

**The address delivered at the Third Anniversary Meeting of the Provincial Medical and Surgical Association : held at Oxford, on Thursday, July 23d, 1835 / by J.C. Prichard ; with an account of the proceedings at that meeting, &c.; &c.; &c.;**

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THE ADDRESS  
DELIVERED AT THE  
THIRD ANNIVERSARY MEETING  
OF THE  
PROVINCIAL  
MEDICAL AND SURGICAL  
ASSOCIATION,

HELD AT OXFORD, ON THURSDAY, JULY 23d, 1835,

BY J. C. PRICHARD, M.D. F.R.S.

CORRESPONDING MEMBER OF THE INSTITUTE OF FRANCE, MEMBER  
OF THE ROYAL ACADEMY OF MEDICINE OF PARIS, AND SENIOR  
PHYSICIAN TO THE BRISTOL INFIRMARY.

WITH AN ACCOUNT  
OF THE  
PROCEEDINGS AT THAT MEETING,  
&c. &c. &c.

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C LONDON:  
SHERWOOD, GILBERT, AND PIPER;  
AND  
DEIGHTON, WORCESTER.

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1835.

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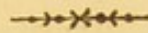
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## ADDRESS, &c.



IN no other way can I commence the memoir which I am about to lay before the present meeting of the Provincial Medical Association, than by expressing a wish that the duty of drawing up this address had fallen into hands more fitted to discharge it in the best manner. The distinguished physician who does the society the honour of presiding this day over its meeting, will bear me witness, that in this respect my intention has not been in fault. I feel, indeed, the difficulty of following predecessors, whose habits and talents are such as to render them particularly well qualified for the undertaking in which I find myself engaged. Another disadvantage, under which I labour, is not a personal one: it would be felt by any other individual under similar circumstances. The task of drawing up annual reports for literary and scientific societies, is found

to become on every occasion more difficult than on the preceding one. To represent the advancement made in any department of knowledge during one year, is an attempt which can in no other way be usefully undertaken than in connexion with a survey of the acquirements of former periods; and the fulfilment of this condition at short intervals of time, must evidently bring with it the necessity of frequent recapitulations. That it is, in the present instance, in any manner possible, or a thing to be attempted with any prospect of success, is, in itself, a remarkable and a characteristic circumstance in the actual state of our art and science. For at what preceding time could the idea have been entertained of tracing, from year to year, the progressive advancement of medical knowledge? If we go back only half a century, or a little further, in the history of medicine, we shall find one decade of years, as it succeeded another, marked, occasionally, by some revolution in the state of opinion, one conjectural system of pathology superseding its forerunner, and after holding possession for a time of the schools of medicine, and exciting in its rise a surprising degree of proselyting zeal, and in its decline maintained with obstinate adherence, yielding at length to a new system, which was destined, in its turn, to go through the same round. But when we attempt to estimate the solid acquirements of knowledge resulting from the efforts with which each theory has been set forth, and afterwards defended, we shall find reason to doubt whether the exertions of its advocates have not been, in this

point of view, altogether in vain. When the humoral pathology gained the ascendancy, it was held to be a successful attempt to substitute rational principles for the fanciful speculations which had before prevailed. The more intelligible methods of explaining phenomena, with reference to agencies for the most part mechanical, and similar to those which are recognised in operation under a variety of circumstances, seemed to place pathology upon a more secure ground than the vague and indistinct theories which had been current in the preceding times. But the explanations which the humoral system afforded, were inadequate and conjectural; and the abandonment of this pathology made way for the prevalence of doctrines, the influence of which was still perceptible at the commencement of the present century. Some advantages ultimately resulted from this revolution of opinion, though it may be questioned whether the theories which originated in this country shortly before the period I have just mentioned, and which long continued not only to divide between them the physicians of Britain, but to produce even sharper contests in Italy and Germany, were more truly philosophical than the speculations of Paracelsus and Van Helmont. They called in not less the aid of mysterious agencies. After generalising hastily a number of observations, and inferring thence a general fact, or law, so termed, of the animal economy, they gave to this general principle a significant name, and converted it into an agent, a designing and operative power. Such was the



*Vis Medicatrix Naturæ* of Dr. Cullen, and his contemporaries. It had the same parentage with the *Spiritus Archæus* of earlier times, or, we should rather say, that the "*deus ex machinâ*" of Van Helmont had only changed its name. But it had been reserved for Stahl and Cullen to advance one step further than the hypothetical theorists who had gone before them. The *Spiritus Archæus* had been the guardian of health; but the *Vis Medicatrix* was capable of errors, and it governed occasionally so ill the affairs of the animal economy, that its mistakes came in to complete the explanations of morbid phenomena. An example of this kind is the celebrated theory of fever, so conspicuous among the doctrines of the Cullenian school, in which, after a part of the series of morbid actions had been explained by referring them to the sedative or depressing influence of an external cause, the *Vis Medicatrix* was made to complete the result by imposing a spasm on the extreme vessels, and setting up that condition of the system which is termed fever, or *pyrexia*. It was a speculative attempt to assume the existence of a plastic principle, organising and governing the structure and functions of the living body; but to proceed further, and to endow this assumed principle with that sort of limited intelligence which belongs to an individual agent, was to venture in too obvious a manner to personify a mere abstraction. Yet this absurdity prevented not the general acceptation, and the long prevalence of the theory, against which Dr. Brown exerted his ridicule, and in opposition to which he created a system

equally fantastical. For what can be more fanciful than the scale of degrees, in inverted ratio, of excitability and stimulus, in which every disease was to find its place—apoplexy, gout, and fever, being arranged like the marks of much rain, changeable, and fair weather, in a barometer; and what more chimerical than an entity of which greater and lesser quantities were supposed to give existence to such various morbid states?

When we compare these speculations, which may be said to have divided between them, as votaries, the last generation of physicians, we may well ask, if we can divest ourselves of partiality for the theories which almost belong to our own times, and in the belief of which some of us were educated; whether they are at all preferable to doctrines at least respectable by reason of antiquity, but long ago abandoned: and it is no matter of surprise to find one of the soundest philosophers of the present age declaring in plain terms that medicine, considered as a science, has scarcely made any progress since the days of Hippocrates.\*

If we inquire by what steps a transition has been made into the way of thinking and reasoning on medical subjects, which characterises the present time, we shall find that one main part of this revolution has consisted in a partial abandonment of theoretical systems. It required a long training of the human mind, before it could be brought, in every department of science, to recognise the real boundaries of attainable knowledge. In no department are these boundaries more restricted than in

\* See Dr. Thompson's History of the Royal Society.

medicine. Ultimate facts present themselves on every side: we neither know by what operation the most powerful morbid causes, such as miasmata, produce their effect upon the human body; nor how the most simple remedies act in restoring a healthy state. Every dose of jalap is given empirically, and is expected to purge merely on the ground of analogy, and because other doses of jalap have been already known to purge. How then, in relation to subjects of this nature, can a doctrine of causes and effects, or, in other words, a system of theoretical pathology be erected on a secure foundation?

We cannot, however, boast that physicians of our own generation have been wise enough to abandon all attempts to form systematic theories, though it is obvious that such systems have less influence, and are suffered less to interfere with observation, than heretofore. Since the gradual decline of the Cullenian and Brunonian doctrines, no other theory has attained an equal degree of ascendancy, or has been, on the one hand, so warmly espoused, and, on the other, so zealously opposed. The inclination to speculate, in the mean time, has not ceased to produce its usual results. The prevailing tendency has been to adopt, under various modes, the theory of vascular determinations, or to account for a great variety of morbid phenomena, by attributing them to different degrees of fulness and distention in the blood-vessels, either of the whole system, or, more commonly, of particular organs. The foundation of this doctrine is found in one of the best reasoned and most plausible parts of the works of Cullen—I mean his theory of hemorrhagy. It derives sup-

port from the phenomena of inflammatory and hemorrhagic diseases, and the tendency to account for what is unknown, by assimilating it to what is supposed to be understood, is continually inducing writers on pathology to assume the existence of this physical state in a variety of diseases in which its presence cannot be established by certain proofs. It was not until this way of theorising on the causes of disease had been long prevalent, that ideas related to it were embodied in systems of medicine; but those methodical works having obtained celebrity in which the prevailing notions have been most clearly elucidated, their original development has been ascribed to writers who have only set forth, in a distinct and striking manner, opinions previously diffused.

In this country, the theory of vascular determinations was placed in a new point of view, and applied, on an extensive scale, to the explanation of morbid phenomena, by Dr. Parry, who introduced some new circumstances into the way of conceiving it. Temporary changes in the quantities of blood distributed to different organs, are commonly supposed to be principal causes of disorder in the functions, and ultimately in the structure of such organs: but a question arises—how such changes are brought about? What is the physical cause of an augmentation in the relative quantity of blood thrown, for example, at any particular time into the vessels of the head? It is not, as it was generally supposed to be, before the publication of Dr. Parry's physiological experiments, a result of increased action in particular vessels, but of a temporary change in the

calibre of those vessels, which, by virtue of a property somewhat obscure in its nature, termed by Dr. Parry, after Bichât, *tonicity*, are supposed to be capable of occasional augmentations of dimension, depending on particular states of the constitution, and giving rise to changes in the relative quantities of blood distributed to the vascular apparatus of different organs. Another peculiarity in the theory of Dr. Parry, is the mechanical way in which he contemplated the results of sanguineous determinations, or of increased vascular fulness in particular parts. He appears, from his expressions, to have considered the effects of these temporary changes of fulness as depending, almost entirely, on the momentum with which the fluids are propelled through the vessels. The failure of this theory, or the event that it has not produced a general conviction, has arisen from the deficiency of proof in particular applications of its principles.

A different modification of the vascular pathology, and one which is at present in greater fame, is the theory of M. Broussais, which the author has chosen to term the "Physiological Doctrine of Medicine." It would be improper to mention the name of M. Broussais, without acknowledging the benefits which he has conferred upon the profession, by drawing their attention, in a powerful manner, to a series of highly important facts in the history of diseases, and particularly in that of febrile affections. The true character, and relations, of that state of the system which he denominates "*Gastro-enterite*," had never been fully developed and understood, until M. Broussais investigated the proofs and the

results of its existence. True enteritis and peritoneal inflammation had been confounded ; and manifestations of chronic disease, which are now recognised as secondary and dependant on that organic state of the intestinal canal described by M. Broussais, had been attributed to other conditions. Until this writer drew the attention of physicians to the frequent existence of irritation and of inflammatory disease in its structure, the intestinal tube had been too much looked upon, in this country, as a mere drain or outlet which might at all times be scoured with impunity, by the most drastic resinous and mercurial purgatives. Yet, with all the merit which undoubtedly belongs to this distinguished writer, the doctrine of M. Broussais must be allowed to be at variance with the true principles of science, and with the spirit of an age which exacts a strict adherence to the maxims of the inductive philosophy. For what else can be said of a series of dogmas, many of which contain not the enunciation of general facts, stated as the results of many particular researches or of concurring observations, but propositions delivered as axioms, and declaring not what actually exists, but what is possible and impossible? Can any other description be given of such a statement as the following? “ *No extra-cerebral inflammation can produce mania, until the stomach and small intestines become affected.*” The positive terms admitting no exception, in which M. Broussais asserts that tubercles, cancerous tumours, and other organic diseases, are *always* the products of membranous inflammation, is certainly more unhesitating and dogmatical than any induction from

facts can warrant. Nor can it be allowed to be a thing already established by proof—nay, the assertion, as an universal one, is every day contradicted by the evidence of necroscopy—that *all* idiopathic fevers, so termed, are referrible, as M. Broussais declares them to be, to gastro-enteritis. Undoubtedly this morbid state coexists with, and, *perhaps*, it is the cause of fever, in a great proportion of instances; but the universal assertion of its presence, goes far beyond the truth. Again, how strange does the following proposition of M. Broussais appear to those who have reflected on the obscurity of the subject: “*The cause of moral perversion and of suicide, in cases of mental derangement, consists always in irritation of the trisplanchnic apparatus, and especially of that belonging to the stomach, acting on the brain.*”—Some of the strong positions of M. Broussais have been refuted by his countrymen, MM. Andral and Louis. We may further remark, that it seems to be a great defect in a theory which refers so exclusively the general derangements of the system to local disease in the abdomen, to have taken no notice of one of the most important morbid states to which the viscera of that cavity are subject: I allude to that of abdominal plethora, a diseased condition which has been chiefly elucidated by the pathological writers of Germany, and to which the attention of English physicians has been directed by Dr. Clark.

The cautious and mature judgment of the present day rejects, as I have said, all attempts to extend the inferences derived from facts, beyond the particular examples in which they are verified by ob-

servation, and will in no instance allow the degree of evidence arising from analogy, to amount to anything more than probability. It is obvious that the principles of reasoning which are now universally acknowledged must prevent the future success of all systemic theories of medicine, unless the medical sciences should become perfected in a degree of which we have at present no conception. What, then, we may be ready to inquire, are the principles which are destined to govern the art of medicine during this long interval? Are we abandoned to a total anarchy; and is it our fate, after having given up so many systems one after another, to fall at last into mere empiricism, and to try experiments by adventure? It is fortunate that we are not thus driven from one extreme to another. We find a middle ground, on which a more secure foundation may be laid. By applying the strict rules of induction to medical researches, the art and practice of reasoning on subjects of this nature have been brought into what may be termed the strictly rational method of inquiry. This consists in investigating, in every disease, and in every particular case, the actual pathological state on which the symptoms depend, or with which they coexist. It is not, like the theories of medicine, of which I have alluded to the most celebrated in our time, an attempt to deduce from assumed physiological principles, all the changes which may, possibly, or may not, occur; or to determine how, and by what laws of the animal economy, every link in the series of morbid phenomena has followed its antecedent. The strictly inductive method of reasoning



on medical subjects, precludes all such attempts ; and confines the attention of the physician to the inquiry—what is the actual pathological state in the case which he is called upon to investigate ; what are the relations of this state, and its probable consequents, and by what means may it be reversed, or, if that cannot be done, so changed and modified as to be rendered most compatible with the continued existence and personal comfort of the individual who is the subject of disease ?

There are four divisions of this inquiry, or four methods by which the investigation may be pursued ; and, on the same principle, the whole region of medical knowledge may be divided into as many departments, which I shall enumerate for the sake of rendering the arrangement of my further remarks more distinct and comprehensible. These divisions are, first, the *History of Diseases*, comprising all that is known of their causes or antecedents, and of their consequents ; and of the relation of their phenomena to those of other diseases ;—secondly, the *Technical Investigation* of physical signs, including every method of scientific research into the nature of appearances which present themselves in the disordered state of the body during life ;—thirdly, *Necroscopy*, or an *examination, in the dead body*, of the results of diseased action in the disorganisation of structures ;—fourthly, *Observations on the effects produced by particular agents* during disease ; or on the influence of remedies ; or, what the old writers term, the *doctrine of the Juvantia and Lædentia*.

I shall now proceed to make some observations

on the state of medical knowledge in these four departments, and of the recent additions which have been made to each, with the view of fulfilling, as far as circumstances will allow me to do it, the task which I have undertaken.

1.—*History of Diseases, or Nosography.*—The first as well as the last mentioned of these divisions of our knowledge has long been cultivated; the second and the third are comparatively of recent origin; their cultivation implies a greater advancement in art and science. The history of diseases, and the observation of facts, begin from the time of Hippocrates; and among the ancient physicians there were several who have ever been celebrated for the correct and graphical descriptions which they have left of many diseases, by them first discriminated, and still to be recognised by the same phenomena. The histories of diseases recorded by the Father of medicine himself, and by Cælius, and Aretæus of Cappadocia, have scarcely been excelled in the works of the most celebrated modern writers of the same class, among whom Sydenham, Hoffmann, and Cullen, are universally distinguished. During the last half-century, this, as well as other branches of medical literature, has been pursued in a manner which is characteristic of the advancement of knowledge. Particular classes of diseases have been selected by individuals as the objects of their peculiar study, on the principle of the division of labour, and the result has been a far greater accuracy of research than could otherwise have been expected. In some departments it may, indeed, be said, that a new art and science have been developed within a

separate and isolated sphere of observation. I need only refer to what has been done by such writers as Willan, Bateman, Alibert, and Rayer, in respect to diseases of the skin; by Bayle, Laennec, Forbes, Hastings, Louis, and Clark, in disorders of the chest; by Pinel, Esquirol, Georget, and Foville, in disorders affecting the exercise of the mental faculties; and by Abercrombie, Rostan, Ollivier, and Lallemand, in a more extended view of diseases of the brain.

2.—*Technical Investigation*.—A technical investigation of the phenomena of disease constitutes the second branch of medical research. This is the application of the resources of art to the discrimination of disorders, and to an inquiry into their more recondite nature and essential character. It includes all that chemical and mechanical sciences have contributed towards the elucidation of these subjects, by the analysis of the component parts of the living body, or of blood and secreted fluids; and by the exploration, as it is termed, of physical signs. These studies were, for obvious reasons, much later in arriving at any degree of perfection, and even in the era of their first rise into existence, than the history of diseases or nosography. Animal chemistry took the lead, and preceded, by many years, the later technical methods; but, among the physicians of the present day, there are several who may be distinguished for the remarkable success with which they have cultivated this department of medical science. It was scarcely deserving of that name before the time of Drs. Henry, Bostock, and Prout.

