present, but of the future race ; and also that in regard to the Council of the College, I do not refer to the past but to the future.

Mr. Terry and I, are both ignorant of the motives of different parties—physicians, surgeons, and ministers—and of the considerations from which they have acted, respectively, in reference to medical politics. We can but surmise from past events, including projected parliamentary bills, how we general practitioners should have been treated, if completely in their power. The first bill proposed to throw open the practice of the profession to the public ; the general practitioners were not recognized—they were alluded to only inasmuch as consulting physicians, and “ pure ” surgeons were to have entire control over their education, which might have been completed at the age of 21, and which would have given but an inferior qualification. Was that bill the offspring of advice from consulting physicians and surgeons, or from general practitioners ?

Admitting that the present race of both physicians and surgeons is pure, we cannot ensure the same unsullied purity in the next generation ; we must therefore guard as well as we are able against the frailties of our nature, and against their temptations, from self-interest, to degrade us, and to make a wider distinction between their own and our efficiency.

If the physicians and pure surgeons had the entire control over our education, would they be sufficiently disinterested to resort to every practicable means, for making us all that medical men can be made professionally, for public usefulness ? If we cannot ensure that, we must endeavour to obtain the power of educating ourselves. The lives and limbs of the poor are more essential to their families than are those of the rich ; it is desirable to have the surgeon to the poor man as competent as the surgeon to the rich man. It therefore behoves us to exert ourselves for the establishment of a Royal College of General Practitioners, in which future students, agreeably with the words of their diploma, *will be* made, as far as is practicable, *really—bonâ fide* “ fit and capable ” to practise the art and science of surgery.

Many surgeons, (chiefly pure, and “ fellows, ”) still think two colleges sufficient, and that a third must be necessarily an inferior college ; but I cannot understand why they entertain that opinion. A college, under whatever name, must be more or less superior in proportion to its success in effecting and completing its *designation*—to the efficiency of its members for the purpose for which they are intended—for the general extent of their skill, and of the excellency of their performances in their profession. One of the public, choosing a medical man because he belongs to this or that college, displays as much wisdom in his choice as one who selects a pastoral clergyman because he was educated at a particular university.

Under the new college regulations a student must have reached the age of 22, and must also be a member of the Royal College of Surgeons, (a surgeon,) before he can practice ; but as the latter diploma certifies for a low standard only, the examination in surgery, in the new College, must extend to extraordinary exigencies, and *complete* the test, (as far as that can avail,) of the surgical education of general practitioners. In the new College, (if established, and I trust it will be,) I

I hope to see students compelled to acquire a sufficient amount of information, and to obtain a competent fund of knowledge, and to see every member able to pass *any* examination, necessary to display ability for the skilful practice of surgery under *any* exigence ; and for filling *any* office, public or private.

Inasmuch as the new College will make good surgeons more general, it will be the more likely to do honour to the profession at large, and to confer benefit on the community ; and inasmuch as it will diffuse professional knowledge to a much greater extent, it will be the more likely, (from producing a greater number of eminent men), to expedite and secure the advancement and elevation of British surgery. Moreover, I hope to see a “ fellowship ” offered to the members of the new College, for having made a discovery in anatomy or of a law in physiology ; for performances in surgery on the living subject ; or for having originated an improved method of operating ; for the publication in the medical journals of original practical information, or for other meritorious public services, in advancing or improving the art or science of medicine, surgery, or midwifery ; as a reward for what a member *has done* in practice :—to see it a college, the motto of which, like the late Lord Nelson’s, shall be “ *palmam qui meruit ferat.* ”

In concluding I will ask one question, ‘ If there had been no National Association, what, in all probability, would have been the future predicament of general practitioners ? ’ a question to which Mr. Terry and I, would give very different answers, each considering his own to be the more correct ; but our arguments will be judged by the profession, and will stand or fall before “ public opinion.”

I am, Sir,

Yours very respectfully,

September 18th, 1845.

W. ALLISON.

HEREFORDSHIRE MEDICAL ASSOCIATION.

On Tuesday, September 16th, the members of this Association held a general meeting in the committee room of the Hereford Infirmary, to take into consideration Sir James Graham’s fourth Medical Bill ; Dr. Gilliland in the chair. The resolutions decided upon were—

I. That this meeting, fully sensible of the great difficulties which Sir James Graham has had to encounter in the formation of a Medical Bill, cannot but express its high admiration of the calm and patient attention he has given to the subject ; and sincerely trusts that the knowledge of these difficulties, instead of inducing him to abandon the measure as hopeless, will encourage him to persevere in his efforts to overcome them, with the certainty that, by a successful result to his labours, he will not fail to reap a proportionate reward, and, in the beneficial operation of a wise law, obtain the esteem of the public, as well as the gratitude of the profession.

