

His general aspect was livid; he was subject to severe attacks of palpitation of the heart and dyspnoea, and frequently passed blood by stool.

Sectio Cadaveris.—External appearance livid; lips and tips of fingers and toes, of a deep purple. There was a large quantity of serous fluid in the pleural sac. The lungs were healthy, but somewhat congested; there was some fluid in the pericardium. The heart is large, the increase of size is owing chiefly to hypertrophy of the right side; there is also a remarkable modification of form, the right side of lower border (the *margo acutus* of normal anatomy,) being much more rounded and obtuse than the left or upper border. The right auricle is dilated to three or four times its natural capacity. The foramen ovale is wide open; the tricuspid valve is thickened and fringed on its auricular surface with small vegetations; its aperture is considerably diminished in extent, admitting barely one finger. The right ventricle is greatly hypertrophied, and its cavity almost obliterated; it would not hold more than two drachms. The valves, which are of unequal development, are stretched across the narrowed canal, and joined in the centre by the union of their free borders, one of them projecting into the cavity of the vessel in the form of a nipple-shaped process, with a perforation at the apex admitting the point of a probe. The pulmonary artery is of ordinary size; the ductus arteriosus is open, and just admits a probe. The left auricle and pulmonary artery of ordinary size. Left ventricle also hypertrophied, its walls being about half the thickness of those of the right aortic valves, and aorta normal; mitral valve also.

MENINGEAL APOPLEXY IN THE BRAIN OF AN INFANT.

Dr. Heslop presented the brain of an infant, who died suddenly three days after birth.

The mother had been admitted into the General Hospital, under the care of Dr. Evans, as a case of dropsy, but on examination, proved to be pregnant. Labour came on a few days after admission. The child presented in the first position of *Naegle*. From great narrowing of the passages, the second stage of labour was prolonged; but the child breathed and cried vigorously the moment it was born. There was one circumstance worthy of note about the mother's previous condition, namely, her urine was moderately albuminous. The brain was highly congested, and there was considerable extravasation of blood in the substance of the pia mater. This was particularly observed on the inferior surface of the cerebellum, and in the *tuber annulare*. The arachnoid cavity contained a large quantity of sanguinolent fluid.

This must be considered a case of meningeal apoplexy, the commonness of which, in early life, has been lately made the subject of many and accurate observations.

PULMONARY APOPLEXY: EMPHYSEMA AND DISEASED HEART.

Dr. Heslop gave the particulars of the following case:—

Heart: its right cavities greatly dilated; auricular orifice enormously enlarged; universal emphysema of the lungs; and pulmonary apoplexy.

The patient was under the care of Dr. Eccles, whose patient he had frequently been previously, for chronic bronchitis and emphysema. He had been for some time an out-patient; but finally finding his dyspnoea increasing daily, he consented again to become an in-patient. He was admitted in an almost moribund condition; face almost black; dyspnoea intense. Severe hæmoptysis came on in a few hours, and he sank on the day of his admission. The lungs were found to be universally emphysematous; the right lung contained many masses of pulmonary apoplexy. But Dr. Heslop wished particularly to draw the attention of the Society to the heart, which exhibited very well the retrograde effects in that organ of prolonged pulmonary obstruction. It was generally enlarged; but this enlargement was principally in the transverse direction. The apex of the heart was formed by the *right* ventricle. The capacity of this ventricle was much increased, and its walls thinned. The same conditions existed in the right auricle. The right auriculo-ventricular orifice was greatly enlarged, admitting almost the entire hand. This man had been dropsical, but there was never any murmur with the heart's sounds. There can be no doubt of the great importance of attention to the condition of this orifice, but which has, perhaps, not been as fully recognized by the great body of the profession as it deserves.

A LARGE NUMBER OF SMALL IRREGULAR GALL STONES OF CHOLESTERINE.

Dr. Fletcher mentioned the case of a female, aged 45, (her sister had malignant disease of the liver,) who applied to him with symptoms of hepatic disorder; she had had jaundice at intervals. He suspected the existence of gall stones, and those now presented were passed at once soon after.

A NUMBER OF GALL STONES (TWO OF VERY LARGE SIZE) PASSED AT ONE TIME.

Dr. Fletcher also mentioned the case of a female, aged 48, seen by him in consultation with Mr. Dampier, whose symptoms were severe but were of very short duration. There had not been jaundice. The patient had never passed stones before, and she recovered very quickly. Two of the calculi were of large size, and appeared to have originally formed one stone. The largest fragment, irregularly cylindrical, was an inch in diameter. There were besides a large number of small ones, multangular. They were composed of cholesterine.

MEMORIAL TO SIR GEORGE GREY, BART.

The Memorial of the Associated Physicians and Surgeons of Shropshire and North Wales, and of other Physicians and Surgeons practising in the Provinces.

Your Memorialists, in expressing their gratitude for the laudable anxiety you have evinced to bring the question of Medical Reform to a successful issue, cannot refrain from again pointing out to you, that no adjustment of the grievances under which the profession has so long laboured will be conclusive or satisfactory, unless a just and fair system of representa-

tion is accorded to the great body of the members in their several Colleges.