Exploration of the chest by means of sounds, either elicited by percussion, or produced by the action of organs within the thorax, is among the most important of the resources belonging to this division of knowledge. It seems wonderful that it should have been left for physicians of the present age to apply the sense of hearing to the investigation of phenomena beyond the reach of vision and of touch, and for which hearing is the only available method of perception. But this is like many other great discoveries, in the circumstance that when it had once been made, every body wondered that it had never before occurred to him, as well as in the fact that accident led to the first suggestion, or, at least, to the first practical improvement in the art. Avvenbrugger and Laennec will ever be remembered as the fortunate individuals, who, by this discovery, have not only extended the boundaries of knowledge, but have opened an entirely new path of investigation. It would be remote from my present undertaking, to enumerate the various additions which have been made to medical knowledge by means of auscultation, since the practice was discovered, or since it was introduced among our countrymen by Dr. Forbes. During the present year we have gained some accessions to this department of our medical literature, particularly a translation of the excellent work of M. Louis, on Tubercular Phthisis, by Dr. Cowan, and the treatise of Dr. James Clark, on the same subject, in the *Cyclopædia of Practical Medicine*.

Although so many physicians of great ability have occupied themselves with the theory of auscultation,

the science is as yet too recent to have attained the certainty which is to be desired, even in its fundamental principles. There are many questions, still undetermined, which relate to sounds emitted by the organs of respiration, and by the actions of the heart. On this last subject a great deal of controversy has taken place, and much ingenuity has been displayed by various pathologists who have supported different opinions. The most novel speculation connected with it is that which Professor Magendie has set forth in his lectures during the present year. By attributing the two sounds of the heart to two impulses against the parietes of the chest, supposed to take place under different physical conditions of the organ, and in different parts, M. Magendie thought he had discovered an easy and simple explanation of the phenomena. His opinions, however, on this subject, have been strongly controverted by M. Bouillaud. Their most complete refutation, and the best exposition of results obtained by observation and experiment on the action of the heart, and the sounds connected with it, are to be found in the recent and very valuable work of Dr. Williams.

The course of lectures in which the views of M. Magendie, on this subject, were developed, has afforded some striking instances of the successful application of strictly scientific principles to the investigation of vital phenomena, and in no example more remarkably than in connexion with the theory of the circulation. I may observe that the late Dr. Parry, to whose experiments on this subject I have already referred, was led, by the results ob-

tained by him, to adopt a theory which approached very near to the simple explanation of this process lately set forth by Magendie. Dr. Parry rejected the previously established opinion, which ascribed muscular power to the coats of the arteries, a vital property which was supposed to be capable of assisting the action of the heart, and he considered the heart as alone exercising the propelling force. Dr. Parry failed to perceive the aid which elasticity affords in the propulsion of the stream of blood, by giving rise to contraction of the arterial tube after it has been distended beyond its usual state. He could not discover any perceptible dilatation of the arteries, and attempted to account for the pulsation which is perceived on applying a finger to an artery, by ascribing it to a displacement of the vessel, or to a sort of jerk. This, to many persons, has always appeared to be very unsatisfactory. M. Magendie attributes the pulse to dilatation of the artery, which, being an elastic tube, is distended or increased in its calibre when the stream of blood is forced into it from the heart, and is again contracted, not by the vital or muscular action of its coat, as it was long believed, but through the elasticity of the vessel itself, which, after forcible distention, naturally resumes, the distending cause being removed, its usual calibre. The theory of M. Magendie seems to be established on facts, and on correct physical principles; yet we must not omit to observe that it accounts but imperfectly for many morbid phenomena, or rather, that it leaves them wholly unexplained.

3.—*Necroscopy and Pathological Anatomy.*—The

third department of medical knowledge and research, viz. pathological anatomy, is ever receiving accessions and improvements. I shall not attempt to enter on any general survey of this division of my subject, or occupy the time of this meeting by enumerating the authors who have distinguished themselves by their discoveries. I shall confine myself to a few remarks on some particular subjects which are of the greatest interest at the present time.

The most important work, that has appeared very lately, on diseases of the brain investigated by pathological anatomy, is the 5th volume of the *Clinique Médicale* of M. Andral.

The names of Abercrombie and of Andral are as universally, as they are justly celebrated, in connexion with the pathological anatomy of the brain; but the elaborate and important researches of Dr. Bright, in this country, and of Dr. Foville, in France, have not yet, unless I am greatly mistaken, excited so much general interest as they deserve, and are destined hereafter to call forth.

The interest attached to anatomical investigations of the encephalon would be greatly increased, if we could only gain some secure steps towards an elucidation of the physiology of that organ; and it is much to be regretted that so deep an obscurity yet hangs over this subject, and involves even the most general and leading facts connected with it. An excellent analysis of the results of experiments made during late years, on animals, by MM. Flourens, Magendie, Rolando, Bouillaud, and others, by cutting away, successively, different portions of the encephalon, and noting the effects on the mani-

festations of sense and motion, was read before the Cambridge meeting of the British Association, by Dr. Henry. Even in these results there are great discrepancies, and the main facts that may be thought to have been deduced from a comparison of them, are strongly opposed by inferences obtained on a different and, as it appears to many, a safer path of investigation, by Dr. Foville. The wide differences which yet exist among physiologists as to the functions of different structures in the encephalon, and of different portions of the nervous system, is, at present, truly remarkable, and, as it must be admitted, somewhat discouraging. Many persons had considered it as proved by the researches of Sir Charles Bell and M. Magendie, and confirmed by the pathological observations of Velpeau, Ahlberg, and others, that the posterior strands of the spinal chord, and the posterior roots of nerves thence arising, are the organs appropriated to the sense of touch; and that the anterior strata of the same chord, and the anterior roots have, for their function, the communicating of impulse to the organs of locomotion. This view of the physiology of the nervous system, seemed to have been borne out, and formed into a consistent theory, by the researches of M. Foville, who had previously inferred, from pathological facts, that the cerebellum, into which he traced the posterior strata of the chord, is the seat of sensation, and the cerebral lobes, with which the anterior strata are in close relation, the primary organ of muscular motion. These doctrines, however, are not only at variance with the conclusions of Flourens, Rolando, and Bouillaud, but they



have been more lately opposed by the arguments of Bellingeri, founded on a multitude of pathological facts. By Bellingeri a new opinion has been maintained, which, by the author, is termed the doctrine of nervous antagonism—*antagonismo nervoso*. The main principle of this doctrine is, that the posterior portions of the spinal chord and the cerebellum whence they are considered as derived, are related to motion not less than the anterior strata of the chord and the lobes of the cerebrum, but that the nerves deduced respectively from these parts, antagonize each other; the former class having for their function, to supply with nervous energy, or to convey the stimulus exciting muscular action, to all the muscles of extension in different parts of the body; while to the latter belongs the office of imparting a corresponding impulse to all the flexive systems of muscles.

It must be observed that Signor Bellingeri, although he appears to oppose the opinion of Sir Charles Bell in ascribing the office of regulating, in part, the faculty of motion to the posterior strands of the chord, and the posterior roots of nerves thence originating, while by that celebrated anatomist the function of these parts is considered to be related solely to sensation, yet reconciles these opinions by an alleged discovery, that the roots of nerves in the posterior part of the chord consist, in reality, not of one, but of two sets of filaments. One of these sets of nervous filaments is supposed, by Bellingeri, to be sensiferous, or the organ of sensation, and the other motiferous, or related, as we have seen, to muscular motion.

While adverting to the opposition of opinions yet subsisting between the most celebrated anatomists, as to the physiology and pathology of the brain and nervous system, I shall only further observe, that Dr. Foville has maintained, with great ingenuity and accuracy of research, the opinion, that different morbid phenomena may be traced to different parts of the encephalon, and even of the cerebral lobes; that when hemiplegia, for example, affects the upper extremity, first and principally, the seat of disease is in the fibrous structure of the posterior and middle lobes of the brain, or in the optic thalami; and that the lesion of structure which gives rise to paralysis of the lower extremity is seated in the anterior lobe, namely, in the corpora striata. In this, and in some other particulars, M. Foville has been opposed by Andral and other writers, and the subject is still a matter of controversy. I may venture to state, that the opinion of some of the most experienced anatomists of the brain, in this country, is decidedly on the side of Dr. Foville. I am informed by Dr. Hodgkin and Dr. John Sims, whose researches into this subject have been very extensive, that the result of their inquiries has convinced them of the general accuracy of Dr. Foville, and induced them to believe that the facts brought forward by Andral, and others, in opposition, admit of a different explanation. Dr. Sims has lately read some interesting papers, on the pathology of the brain, before the Medico-chirurgical Society, and is still engaged in the same inquiries, which appear likely to throw more light on the physiology of that organ than is to be obtained by the method of experiments.

One of the most remarkable additions to pathological anatomy, to which the few last years have given origin, is the discovery of organic disease in the kidneys, in cases of dropsy with coagulable urine.

Dr. Blackall was the first who drew the attention of physicians to the presence of albumen in the urine of dropsical persons. He observed the fact that, in many instances of the disease just mentioned, the kidneys secrete a fluid coagulable by heat; and, considering such cases to be a particular class, he laid down some practical rules founded on this circumstance. But to Dr. Bright we owe, entirely, the remarkable discovery that, in a great proportion of these cases of dropsy in which the urine contains coagulable matter, organic disease is also present in the kidneys. The announcement of this discovery excited much attention, and numerous observations on the subject were published by several physicians within a short period. Dr. Gregory and Dr. Christison in particular, have related eighty-seven cases in which the granular deposit was constantly found when a fatal result gave an opportunity for examining the kidneys. It was soon, however, discovered that many exceptions exist to Dr. Bright's observations, which have been strongly stated by the late Dr. Darwall and Dr. Copeland. This subject has been carefully investigated by Doctors Osborne, Graves, Elliotson, and others, who have shewn that the urine often contains albumen under circumstances which preclude the supposition of organic disease in the secretory organs. One remark seems to be of the greatest

importance in connexion with this subject. The fact that albumen is present in the urine of many dropsical persons, is chiefly interesting as giving rise to a practical discrimination. It has been supposed that such instances of the disease require a particular treatment; that they are of a character more inflammatory than other cases, indicating more strongly the use of antiphlogistic means: and of the correctness of this observation I entertain no doubt. It seems to have been the opinion of Dr. Bright, and the observation was strenuously enforced by Dr. Blackall, that mercury is injurious in all cases of this description. I shall take the liberty to state, that this question has been brought to the test of experiment, during several years, at the Bristol Infirmary. In numerous cases of dropsy, with albuminous urine, the treatment advised by Dr. Blackall has been fully tried, and it has failed to produce a cure; but the same cases terminated in recovery under a moderate use of mercurial remedies. I may add that, in the cases which terminated fatally, the appearances described by Dr. Bright have been generally discovered.

I must not pass from this division of my subject, without adverting to the late reseaches of pathological anatomists into the nature and origin of malignant tumours. It was formerly the custom to regard tubercles and encysted tumours of all descriptions, as the simple results of inflammation, or of the accidental effusion of coagulable lymph. The merit of discarding this notion, and of first directing pathological inquiry into a different course, is due to Dr. Baron, who, in a remarkable manner,

anticipated, or nearly approximated to some doctrines lately maintained. Dr. Baron advanced the opinion that all diseases of this class are growths extraneous to the textures in which they originate, and that their formation commences in vesicles which have the nature of hydatids. He subsequently limited the acceptation of hydatids, defining them to be vesicular bodies with fluid contents, without, however, entirely abandoning the opinion that such organizations have a parasitical origin. The investigation of these diseases, as well as other questions in morbid anatomy, has assumed, within a few years, a more definite form than heretofore belonged to it; and it is not difficult to divide the opinions which have at present supporters, under certain heads, which however are perhaps as numerous as the nature of the subject renders it possible that they should be. Malignant diseases may be conceived as having their origin in the blood, and as incidentally deposited on particular tissues, which become, secondarily, the local centres of their propagation: or they may be regarded as originating in morbid secretion. The first of these opinions has been powerfully maintained by Dr. Carswell, who appeals in its support to various arguments, as well as to facts actually observed by himself. The second is the doctrine of M. Andral, and is stated in his *Précis d'Anatomie Pathologique*. A different opinion is that of Dr. Hodgkin, who has described, in the 15th volume of the *Medico-chirurgical Transactions*, a series of actual observations leading to the result that carcinoma, and some other diseases of a malignant

character, are the product of an adventitious organization. The first and the essential part of the morbid process, is, according to this excellent pathologist, the formation of a cyst, which, however, has not the nature of an hydatid or parasitical growth. Dr. Carswell admits the existence of these cysts, but considers them as simple modifications of serous membrane, and as merely accidental seats for the deposition of cancerous matter.

I shall not presume to offer any opinion of my own on the merits of this controversy, which is only to be decided by a great number of minute and accurate observations. I understand, however, that the views maintained by Dr. Hodgkin, have been adopted by one pathological anatomist, of great research in this particular subject, who formerly opposed them, but was convinced of their accuracy after examining the proofs displayed by Dr. Hodgkin. It must be admitted that the hypothesis which places the original seat, if we may so speak, of cancer in the blood, is opposed by great theoretical difficulties, and seems scarcely reconcilable with the fact, that persons affected with cancer are sometimes cured by excision of the diseased part.

4.—The remaining method of investigation, is by observing the effect of different agents in increasing or lessening the phenomena of diseases. An useful application of remedies, or the therapeutic art, is, indeed, the ultimate aim of all medical researches ; but an observation of the results ensuing from such attempts, whether successful or otherwise, is, in another point of view, to be considered among the resources for elucidating the nature of diseases.

The actual pathological state may be in part ascertained, or, at least, we may often obtain some knowledge respecting it, by marking the effects produced by remedial agents, or by what old writers term "the doctrine of the *Juvantia and Lædentia*."

The four methods of investigation which I have enumerated, are in many instances jointly applicable to the elucidation of diseases, or of the pathological states on which the symptoms depend; and when this is the case, the physician proceeds not upon conjecture, or upon vague hypothetical principles which are liable to change with fashion or caprice, but upon the secure basis of strictly inductive reasoning. In respect to some diseases, and in the administration of some remedies, we cannot avail ourselves of all these means of investigation. In certain instances we ascertain merely that a particular remedy will generally remove a particular disorder or symptom, without knowing precisely what is the pathological condition that is to be acted upon, and still less understanding *how* the remedy produces the effect. Such remedies are termed specifics, and the use of them, thus administered, is styled empirical practice. There is, perhaps, reason to apprehend that we are still obliged to practise empirically in more frequent instances than we are willing to allow; but by the advancement of pathological anatomy, and scientific investigation, the number of these instances is every day diminished.

I shall now offer a few remarks on the latest improvements which have been attempted in the

therapeutical part of medicine ; in the mode of administering old remedies, and in the discovery of new.

I must not fail briefly to advert to the opinions of Hahnemann, and his followers, or what is termed the homoiopathic system. The consideration of this subject belongs to therapeutics: the theory to which it appeals is arbitrarily connected with a method of practice with which it has no essential relation, and the practical method is the only important part of the pretended discovery. What is chiefly peculiar in it, though the advocates of the system assert the contrary, consists in the use of potent, and often poisonous, remedies, administered in extremely minute quantities: in quantities so small, indeed, that all previous opinion, and we may perhaps venture to say, all experience, testifies them to be wholly inert and destitute of efficacy. The principles by which it is pretended that we are to be guided in the administration of these remedies, are as hypothetical as anything that can be imagined. It is taken for granted, as a preliminary step, that we are in possession of a complete theory of every particular disease, and know precisely of what nature were the first deviations from health in which it originated, and of what character is the whole train of subsequent morbid actions. This being assumed as known, which, in point of fact, is unknown in almost every existing disease, the homoiopath regulates his practice accordingly, and, instead of using counteracting remedies, professes to adopt such as may set up a sort of action in the animal economy, which is similar in nature to the particular morbid action that constitutes the disease.



Older practitioners seem to have acted upon some indication of this sort, without being aware of it, who, when a patient had diarrhœa, made a point of purging him ; and when he had gouty inflammation, of stimulating and heating him ; but they never were so absurd as to attempt to reduce this proceeding to a principle of action. The homœopathic physician, in following the maxims of his school, has always a wide field for conjecture and discursive reasoning, as to the kind of morbid action in which the disease to be treated consists ; and if his practice is found to be unsuccessful, he has an obvious subterfuge : a wrong judgment has been made by the practitioner, as to the nature of morbid action, and of the remedies appropriate to the case. For this reason it may be expected that the homœopathic sect will never admit the conclusiveness of experiments, like those of late instituted in France, with the view of bringing the truth of their system, or its practical advantages, to the test of an actual trial of its effects.

An attempt has been made by Dr. Messerschmidt, who is styled "*Stadt and Dom-physicus,*" at Naumburg on the Saale, to bring the doctrine of homœopathia within the region of scientific and rational principles of medicine, but although the author has, with this view, given up, in part, the system of minute doses, his attempt cannot be termed successful. Messerschmidt's memoir, on this subject, was published in *Hufeland and Osann's Journal* for the last year.\*

\* *Die Homœopathie als eigenthümliche specifische Heilmethode in ihrem richtigen Verhältniss zur rationellen Heilkunst dargestellt.*

I must briefly mention a few of the particular remedies which have been newly discovered or lately announced.