II. That this meeting, convinced from the experience of the last twelve months, that the interests of the different branches of the profession as at present constituted, are too conflicting to be provided for without mutual concession, and unwilling to do anything that may tend to keep up the excitement, or prolong its unsettled position—deems it inexpedient to petition further against the Medical Bill at the present time,

with the hope that its objectionable points will be reconsidered, and so far modified as to render equal justice to all parties, and thus accord with that wise and friendly spirit so clearly evinced by the manner in which this measure has hitherto been treated.

III. That, nevertheless, lest it should be thought that the fourth issue of the Medical Bill is satisfactory to the profession, this meeting cannot refrain from noticing the following points as highly objectionable :—

1. It places the entire management of the profession under the control of the government of the day.

2. The institution of a Royal College of General Practitioners, with the limited privileges it is proposed to give it, will only prove an additional complication to the profession, without in any way elevating the rank, or promoting the interest of the general practitioners themselves.

And, 3. Although recognizing, as before, the principle of protection, it still does not establish any summary and inexpensive remedy against illegal practice.

HENRY G. BULL, Hon. Sec.

MR. JACKSON'S CASE OF GASTROTOMY: REPLY TO THE LETTER, SIGNED SENIOR.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

I have just one or two remarks to make in reply to "Senior" in your last.

In the first place allow me to ask him—What is most to be dreaded from inflammation of serous membranes, or from injuries calculated to excite intense inflammation in such structures? And, again, What does he consider to be the best preventive or remedial means where inflammation in those structures is apprehended of really present? As far as my experience goes, (and I believe the opinion accords with that of a great number of the ablest men in the profession,) the action of mercury is the most sure and speedy means of arresting the morbid state in question. Indeed, so clear is my mind upon this subject, that I know of no means so certain in arresting the progress of peritoneal inflammation as that of mercury; and such confidence have I in its power in those cases, that I consider all danger has disappeared after there is evidence of its action. I think "Senior" will agree with me, that inflammation of the peritoneum is a result most to be dreaded after the danger from the first shock in such cases is over. I firmly believe, that in the instance I have brought before the public, the calomel and opium had a highly beneficial effect; and this opinion was further corroborated by the subsequent examination, from which it appeared, that the process of reparation had progressed favourably, and had the constitutional powers been adequate to the emergency, the result would have been our patient's recovery.

It will be found that the calomel was commenced when there were evidences of inflammatory excitement, viz., on the 20th, and discontinued on the 23rd, during which time about sixteen grains had been administered. It was uncertain whether the mouth was affected or not; I am inclined to think it was not. The propriety and utility of the practice pursued in this case, may be the subject of a difference of opinion amongst medical practitioners; and I admit that the

spirit in which "Senior" has criticised that practice, is fair and unobjectionable, with just this trifling exception, viz., the omission of his name at the foot of his communication; and this leads me to remark, that no one should be permitted to indulge in anonymous criticism upon those communications to which the author has attached his signature. If this principle of anonymous criticism were admitted, it appears to me highly probable that many practitioners would be deterred from contributing to the Journal. I frequently observed things published in journals which are objectionable either in doctrine or practice; but a sense of propriety, and a feeling involving in the act a certain amount of injustice, would always operate upon my mind so as to dissuade me from following the example of "Senior." "Senior" may be an old practitioner, or he may be a junior for aught I know; but inasmuch as this is the disguise under which illiberal critics and falsehood usually screen themselves, one would have hoped that an individual of so amiable and kind a disposition as "Senior" appears to be, would have avoided this kind of cloak.

I remain, Sir,

Yours truly,

Sheffield, Sept 22, 1845.

WM. JACKSON.

CAUSES OF SUDDEN DEATH IN THE AGED.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

The observations on the death of the late General Dick, by Dr. Blackmore, lead me to remark in coincidence with his views, that there are especial reasons why the existence of slight disease, in old persons, may produce sudden dissolution.

Having had very many opportunities of making *post-mortem* examinations of old persons, some of whom died of pure old age, two remarkable abnormal changes were almost invariably present—softening of the nervous mass, which has been so often alluded to, and great dilatation of the aorta, especially at its arch, accompanied very frequently with ossific deposit. These, in many instances, I think sufficient to prevent reaction and re-established circulation in syncope and slight shocks to the nervous system, in the very aged. Thus the existence of disease, which would not be dangerous in the young, especially fainting, from whatever cause, in persons of advanced age, is often terminated by a fatal result.

I have no doubt that the excessive dilatation of the arch of the aorta is often the *immediate* cause of death in old people. They are said to sink gradually—to cease to exist; they do so, I conceive, from the nervous energy,—the *vis vite*,—not being sufficient to overcome the obstruction to circulation, from the accumulated blood in that vessel.

Obediently yours,

M.D.

SOCIETY OF APOTHECARIES.

Admitted a Licentiate, Thursday, September 11th, 1845 :—G. J. Macklin, Buntingford.

TO CORRESPONDENTS.

Communications have been received from M.D., Bath; W. G.; Mr. Nesbitt; and Mr. J. Staines.