And it is matter of much regret to your Memorialists, that no indication of any intention to carry this into effect appears in the scheme emanating from a Conference of the Corporate Institutions; but, on the contrary, that further arbitrary powers are to be conferred on the College of Surgeons, and its members to be dissociated from that College, in which they have acquired their diploma and title.

Your Memorialists would fain hope, that in legislating on this subject a wise government would not withhold from a body of educated men, in their respective Colleges, that boon which in Municipal Institutions has been accorded to every rate-paper in the kingdom.

Your Memorialists consider the institution of a new College of General Practitioners as a great public and professional calamity,—uncalled for in a Profession wherein the most crying evil has always been the unnecessary multiplication of Institutions, and the diversity of their several qualifications; but when it is proposed, by the establishment of such new College, to perpetuate grades and distinctions which have no existence in reality;—to confirm the monopoly and injustice of the older Institutions, and to allow them to repudiate their proper members, in order that they may become tenant occupiers of a College possessing neither a Medical nor Surgical title;—your Memorialists cannot but look upon such a scheme as pregnant with future evil, if not degradation, to the profession, and they sincerely trust you will not sanction the establishment of any such ambiguous Institution.

Your Memorialists may state with confidence, as the universal sentiment of the profession, confirmed by a host of most respectable evidence adduced before the Medical Registration Committee, and previously before the Education Committee of 1834, that no scheme of Medical Reform can be effectual or permanent, unless it provide for the efficiency and respectability of the whole profession, by securing for all the adoption of one uniform standard of education, combined with such examinations as shall be a fair test of qualification in each of those sciences, a knowledge of which may be considered necessary to the formation of a competent Medical and Surgical Practitioner.

Now your Memorialists would observe, that the scheme of the Conference comprises no such uniformity of education, but, whilst it stringently provides for the lowest grade being instructed equally in medicine and surgery, would permanently establish, if sanctioned by the legislature, the practical absurdity (as has been well pointed out in the memorial from Manchester) of the Fellow of the College of Surgeons being authorized, *without any MEDICAL examination whatever*, not only to practice every department, but further to do so with the prestige of superior rank; and would, in like manner, leave the Fellows and Associates of the College of Physicians devoid of any test of their having obtained a knowledge of the principles of surgery.

Your Memorialists therefore earnestly entreat you to counteract so gross an anomaly, by providing, in any Bill to be introduced into Parliament, such a modification of the Colleges of Physicians and Surgeons, as shall insure that all their members, of whatever grade they may be, shall undergo, in the first instance, a joint and uniform test of their qualification to practice both

in medicine and surgery; and your Memorialists consider such an arrangement not less requisite for the well-being and harmony of the profession, than for the safety of the public.

As another advantage of such uniformity of education, your Memorialists would point with pleasure to the facility which it will afford for a simple and effectual plan of registration; nor have your Memorialists any objection to the division of labour, and the consequent partition of the profession into the two classes of physician and surgeon, or again, of each of these into a higher and lesser grade; but other titles and designations, more particularly if necessitating or leading to the formation of a new college, whereby future practitioners are to be alienated from the time-honoured institutions of their ancestors, would, in the estimation of your Memorialists, not only be superfluous and uncalled for, but positively injurious.

Your Memorialists, in conclusion, are extremely anxious that no scheme, having for its object further monopoly or aggrandizement on the part of the Corporate Bodies, should obtain your approval or concurrence; but that the just requirements of the profession and the public should be embodied in a liberal and comprehensive measure of Medical Reform, based on the principles of

“Representation” for the members in their several colleges;

“Uniformity of education;” and

“Assimilation of qualification”

for like degrees and titles throughout the kingdom. Such a measure, your Memorialists conceive, would be beneficial to the public, and satisfactory to the profession.

HENRY JOHNSON, M.D., Shrewsbury,
President of the Shropshire and North Wales Association.
May, 1849.

CONVENTION OF POOR LAW MEDICAL OFFICERS.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,—I am desired by the Committee to request the favour of your publishing in the next number of the *Provincial Medical and Surgical Journal*, the Report of the interview with the President of the Poor-Law Board and a Deputation from the Committee, on the subject of Poor-Law Medical Relief.

I am, Sir, your most obedient servant,

HERBERT WILLIAMS,
Assistant Secretary.

4, Hanover Square, June 5, 1849.

A deputation from the Committee, consisting of Dr. Hodgkin, Chairman, Dr. Barnett, Mr. Vallance of Stratford, Mr. Ebaworth of Balwell, Mr. Ross, Mr. Mitchell, Mr. Porter, Mr. Peter Martin of Reigate, Mr. White and Mr. Lord, the Hon. Secretary, was received on Thursday, the 24th inst. by the President of the Poor-Law Board, at Somerset House.

Dr. Hodgkin being absent on the entrance of the