Among these none has been brought forward with greater pretensions than kreosote, of which an account was first published by Dr. Reichenbach, of Blansko, in 1833. By Professor Reich, who read a memoir on the subject of kreosote before the Hufelandish Medico-chirurgical Society, which was published during the last year in Germany, this discovery is termed one of the most splendid of our time. The powers of kreosote had been highly extolled by various writers in Germany, long before the substance was much known in England. It has been recommended in very different disorders; and it may hence be inferred that its real properties are not yet well ascertained, though there seems to be a very general disposition, especially among the German physicians, to think highly of its efficacy. By Dr. Reich, who first tried it on his own person, and who published a number of cases, exemplifying his success in its use, kreosote was chiefly given in rheumatism, and in other painful disorders affecting external parts.\* It has been used externally, in solution, by Dr. Berthelot. Dr. Günther, of Cologne, recommended it in pulmonary affections. Professor Berndt, of Greifswald, was the first, as far as I know, who used it in diabetes, in which practice he has been followed by Dr. Elliotson.†

\* *Beobachtungen über die medicinischen Wirkungen des Kreosots. Von Prof. Dr. Reich in Berlin.*

† *Auffallende Wirkung des Kreosots zur Heilung des Diabetes Mellitus, von Geh. Med. Rath and Professor Berndt zu Greifswald.*

Veratria is another substance on which a similar remark may be made. There are strong statements in its favour; rather too strong, indeed, to secure entire confidence. A suspicious circumstance is the mode of its application. There are so many instances in which nervous affections have been relieved by rubbing and stroking, from Valentine Greatrakes down to the time of Mesmer and Perkins, that we are naturally disposed to suspect that the efficacy of remedies so applied is aided by the imagination.

Improvements in operative surgery cannot be expected to be, within any given period of time, so numerous as those which are made in other branches of the healing art. We have, however, within the last year, accounts of many difficult operations performed with remarkable success, by eminent surgeons of the present day, who, according to this most decisive test, surpass their predecessors as much in practical ability, as they are allowed to excel them in scientific knowledge.

Some of the foreign journals contain remarks which may be useful, when we attempt to form a critical estimate of operations proposed or practised for the cure of cancerous and other diseases affecting the uterus or its appendages, by Dupuytren, Bellini, Stolz, Recamier, and Lisfranc. It must be allowed that the reports as yet obtained respecting these operations are, in general, far from encouraging. Some remarks by Dr. Krimer, of Aix-la-Chapelle, on this subject, published last year in *Hufeland and Osann's Journal*, are well worthy of attention; and they tend to lessen our confidence in the accounts

of cures obtained by operations for excision of the uterus. A more hopeful prospect is held out by the attempts to supersede, in future, by lithotriptic instruments, one of the most difficult and painful operations. One of the most important suggestions which has been of late brought forward in operative surgery, is the proposal of M. Amussat, to substitute the torsion or twisting of arteries, for ligation. The experiments which have been made in Paris, and elsewhere, justify very sanguine expectations of the entire success of this new method. The able and interesting memoir of Mr. Hetling, published in the Transactions of the Association, on operations for the removal of osteo-sarcomatous tumours in the face, does not belong to the past year.

After these imperfect observations on the present state of medical art and science, I must offer a few remarks on the additions lately made to a department of knowledge which may be termed medico-political. The prevention of diseases is better than the art of curing them: it equally implies an acquaintance with their nature, and a previous study of their causes, and therefore belongs equally to the medical profession. The preventive art, when considered on a great scale, or with relation to the health of the community, becomes a subject of national interest; and in all arrangements in which the public health is concerned, legislators are obliged to have recourse to the aid of physicians, and to avail themselves of knowledge which is the result of medical study and experience. The government of France, which has always taken the lead among

European nations, in promoting the advancement of science, and of every thing that can add splendour and attractiveness to intellectual cultivation, has, in the instance to which I now refer, with an equal regard to utility, established a council of physicians termed "*Conseil de Salubrité*," whose business it is to watch over circumstances calculated to affect the health of the community, to acquire information on all subjects connected with it, and to render such knowledge available, under contingencies that may, from time to time, occur. The British government has, more than once, experienced the want of some arrangement of the same kind; a want which has been, if I am not mistaken, but imperfectly supplied by inquiries instituted occasionally, and when circumstances have momentarily called for them. The correctness of information so obtained, must obviously depend on the selection of individuals; and the choice has not always fallen upon the best informed persons, or on those who have been possessed of the most accurate knowledge of the subjects which it was desirable to elucidate. It has been publicly stated, that the government of this country was on the point of reversing all the regulations of quarantine, as a result of the parliamentary inquiry instituted some years ago; and that this design was only prevented from taking effect, by a paper in the *Quarterly Review*, which convinced the legislature that they had been imposed upon, and were on the point of committing a mistake, which, if the opinions now prevalent are founded in fact, might have occasioned most calamitous results.

The foundation of accurate knowledge on ques-

tions relating to public health, must be laid, for the most part, in medical statistics. Researches of this description are the organ by which information is to be obtained respecting the influence of climates, and of local and moral circumstances, on human health and longevity. The most popular of these investigations, and those which are at present most interesting, relate to the prevalence of fatal diseases, and the efficacy of means that may be proposed and adopted for preventing them or diminishing their influence. I cannot be expected, on the present occasion, to enter into every subject connected with these inquiries, important as they are, or to survey accurately the state of information respecting them. I shall only attempt to make a few very general remarks on the progress of *statistical inquiries* relative to health and diseases.

There is no method of research that is more in harmony with the philosophical character of the present age, than inquiries which are termed statistical. There is no investigation which is more calculated to extend our knowledge, on a great scale, both of the physical and moral condition of mankind, without opening the door to anything discursive or imaginary. Statistical researches are likely to afford the most satisfactory solution of many difficult problems, which have been thought, heretofore, to lie within the region of speculation; and our mistrust of the speculative way of treating such questions is increased by the remark, that in almost every inquiry submitted to the test of accurate numerical calculations, the result has turned

out in direct opposition to what appeared to be the most probable conjecture. Who, for example, would have imagined that human life would not exhibit a longer average duration in the genial climate of Greece, Italy, and other countries on the northern coast of the Mediterranean,—where the temperature of the air is equable, the seasons moderate, and the region, as it is supposed, favourable to the full development of the human race in the perfection of their physical strength and beauty and intellectual vigour,—than on the inclement shores of the Baltic and the Frozen Ocean? It has been demonstrated, however, in a memoir drawn up with great accuracy of research and presented to the Academy of Sciences, that human life has double the duration, or that men live, on the average, twice as many years in the *Ultima Thule*—the bleak Iceland and on the Norwegian coast, exposed to the rigors of an arctic climate, to wintry storms, and immersed in almost perpetual fogs, as in the delightful plains of Campania, and the valleys of Andalusia. Medical statistics are likely to afford an accurate knowledge of all that relates to the effect of external agencies on human bodies, whether as inducing diseases, or as protecting from their influence. It is hence that we must hope for information as to the means of escaping, as much as possible, from the dominion of those causes which give predisposition to various distempers, or call them into action when naturally engendered.

No work of considerable extent has appeared in this country, expressly devoted to medical statistics, since the well-known collection of Dr. Bisset Haw-

kins ; but many important contributions have been made to this description of knowledge, in particular departments, by M. Villermé, and several other writers on the Continent. Among the most interesting of them are the inquiries founded chiefly on the English tables of population, edited by Mr. Rickman. M. Villermé has thence deduced some results which have an important bearing on questions in political economy, and others which belong particularly to our subject. We are all aware of the unhealthiness of low, marshy districts, which subject the inhabitants to agues and dysenteries ; but nobody would have suspected that the atmospheric conditions of such districts are enormously destructive of the lives of young children, who are scarcely obnoxious to agues or dysenteries, and who might be supposed to be, in general, less exposed than other persons to many external causes of disease. The mortality, however, falls greatly upon children. It has been demonstrated, in a memoir which sufficiently proves the value of these researches, that in the Isle of Ely in particular, which may be considered as affording a specimen of the marshy and unwholesome districts of England, more than one-fourth part of the entire number of children born in any given period die before they have attained the age of one year ; while in the whole of England the mortality, during the first year, is not more than one-fifth. One-third part perish, as it appears, in the Isle of Ely, before the end of the second year ; but only one-fourth in the whole of England. One-half die in the same district before the end of the fifteenth year of their age ; while in the whole kingdom the same propor-



tional number of persons born survive the twenty-fifth year of life.

An extensive and an important branch of medico-statistical science, relates to the causes of mortality, to the diffusion of particular diseases, and to the proportions of deaths arising from them respectively. The prevalence of epidemic fevers and pestilential disorders excited the attention of mankind in early periods to note the destruction of life occasioned by such overwhelming and sudden calamities; but the slow yet far more extensive mortality resulting from pulmonary diseases, was, in a great measure, overlooked till a comparatively late period. It is, however, now well known that tubercular phthisis is the greatest destroyer of men, in many regions; and it seems probable, that a greater number fall victims to its ravages, the whole world being considered, than to any other class of diseases. On the mortality arising from pulmonary disorders, in various climates, we owe much valuable information to Dr. James Clark, whose late treatise on phthisis, contained in the *Cyclopædia of Practical Medicine*, is the most complete and compendious work as yet written on that most interesting subject.

I shall advert to the proportional frequency of another class of diseases, partly with the view of noticing how ignorant of medical statistics was the last generation of physicians. Inquiries were instituted, by Dr. Powell, into the frequency of mental derangement, and the proportion which insane persons bear, in this country, to the general population. The result deduced was, that in the year 1800 there existed, in England, one lunatic to every 7300 per-

sons. We have no reason, notwithstanding the apprehensions which have been expressed, to suppose that insanity is an increasing malady: yet we are now well assured that there is, in England, at least one lunatic to every thousand of the inhabitants; and there is good reason to believe this to be much below the real proportion. It is so, at least, in Wales, as well as in Scotland where there is one lunatic to 574 of the population. It is less than the proportion existing in the Rhenish Provinces belonging to Prussia, as we learn from the researches of Dr. Maximilian Jacobi; and very much less than the number ascertained in Norway, where, to the shame of countries boasting of greater improvement in social culture, the most accurate inquiries have been made, and where, perhaps, better regulations exist for the disposal and relief of the insane, than in any other part of Europe.

Another interesting topic in medical statistics, relates to the influence of habits, of professions and trades, on the term of human existence, and on the prevalence of various diseases. Very valuable contributions have been made to this department of knowledge, in England, by Dr. Forbes and Mr. Thackrah; and on the Continent, by MM. Villerme, Benoiston de Chateau-Neuf, and Lombard, of Geneva. The inquiries of the writer last mentioned, have for their particular object the influence of trades and professions, as increasing the frequency of phthisis; and they comprise various countries in Europe. The results are very important in their practical bearing, and as furnishing suggestions for the prevention of this disease in those who are ap-

prehended to labour under a predisposition to it. An inquiry which is not without its value, relates to the influence of professions on the total duration of life. A memoir of particular interest to our profession, has been written in connexion with this subject, by Professor Casper, of Berlin, on the duration of life among physicians. It appears that medical men are among the most short-lived of the whole community. In 100 clergymen, 42, according to Casper's calculation, attain the age of 70 years; in 100 persons employed in agriculture, 40; in 100 military men, 32; while the same age is attained by only 24 out of 100 physicians.

While I am adverting to the subject of statistical inquiries, I must not omit to mention the curious observations of M. Quételet, on the progressive development, at different periods of life, and under different circumstances, of the human powers and faculties, both physical and moral. It has long been supposed that the laws of development which govern our mental and moral constitution, are intimately related to physical organization, and to physical powers; but this relation was never illustrated more fully, or placed in a more striking point of view, than by the statistical researches of M. Quételet and M. Guerry. The development of propensity to various criminal actions at particular periods of life, and at particular seasons of the year; the correspondence of such periods with those at which different forms of mental derangement appear, and with the ages at which men become most capable of various intellectual exertions, in a triple scale, furnishes matter for a train of curious observations,

which seem likely to throw light on the moral constitution of mankind. The work of M. Guerry, "*Sur la Statistique Morale de la France*," is one which opens an entirely new field of philosophical research. It belongs, however, not immediately to my present subject, and I shall venture only to make a brief observation on one of the author's results. It has been proved, by his calculations, that in many parts of France, where the people have more intellectual cultivation than in other departments, their moral condition is, nevertheless, worse; a fact which, ascertained as it is, cannot be too deeply considered in these days, when intellect is deified and worshipped as the sole divinity. We may hence learn, that those who pluck too eagerly from the tree of knowledge, without gathering a more wholesome fruit from that sacred plant which grows fast by it in the garden of life, only take for themselves what, like the golden apples of an eastern fable, will crumble in the eating into dust and ashes.

There are various questions related to the subject of public health, the mode of preserving it from the incursions of pestilence, and the nature of epidemic diseases, which have long been discussed, and are yet not fully decided. We have been for a long time free from the attacks of some fatal maladies, which formerly committed fearful ravages in this, as they still do in other quarters of the world. It has been generally believed that our immunity from these calamities is the result of restrictions established by law on intercourse with countries where such diseases still prevail, and are supposed to originate;

but there are now many who entertain doubts upon this point, and are dissatisfied with the quarantine regulations, and the whole of this subject requires a new and a more careful scrutiny than it has yet undergone. From another destructive pestilence, which we were not able to banish, it has pleased Providence to furnish us with an antidote, in the discovery of vaccination; but of late the public confidence in this resource has been somewhat shaken; and a full and satisfactory exposition of the facts which bear upon this subject, is greatly to be desired. I cannot attempt, in such a memoir as the present, to enter fully into either of these inquiries; but I shall offer a few remarks on the actual state of opinion respecting them, as well as on that of our knowledge, or, to speak more correctly, of our ignorance respecting the nature and propagation of cholera.

The quarantine system of England has been occasionally a subject of complaint, as imposing restrictions injurious to commerce, and impeding the freedom of intercourse between nations; but the English system is infinitely less oppressive than that of France; and the French regulations are milder and less absurd than those established in some other countries, particularly in the Austrian States. From a memoir on this subject, read by Dr. Link, during the last year, before the Medico-chirurgical Society of Berlin,\* in which the quarantine regulations actually in force in the South

\* *Die Quarantaine-Anstalten im Südlichen Europa. Von Geh. Med.-Rath Link, in Berlin.*

of Europe are considered, we learn that the "*Regolamento*" for the littoral districts of the Austrian States, was promulgated just eighty years ago, and re-enacted in 1801, without the least improvement or alteration in the spirit of any of its ordinances; so determined are some of the nations of Europe to adhere to what they deem the good old customs of their forefathers. It may be remarked, that these regulations were founded on experience, though it was not on an enlightened experience. The original code seems to have been only a reduction to form, of the notions long prevalent among the Franks in the Levant, or of practices founded on those notions. The regulations proceed on three maxims: first, that the poison of plague is not disseminated through the air, but is only communicable by contact;—secondly, that it adheres to certain substances, and is incapable of infecting or attaching itself to others;—thirdly, that the best mode of destroying infection is by means of fire, and, next to that, by exposure to air. The recommendation to employ the former, by preference, is so vigorously enforced, that if a ship is proved, or only *suspected*, to have the plague really on board, the words of the *regolamento* expressly declare that it shall be driven out of port and burnt.\* Hence, as Dr. Link observes, the crews of vessels which happen to be found in that unfortunate predicament can no where obtain shelter, or the common offices of humanity, but by putting into the port of Marseilles, where

\* The terms of the *regolamento* are as follows:—"Quando il bastimento si manifesti o si sospetti attaccato da attual morbo, sarà scacciato, scortato ed anche incendiato."

milder customs prevail. The sick are here received into a hospital, where sanitary regulations are established; they are visited by medical officers, who must, according to law, be covered from head to foot in a particular lazaretto costume. This is a complete panoply of so grotesque an appearance, that, associated as it is with the most horrible impressions, it strikes terror into the unfortunate patients.

The sanitary laws of France are very severe and oppressive, and efforts have been made, during late years, to procure their remission or repeal. They do not, like the Austrian code, claim the veneration which is often conceded to ancient absurdities. The code at present in force was enacted in 1822; but even this is pronounced, by an able and judicious writer, to be "an atrocious system, bearing the impress of terrors which held in thralldom the minds of its enactors, and totally erroneous as to most of the principles on which it is founded." In the year 1833 a petition was presented to the Chamber of Deputies, drawn up by M. Chervin, praying for the mitigation of this law. The prohibitions against intercourse, laid down in the French code, have reference to several diseases not regarded as pestilential by those who framed the quarantine laws of England, and some other countries. The existence of yellow-fever, lepra, typhus, cholera or plague, in any place, is considered as rendering communication dangerous. "Of these diseases," says M. Chervin, "the four first are certainly devoid of any contagious property." He ventures not to pronounce, positively, respecting the fifth, but evidently leans to-

wards a similar persuasion even in the instance of plague. The sanitary regulations of the French code, are found to be so oppressive in their operation on commercial intercourse, that their opponents, or those who advocate a change of system, are, perhaps, induced to view the arguments which support their own opinion as more decisive than they really are. Thus M. Bouillaud pronounces, in general terms, that the existence of contagion is one of those scientific superstitions of which it is to be hoped that the world will soon be rid. We may expect a new elucidation of questions related to this subject, in the report read by Dr. Henry, at the Edinburgh Meeting of the British Association, on the state of our knowledge of the laws of contagion, the appearance of which has been long delayed. A powerful statement of the facts which are most strikingly in favour of the prevalent opinion, is to be found in the paper already alluded to, which first appeared in the *Quarterly Review*, and was acknowledged by Dr. Gooch. That contagion, however, and human communication in general, is only one of the operative agencies in the spread of plague, and that a great variety of other conditions contribute to direct its progress; that its incursions, often periodical, obey laws in a great measure analogous to those which govern other epidemic diseases, any person will be convinced who reads attentively the excellent and truly philosophical treatise of Dr. Hancock, on the laws of pestilence. I may take occasion to observe that a short essay, by the same writer, on the progress of cholera, contains some of the best remarks on this subject, and



the most convincing elucidations of the obscurities which hang over it, that have yet appeared.

