

**Examination for the degree of Doctor of Medicine in the year 1839 /
University of London.**

Contributors

University of London.
Royal College of Physicians of Edinburgh

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UNIVERSITY OF LONDON.

EXAMINATION

FOR THE DEGREE OF

DOCTOR OF MEDICINE

IN THE YEAR 1839.

LONDON:

SOLD BY RICHARD AND JOHN E. TAYLOR,

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RED LION COURT, FLEET STREET.

1839.

PHILOSOPHY
COLL. REGE.
MED. EDIN.

UNIVERSITY OF LONDON

EXAMINATIONS

EXAMINERS

1884-1885

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LONDON

JOHN RICHARDSON AND JOHN W. BAKER

PRINTERS TO THE UNIVERSITY OF LONDON

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1885

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EXAMINERS.



*In the Elements of Intellectual Philosophy, Logic, and Moral
Philosophy.*

Dr. JERRARD.

Rev. C. THIRLWALL.

In Medicine.

Dr. BILLING.

Dr. TWEEDIE.

GOLD MEDALS, AND CERTIFICATES OF
SPECIAL PROFICIENCY.

1839.

GOLD MEDAL

For a Commentary on a Case in Medicine.

TAYLOR, University College.

CERTIFICATE OF SPECIAL PROFICIENCY

In Medicine.

TAYLOR, University College.

No others were awarded.

PASS EXAMINATION.

MONDAY, August 5.—MORNING, 10 to 1.

ELEMENTS OF INTELLECTUAL PHILOSOPHY, LOGIC, AND MORAL PHILOSOPHY.

INTELLECTUAL PHILOSOPHY AND LOGIC.

Examiner, J. H. JERRARD, D.C.L.

1. WHAT is meant by the phrase 'Laws of Nature'? How does Bacon briefly show the impossibility of discovering these laws by *à priori* reasoning? What are the four kinds of 'Idola' which he points out as obstructing the mind in its pursuit of truth? Give an instance of each of them. What means does he propose for freeing the mind from their influence?

2. What is the true method of Induction as laid down by Bacon? Whence arises our conviction of the truth of the conclusions arrived at by this method? Why is it applicable to mind as well as to matter? What are the peculiar difficulties which attend the investigation of mental phenomena?

3. How does Brown prove that a close connection exists between the progress of the science of Mind and of the other sciences; and what remarkable error in the Logical Theory of the Schoolmen does he bring forward in confirmation of this view? How does Locke illustrate the importance of our knowing the extent of our intellectual powers?

4. What kind of knowledge of Body and of Spirit are we

capable of acquiring? How does it appear that the real essence of each is wholly unknown to us?

5. Point out the fundamental distinctions between the great modern Schools of Intellectual Philosophy.

6. Locke, in endeavouring to account, conformably to his system, for the origin of our ideas of Space, Time, Infinity, Personal Identity, Substance, Cause and Effect, and Good and Evil, is charged, by one class of his opponents, with confounding the antecedents or consequents of these ideas with the ideas themselves: how is this charge supported in the instances of Personal Identity, Substance, and Cause and Effect? What, according to Cousin, is the source of our knowledge of the existence of an external world?

MORAL AND POLITICAL PHILOSOPHY.

Examiner, Mr. THIRLWALL.

1. What is the general distinction commonly drawn between Physical and Moral science with respect to their objects? Examine the grounds of this distinction, and point out the limitations which it may seem to require. What is the meaning of the term *Law* as applied to each of these subjects?

2. State the general nature of the questions that have arisen on, (*a.*) the Origin of Moral Sentiments, (*b.*) the Criterion of Morality, (*c.*) the Ground of Moral Obligation. To what branch of philosophy does the first of these questions properly belong? Mention the most eminent philosophers of ancient and modern times by whom they have been discussed.

3. What English philosophers have contended for Instinctive Moral Principles? Mention the different forms which may be given to this doctrine. State the pernicious consequences, in theory and practice, which its advocates and opponents impute to the systems which they respectively reject.

4. What appears to be the bearing of the history of society and civilization on the question of the Moral Sense? Mention any considerations which may seem to lessen the weight of the arguments against it founded on the diversity of customs observed in savage tribes.

5. Analyse the ancient Quadripartite division of virtue, defining each member, and comparing it with any other you may be acquainted with. How would you show that it includes every kind of virtuous disposition, or that any is omitted in it? Wherein did the Stoics make virtue to consist? What modern systems come nearest to their views in this respect?

6. Explain Hume's distinction between Natural and Artificial virtues. To which class, and for what reasons, does he assign Justice? Explain the meaning and application of his maxim, "That no action can be virtuous, unless there be in human nature some motive to produce it, distinct from the sense of its morality."

7. What, according to Reid, constitutes the Virtuous Quality of an action? What is meant by the epithet *indifferent* as applied to actions with respect to their morality? Is there any sense in which it may be properly said that some actions are morally indifferent, except so far as all may be said to be so?

