as to the amount of valvular change—the presence or absence of the second sound in the neck in aortic regurgitation. At the base of the heart, a second sound will be heard, whatever the condition of the aortic valves may be, produced by the pulmonary valve; but if, with a diastolic aortic murmur, this sound is heard in the great vessels of the neck, it may be concluded that the aortic valves still act, and that the regurgitation is probably inconsiderable. When it is altogether absent, the probability is in the other direction. I ought to say that I owe the appreciation of this sign to Dr. Sibson.

With the exceptions just mentioned, as has already been said, the “physical signs proper” of valvular disease, the murmurs, fail to furnish any reliable measure of the extent of the morbid change or degree of obstruction or regurgitation. We possess such an indication, however, first, in the effects on the walls and cavities of the heart produced by the mechanical difficulty arising from the imperfect action of the valves—the degree of hypertrophy and dilatation; secondly, in evidences of obstructed circulation through the lungs or system.

[To be continued.]

EPILEPSIA ERRATICA.

By DRAPER MACKINDER, M.D., Gainsborough.

ON the 9th of October last, I was requested to visit a decorative painter, a well built, robust man, 27 years old, of florid complexion. He was just recovering from a fit of epilepsy, during which he had been struggling vigorously. These fits, I was informed, began in April 1865, whilst the patient was engaged in his business in London, and without apparent cause, an occasional “dizziness” only having been previously observed. The attacks had been very severe and very frequent, and were affecting the intellect, converting a clever into a stupid man. There was ptosis on the right side.

For several months he had been under the care of some eminent London physicians, but without benefit, his case being regarded by them as mysterious and incurable. Beyond a few general directions, I did not advise any treatment, but watched the case, as commanded.

One day it occurred to me that these fits might have been induced by excess in some vicious habits or immoral indulgence, and I questioned his father on the subject, but no further information could be gained. The fits continued with unabated force, and hopes of recovery had nearly fled; when, to the surprise of his relatives and friends, just twelve months after the first attack, he suddenly got married, suddenly heard his infant's cry, suddenly became well, and, as though forgetful of the frightful past, he suddenly began business on his own account, and is now thriving and enjoying the comforts of a happy home.

RESECTION OF SCAPULA. At the New York Pathological Society Professor Hamilton presented a scapula which had been removed entire from a soldier, who had been wounded at Fredericksburg by a shell. Necrosis of the scapula ensued, necessitating its entire removal with the acromion and coracoid processes. The patient had power to use the coracobrachialis and biceps, also tolerably well, the triceps and deltoid. He was able to carry the arm without a sling, although attachment of these muscles was simply to cicatricial tissue, there having been no formation of new bone.

The Medical Council.

REPORT OF PROCEEDINGS, MAY 1866.

FRIDAY, MAY 25TH.

G. BURROWS, M.D., President, in the Chair.

The minutes of the preceding meeting were read and confirmed.

Preliminary Education of Medical Students. The consideration of this subject was resumed. (See Report of Proceedings of May 21st.)

Dr. STOKES proposed, and Dr. STORRAR seconded—“That Natural Philosophy, including Mechanics, Hydrostatics, and Pneumatics, be adopted as one of the Optional Subjects.”

Dr. ACLAND suggested that the optional subjects should be arranged in two divisions, one including Greek and Physics (or Natural Philosophy), and the other French and German; and that students should be required to take up one subject in each division. He suggested that some specific details as to the subjects required in Natural Philosophy should be given.

Mr. SYME said that no man ought to be admitted into the medical profession who had not been educated in Natural Philosophy.

Dr. STORRAR objected to specifying the details in regard to Natural Philosophy. He agreed with Mr. Syme that Natural Philosophy should, at some period, form part of the education of a medical man but the Council at present was dealing with school education. He thought it better not to lay down a temptation to boys to take up Natural Philosophy in place of Greek, which would be the case if Dr. Acland's proposal was carried out. Those examining bodies which attached importance to Natural Philosophy should insist that an examination in it should be passed at some time, either in the preliminary or in the professional examination.

Dr. STOKES said, that the object of the Committee had been to lay down a curriculum which should be within the reach of schools. If Natural Philosophy were made compulsory in youths just leaving school, nothing would be got but a superficial knowledge of the subject. The Council must remember, too, that Algebra and Geometry were made compulsory.

Sir DOMINIC CORRIGAN would ask for the withdrawal of Natural Philosophy from the curriculum of preliminary education. It should form one of the subjects of the first part of the professional examination.

Dr. PAGER said that to make Natural Philosophy one of the subjects on which boys just fresh from school should be examined, would be to accept a very meagre knowledge.

Dr. CHRISTISON asked whether it was intended to introduce Natural Philosophy into the curriculum of professional education. There was already a complaint that this contained too many subjects. It would be better to leave Natural Philosophy in the preliminary curriculum, with the option of taking it up during professional study. His observations in Scotland led him to question the statement as to the impossibility of obtaining a fair knowledge of Natural Philosophy from youths sixteen years of age.

After some further discussion, in which Dr. Andrew Wood, Mr. Hawkins, Mr. Syme, Dr. Sharpey, Dr. Acland, Dr. Apjohn, Mr. Cooper, Dr. Storrar, and Dr. Alderson took part, the motion was put to the vote and carried.

Dr. STOKES moved, and Dr. STORRAR seconded, the adoption of the following paragraphs of the Report.