With respect to the question whether cholera is a communicable disease, there is still some diversity of opinion, though the number of those who believe it to be contagious is, on the whole, if I am not mistaken, greatly diminished since the period of its first appearance in Europe. The physicians of France reject this opinion in general, but not without some exceptions. M. Pariset, who has had more extensive opportunities of observing the march of epidemic and pestilential diseases than most other men, who was sent by the French government to Spain to watch the progress of yellow-fever in that country, and who has travelled through Egypt with a view of investigating, by local researches, the history of the plague, expressed to me his conviction that cholera was introduced into the metropolis of France by infected persons who arrived there from places, in England, where the disease prevailed at the same time. In other parts of the Continent which have been visited by cholera, the prevailing opinion is, that this distemper is incommunicable. This conclusion has been strongly supported by Dr. Ellissen, hôf.-medicus, at Chartow, in a memoir published, in the last autumn, in *Hufeland's Journal*. Dr. Ellissen had extensive opportunities of observing, personally, the inroads of cholera in the North of Europe, and he pronounces, positively, against the opinion of its contagion. The difficulty of arriving at any satisfactory conclusion on this subject, appears to be insuperable in the present contradictory state of the information obtained from different

quarters. It has been stated by Dr. Cranfield, that, during the epidemic prevalence of cholera in Dublin, in 1834, "the disease, when it once gained entrance into a house, was generally found to spread, and, seldom content with one victim, it occasionally carried away five or six. Very many of those who attended the sick were attacked, and it was especially observed that several of the persons sent to cleanse infected houses, such as whitewashers and chairwomen, met their fate while thus employed; and that porters who packed and removed furniture from such houses, were attacked. The frequency with which the disease spread in a family, when it had once gained admission, gave abundant opportunities of witnessing the stage of premonitory diarrhœa." On the other hand, we are informed by Hufeland, that, during the epidemic of the same year, in Hamburg, the disease occurred more than once, in the same house, in only *four* cases; while the mass of the population were quite indifferent as to its existence among them. In adverting to another view of this subject, there are abundant facts within the knowledge of almost every person, which prove, or appear to evince, that the spread of cholera depends, in a great measure, on local influences: it is attached to certain spots, lurks on the banks of rivers, near drainages, estuaries, and ports. Yet we find in the report of the Parisian Commission, published in 1834, a remark which would scarcely have been made, if the fact had not been rather a general one, that in some localities infected by putrid emanations, the disease was neither more frequent, nor more fatal, than in other situations. Facts equally

difficult to reconcile have been observed in many parts of this country. I shall only refer, in proof of this remark, to the excellent statement drawn up by Dr. Symonds, and published in the third volume of the *Transactions* of this Association, in reference to the appearance of cholera at Bristol. The result to which the consideration of the whole subject leads us, is, that the principal causes which govern the epidemical diffusion of cholera, must be sought for in conditions of which we are, as yet, unable to appreciate the influence.

I ought not to pass from this subject, without briefly adverting to the history of the outbreaking of cholera in Portugal, which has been made known during the last autumn. If we were to judge from the facts, alone, which are connected with this event, and from the strong and clear statement of them made by Mr. Lardner, we should conclude cholera to be one of the most decidedly pestilential diseases. It appears that this malady had no existence in Spain or Portugal until the period when a steam-boat arrived from England, having troops on board, about the beginning of 1833. The disease prevailed at the same period in England, and in the port whence the steam-boat took its departure: it was found in the vessel at the time when the latter reached its destination: it broke out, for the first time, in the hospitals to which the sick were removed, and spread from that point, in a line which could be traced, into the interior places of Portugal.

Cholera has appeared in London every autumn since its first entrance into this country; but the number of deaths, within the bills of mortality, has

in every year been less than on the preceding. In the course of July, August, and September, there were, in 1832, 2390 deaths; in 1833, 1233; and in 1834, only 488. What the present season is destined to produce, we have yet to learn. Cholera was epidemic in Dublin in 1834, and very fatal among persons of the more opulent classes. In Hamburg it also prevailed during the same year; and here the mortality fell chiefly on the females of the lowest classes. It broke out in the islands of the Elbe; and then appeared in some vessels which had not arrived from any place where cholera prevailed. The whole number of cases was 133, of which 80 were fatal, and nearly all these occurred in the month of September.\* Persons who were bled and took emetics were, as Hufeland informs us, speedily relieved; but if these means were delayed for two hours, the case was, generally, hopeless. In Dublin, it has been stated by Dr. Cranfield, that considerable advantage has been derived from the use of super-acetate of lead, in large and frequent doses, combined with moderate doses of opium; and this method of practice appears to be the greatest improvement that has been made for a long time in the treatment of cholera. I believe that the merit of this discovery is due to Dr. Graves. This has been disputed; but I can testify that the superior efficacy of super-acetate of lead, in cases of cholera, was mentioned to me by Dr. Graves, long before I heard that the same medicine had been used in

\* *Ueber die im Jahre 1834, in Hamburg geherrscht habende Asiatische cholera. Kurze Nachrichten and Auszüge in Hufeland and Osann's Journal, Octob, 1834.*

cholera by any other individual. In the English periodicals there has been a remarkable consent of testimonies approving the use of salt and water, as an emetic, in the onset of the disease.

During some years cases have occurred, not unfrequently, in this and other European countries, which have tended to shake the confidence of the public, and of some medical practitioners, in the powers of vaccination as a preservative against small-pox. Eruptive diseases, resembling variola in its first stages, have, at various times, spread through large districts, which attacked, often, those who had been vaccinated, and occasionally put on the genuine character of small-pox. They have been termed varioloid eruptions; and Hufeland declares that he observed the varioloid disease first at Königsberg, in July, 1809. It had been recognised before that period in England. According to Dr. Sacco it was not known in the South of France, viz. in the neighbourhood of Marseilles, till 1823. It appeared in Milan, where that distinguished physician and strenuous supporter of vaccination resides, in 1825.\* In many places where these phenomena have been observed, they have produced a considerable apprehension that the efficacy of vaccination is only temporary; that its immunity from small-pox lasts only for an uncertain number of years; and that the process ought to be renewed from time to time, in order to prevent all danger of the occur-

\* *Sacco's neueste Versuche zur Entdeckung der wahren Natur der Varioloiden und ihres Verhältnisses zur Variola vera, und der Schutzkraft der Vaccine.*

rence of variola. This notion had become so prevalent in France, that the Royal Academy of Medicine appointed, last year, a committee to inquire into the subject; and a report upon it was presented, by the Academy, to the French government. The report confirms, in the strongest manner, the advantages of vaccination, and removes all doubt as to its efficacy as a preventive of small-pox, though it admits that some rare cases have occurred of small-pox appearing, in a very mild form, after vaccination, as likewise after a previous attack of variola itself. The reporters conclude with the remark, that, in the numerous vaccinations which have been made, the great majority of cases confirm the efficacy of the original vaccination; and they wisely decline giving any recommendation of a proceeding, the advantages of which have not been, as yet, established by facts.

*Hufeland's Journal* contains a most interesting memoir, by Dr. Bürger, on this subject, with comments by the editor. In this is comprised an abstract of Dr. Sacco's experiments and observations, which are by far the most conclusive and satisfactory of any that I have met with, on many of the disputed questions relating to secondary small-pox, or the varioloid disease. They prove, for example, that the varioloid is not a new malady; nor is it, as some have thought, a hybrid disease, or one permanently modified; since it appears that if persons never vaccinated are inoculated with the matter from these imperfect pustules, they have the genuine small-pox, or small-pox quite unmodified, and such as inoculation from a perfectly developed variolous

pustule would produce. The experiments, likewise, appear to prove that time makes no difference in the security afforded against small-pox by vaccination, but that individuals vaccinated twenty, twenty-two, or twenty-four years ago, or soon after the first introduction of cow-pox, are just as secure from infection, and as incapable of taking the small-pox by inoculation, as those who have been recently operated upon by the antidote. Circumstances will not allow me to give the details of these experiments. I must refer those who wish to examine them, to the paper before mentioned in *Hufeland's* excellent and well known *Journal*; and to another paper in the same periodical work, which contains an account of the celebration of the Jennerian festival at Berlin, and a new review of the causes from which the supposed failures of vaccination may be thought to have arisen. The same questions have been the subject of a paper read lately, by Dr. Gregory, before the College of Physicians.\*

There are many other subjects, related, more or less, to the present state of medical knowledge, on which I should, perhaps, attempt to make some remarks, if I had not already trespassed on the time and patience of the Association. I have

\* What I have stated with reference to vaccination, is abstracted entirely from papers, containing various information on that subject, which have appeared during the last twelve months. For a fuller investigation of the different matters connected with it, and of some of the points to which I have adverted, it can scarcely be necessary to refer any member of the Association to Dr. Baron's learned researches into the history of variola and vaccination, contained in his life of the late Dr. Jenner.

touched upon those matters which, to myself, have appeared of the highest import, without being perfectly satisfied that I have always made the best selection. The address which was delivered at the last anniversary meeting, contained so general a survey, that I may well be excused for omitting a variety of particulars on which no very important information has been obtained during the last twelve months. I have made no attempt to survey, particularly, the medical bibliography of that period, but I may, perhaps, be allowed to advert to two extensive publications, one of which has just appeared, and the other is about to issue from the press, as both are to be conducted on methods hitherto scarcely, if at all, pursued. One of them is the *Cyclopædia of Anatomy and Physiology*; peculiar in this respect, that it is to be the joint production of English and French contributors. The able editors of this work have the merit of thus setting an example of breaking down national distinctions, which are injurious to science, and of hastening the time when men of enlarged minds shall be considered as belonging to no particular country, but as members of an universal republic.\* The memoirs which have already appeared in this collection, are likely to obtain the approbation of scientific men in both countries. The other work alluded to, is the *New Medical and Scientific Review*, to be conducted by two of the editors of the *Cyclopædia of Practical Medicine*, and in which many of

\* Since this paper was read, I have received notice of a publication, on a similar plan, relating to surgery, viz. a *Cyclopædia of Practical Surgery*, edited by Mr. Costello.



the contributors to that compilation are understood to be partakers. I believe that the expectations entertained by the profession, of the last mentioned work, are very high ; and the well known ability of the editors is a sufficient security that these hopes will be realised.

I hope to be allowed, in drawing towards a conclusion, to congratulate the Association, and its excellent founder, on its prosperous state, as well as on the increasing respectability of the medical body in general. Our profession has, at all times, deserved well of the public. It may be safely affirmed that there is no other class of men, without excepting even the clergy, who have bestowed their time and labour more extensively for the benefit of the community, under circumstances precluding the hope or prospect of reward ; and I believe that this was never so generally acknowledged as it is at present. It may be observed, to the honour of our profession, that the talents of its members are ever exerted on the side of humanity, and in the endeavour to lessen the sufferings of mankind. In this point of view, I cannot refrain from adverting to the disputes which have taken place, of late years, in France, between the most eminent of the legal and medical professions, in regard to the infliction of capital punishment on persons who had committed offences, such as arson and homicide, under the influence of insanity. It is impossible to doubt that individuals have undergone, in recent periods, public execution, both in Britain and France, in punishment for acts to which they had been impelled by mental disease. The controversies which have been

carried on in the latter country, between physicians who endeavoured to display the real nature of such cases, and legal prosecutors who enforced the vengeance of the law, seem to have terminated on the side of truth and humanity, and this result of philanthropical efforts has been manifest in the events of criminal prosecutions in France, as it will, doubtless, be for the future in this country. Of the important assistance which medical science can, likewise, occasionally give in aid of the proceedings of justice, we have a remarkable example in the results of the late trial in Bristol, of which an account has appeared in the last volume of our *Transactions*, drawn up by a writer whom I have already mentioned, and whose great talents and extensive acquirements render him a most valuable member of the Association, and of the medical profession.

On the increase of prosperity and public esteem our profession may safely reckon, while it increases in intelligence and efficiency. It can no longer be laid to our charge that, while science and learning are confined to a few, the great body of our caste is inadequately instructed. With a general growth and diffusion of knowledge we have reason to hope that a higher tone of moral feeling, a better culture of the highest powers of the human mind, is also prevalent; and, what is inseparable from this consideration, that a reproach often cast upon us of scepticism and irreligion, will no longer be imputed. It cannot be denied that there have been individuals who have abused the superiority of intellect bestowed upon them for far different ends, in endeavouring to loosen the bonds of religion and morality, by which

they, perhaps, felt themselves too straitly tied. But that time has passed. Such an individual, if such were now found within the ranks of our profession, would be looked upon as one marked by the token that all men should flee from him. "*Hic niger est, hunc tu Romane caveto.*" There never was a period when the imputation I refer to could have been truly thrown upon the medical community in general, or upon its most distinguished members. Still less can this be done in the present time, when we have the pleasure of reflecting, that several of the individuals selected to defend the groundworks of religion by the discoveries of modern science, and, I may add, certainly not the least able and meritorious of the number, are members of our profession.

PROCEEDINGS  
AT THE  
THIRD ANNIVERSARY MEETING  
OF THE  
PROVINCIAL  
MEDICAL AND SURGICAL ASSOCIATION,  
HELD AT OXFORD.

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THE proceedings began by the meeting of the Council at the Anatomy School, at three o'clock in the afternoon of Wednesday, July the 22nd, 1835, at which all the necessary arrangements were made for the General Meeting the next day. A large party of the members afterwards dined together at Dr. Kidd's.

On Thursday morning, July the 23rd, there was a breakfast at the Angel Inn, and Professor Daubeny gave a public breakfast at his rooms in the Botanic Gardens, which were thrown open early in the morning to the members of the Association.

At ten o'clock Dr. Buckland, Professor of Mineralogy, gave a most interesting and instructive demonstration of many of the curious fossil remains in his museum.

The Ashmolean Museum, the Bodleian Library, and the Picture Gallery, were also all opened to the members of the Association, many of whom, during the morning, visited these attractive collections.

At twelve o'clock, Dr. Buckland's demonstration being concluded, Mr. Costello performed the operation of lithotripsy before a large assembly of the members. The Anatomical Theatre having been found incapable of holding all the members of the Association, who were anxious to see the operation, application was made to the Mayor, who kindly gave the use of the Town Hall for the purpose.

Mr. Costello began by observing that as the patient was waiting, he should first perform the operation, and deliver some general remarks upon it after the patient had retired. The stone being discovered by the catheter, Mr. Costello gently introduced his instrument, and presently the stone was seized; being of an unyielding nature, the instrument was fixed in a vice, and the hammer was used to comminute the stone; the fragments were subsequently seized, and broken by the sole pressure of the operator's hand, or by the hammer. The patient seemed to suffer nothing, and expressing himself grateful for the relief he experienced, put on his clothes and retired.

Mr. Costello then spoke on the general subject of lithotrity. He said, when Civiale first proved the possibility of comminuting a stone in the bladder, every other circumstance connected with such a surgical innovation required to be carefully investigated; when his instrument alone, however, was used, stones exceeding an inch and a half in diameter were beyond the scope of the operation. By the invention of his (Mr. Costello's) double slide percussors, stones of all sizes were made capable of being reduced; but nevertheless, he was of opinion that experience authorised him to say, that lithotrity was far from including within the pale of its relief, all those who suffered from stone. First, children were inadmissible on account of their indocility, and the smallness of the organs. Secondly, the favourable periods for the operation were from puberty to the age of fifty or fifty-five years, and, during this period, if the stone was no larger than a walnut, or if there were many calculi, but small, lithotrity was sure to triumph with little pain, and without exposing the patient to any risk; but beyond that period, when the urinary apparatus was altered from a healthy to a diseased state, when the sensibility of the parts was augmented, and the stone was large, lithotrity had its dangers. Mr. Costello, in conclusion, stated, after a lucid exposition of the exceptionable cases, that lithotrity taken within the limits which experience assigned it, was one of the most important and valuable improvements of modern surgery.

#### GENERAL MEETING AT THE RADCLIFFE LIBRARY.

At half-past one o'clock the General Meeting took place at the Radcliffe Library, and by the hour appointed, upwards of three hundred persons had assembled.