8. State and account for the difference between the Ancients and the Moderns in their views of the relation between Moral and Political Philosophy. What are the objects and limits of the science called the Law of Nature and Nations?

9. Mention some of the most remarkable Hypotheses which have been formed as to the State of Nature, and the inferences which philosophers have drawn from them with regard to the rights of rulers, and the duties of citizens. What are the limits assigned by the laws of human nature to the power of every government?

10. Enumerate the Principles of Human Nature on which the continuance of every social order depends. What practical inconveniences arise from the supposition of an original social contract?

11. State the advantages of Hereditary Royalty over the Elective, and of the Irresponsible over the Responsible. By what contrivances in modern constitutions is irresponsible royalty prevented from degenerating into despotism without the necessity of resistance?

MONDAY, August 5.—AFTERNOON, 3 to 6.

COMMENTARY ON A CASE IN MEDICINE.

CELSUS DE RE MEDICA.

Examiners, Dr. BILLING and Dr. TWEEDIE.

CASE.

A.B. æt. 60. Three years after an attack of Pleuro-Pneumonia from which there was complete recovery, the breathing became somewhat oppressed, to which swelling of the extremities succeeded twelve months afterwards. In the course of the next two years he frequently suffered from pulmonary catarrh; the dyspnœa increased, and when medical aid was resorted to, the following symptoms were present,—dyspnœa,—slight cough, without expectoration,—dull sound on the left side of the chest posteriorly, from the inferior angle of the scapula to the base of the thorax, with distinct ægophony and bronchial respiration. The sound on percussion and the respiratory murmur over the other parts of the chest were natural. The action of the heart though diffused was without undue impulse, but there was a distinct *bruit* in the præcordial region, at the lower end of the sternum, and under the clavicle. The pulse was not accelerated, but remarkably small and intermittent. The state of the skin was natural. Blood taken from the arm to relieve the dyspnœa was neither buffy nor cupped. During the succeeding night, delirium came on, the pulse rose in frequency, and was still small and intermittent. The delirium disappeared on the following morning, but the pulse did not diminish in frequency, and for the first time the expectoration was viscid and tinged. A

crepitous *râle* was detected on some points of the right side of the chest posteriorly. The physical signs on the left were unchanged. Blood drawn from the arm exhibited the buffy coat, but the symptoms were not relieved by the venesection. On the two following days the breathing was still rapid and the expectoration unaltered: the crepitous *râle* without dullness of sound on the right side continued: on the left, the sound was more dull, but the ægophony less distinct. The delirium which had been transient was now constant: the strength declined, the pulse became more feeble, and on the following morning death took place.

State the nature of the organic lesions in this case, and the morbid appearances you would expect to find on dissection. Detail the symptoms on which the diagnosis of the different lesions may be deduced, and the treatment to be adopted.

CELSUS.

Translate the following passage into English.

Inter notissimos morbos est etiam is, qui comitialis, vel major nominatur. Homo subito concidit; ex ore spumæ moventur; deinde interposito tempore ad se redit, et per se ipse consurgit. Id genus sæpius viros, quam feminas, occupat. Ac solet quidem etiam longum esse, usque ad mortis diem, et vitæ non periculosum; interdum tamen cum recens est, hominem consumit: et sæpe eum, si remedia non sustulerunt, in pueris veneris, in puellis menstruorum initium tollit. Modo cum distentione nervorum prolabitur aliquis, modo sine illa. Quidam hos quoque iisdem, quibus lethargicos, excitare conantur: quod admodum supervacuum est; et quia ne lethargicus quidem his sanatur; et quia, cum possit ille nunquam expergisci, atque ita fame interire, hic ad se utique revertitur. Ubi concidit aliquis, si nulla nervorum distentio accessit, utique sanguis mitti debet: si accessit, non utique

