be better for society that the medical profession were abolished altogether, than to suffer it to continue as it is at present constituted.

Southampton, Jan. 19, 1841.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

Tuesday, Jan. 12, 1841.

SIR BENJAMIN BRODIE, BART., President, in the Chair.

ON DEFECTIVE CLOSURE OF THE TRICUSPID FORAMEN AS A FREQUENT CAUSE OF DROPSY. BY PEYTON BLAKISTON, M.D. ONE OF THE PHYSICIANS TO THE GENERAL DISPENSARY, BIRMINGHAM.

VARIOUS appearances found in the heart of patients affected with dropsy referred to that organ, have been generally considered as the real causes of the obstruction preceding the serous infiltration. Dr. Blakiston adduces instances from Bouillaud and Dr. Hope, and from his own observation, in which the aortic and mitral apertures had been very greatly narrowed, probably for a length of time,

without producing dropsy till the near approach of death. The increase or diminution of the substance of the walls of the heart, and of the capacity of the cavities, he finds also to have occurred without dropsical symptoms. Agreeing with Dr. Hope in the frequent coincidence of hypertrophy and dilatation of the heart with dropsy; but considering that in such cases, when the proportion between all the cavities is preserved, no cause of obstruction can be recognised; he asks, is it not probable that some obstacle to the circulation hitherto unobserved, is somehow connected with, if not dependent upon, the dilatation and hypertrophy? The dropsical effusion being, at least in most cases, more immediately dependent upon impediment to the venous circulation, points attention to the right side of the heart; and the dilatation of its cavities generally dilates also the right auri-ventral foramen. The author compares the statements of Hunter, Dr. Adams, and Mr. King, with his own observations respecting the degree to which the tricuspid valves close this foramen in the normal structure; and after some remarks on the dimensions of the heart's cavities, and of the valves, infers that, not only in permanent dilatation of the cavities, but also from shortening of the chordæ tendineæ, and from morbid adhesion of the valves to the walls of the heart, the closure of the tricuspid valves must be so imperfect as to allow regurgitation into the right auricle. As, however, the opinions of authors respecting the sufficiency of evidence in support of regurgitation in such cases are various, Dr. Blakiston proceeds to discuss this question, and inquires whether the pulsation of the jugular vein, nearly synchronous with the diastole of the heart, can be admitted to be, according to Dr. Hope's opinion, independent of regurgitation. It is not unfrequently absent, Dr. Blakiston states, in hypertrophy of the right ventricle. He argues, however, that the *force* of pulsation is not the measure of the degree of regurgitation, but of the impulse from the right ventricle. If both ventricles be hypertrophied, the pulsation, or shock, will be great; if both be attenuated, the pulsation will be weak: while the obstruction to the circulation, arising from the relative proportion between the power of the two ventricles, is the same in each case, "both the venous current and that of the regurgitating fluid being derived from ventricular contraction." Of all the morbid appearances found in the heart in cases of cardiac dropsy, the deficient closure of the right auri-ventral aperture, arising from different causes, is the only one which appears to be constantly present. The opinion of the author, therefore, is, that this defect is a frequent and direct cause of cardiac dropsy. "I would not be understood," says Dr. Blakiston, "as claiming that this deduction should be received as an established truth, but as bringing it forward with the cases and facts on which it is based, in order that its accuracy may be tested by others." In conclusion, these numerous cases upon which Dr. Blakiston states his own opinions were formed, are perspicuously and concisely narrated, and the symptoms during life, and the appearances after death, illustrating the subject of the paper, are placed in relief, so as to admit of easy comparison. Among them is detailed a case, communicated to the author by Mr. Hodgson, of Birmingham, and a brief classified statement of morbid appearances in thirty-four cases of disease of the heart, recorded by Bouillaud.

Dr. COPLAND remarked, that the facts brought forward in the paper of Dr. Blakiston, were fresh illustrations of a principle in pathology mentioned by all recent writers on heart diseases and dropsy; viz. that obstruction in the right side of the breast, whether from valvular disease, or contraction of the orifices, generally produced dropsy. In like manner, obstruction on the left side of the organ was attended by hæmoptysis and pulmonary apoplexy.

Dr. MAYO thought that the incapacity of the tricuspid valve to stop the passage of water, was by no means a decisive test of its power of acting properly or otherwise as a valve during the life of the individual.

ON DISLOCATIONS, ESPECIALLY OF THE HIP-JOINT, ACCOMPANIED BY ELONGATION OF THE CAPSULE AND LIGAMENTS.
BY EDWARD STANLEY, F.R.S., SURGEON TO ST. BARTHOLOMEW'S HOSPITAL.

THE object of the paper is to direct the attention of the Society to the subject of dislocations of the larger joints, and especially of the hip, occurring under other circumstances than as the direct consequence of external violence, or of the destructive processes of inflammation.

The histories of six cases of dislocation of the hip-joint are related. In the first case, both hip-joints were dislocated in the same individual as a consequence of disease in the spinal chord producing spasms, with impairment of motion and sensation in the lower limbs. In the second case dislocation of the hip-joint occurred as a consequence of an attack of hemiplegia. In the third and fifth cases, rheumatic affections of the hip-joint were followed by its complete dislocation. In the fourth case, the dislocation of the hip-joint was consequent on pain in the thigh treated as sciatica. In the sixth case, the dislocation of the hip-joint occurred in the sixth week from a fall. In the second case, the opportunity had been obtained of dissecting the dislocated joint, when the following peculiarities in it were discovered. The capsule and ligamentum teres were entire, but elongated to the extent of allowing the head of the femur to pass beyond the limits of the acetabulum.