The following gentlemen were at this time in the room:—  
 Mr. Addison, of Malvern; Mr. Alexander and Dr. Alexander, of  
 Corsham; Mr. Allen, of Oxford; Mr. Allsop, of Watlington; Mr.  
 Bagnall, of Chester; Mr. Bailey, of Chippenham; Rev. Dr. Band-  
 well, of Oxford; Dr. Barlow, of Bath; Mr. Barnett, of Stourport;  
 Dr. Baron, of Cheltenham; Mr. F. Batt, of Abergavenny; Mr.  
 Batt, of Witney; Sir C. Bell, of London; Mr. Best, of Newbury;  
 Dr. Bevan, of Monmouth; Dr. Billing, of London; Dr. Blackmore,  
 of Bath; Dr. Bleeck Lye, of Hereford; Mr. Blenkinsop, of War-  
 wick; Mr. Boddington, of Eddington; Dr. Bompas, of Bristol;  
 Mr. Bolton, of Leamington; Mr. Brayne, of Banbury; Mr. C. J.  
 Brickwell, of Banbury; Dr. Brooks, of Henley; Dr. Brown, of  
 Newbury; Mr. Bunny, of Newbury; Rev. Dr. Buckland, Pro-  
 fessor of Geology, of Oxford; Dr. Carrick, of Bristol; Mr. Ceely,  
 of Aylesbury; Mr. Chapman, of Leamington; Mr. Cheatle, of Bur-  
 ford; Dr. James Clark, of London; Mr. Henry Clark; Rev. Mr.  
 Claughton, of Trinity College, Oxford; Mr. Colbourn, of Chelten-  
 ham; Mr. Coles, of Woodstock; Mr. Coles, Jun. of Woodstock;  
 Dr. Conolly, of Warwick; Dr. Conolly, of Cheltenham; Dr. R.  
 Coulthas, Queen's College, Oxford; Rev. G. L. Cooke, Sedlian  
 Professor of Natural Philosophy, Oxford; Mr. Costello, of London;  
 Dr. Cowan, of Bath; Mr. Cox, of Aldermaston; Mr. Crang, of  
 Timsbury; Mr. Crosse, of Norwich; Dr. Daubeny, Professor of  
 Botany, of Oxford; Dr. Davis, of Bristol; Mr. Davis, of Bristol;  
 Dr. Davis, of Presteign; Dr. Davis, of London; Mr. Wm. Davis,  
 of Bicester; Dr. Frederick De Jersey, of Guernsey; Mr. G. De  
 Jersey, of Guernsey; Dr. Falret, of Paris; Rev. Dr. Faussett, Mar-  
 garet Professor of Divinity, Oxford; Dr. Feild, of Worcester; Mr.  
 Fisher, of Oxford; Mr. James Flesher, of Aylesbury; Mr. Fletcher,  
 of Croydon; Dr. Forbes, of Chichester; Mr. Fowke, of Wolver-  
 hampton; Mr. T. W. Fowke, of Wolverhampton; Dr. Fox, of  
 Bristol; Mr. Fripp, of Bristol; Mr. J. Fryer, of Bewdley; Mr.  
 Gaurdjett, of Oxford; Dr. Gilbert, Principal of Brasen-Nose  
 College, Oxford; Mr. J. Godfrey, of Charlbury; Rev. J. Gould,  
 of Magdalen College, Oxford; Mr. Graham, of London; Mr.  
 Grainger, of Southwark; Mr. Griffiths, of Hereford; Mr. T. T.  
 Griffiths, of Wrexham; Mr. Hall, of Bath; Mr. Handcock, of Co-  
 ventry; Dr. J. Hardwick, of London; Mr. George Harrison, of  
 Chester; Dr. Hastings, of Worcester; Mr. Hay, of Bath; Mr.  
 Wm. Hayward, of Aylesbury; Mr. Heathcock, of Reading; Mr.

C. H. Hebb, of Worcester; Mr. J. Hester, of Aylesbury; Mr. Hetling, of Bristol; Mr. G. Hetling, of Bristol; Mr. Hitchings, of Oxford; Mr. Hitchman, of Leamington; Dr. Hodgkin, of London; Dr. Holbrook, of Crickhowell; Mr. J. P. Holmes, of Bristol; Mr. Holmes, of Kidlington; Dr. Hungerford, of Bath; Dr. Holme, of Manchester; Dr. Ingram, President of Trinity College, Oxford; Dr. James; Mr. Jeston, of Henley-in-Arden; Mr. Johnson, of London; Dr. Johnson, of Shrewsbury; Dr. John Johnstone, of Birmingham; Dr. James Johnstone, of Birmingham; Mr. Jones, of St. Leonard's; Mr. R. Jones, of Leamington; Mr. G. Jones, of Henley-in-Arden; Mr. Jordan, of Manchester; Dr. Kent, of Walsall; Mr. F. Kent, of Radley; Dr. Kay, of Clifton; Dr. Kidd, Professor of Medicine, Oxford; Mr. Kidgill, of Pangbourn; Mr. T. W. King, of London; Mr. Thos. Knight, of Bath; Dr. Letman, of Berlin; Dr. Lloyd, of Leamington; Mr. Nicholas Lowett, of St. George's; Mr. H. Lupton; Dr. Macbride, Principal of Magdalen Hall, Oxford; Mr. Margett; Mr. Martin, of Oxford; Mr. Martin, of Reigate; Mr. Masters, of Northampton; Mr. May, of Reading; Mr. E. May, of Reading; Mons. Michell, of Paris; Mr. G. R. Moger, of Bath; Dr. Manson; Mr. Morris, of Worcester; Mr. G. I. Mills, of London; Mr. Nankivell, of Coventry; Dr. Ogle, Aldrichian Professor of Medicine, Oxford; Mr. Ormond, of Bath; Mr. R. Owen, of London; Mr. H. Palmer, of Woodstock; Mr. Parker, Oxford; Mr. Henry Parry, of Henley; Mr. Paxton, of Oxford; Mr. H. Perry, of Henbury; Dr. Prichard, of Bristol; Rev. F. E. Plumptre, of University College, Oxford; Rev. B. Powell, Savillian Professor of Geometry, Oxford; Mr. Pytt, of Burford; Mr. Ridgell; Dr. Robertson, of Northampton; Mr. Rose, of High Wycombe; Mr. N. Rumsey, of Beaconsfield; Mr. H. W. Rumsey, of Chesham; Mr. Rusher, of Oxford; Dr. W. Sainsbury, of Corsham; Mr. Seely, of Aylesbury; Dr. R. W. Scott, of Liverpool; Dr. E. D. Scott, of Queen's College, Oxford; Dr. Sims, of London; Mr. C. H. Slater, of Bath; Mr. N. Smith, of Bristol; Mr. Smith, of Wheatly; Mr. Smith, of Southam; Dr. Somerville, of London; Dr. W. Squires, of Liverpool; Dr. Stevens, of Ely; Mr. Stockwell, of Bath; Mr. Stone, of Oxford; Dr. Streeten, of Worcester; Dr. Sweetser, of Boston, America; Mr. Swinsburne, of London; Dr. I. A. Symonds, of Bristol; Dr. Sealy, of Walgrave; Dr. Thomson, of Stratford; Sir C. Throckmorton, Bart. Coughton Court, the Father of the

Profession; Dr. Todd, of London; Mr. Tuckwell, of Oxford; Mr. Tudor, of Bath; Dr. Underwood, of Ross; Mr. S. W. Vincash, of Stadhampton; Mr. Wakeman, of Thame; Mr. E. Wallace, of Carshalton; Mr. Webb, of Oxford; Mr. Welshman, of Kinton; Mr. R. Westward, Jun.; Mr. W. Wickham, of Winchester; Mr. Williams, of Leamington; Mr. H. H. Wilson, Boden Professor of Sanscrit, Oxford; Mr. H. Wilson; Mr. J. W. Wilton, of Gloucester; Mr. Wingfield, of Oxford; Mr. J. F. Wood, of Oxford; Mr. Wood, of Bath; Mr. T. Workman, of Basingstoke; Dr. Zacharia, of Heidelberg.

THE ADDRESS DELIVERED BY PROFESSOR KIDD, F.R.S.

DR. KIDD was called to the chair, and delivered the following Address:—

Gentlemen,—It is not my intention to dedicate more than a very small portion of this short and merely introductory address to any remarks that have not a direct reference to the object of this meeting; but I should ill deserve the flattering distinction by which I have been honoured on the present occasion, did I not take the earliest opportunity of declaring, that I derive from it a gratification such as I have never experienced before, nor can expect ever to experience hereafter. And yet, in saying this, I can affirm with sincerity, and hope to be believed without reserve, that this feeling does not arise from any consciousness of my individual worthiness of such a distinction; for, however I may have laboured within my own limited sphere, in endeavouring to promote the cultivation of Natural Science in general, I cannot be ignorant that in that department of it, which belongs to medicine, I have no more than the most ordinary claims to the consideration of an assembly like that which I have now the honour of addressing.

My gratification, indeed, arises from a much higher source than the consciousness of any personal qualifications: it arises chiefly from the recollection of that expression of respect towards this University, which I had the happiness of witnessing on the occasion of the original formation of the Society; but it arises partly, also, from the consequent kindness to myself, as a member of the University, which made me feel at once in the midst of friends, though personally unknown to almost every one then present: nor could I but exult in the desire, which was at the same



time manifested, of holding an early Anniversary of the Association in the Radcliffe Library. How much more, then, must I now exult in witnessing the accomplishment of that desire; especially when within the walls of this majestic monument of the munificence of an individual of our own profession, surrounded by the literary works of the illustrious dead, as well as of the no less illustrious living, I behold a great proportion of the medical talent and skill of this empire, assembled for a purpose not less honourable to the profession, than beneficial, it may be presumed, to the community at large.

Yes, Gentlemen, I fearlessly make the assertion, that, in addressing so large an assembly of provincial practitioners, I address a great proportion of the medical talent and skill of the whole empire: for although the boundless field of practice afforded by the metropolis is calculated to produce an aggregate amount of experience, and consequent skill, which cannot be expected in any single provincial district; yet, as far as the development of individual talent, and the acquisition of personal information are concerned, the provincial practitioner frequently possesses advantages which cannot accrue to the metropolitan. Nor do I assert this with the view of exciting any invidious comparison: any comparison, indeed, that may be made, is in reality nothing more than a comparison of the different outlines which the human character is capable of exhibiting when viewed in different positions. Thus the faults and virtues of individuals are often attributable, in a certain degree, to the age and place in which they live; and a romantic hospitality, for instance, is as much the native product of a secluded village, as a selfish luxury is of a crowded city. In the spirit of such a comparison, alone, do I assert that the provincial practitioner possesses advantages which the metropolitan does not possess.

That such is the case, however, I firmly believe: and the fact, if it be so, may, in a great measure, be explained by this simple consideration—that the former, especially if he have the care of an extensive rural district, is thrown upon his own resources to an infinitely greater extent than the latter; and we all know that the collision of physical difficulties with intellectual ability, will certainly produce commensurate effects, in every department of human knowledge. At a very early period in my professional practice, I became convinced, from repeated observation, that could the

provincial members of our profession be induced to commit to writing the results of their experience, a mass of information would soon be accumulated, fully equal in value to what may be found in the numerous individual or associated works which have been published in the metropolis. Should any one say that such a supposition is made gratuitously, I need only, in corroboration of its reasonableness, appeal to the works of White, of Hey, of Armstrong, and of many others who are now no more; and of Abercrombie, Barlow, Conolly, Forbes, of Hastings, Hodgson, of James, and Prichard, who are still among the living; and who, I trust, will long live to do honour to the profession, of which they are such distinguished ornaments. And I trust, farther, that their example, aided by the impulse which such an association as this must give, will stimulate many others to similar exertions.

But, in making an estimate of the human character, intellectual abilities and exertions are but of secondary consideration; for moral excellence has ever held, and will, I hope, ever hold, the first rank: and, with reference to that point, provincial practitioners, as a body, have claims on our esteem, which if I did not put forward, I should be deficient on the score of public justice. I here allude to their patient endurance of great inconveniences, and oftentimes more than inconveniences, in the exercise of their professional duties; to their readiness in gratuitously assisting each other, in proportion as illness or other circumstances may require such assistance; to their forbearance in delaying to claim their just demands of remuneration, not only from their opulent or powerful patients, the fear of whose resentment might deter them from making such claims, but from those, also, whose enmity, indeed, they have no reason to fear, yet whose poverty they respect; and, lastly, their equal readiness to afford not only professional, but pecuniary assistance also, to those from whom they are morally certain they can expect nothing in return but expressions of gratitude; yet, too often, not even these. I am quite aware that, in the metropolis itself, there are many practitioners who, though not thrown upon their own resources so completely as their provincial brethren, have yet to endure similar difficulties and privations; and who do endure them with the manifestation of equal patience and benevolence; nor do I mean, as I have already said, to extol the one at the expense of the other. My intention has solely been to set before those who may not duly have considered

the subject, the elevated level in the scale of society which the provincial medical practitioner is capable of attaining; and thus to induce them to co-operate with their brethren in maintaining that level. This they are more particularly called on and enabled to accomplish at the present moment; seeing that in every department of medical education the qualifications required have not only been of late years raised, but very nearly equalized, and that from henceforth neither will the possession of merely external honours lead any individual to wealth or fame, nor will the want of them debar him from them. Such honours doubtless are not without their value with reference to society at large; and the analogy of universal nature shews us that they are calculated to produce a good effect. But the time, I trust, has happily arrived, when by every individual of sound judgment they are regarded in their true light; on the one hand neither envied nor despised by those who happen not to possess them; on the other hand most willingly communicated, by those who have the dispensation of them, to all who, though not having a claim to them on the mere grounds of the performance of certain exercises and periods of residence in a particular spot, have yet acquired an equitable title to them by the pre-eminence of their talents and information, supported, let me add, by the integrity of their moral character. Such are the claims of those two members of the Provincial Medical and Surgical Association, on whom this University has lately conferred the highest honour which it has the power of conferring. Long may those individuals enjoy an honour, to the possession of which I know they attach a due value; and in the meantime may Oxford meet with further opportunities of enrolling among its members, by means of similar honours, names as distinguished as those of Abercrombie and of Prichard.

Gentlemen,—It would now become my duty immediately to propose that Dr. Hastings should be requested to read the Report of the Council; but before doing so, I have a most pleasing duty to perform, the pleasure arising from which would have been doubled, had both the individuals been present to whom I refer. Dr. Abercrombie would most willingly have attended the meeting of the association, had it been in his power; but when we consider that he resides at the distance which divides Edinburgh from Oxford, and when it is considered, also, what his duties are, I could neither ask nor expect it. But I have it in my power to

present to Dr. Prichard, which I do with unfeigned pleasure, that testimonial of his merit which the University has conferred upon him.—[The diploma was now presented to Dr. Prichard, who on receiving it was greatly applauded.]—Gentlemen, though I do not wish to over-rate an honour which has been conferred by a body to which I have the honour to belong, yet, at the same time, I naturally wish that it should not be under-rated; and as many persons may not be aware of the extent of the honour thus conferred, I will state that it gives to the individual to whom it is presented, not only all the privileges which he would acquire by the strictest compliance with the rules of the University, by a residence of many years, and by passing through several degrees, but it gives him that honour immediately, and without any condition. A member of the University who has acquired the honour in the regular course could not exercise the right of voting immediately; but when it is conferred by diploma, as in this case, the individual to whom it is presented acquires an immediate right to vote.—Gentlemen, I will detain you no longer, but will, with your permission, at once request Dr. Hastings to read the Report of the Council.”

#### THE REPORT OF THE COUNCIL FOR 1835.

The constitution of the Provincial Medical and Surgical Association judiciously enjoins, that the Council shall, at each anniversary meeting of its members, submit an account of the proceedings by which the past year has been distinguished. This task has been hitherto, on each occasion, very gratifying to the Council, because they have been enabled to address the assembled members in the language of congratulation, on the progressive advancement of this highly-valuable Institution. The arrival of the Third Anniversary Meeting gives the Council an opportunity of again recording that there is a continued increase of the prosperity of the Association, and that its affairs still promise to be so managed as to lead on to future and more extended usefulness.

It is a very encouraging circumstance that the Association has, since the last meeting, received additional support from the great and influential body of Provincial Practitioners; the number of members, since the meeting at Birmingham, having increased from four hundred and fifty to five hundred.

The finances of the Association are altogether in a favourable condition, for, notwithstanding the expensive style in which the volumes of the *Transactions* have been printed, and the necessarily high charge for the drawings by which they are illustrated, the Council are enabled to report that there is still a balance in the hands, of the Treasurers; as the income for the present year has amounted to £511 6s. 11d. and the expenditure to £349 9s. 3d. leaving a balance of £161 17s. 8d. due to the Association. This balance would have been much greater if every member had paid his subscription to the Treasurers: and the Council cannot avoid taking this opportunity of reminding the members generally, that punctuality in the payment of their subscriptions, when they become due, is of the utmost importance to regularity in carrying on the affairs of the Association. To insure this punctuality, without much trouble to the members, it has been so arranged that any gentleman may, by giving the necessary direction to his own banker, remit any sum to Messrs. Robarts and Co. London, for Messrs. Berwick and Co. Worcester, on account of the Provincial Medical and Surgical Association. The Council feel certain that it is only necessary to call attention to the facility with which the subscriptions may be paid, to induce greater punctuality for the future in this respect, the result of which will be, that our income will be much improved, and the prosperity of the Institution will be more firmly established.

The contributions sent from the members to the Council, for publication, have been as numerous as heretofore; and this has enabled the Association to send forth to the world a third volume of *Transactions*, which, it is hoped, will sustain the credit acquired by their previous volumes. Separate communications on each of the subjects of enquiry proposed at the formation of the Association, excepting Medical Topography, appear in this volume; and even this subject is not overlooked, as several of the essays have a direct tendency to elucidate the laws of endemic and epidemic diseases, and to shew the kind of diseases which are incident to the different periods of human existence. The reports of the Medical Institutions at Birmingham, afford a well digested arrangement of numerous facts relative to the prevalence of disease, and the law of mortality; which species of enquiry, if extensively followed up, through similar investigations, by the numerous members of our body, situated in localities which vary so much in the

circumstances affecting human health and longevity, must eventually lead to very valuable additions to our knowledge of Medical Statistics—a branch of science the importance of which is every day becoming more apparent, not only to the medical philosopher, but also to the legislator and philanthropist.