mittendus est, nisi alia quoque hortantur. Necessarium autem est, ducere alvum, vel nigro veratro purgare, vel utrumque facere, si vires patiuntur: tunc caput tondere, oleoque et aceto perungere; cibum post diem tertium, simul transiit hora, qua concidit, dare. Neque sorbitiones autem his, alii- que molles et faciles cibi, neque caro, minimeque suilla con- venit; sed mediæ materiæ: nam et viribus opus est, et cru- ditates cavendæ sunt. Cum quibus fugere oportet solem, balneum, ignem, omniaque calefacientia; item frigus, vinum, venerem, loci præcipitis conspectum, omniumque terrentium, vomitum, lassitudinem, sollicitudines, negotia omnia. Ubi tertio die cibus datus est, intermittere quartum, et invicem alterum quemque, eadem hora cibi servata, donec quatuorde- cim dies transeant. Quos ubi morbus excessit, acuti vim de- posuit: ac, si manet, curandus jam ut longus est. Quod si, non quo die primum id incidit, medicus accessit, sed is, qui cadere consuevit, ei traditus est; protinus eo genere victus habito, qui supra comprehensus est, expectandus est dies, quo prolabatur; utendumque tum vel sanguinis missione, vel duc- tione alvi, vel nigro veratro, sicut præceptum est: insequentibus deinde diebus, per eos cibos, quos proposui, vitatis omnibus, quæ cavenda dixi, nutriendus est. Si per hæc morbus finitus non fuerit, confugiendum erit ad album veratrum; ac ter quo- que aut quater eo utendum, non ita multis interpositis diebus; sic tamen, ne iterum unquam sumat, nisi conciderit. Mediis autem diebus vires ejus erunt nutriendæ; quibusdam, præ- ter ea, quæ supra scripta sunt, adjectis. Ubi mane exper- rectus est, corpus ejus leniter ex oleo vetere, cum capite ex- cepto ventre, permulceatur: tum ambulatione quam maxime longa et recta utatur: post ambulationem loco tepido vehe- menter et diu, ac non minus ducenties, nisi infirmus erit, per- fricetur: deinde per caput multa aqua frigida perfundatur; paulum cibi assumat; conquiescat: rursus ante noctem am- bulatione utatur: iterum vehementer perfricetur, sic ut neque venter, neque caput contingatur: post hæc cœnet; interpo- sitisque tribus aut quatuor diebus, uno aut altero acria assu- mat. Si ne per hæc quidem fuerit liberatus, caput radat: un- gatur oleo vetere, adjecto aceto et nitro; perfundatur aqua

salsa ; bibat jejunos ex aqua castoreum ; nulla aqua, nisi decocta, potionis causa utatur. Quidam jugulati gladiatoris calido sanguine epoto tali morbo se liberarunt : apud quos miserum auxilium tolerabile miserius malum fecit. Quod ad medicum vero pertinet, ultimum est, juxta talum, ex utroque crure paulum sanguinis mittere ; occipitium incidere, et cucurbitulas admoveere ; ferro candenti in occipitio quoque et infra, qua summa vertebra cum capite committitur, adurere duobus locis, ut per ea perniciosus humor evadat. Quibus si finitum malum non fuerit, prope est, ut perpetuum sit. Ad levandum id, tantummodo utendum erit exercitatione multa, frictione, cibisque iis, qui supra comprehensi sunt : præcipueque vitanda omnia, quæ ne fierent, excepimus.—*De Re Medica*, lib. iii. cap. 23.

TUESDAY, August 6.—MORNING, 10 to 1.

MEDICINE.

Examiners, Dr. BILLING and Dr. TWEEDIE.

1. What are the causes by which the Heart may be displaced?
2. Specify the different forms of Paralysis, and the lesions on which each form depends.
3. What is the nature of Purpura? Detail the states of the system with which it may be accompanied, and the appearances observed in the internal organs in fatal cases. Give an outline of its treatment.
4. Detail the symptoms, diagnosis, and causes of Delirium Tremens. How should it be treated?
5. Detail the general symptoms and terminations of Pneumonia. State the physical signs which indicate its different stages, and the appropriate treatment of each.
6. Describe the paroxysm of Angina Pectoris. Specify the derangements of the system, functional and organic, with which it may be connected.
7. Specify the various functional and structural lesions which give rise to Ileus. Describe the progressive changes that take place in the intestinal canal in cases in which an invaginated portion is discharged.
8. State the varieties of Small Pox. Detail the symptoms and treatment of Confluent Small Pox.

TUESDAY, August 6.—AFTERNOON, 3 to 6.

MEDICINE.

Examiners, Dr. BILLING and Dr. TWEEDIE.

1. What are the symptoms by which Granular Degeneration of the Kidneys may be recognised? What is the condition of the urine in this disease? Mention the secondary lesions which occur in its progress.

2. Specify the nature of the internal lesions with which Rheumatism is frequently complicated.

3. Detail the symptoms, diagnosis, and terminations of Scirrhus of the Pylorus.

4. State the various causes by which Pneumo-thorax may be induced. Detail its physical signs and diagnosis, and give an outline of its treatment.

5. What are the symptoms of Diabetes? Detail the mode of treatment, remedial and dietetic.

6. Give the general symptoms and physical signs of Empyema. State the general measures to be adopted with the view of promoting the absorption of the fluid, and the circumstances which render the evacuation of the fluid by tapping expedient.

7. What are the symptoms, causes, and treatment of Scurvy?

8. Describe the external characters of the Scrofulous Diathesis, and the prophylactic treatment of Tuberculous Cachexia.

FRIDAY, August 9, at 10, A.M.

EXAMINATION ON THE ANSWERS TO THE
PRINTED PAPERS, AND ON THE COMMENTARIES:
AND EXAMINATION FOR A CERTIFICATE OF SPECIAL PROFICIENCY IN
MEDICINE.

By Vivâ Voce Interrogation.

Examiners, Dr. BILLING and Dr. TWEEDIE.

CANDIDATES.

The following Candidates passed the Examinations, and have consequently received the Degree of DOCTOR OF MEDICINE.

[The names are arranged alphabetically.]

First Division.

Storrar University College.
Taylor University College.

Second Division.

None.

RICHARD AND J. E. TAYLOR,
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