Mr. Stanley remarked that the phenomena observed in these several cases were wholly different from those which are attendant on either dislocations of the hip joint from external violence, or the ordinary dislocations of the joint from disease, and that he considered the dislocations in these cases could be explained only by the elongation of the capsule and ligamentum teres.

In corroboration of this view of the subject, Mr. Stanley adverted to the effects of inflammation of a mild character in fibrous tissue, such as composes the ligaments and capsules of joints, that this inflammation, whether from rheumatism, external injury, or other cause, may be followed by a simple yielding, extension, or elongation of the affected tissue; that such a change in the ligaments of the knee-joint is frequently observed permitting displacement of the articular surfaces to the extent that it might be inferred, from the view of the outside of the joint, that there had been a complete destruction of its ligaments.

A discussion of considerable length followed the reading of Mr. Stanley's paper; it was commenced by

Mr. COULSON, who related the case of a man in health, who could, at any time, displace the heads of both the thigh bones, and return them again to the acetabulum without any trouble. This favoured the opinion of Mr. Stanley, that the ligamentum teres was capable of elongation. In one case related in the paper, and which had been mistaken for sciatica, he believed that there had been acute inflammation of the ligaments, followed by ulceration, and consequent displacement of the bone. Ulceration of the ligamentum teres, followed by dislocation, was occasionally in strumous cases unattended with pain. He had a case under his care in which a lad was confined to bed with scrofulous disease of the knee-joint. The hip was not suspected to be diseased, but one day, on examination, it was found to be dislocated; the dislocation having been consequent upon ulceration.

Mr. BRANSBY COOPER spoke at some length on the question of the possibility of spontaneous dislocation resulting from elongation of the ligaments. He doubted such possibility, and particularly in those cases which were attended by paralysis; for in these, muscular power, the only agent by which the dislocation could be effected, was lost. Spontaneous displacement of the head of the thigh-bone could only be the result of destruction of the ligaments. Mr. Cooper then referred to one of the cases recorded by Mr. Stanley, in which the dislocation had been preceded by paralysis. In this case he should like to know, as the limb had been examined after death, what was the con-

dition of the ligaments, and in what position the head of the bone had been found.

Mr. SOLLY mentioned a case similar to the one related by Mr. Coulson, in which a healthy man had the full power of dislocating both the hip-joints. This man led a sedentary life, and was ignorant of the manner in which he first acquired the power of dislocating the heads of the femora. Would not the loss of sensation consequent upon paralysis explain why, in one case related in the paper, dislocation had occurred without the knowledge of the patient?

Mr. STANLEY, in answer to Mr. Cooper's question, replied that the capsular ligament in the case referred to was entire, and the ligamentum teres had become elongated. The head of the bone had merely fallen down. As to the possibility of fibrous tissues becoming elongated, he could mention a similar case, if it were necessary to multiply proofs, to the one related by Mr. Solly. Did not Mr. Cooper know that spontaneous dislocation of the head of the tibia frequently resulted from elongation of the crucial and lateral ligaments? Might not the same thing occur in other joints? He believed that in the cases he had brought before the Society the displacement was dependent upon this elongation. It might be questioned whether there was any dislocation at all in some of these cases; but this objection was satisfactorily answered, by stating that the cases occurred in *St. Bartholomew's Hospital*, under the observation of a great number of gentlemen.

Dr. COPLAND related a case in which paralysis of one lower extremity, consequent upon an apoplectic seizure, was followed, at a considerable interval of time, by spontaneous dislocation of the head of the femur. In this instance, he believed, the ligaments had become elongated. Sir A. Cooper had stated that, under certain conditions of the system, fibrous tissue *could* become elongated.

Mr. ARNOTT detailed some particulars of a case in which spontaneous dislocation of the hip joint followed several months after the receipt of an injury to that part. The surgeon first called in pronounced that there was no luxation. At the end of several months another surgeon was consulted, and he found that the head of the bone was displaced. The first surgeon might have been unjustly blamed for making what might have been supposed to be a mistake in this case; he, (Mr. Arnott,) however, believed that he had been correct in the opinion he had given. In this case attempts were made to reduce the bone, but, although it was on two or three occasions lifted up sufficiently high, it could not be got into the acetabulum.

Mr. BRANSBY COOPER remarked, that the cases of the knee joint and the hip joint were altogether different. Dislocation in the former might occur without any elongation of the ligaments, as the condyles of the femur would pass either backwards or forwards upon the head of the tibia without putting the lateral ligaments upon the stretch.

Sir B. BRODIE had not met with a case in which there was paralysis and spontaneous dislocation of the femur similar to the cases related by Mr. Stanley. Hysterical women had great power over the articulation, and could occasionally displace and replace bones at will. This power was very much dependent upon the state of the general health; for when this was restored, by steel and other tonic medicines, he had found that a lady, who could easily, when in weak health, lift the lower jaw out of its articulation, then had no longer the power. Spontaneous dislocation resulted usually either from inflammation of the spinal membranes, followed by effusion, and consequent dilatation of the ligaments, or from ulceration of the cartilages, and destruction of the ligaments, consequent upon scrofulous or other disease of the joint. In the first class of cases, he did not know whether the ligamentum teres was merely elongated, or whether it was destroyed by ulceration. He had met with two cases somewhat similar to that related by Mr. Arnott; in one the dislocation followed the receipt of an injury over the hip joint; in another, the humerus was displaced from a like cause over the head of that bone.