It would be wandering from the immediate object which should be kept in view in this report, if the Council were to attempt to point out the various subjects which may profitably engage the attention of the members of the Association; but there is one species of inquiry which has lately attracted the notice of some of our members, to which the Council think it desirable to advert.

Disease being a state not fixed and definite, but variable and progressive, it is obvious that, in its investigation, that course of inquiry must be most perfect which, commencing with the earliest deviation from a state of health, traces the several morbid changes, consecutively, from this point, to the aggregate of symptoms, usually considered as constituting a specific disease. The initiatory stage of disease, or that which precedes and ushers in the more complex derangements, constituting a nosological malady, has been hitherto but very imperfectly investigated, and for the obvious reason that medical assistance is rarely sought until some specific malady is engendered, which then, for the first time, becomes the subject of medical observation; this, from the suffering or danger usually attendant, absorbs attention, and to the immediate relief of which all efforts are then directed. Yet forming, as the incipient stage does, an essential and most important part of the series of morbid changes, it cannot be too closely or accurately scrutinized, or too clearly understood. Were the changes which occur in this stage more perfectly comprehended, much of the obscurity which so often shrouds more advanced disease, would be cleared away; remedial treatment would be more direct and effective; and prophylaxis, which of the ends of medical science is assuredly not the lowest in importance, be far more certain.

One of our members, Dr. James Clark, has most admirably exemplified the good effects which are likely to result from inquiries of this nature, in his able article on that scourge of the human race, tubercular phthisis, in the *Cyclopædia of Practical Medicine*; and which has just been published by the author, in an extended form, as a *Treatise on Pulmonary Consumption, and Scrofulous Diseases*. He there, with great truth, remarks, that had the labour

and research which have been wasted in fruitless experiments to cure an irremediable condition of the lungs, been directed to the discovery of the causes and nature of tuberculous disease, with the view of deducing rules for its prevention and treatment, consumption would be regarded in a light very different from that in which it is looked upon at the present period. Such a view of tuberculous consumption would comprehend not merely the period succeeding the actual development of pulmonary tubercles, but the whole course of the disease, from the very commencement of the pulmonary disorder. By a knowledge of this constitutional disorder, we may reasonably hope to prevent, in many cases, the occurrence of disease, and, in a small proportion, to arrest its progress in its nascent state, and even to remove its local effects; and if we go a step further back, and investigate the causes which give rise to the tuberculous diathesis in the parent, we may also hope to diminish the hereditary disposition in the offspring.

Another member of the Association, Dr. Barlow, of Bath, has also, for many years, devoted much attention to the incipient stage of disease; and has given the results in several publications. The earliest of these was an Essay, in the *Edinburgh Medical and Surgical Journal*, entitled "Pathological and Practical Observations," published in 1813-14, and contained in the ninth and tenth volumes of that work. The views there presented were further developed in a small Treatise on the Bath Waters, published in 1822; and they have since been still more fully submitted to the profession, in certain articles in the *Cyclopædia of Practical Medicine*, more especially in those on gout, plethora, and rheumatism. If the doctrines maintained by Dr. Barlow be true, they must lie at the root of all sound pathology, and enter largely into the consideration of the ulterior and more prominent changes to which pathological researches have been hitherto rather too exclusively confined. The Council rejoice to see that the subject begins to excite the attention it merits, and to exercise the talents of many eminent pathological writers of the day. In the admirable investigations of Andral, more especially in those which he has devoted to "Lesions of the Blood," will be found much to correspond with doctrines advanced by Dr. Barlow, and to confirm their truth and accuracy. Practical truth being a main object for which this Association was founded, the Council feel that they cannot promote it more effectually, than by earnestly recommending to the members

the cultivation of this field of inquiry, which promises an abundant return to those who may labour in it.

Leaving to the members to attach to the above recommendation what value they may consider it to deserve, the Council proceed to remark, that they conclude the reports which were committed to the respective committees, to be presented to the present meeting, will now be received; and it is consequently to be wished that other members, actuated by the same desire to promote the progress of the Association, and to advance the interests of medical science, will be disposed to come forward on this occasion, and to pledge themselves to produce reports on some distinct branches of medicine, at the anniversary meeting that will be held in the year 1836. The council will not dictate to the meeting what may be the subjects best suited for these reports, but they may observe, that as the question of Medical Benevolent Institutions, in the due and proper regulation of which the interests of the medical profession are so much engaged, has been referred to a committee; and as the best mode of managing such Institutions, so as to make them conduce to the advantage of the profession, by affording relief to those practitioners who may need assistance under the pressure of disease or poverty, is still questionable, they conceive that a report on this subject might tend to bring this important question in a clear manner before the Association.

Another subject which at the present time is very interesting to the great body of medical practitioners, is the best mode of administering medical relief to the sick poor. Under the New Poor Law Act, the guardians of the poor have great power, and as respects the medical attendance of the poor, they seem inclined to exercise that power in a manner greatly objected to by a large portion of the present respectable class of general practitioners. Perhaps it might have a considerable influence on the minds of the guardians of the poor in regulating the plans for medical attendance, if this Association would point out the generous manner in which the medical profession has at all times come forward at the call of charity, to administer gratuitous relief to the necessitous sick, and would also demonstrate the great sacrifices that have been for many years made by the great body of the profession, for that purpose; all of which might be embraced in a report from a committee of our members.

At this meeting it will also be necessary finally to determine



what measures the Association will adopt relative to the two important questions that were referred, at the Birmingham anniversary, to the consideration of separate committees; one of these relates to the establishment of a permanent Medical Library; and the other to the annexation of a Medical Benevolent Charity to the Association.

The Council have not to report any donations, in addition to those which were stated to have been received at the last anniversary for the establishment of a Prize Essay Fund.

The Council are not aware, that it is necessary to prolong this report by any further remarks, but they are unwilling to conclude without stating their strong conviction, that the present proud situation of the affairs of the Association, is mainly to be attributed to the admirable zeal and energy which have animated the great body of the members, and which have induced them to devote their time and talents to enrich the *Transactions*, and by other means to advance the prosperity, and increase the usefulness of the Association.

Already are the good effects of the co-operation of which this Association has set the example, becoming impressed on the minds of physicians and surgeons, in distant parts of the empire; and as a consequence, a desire has been expressed to form similar Associations for the advancement of medical science. The Council cannot but earnestly hope that wherever such plans are in contemplation, they may lead to a happy consummation. The members of this Association, will then enjoy, not only the cheering retrospect of their own successful exertions, but also the delightful thought, that stimulated by their example, other labourers have also gone into the vineyard, and have collected fruit in abundance.

In conclusion, the Council would earnestly entreat the members to bear in mind, that the principal object for which they associate, is the advancement of medical science, and the consequent benefit of the human race. The object is noble, and recommends itself to the highest aspirations, and to the best feelings of which mankind is capable; and it cannot fail to interest all those who are imbued with the spirit of an age remarkable above all others by the spread of knowledge, and by the philanthropy which has at all times characterized the medical profession.

CHAS. HASTINGS, M. D. } Secretaries to the  
J. P. SHEPPARD, SURGEON, } Association.

DR. JOHN JOHNSTONE, of Birmingham, then rose and addressed the meeting as follows :—The Report which has now been read, is so satisfactory a document, and goes so fully into the subject, both of the progress of our Institution, and of the means recommended for the furtherance of its objects, that I shall not enter into any remarks upon that detail. If I were to enter into it, it would be upon that part which recommends to your consideration the subject of the poor in relation to medical attendance ; but as that subject would require a long discussion, I think it would be much better that the recommendation made in the report should be adopted, namely, that every gentleman concerned with the poor, and who is employed as a medical practitioner for their relief, should make his own report to this Association, so that we might have a general understanding on the subject. But on the present auspicious occasion, surrounded, as we are, by the great body of enlightened practitioners in this country, assembled, too, in undiminished numbers, and with increased zeal, in this very seat of the Muses, and the resort of sages for so many centuries past—this sanctuary of learning, revered and honoured by all civilized nations, and endeared, especially to some of us, by recollections and associations which bind us to it by millions of ties of almost filial duty and affection—it is impossible for us not to exult at our present position, and not to believe that our views are correctly estimated, and that it is known we are met together, not for any selfish purposes, but by enlarging the volume of science to diminish the mass of human misery. It cannot be forgotten in our annals, too, that by the bounty of this University, and by the kindness of our learned President, we are assembled under this dome, reared and dedicated by medical munificence, for the purposes enumerated in the report. Under this dome, if I may dare to use the image, the *Genius loci*, the spirit of medicine itself, looks down with complacency upon us and breathes a benediction upon our labours. Gentlemen, I need not repeat the latter part of the recommendation contained in the report, but I shall immediately proceed, without trespassing longer upon your time, to propose—

That the report of the Council be received and adopted by this meeting.

DR. CARRICK (of Clifton) shortly seconded the resolution ; which was carried unanimously.

DR. PRICHARD, at the request of the President, then read his Retrospective Address, which, on its conclusion, being universally applauded,—

SIR CHARLES BELL rose and said, that he had not only the privilege, but the command of the President to address the Association. He had never taken his seat in any assembly with more pleasure and satisfaction than on this occasion, because he saw so many old friends around him, and knew that he was sitting in so extremely respectable a company; and, above all, because he thought he should have had the pleasure of hearing the very admirable paper which had just been read by Dr. Prichard, without being called on to do any thing in the way of publicity, which he always wished to avoid, because he had never yet attempted it without sitting down with the mortifying reflection that the very sentiments he ought to have expressed, and the words he would have used, had been omitted. He had, however, now a very easy task to perform, which was merely to call upon the meeting to express their admiration of the very excellent paper to which he had referred, and which must have been the result of long study and much personal observation. All who had heard it must have admired its language and the lucid arguments contained in it, and would, he was convinced, claim it as their own and order it to be printed. It was hardly possible to look around him without remembering the advantages possessed by the members of this Association over the London practitioners, who were in a troubled stream, and had to struggle with difficulties, although they had the advantage of communicating easily with each other. It had long been observed that gentlemen in the Provinces possessed a great advantage in being thrown upon their own resources, by which means they acquired a manliness of character which chimed admirably well with their philosophical character, and produced the most beneficial results. He concluded by moving—

That the thanks of the meeting be given to Dr. Prichard, for his able and eloquent Address; and that he be requested to print the same in the next volume of the *Transactions* of the Association.

DR. DAUBENY (of Oxford) seconded the resolution.

MR. TUDOR (of Bath) said he had a resolution to move, with respect to the appointment of a President for the ensuing year. One of the rules passed at the first meeting of the Association was,

that the office of President should be conferred on some senior Physician or Surgeon of eminence, resident in any of the provincial towns comprised in the circle of the Association. In consequence of that resolution, a request had been sent to Mr. Ransome, of Manchester, where the next meeting of the Association was intended to be held, to accept the office of President, but that gentleman finding it would interfere with some religious feelings he entertained with regard to presiding at the dinner (he being a member of the Society of Friends) had declined the honour; the consequence of which was, that he (Mr. Tudor) had been requested to move—

That the Anniversary Meeting, for the year 1836, be held at Manchester; and that Dr. Holme be requested to accept the Office of President-elect.

MR. CROSSE (of Norwich) seconded the resolution, which was carried unanimously.

DR. BARLOW (of Bath) said that the pleasing duty devolved upon him of proposing—

That the thanks of the meeting be given to Dr. John Johnstone, the late President of the Association; and that he be appointed a permanent Vice-President.

DR. BEVAN (of Monmouth) seconded the resolution, which was carried unanimously.

DR. CONOLLY (of Warwick) said, that if he had had the choosing of the resolution he was about to propose, he could not have selected one which would have given him greater pleasure. The purport of the resolution was—

That the thanks of the meeting be given to Dr. Hastings and Mr. Sheppard, the Secretaries of the Association; and that they be requested to continue their services.

It was impossible for any one, who, like himself, had had the pleasure of attending all the meetings of the Association, to submit the present motion without at the same time recalling the very great degree of pleasure which he, in common, he believed, with all other members of the Association, had derived from meeting his professional brethren. Such opportunities as these were almost the only means that medical men had of seeing gathered together much that was estimable in their profession, and enjoying that

intercourse and those means of communication from which, under ordinary circumstances, they were debarred. He felt how deeply the Association was indebted to the gentlemen who were named in the resolution, and he trusted that their valuable services would not be withdrawn.

MR. HETLING seconded the resolution, which was carried unanimously.

DR. BOOTH (of Birmingham) said he need not make any long preface to the motion he was about to submit to the meeting. The proceedings of to-day, and of the last year, bore sufficient testimony to the merits of the Council, whose re-appointment he was now about to propose. The whole proceedings of the present meeting were marshalled and ordered by the Council; and although little of the trouble they took, and little of the responsibility they incurred, was manifest and open, many anxious hours of labour and attention were devoted by them to promote the objects for the furtherance of which this Association was founded. They deserved, therefore, and he was sure they would obtain the approbation and confidence of the meeting. He would now move—

That the Council for the past year be requested to continue their services, with the following members in addition; and that they be empowered to add to their number:—

Dr. Scott, of Liverpool.	Dr. Rumsey, of Amersham.
Dr. Bleek Lye, of Hereford.	Mr. Wickham, of Winchester.
Dr. Prichard, of Bristol.	Mr. Fowke, Jun. of Wolverhampton.
Mr. Martin, of Reigate.	Mr. Bolton, of Leamington.

DR. SYMONDS (of Bristol) said he hoped he might be allowed to express the very great satisfaction he experienced in meeting so many of his fellow labourers. He could not claim Oxford as his Alma Mater, yet Oxford had been to him a sort of mother; he was born within the shadow of the walls of the University; he was educated at one of the grammar schools attached to the colleges; he had imbibed some of his earliest lessons in anatomy and chemistry, from the distinguished professors of those sciences who were now present; and he felt peculiar pleasure in seconding the resolution which had just been proposed.

The resolution was carried unanimously.

MR. WINGFIELD (of Oxford) said that, in rising to propose a gentleman as the proper person to be requested to deliver the

Retrospective Address at the next anniversary, he had only to mention the name of Mr. Hey, of Leeds, to meet with the universal approbation of the meeting. He should not mention the name of that gentleman without alluding to a circumstance which was most highly creditable to his father, in whose steps he had walked, namely, that he, when a very old surgeon, had gone from Leeds to London, in order to have a personal communication with Mr. Abernethy and Sir Astley Cooper, and to attend lectures there, with a view to satisfy his mind on a minute point of anatomy relating to hernia. He (Mr. Wingfield) felt it right to state that, in the first instance, when the formation of this Association was mentioned to him, he had doubted as to its usefulness; he had now, however, only to look around him, and to advert to the proceedings of this day, to have that doubt, if he had still continued to entertain it, entirely removed.

DR. STREETEN (of Worcester) seconded the motion, which was carried unanimously.

DR. HASTINGS said that there were four Reports which were to have been laid before the meeting, namely, the Vaccination Report; the Report on the Physiology of Alimentation; the Report on the Pathology of Dropsy; and the Report on the Rise and Progress of Provincial Medical Schools. But he had received communications from the gentlemen who had undertaken to prepare them, stating, that as the subjects required much consideration, further time was necessary for their completion.

REPORT OF THE COMMITTEE FOR ESTABLISHING  
A BENEVOLENT SOCIETY.

DR. SCOTT then read the following Report of the Committee, appointed at Birmingham in 1834, to consider the practicability of establishing a Benevolent Society, in connection with the Provincial Medical and Surgical Association.

At the last anniversary meeting of this Association, held at Birmingham, on the 18th of July, a Committee was appointed, consisting of the following members:

Dr. Jeffreys, of Liverpool;	Mr. Ransome, of Manchester;
Mr. Wickenden, of Birmingham;	Dr. Evans, of Birmingham;
Mr. Wilson, of Manchester;	Dr. Booth, Ditto;
Dr. Baron, of Cheltenham;	Mr. Williams, of Holywell;

to take into consideration the practicability of connecting a Benevolent Society with the Association, and they were requested to confer with the Birmingham Benevolent Society, with a view of extending the benefits of that Society to the members of the Association, and to communicate the result to the next Anniversary Meeting.

In order to accomplish this object, the members of the Committee entered into a correspondence with each other, which was carried on, at different times, chiefly through the medium of Dr. Jeffreys, whose zealous exertions in this matter, as well as for the general interests of the Association, cannot be too highly appreciated; but it was found that the delay, in replying to communications, occasioned by their professional engagements, and the great distance of their residences, rendered it difficult, if not impossible, by epistolary correspondence alone, fully to ascertain their mutual sentiments, or to give to the subject that united and mature consideration which its importance demanded, and which might enable them to determine upon some specific plan to be submitted to the Association.

It was, therefore, proposed by the members residing in Manchester, that an interview should take place between Dr. Jeffreys, Mr. Williams, and themselves, as being within the more immediate vicinity of each other.

Mr. Williams, to whom the Committee are indebted for many valuable suggestions, was prevented from attending, and at the request of Dr. Jeffreys, Dr. Scott accompanied him to Newton, on the 8th of June, where they were met by Mr. Wilson, but had to regret the unavoidable absence of Mr. Ransome.

At this meeting the following Resolutions were adopted:—

1. That in consequence of the difficulty of meeting on the part of professional men, it is highly desirable and necessary that the number of this Committee be increased, and that therefore Dr. J. Lomax Bardsley, of Manchester, and Dr. Brandreth, and Dr. Scott, of Liverpool, be appointed members.

2. That in the opinion of this meeting, a Benevolent Society, in connection with the Association, is both desirable and practicable, and that its immediate adoption be recommended to the Anniversary Meeting.

3. That the members of the Committee in Liverpool be requested to draw up a plan, to be submitted to those in Manchester for their

consideration, and that a subsequent meeting, if necessary, take place at Newton previously to its adoption.

In consequence of these resolutions, the following Report has been agreed upon, and is respectfully submitted to the Association.

In compliance with that part of the resolution of last year, which recommends application to be made to the Medical Benevolent Society, of Birmingham, Dr. Booth conferred with the committee of that Society, and the proposal was referred to the Annual General Meeting of the Subscribers, when it was decided that it was not expedient to unite with the Association.

This circumstance though much to be regretted, as placing at the outset an obstacle to the formation of the Society, could not but be anticipated, as it was scarcely to be expected that the members of a society already in operation to their entire satisfaction, would be willing to risk its safety by connecting it with one, whose success was at least uncertain, however desirous they might be individually of its efficient establishment.

At the commencement of their labours it was the anxious wish of the Committee, to be able to recommend to the Association, a plan of a comprehensive nature, embracing in its objects, not merely a Benevolent Fund, but also an Annuity and Life Insurance Society, under the management of one or distinct committees; for this purpose various information was obtained respecting the regulations of similar Societies, and different scales of premium drawn out, but the refusal of co-operation on the part of the Birmingham Society, on the one hand—and the rapid increase of the members of the Association, which annually takes place, on the other—have induced the Committee to believe that the establishment of the latter branch at least, may be undertaken with more favourable auspices at a subsequent period, and at the present anniversary to confine their recommendation to a less complicated plan than they at first proposed.

The facilities which are now afforded to effect insurances in the established offices, the low rate of premiums required, and the confidence which exists of the due fulfilment of their engagements, hold out strong inducements to the members of our own, as well as of other professions, the nature of whose income is precarious, and render less necessary the establishment of a similar society among ourselves, especially as one object of the contemplated Benevolent Fund will be to afford assistance to contributors, either in the way



of a grant or loan, under a due statement of circumstances, and at the discretion of the Committee, to enable them to pay the necessary premium upon insurances previously effected by them.

The complexity of the internal workings of a Life and Annuity Insurance Society, and the intricacy of its pecuniary details, seem scarcely compatible with the habits and pursuits of the medical profession, and would require to be under the management of individuals unconnected with it, who possessed a perfect knowledge of the subject.

The practicability of the plan also, must depend upon the number of members willing to join it, and the amount of the sums which may be contributed, of which the present Committee have no means of judging; but if it should be deemed expedient by the Association eventually to establish a society of this nature, they recommend that application should be made to the members who may be present at this anniversary, to know how far it is likely to meet with general concurrence and support; and that Committees consisting of not less than three members, be appointed in at least four of the larger towns, who shall be requested to ascertain the probable number of contributors in their respective districts, and to co-operate with each other generally, in preparing a report to be submitted to the Anniversary Meeting of 1836.

A purely Benevolent Fund is however free from every species of complexity and embarrassment, and the Committee earnestly hope that the Association will not separate without agreeing to its adoption, and they feel assured that few members will be unwilling to contribute a greater or less sum to the efficient establishment of a plan so admirably calculated to diminish the anxieties, and alleviate the sufferings of their less favoured brethren.

The necessity and advantages of a Benevolent Society have been so ably pointed out by Dr. Baron, in his paper published in the Appendix to the *Transactions* of last year, and are, indeed, so obvious to all, that it would be superfluous to occupy your time in detailing them, as it must have fallen within the experience of most of us to have witnessed members of an honorable and high-minded profession, reduced by unavoidable misfortunes, to the degradation and misery of appealing to individual charity, which might perhaps have been altogether prevented by the temporary assistance which it is the object of this Society to afford.

The following outline of a plan, founded upon the basis of that

proposed by Dr. Baron, and cordially approved of by the Committee, is submitted to the consideration of the Association.

It is recommended that a Society be formed, to be called the "Provincial Medical Benevolent Society," and that a fund be accumulated by subscriptions and donations, applicable to the following purposes.

1. To the relief of contributors who may be unable, through sickness or casualty, to continue in the performance of their professional duties.

2. To the relief of the widows and children of contributors.

3. To relief under temporary and unavoidable difficulties.

4. As temporary loans, at the discretion of the Committee.

That the fund be under the control of a "Primary Managing Committee," situated in some central town, which may be agreed upon by the Association, consisting of a President, Vice-President, Secretaries, Treasurer, and ordinary members, three of whom shall constitute a quorum.

That local or Sub-committees be also formed in at least four of the larger towns, consisting of a President, Secretary, and three or more members.

That these Committees have certain districts assigned to them.

That applications for relief by contributors residing within these districts be transmitted to the local Committee, and by them investigated and reported to the primary Committee.

That in cases of emergency the local Committees shall have the power of granting immediate relief, to such amount as the Association may determine, either from funds placed in the hands of the Secretaries for this purpose, or by an order on the Treasurer, signed by the President and two Members of the Committee.

That the Treasurer furnish an account of the operations of the Society, and the amount of the funds available to each local Committee, once in each month.

That no person be entitled to relief who has not contributed at least £1 1s. annually for five years preceeding his application.

That a discretionary power in the admission of contributors be vested in the local Committees.

That the benevolent fund be not brought into operation till such a sum has been accumulated as may appear to the managing Committee sufficient to enable them to commence in a satisfactory and efficient manner.

That a statement of the operations and accounts of the Society be submitted to the Association at each anniversary meeting.

Such is the brief outline of a plan which seems to the Committee best calculated to ensure the success of the object proposed; they are, however, at present, only anxious that the principle of a benevolent fund should be adopted; and as it cannot reasonably be expected that it will be sufficiently matured to commence operations till a more or less distant period, abundant time will be allowed to the Committees which may be now formed to prepare a comprehensive and digested series of regulations, to be submitted to the next anniversary meeting.

The extent of relief which may be afforded, must depend upon the necessities of the case, and the amount of the funds available; but how far it should be made to correspond with the sum contributed, or whether an annual grant should be allowed to those who may have become incapacitated by age or infirmity, must be subjects of future consideration; yet the Committee venture to hope that, in a few years, this society will have received such liberal support from the members of a profession ever foremost in the ranks of benevolence, as to enable it, not only to accomplish the primary objects of its establishment, but to rescue from the horrors of poverty many an aged member, worn out with the toils of an arduous and precarious profession, and to illuminate, with the bright rays of fraternal sympathy, his dark and cheerless passage to the grave.

Liverpool, July 18th, 1835.

DR. BOMPAS (of Fishponds, near Bristol) said he was happy to be an instrument, however humble, in promoting the objects of the Benevolent Society, and he had, therefore, great pleasure in proposing—

That the Benevolent Committee be reappointed, with unlimited power to form Sub-committees in the several towns, so as to enable them to carry into effect their recommendations; and that they be requested to report their proceedings to the next anniversary meeting. That the following towns be nominated as fit places for the formation of Committees, namely: Cheltenham, Bristol, Bath, Oxford, Reading, Manchester, Hereford, Worcester, Liverpool, Birmingham, Warwick, Chichester, and Monmouth; and that Cheltenham be fixed upon as the town where the central Committee shall be formed. That subscriptions be forthwith entered into.

That Dr. William Conolly, of Cheltenham, be appointed Treasurer *pro tempore*.

DR. HOLME (of Manchester) seconded the resolution, which was carried unanimously.

DR. WILLIAM CONOLLY said, that it was so confidently anticipated that the resolution which had just passed would meet with general approbation, that many benevolent individuals had already handed in their subscriptions. It was unnecessary to say anything in favour of the establishment of such a society, for it spoke sufficiently for itself. As Cheltenham had been named as the fit place for the establishment of the central Committee, he would be very happy to receive the subscriptions of any gentlemen who might be disposed to put down their names.

#### REPORT OF THE COMMITTEE FOR ESTABLISHING A LIBRARY.

The following Report of the Committee appointed by the general meeting of the Provincial Medical and Surgical Association, August, 1834, to take into consideration the proposal for establishing a Library in connexion with the Association, was read by Mr. Wickenden, of Birmingham :—

Your Committee entertaining a deep sense of the importance of the “proposal,” have given to the subject their most careful attention.

The proposal is, first, “the establishment of a Library for the collection of the writings of all the physicians and surgeons who have lived in the Provinces ;” and secondly,

That “such Library should be the nucleus of one of a much more extended character”.

A collection of Provincial writings would be curious, and in some degree useful, but even this could be made, only at a very considerable expense. A Library formed upon a more extensive basis, consisting of those valuable and costly works which few persons can with convenience purchase, would present various claims to support. The almost unique character of the Provincial Medical and Surgical Association has precluded the power of citing examples in favour of, or opposed to, the advantages of a Library for such Associations. Your Committee, therefore, base their opinion of its probable operation, upon the well ascertained knowledge of the utility of such institutions as those which bear some resemblance in their objects—these are Permanent Medical Libraries established by medical men in connexion with public Institutions; and

Medical Libraries established in London or in the Provinces, available to members wherever resident in the kingdom.

The last mentioned appear to approximate most nearly to the one suggested for consideration; your Committee, therefore, have directed their particular attention to the operation of this class.

In reference to the formation of a Library attached to *this* Association, a location became an important, if not a first object for consideration.

Your Committee, therefore, feel it to be their duty to take a view of the difficulties which attend the circulation of books in districts more circumscribed than in the extent marked upon the map by the residences of the members of the Association. The difficulties resolve themselves chiefly into questions of transport, and as collateral considerations therewith connected, the safety of the property of the Institution. From the metropolis to every provincial town there is a direct conveyance; but from any one provincial town to another, such is not always the case. The conveyance of books involves two other important considerations—certain expense of carriage to individuals—and increased risk of loss of books to the Society.

Your Committee are aware that it has been suggested that the receptacle of the proposed Library should be an after-consideration, but as locality so materially affects the general question, they cannot with propriety avoid making one observation relative thereto.

The town of Birmingham, from its more central situation, and the greater facilities of conveyance there offered, would seem to claim a preference in your choice, but the adoption of even this locality could not render the books useful to a majority of the members. In Birmingham, as in other large towns, extensive Medical Libraries already exist, but experience proves that little use is made of them by those who reside at a distance.

From a consideration of the expense attending the formation and care of a valuable Library, the impracticability of finding a suitable place for depositing the books, and the insurmountable difficulty of rendering the institution available to a majority of the members—your Committee are induced not to recommend the establishment of a Library in connexion with the Provincial Medical and Surgical Association.

J. M. BAYNHAM,  
GEORGE PARSONS,  
JOSEPH WICKENDEN.

MR. HEBB (of Worcester) read a communication which he had received from Dr. Nieuwenhuys, of Amsterdam, relative to an autumnal fever and epidemic scarlatina, which prevailed in Amsterdam, in the year 1834.

DR. SCOTT (of Liverpool) proposed that the thanks of the meeting be presented to Dr. Nieuwenhuys for his communication, and to Mr. Hebb, for reading the same.

MR. WICKENDEN (of Birmingham) seconded the motion, which was carried unanimously.

MR. GRIFFITHS (of Hereford) proposed that a Committee be appointed in accordance with the recommendation contained in the report of the Council, to consider the best means of affording medical relief to the sick poor, and more especially with reference to the operation of the new Poor Law Act, and that they be requested to report upon the same to the Anniversary Meeting at Manchester, in the year 1836, and that the Committee consist of

Dr. Davies, of Presteign,  
Mr. Rumsey, of Beaconsfield,  
Mr. Griffith, of Wrexham, and  
Mr. Smith, of Southam.

DR. FOX (of Bristol) seconded the resolution.

MR. RUMSEY then read the following communication to the members of the Association :

That the Poor Law Commissioners and the Boards of Guardians are anxious to simplify their arrangements and adopt the smallest possible expense ; that in their endeavours to do so they necessarily legislate on medical subjects to the great detriment of the sick poor, and to the offence and injury of the professional body, *e. g.* the power to decide on the necessity of medical relief is left in a marked way to the discretion of non-medical officers.

That the Boards have, in some unions, adopted the plan of dividing them into districts of great extent, comprehending many parishes and a large population, all confided to one medical officer ; thereby placing him at a distance from the sick. Delay in attendance must necessarily follow, and danger in illness has thereby been increased.

That in some unions a charge per case has been adopted, at the very low rate of 2s. 6d. varying a little by an increase to 3s. 6d.

according as the number of cases in the parish per annum diminishes ; a case implying any description of illness, and of whatever length short of twelve months, or any accident requiring surgical attention ; midwifery excepted ; these terms being pressed upon the practitioners by threats of the introduction of young adventurers. So paramount is the system of economy, that in one union a regulation has been introduced to the effect, that if a case in the course of attendance be removed to a union workhouse, and should not have received one calendar month's attendance, the remuneration was to be diminished by one-half of the charge per head, so that thirty day's attendance and medicines might be demanded for 1s. 3d.

That the Guardians seem, when they supplied medical officers from young men fresh from the schools, to supersede the experienced and settled practitioner, to have lost sight of the following facts : that the poor form a very numerous part of the population, presenting extreme cases for the exercise of the several branches of the medical art, more frequently than private practice in the country ; and that preternatural cases of midwifery, surgery from accidents, and internal and obscure cases, call for men of long experience.

In proof of the fearful hazard of placing at once in unassisted and uncontroled practice a student fresh from the schools, let him have earned, and ever so justly, what testimonials he may in them, the following instance is too serious to be altogether buried in oblivion. A young man of this description, recently appointed to the charge of three contiguous parishes, informed a physician, on the latter making inquiry of him what operation he was about to perform on a poor woman, for whom he (the physician) was consulted, that he proposed to employ a bougie for the cure of a stricture in the bowels. The patient being pregnant, the physician, by note to the young practitioner, recommended that this measure should, for the present, be suspended. His advice was not observed. Within an hour after the second use of the bougie, violent pain and vomiting came on, obstruction of the bowels followed, and, although the first symptoms were relieved, in six days the poor woman died. After these circumstances commenced, on the first visit which the physician paid to the patient with the young man, the latter expressed his apprehension that he had pushed the bougie through into the cavity of the abdomen. The physician did not see reason to conclude this to have happened ; but he did

conclude that probably unsuitable force had been employed, and that the symptoms which followed were attributable to that force. Now this case is, surely, a melancholy evidence against the system in question. I say the system, for in regard to the young man, he is rather to be compassionated than over much blamed. He did what all young men are prone to do, unless held in check by older heads and hands; but this check no longer exists, and the science must suffer, and the poor man, who cannot help himself, must suffer also till means are effected for his better security in sickness.

The instances of hardships on the practitioner are innumerable. A few examples in illustration of the disproportion of the labour and remuneration may be quoted. A poor woman of consumptive family, and having herself had several attacks of pneumonic inflammation, was conducted through an attack of the greatest danger, in which she was visited from two to four times in the day; the remuneration was 2s. 6d. for the whole case. During this illness her little boy became ill with a painful but not dangerous complaint. On application for medical relief, the overseer refused, on the ground that the child's complaint was trifling. These cases will illustrate the hopelessness of any compensation for long attendance being to be derived from the frequency of less troublesome cases.

I have by me the statement of a medical gentleman that he attended a pauper at the distance of two miles and a half daily for three weeks, supplied him with medicines, cupped and bled him, and was to receive 2s. 6d. as the regular stipend. The same gentleman had a chronic case under his care, at the distance of four miles, which was likely to continue his patient many months, at the same rate of 2s. 6d. for the illness.

In an acute and very dangerous illness, life has been placed in greatly increased danger by the distance of the medical man from his patients, in consequence of the arrangement of dividing unions into large medical districts.

An immense number of illustrative facts might soon be accumulated for the clear exposition of the evils of the system.

Mr. Talent, of Amersham, has communicated that he has at this time under his care, at the distance of a mile and a half from his residence, a case of extensively fractured skull, requiring the usual attention, and daily visits and remedies, for which he is to receive 2s. 6d. And that he has many other cases of a chronic kind, and



such as must occur to every practitioner so employed, requiring long continued remedies and visits, all paid for at the same rate, viz. 2s. 6d. per patient, though living in several instances at the distance of two miles from the attendant.

July 20, 1835.

The reply of the Commissioners to the memorial of the Buckinghamshire Medical Association sufficiently shews that there does not appear at present any hope of relief from these evils from them. And that our chief hope must rest upon the power in the professional body of calling into action the most marked expression of right professional principles, so as to make a plain distinction between the members of the body who lent their aid to the objectionable system, and those who, through a conscientious motive, held back—the power to enforce the injurious terms being attainable only by the readiness with which medical men may be found to undertake medical charges on the terms of the Guardians.

(Copy of the reply alluded to.)

Poor Law Commission Office, Somerset House,  
6th July, 1835.

Sir,—The Poor Law Commissioners for England and Wales have received the memorial, dated 20th ult. which was ageed upon at a meeting of Medical Practitioners held at Aylesbury.

The Commissioners consider that it is perfectly impracticable for the Boards of Guardians to scrutinise the motives, whether honourable or dishonourable, of candidates for medical offices; but they must presume that, in any offer, the candidate sufficiently protects his own interest and that of his profession; whilst the Board of Guardians are bound to protect the interests of the rate payer, by selecting the most advantageous offers, to be procured by open competition; and they are equally bound in duty to the rate payers, to the paupers, and to your profession even more particularly, to throw the situation open to the whole profession.

Signed by order of the Board.

E. CHADWICK, Secretary.

To Robt. Cee'y, Esq. Aylesbury.

Copy of the answer to the letter addressed to the College of Physicians, enclosing a copy of the memorial, and entreating their sanction and support in our endeavours to uphold the dignity, respectability, and general interests of the profession.

College of Physicians, London,  
July 6th, 1825.

Sir,—I am desired by the President and Censors of the Royal College of Physicians, to inform you that they have received the copy of a memorial to the Poor Law Commissioners, &c. &c. which you have been good enough to transmit to them; and to assure you that they will not be unmindful of the objects which it has in view, although they have no direct means of forwarding them.

I am Sir, your faithful Servant,

FRANCIS HAWKINS, Registrar.

To Robt. Ceely, Esq. &c. &c. Aylesbury.

MR. SMITH (of Southam) then read the following address to the members of the Association:

Gentlemen,—I present this paper, with the sincerest affection and respect for the character and real interests of my medical brethren; and I hope, when they have heard it read, they will not separate without investigating the probable future condition of the surgeon and apothecary, if the mode which the “Poor Law Commissioners” have commenced, for paying for medical attendance on the district poor, is persevered in. There are many members of the highest professional rank in this company, that will not be affected by their proceedings, and who courting science for its own sake, or administering almost exclusively for the rich, may not, willingly, enter into details of professional recompence for attendance on the poor.

A few of such, may be disposed to postpone an inquiry, or stifle a discussion not so directly liberal and scientific as those subjects are, which have usually occupied their attention, but I beg to remind the most profound inquirers into the arcana of nature’s mysteries, that ours is a practical as well as a speculative art; and that whatever may enable us to act more extensively, conveniently, and lucratively in the real concerns of life, is as truly important, and as much deserving of attention by practical men, as the more profound speculations of science. If this be true, and the practice or income of any of us be likely to be injured, the circumstance ought to be investigated by this Society, who should forthwith unite and defend each other. The Hall and the College leave us to ourselves.

This Society might, by means of a Committee, also make inquiry

into those parts of the economy of the profession, which may be considered defective or erroneous, and make such suggestions for its improvement as may appear to them desirable. Of the many subjects, such a Committee might forthwith consider, the first and most material, especially to country practitioners, would be the best way of paying medical men for their services on that greater half of the population, who cannot pay for attendance or drugs, however moderate the charge. And whilst they declare their desire to aid and co-operate with the "Poor Law Commissioners" in all their wise and judicious measures, where they do not militate against the character of the profession, and the interests of the people—that they would honestly and unitedly resist them, where they do. It appears that the Commissioners are likely to continue the worst features of the system of "contracting for the poor," the errors of which have been so generally seen and acknowledged by the profession, that it is unnecessary to dwell on them here; and I will therefore merely observe, that what has heretofore been a partial evil, is now likely to become a general one, and that which was temporary and fluctuating, to become fixed and perpetual. Such Committee should inquire if it be true, that young men have been sent down to supersede established surgeons, who have families to maintain, but who we must consent to see, one by one, extinguished, if they are obliged successively to compete with young inexperienced men seeking connections, and backed by government introductions and recommendations: these young men to be again in their turn the victims of a change in parish powers. This is indeed a rod of iron, that has been either applied or suspended over our brethren, in all the counties where the Commissioners have commenced operations. Surely we can only permit it to bear sway, until the *esprit du corps* is roused and the innate corruptions of that system are fully exposed, which has made some of us conform to the trading spirit of the times. Its ill consequences to the poor and the public, have been at length partially seen, and were being gradually altered and improved by medical men, who thus evince that they are desirous, where adequately supported, of correcting what is wrong, when they can do so effectually by themselves. The progressing in doing well, has been embarrassed by those who have not ceased to do evil, but this is no reason for having a yoke put upon us, and submitting to the terrible bondage by which we are at this time threatened. These

improvements, discussions, and exposure, will lead to further improvements, and will probably be accelerated by the hard hand of a new and terrible power, created for managing the children of sin and improvidence, but not for despotically legislating for the medical profession.

A few cases well verified, and the consequences exposed in a moderate temper and with a candid spirit, by a large body of medical men, will create an interest in our behalf amongst the well informed, and, unless we are lamentably deficient in spirit, conduct us to the best constitutional means of escaping from such tyranny. For my own part, I offer to prove, before any competent tribunal, that there is no mode of rescuing us from the mandates of the Poor Law Commissioners, but by the general adoption of Self-supporting Dispensaries; and also to prove, that it is the true interest of the land owner, the community, and the poor, to assist in maintaining them by much more liberal subscriptions than they will be justified in paying the district surgeon of the poor-house.

These Dispensaries would establish courtesy, good will, and public spirit amongst medical men, by bringing them together, and continually shewing them that they have a common interest in upholding the character of their colleagues. Second only in usefulness to the sacred characters that minister truth to the mind, we may, by order and combination, based on a sense of justice and moderation, towards the working community, become most respectable and influential. High professional profits must always be paid only by the higher orders; it is enough, if the poor can be made by any means able to pay us for skill and labour, and the aggregate of small sums appears their only means of paying at all; when the poor are once medically provided, we shall be able to charge more uniformly and systematically for skill and attendance on those above them. Besides these there are many other matters which can only be satisfactorily inquired into by the united assistance of the different branches of the profession, who are here assembled, not less for the promotion of science and the service of mankind, consequent upon such improvement, than they are for the promotion of concord, and that elevation of character which constitutes the true wealth of the profession.

The resolution proposed by Mr. Griffiths was then put and carried unanimously.

MR. WICKHAM (of Winchester) proposed that Dr. Forbes, of Chichester, and Dr. Bullar, of Southampton, be requested to draw up a report on the actual state of our knowledge of the pathology of continued fever, and to present it to the Anniversary Meeting at Manchester.

DR. LUARD (of Leamington) seconded the resolution, which was carried unanimously.

DR. ROBERTSON (of Northampton) proposed that Dr. Thomson, of Stratford, be requested to draw up a report upon the chemical and therapeutical properties of Iodine and its compounds, and present it to the Anniversary Meeting at Manchester.

MR. MORRIS (of Worcester) seconded the resolution, which was carried unanimously.

DR. W. CONNOLLY (of Cheltenham) said he had only deeply to regret that the motion he was about to propose, had not fallen into the hands of some gentleman more capable of doing it justice than himself. He had, however, this satisfaction that he was quite sure it would be received with universal approbation. He would now move that the thanks of this meeting be given to the Trustees of the Radcliffe Library, to the Dean and Chapter of Christ Church, to the Keeper of the Ashmolean Museum, to the Professors of Botany and Mineralogy, and to the Bodleian Librarian, for their kindness in having so handsomely afforded accommodation, and thrown open their collections to the Association.

MR. GRIFFITH (of Wrexham) seconded the resolution, which was carried unanimously.

The President, at the suggestion of Dr. Hastings, having left the chair, was succeeded by Dr. Johnstone.

DR. HASTINGS said he had requested Dr. Johnstone to take the chair, in order that the meeting might do honour to Dr. Kidd. He (Dr. Hastings) had taken this motion into his own hands, because he had had more experience of the kindness, the activity, the continual exertion, and the desire of that gentleman to promote the success of this very happy and useful meeting. As the Secretary of the Association, he had, of course, frequently communicated with Dr. Kidd during the last twelve months, and he would assure the meeting that on all occasions he had shewn a degree of zeal on

behalf of the Association, which did him infinite honour, and which had been singularly instrumental in producing the happy result which had been this day witnessed, and but for those zealous exertions, he (Dr. Hastings) did indeed believe that the result of the meeting this day would have been far different from what it had been. He thought it most fortunate that there existed in the University of Oxford, a gentleman who held the distinguished situation of Professor of Physic, so alive to the spirit of the times, and who saw how desirable it was by every possible means to advance the progress of knowledge generally, and medical science more particularly. In conclusion he begged leave to move that the thanks of the meeting be presented to our able and excellent President, Dr. Kidd, for his conduct in the chair.

MR. ADDISON (of Malvern) seconded the resolution, which was carried unanimously, and with great applause.

DR. KIDD said gentlemen, if I were the Vice Chancellor, I should say, "*Dissolvimus hanc convocationem.*"

The Meeting then broke up.

In the afternoon the members and their friends to the number of 200, sat down to dinner at the Star Hotel.

## APPENDIX.

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REPORT OF THE PROCEEDINGS  
AT  
A MEETING FOR THE FORMATION  
OF AN  
EASTERN PROVINCIAL  
MEDICAL AND SURGICAL ASSOCIATION.

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**T**HE *Cambridge Chronicle*, of September the 18th, 1835, contained the following Requisition:—"We, the undersigned, feeling that it is desirable to establish a Society of the above denomination, request those Gentlemen of the Faculty, residing in the counties of Norfolk, Essex, and Suffolk, and also in Cambridgeshire, Lincolnshire, and Huntingdonshire, who are willing to promote the measure, to meet at the Angel Inn, Bury St. Edmund's, at one o'clock, on Friday, the 25th day of September instant, for the purpose of setting on foot the said Society."

### CAMBRIDGESHIRE.

#### CAMBRIDGE.

J. Haviland, M.D.  
F. Thackeray, M.D.  
H. I. H. Bond, M.D.  
C. Lestourgeon.  
J. Okes, M.B.  
A. S. Abbott.  
J. J. Cribb.  
T. F. Ficklin.  
H. Headley.

C. Newby.  
R. M. Fawcett.  
J. L. Sudbury.  
C. D. Yorke.  
C. Lestourgeon, jun. M.A.  
F. A. Catty.  
A. W. Thurnall.  
W. W. Fisher, M.B.  
G. Johnson.

## SUFFOLK.

## BURY.

F. G. Probart, M.D.  
 W. Bayne, M.D.  
 C. C. Smith.  
 G. Creed.  
 J. Dalton, jun.  
 P. Macintyre.  
 P. Young.  
 J. Dalton.  
 H. Wing.  
 G. Hubbard.  
 F. G. Pyman.  
 T. O. Dobson.  
 W. C. Image  
 R. H. Harris, Botesdale.  
 W. Green, Ixworth.  
 W. Morgan, Hopton.  
 J. Slater, Woolpit.  
 J. C. Slater, Woolpit.

## WOODBIDGE.

G. Lynn, M.D.  
 W. Welton.  
 S. Gissing.  
 N. Moore.  
 G. Helsham.

## BECCLES.

W. H. Crowfoot.  
 H. T. Davey.  
 H. W. N. Davey.  
 W. E. Crowfoot.

## SAXMUNDHAM.

R. Freeman.  
 B. C. King.  
 W. Worthington, Lowestoft.  
 J. J. Hallett, Yoxford.

W. Mason, Sudbury.  
 W. B. Smith, Sudbury.

## IPSWICH.

A. W. Baird, M.D.  
 E. Beck, M.D.  
 W. B. Clark, M.D.  
 G. Bullen.  
 C. C. Hammond.  
 A. H. Bartlett.  
 J. O. Francis.  
 G. Sampson.  
 T. King.  
 W. Mumford.  
 I. Barker.  
 N. Drake, M.D. Hadleigh.  
 G. Mudd, Hadleigh.  
 J. G. Growse, Hadleigh.  
 J. G. Daniel, Nayland.  
 E. Liveing, Nayland.  
 R. Growse, Bildestone.  
 C. R. Bree, Newmarket.  
 R. G. Peck, Newmarket.  
 J. Ross, M.D. Newmarket.  
 J. Bedinfield, Stowmarket.  
 R. Faircloth, Stowmarket.  
 G. King, Hartest.  
 R. Jones, Melford.  
 R. Cream, Melford.  
 R. C. Cream, Melford.  
 R. Martin, Holbrook.  
 W. Muriel, Wickham Market.  
 T. W. Lankester, Laxfield.  
 W. Jeafferson, Framlingham.  
 J. Beales, Halesworth.

## NORFOLK.

## NORWICH.

W. Wright, M.D.  
 L. Evans, M.D.  
 W. Dalrymple.  
 J. G. Crosse.

P. N. Scott.  
 W. England, M.D.  
 B. H. Norgate.  
 J. G. Johnson.  
 J. Borrett, M.D.



W. G. Gowing  
 T. Tweedale, M.D. Lynn.  
 J. Wayte, M.D. Lynn.  
 J. B. Whiting, Lynn.  
 T. Bullen, Lynn.  
 W. Johnson, Lynn.  
 H. Howard, Buckenham.

## YARMOUTH.

G. Penrice, M.D.  
 W. T. Cox, M.D.  
 G. Borrett.  
 C. Costerton.

W. S. Ferrier.  
 H. Worship.  
 C. B. Dashwood  
 H. W. Best, Thetford.  
 J. Young, Wells.  
 W. Mines, Diss.  
 J. Wharton, M.D. Diss.  
 P. L. Harrison, Diss.  
 R. Swallow, Watton.  
 H. W. Bailey, Thetford.  
 C. Hunter, Downham.  
 G. Wales, Downham.

## ESSEX.

## COLCHESTER.

R. D. Mackintosh, M.D.  
 R. Nunn, M.D.  
 C. Boatflower.  
 A. Partridge.  
 W. Waylen.  
 S. A. Filbrick.  
 D. Morris.  
 J. M. Churchill.

## CHELMSFORD.

H. Miller, M.D.  
 J. C. Badley, M.D.  
 R. Cremer, jun.  
 Thomas King.

T. Tomkins, Witham.  
 H. Dixon, Witham.  
 B. Symonds, Bures.  
 D. L. Manthorp, Thorpe.  
 W. R. Barlow, Writtle.  
 P. Havers, Wivenhoe.  
 J. Thompson, Manningtree.  
 George May, Maldon.  
 J. Godfrey, Coggeshall.  
 W. Johnson, Coggeshall.  
 D. A. B. Haynes, Coptford.  
 B. Gilson, Halstead.  
 S. Rodrick, Halstead.  
 J. Taylor, Halstead.

## PROCEEDINGS AT THE MEETING.

Pursuant to the above Requisition, a meeting was held on Friday, September the 25th, 1835, at the Guildhall, Bury St. Edmund's, for the purpose of forming the above Society. Upwards of seventy gentlemen of the profession from the town, neighbourhood, and adjoining counties of Cambridge, Norfolk, and Essex, were present, among whom were many of the most eminent gentlemen of the faculty in the district.

It was proposed by DR. EVANS, of Norwich, and seconded by DR. BAIRD, of Ipswich, that Dr. Probart, of this town, should take the chair.

DR. PROBART said, that in opening the proceedings of the

meeting, he did not consider it necessary to trespass on their time, as there was much business to be attended to. He believed gentlemen were all aware, that this meeting originated in the insertion of a letter in the public papers from an influential person now present. The call had been responded to in a most gratifying manner, and there could be but one opinion as to the general utility of such a Society. Resolutions had been prepared, and he should be happy to hear the remarks of those gentlemen to whom they were entrusted. He concluded by reading the requisition.

MR. CROSSE, of Norwich, addressing the chair said, after your very appropriate opening of the business of this meeting, I beg permission to address a few words to you, and the numerous gentlemen present; and I seek this privilege, from having been, as you have kindly stated, the individual—and, as I wish to express it—considering the important occasion, the humble and very inefficient individual to set in motion the simple means for bringing us together. (Applause.) I am desirous briefly to allude to some circumstances which have caused us to assemble on this spot; and which may, I conceive, facilitate an understanding of the purposes contemplated. We are very much the creatures of imitation, it being far easier to follow than to invent. Above a dozen years ago was formed “*An Association of German Naturalists and Physicians*,” which first assembled at Leipsic, and changing annually the place of its meeting, visited Berlin, Vienna, Heidelberg, Frankfort, Hamburgh, and some other towns of note. These annual scientific meetings have continued uninterruptedly—the last having been held in the present month, with undiminished gratification, at Bonn; and they have undoubtedly conduced greatly to the improvement of the natural sciences, of which medical men are always found the most zealous promoters. Numerous learned men from this kingdom, including many eminent Physicians and Surgeons, have annually attended the meeting of the *German Association*, and, among the fruits of this intercourse, we may trace the origin of “*The British Association for the Advancement of Science*,”—a society first instituted about four years ago, at York, successively holding its annual meetings at Oxford, Cambridge, Edinburgh, and terminating the brilliant work of its fifth meeting lately in Dublin. It would seem that this society is destined to raise the character of our countrymen throughout Europe; it has increased in numbers, and still more in beneficial results yearly; and has, indeed, spread a fresh ardour in the

pursuit of science throughout the British dominions. The proceedings of its medical section at the recent meeting—so fully recorded in the last number of “the Dublin Journal of Medical and Chemical Science,” have brought much native talent into activity, whilst the funds of the society have been liberally voted to physiological researches, determining questionable points, and establishing facts, that come home to every well-exercised practitioner, by bearing directly on the diagnoses of certain diseases. Out of the “British Association,” another has arisen more interesting to us collectively, from being exclusively medical, and embracing a less extent of district—it arose the first year after the British Association, which served as its model. I allude to the “Provincial Medical and Surgical Association,” instituted at Worcester, in 1832, at the suggestion, and mainly through the personal efforts of Dr. Hastings.\* The first of its anniversaries was held at Bristol, the next successively at Birmingham and at Oxford; and by reports called for, and communications voluntarily furnished, a valuable volume of *Transactions* has appeared yearly, the fourth being now in the press; and I believe it is correct to state, that this is the only series of *Transactions* devoted to medical topics, that has ever been published in England out of the metropolis. This society enrolls 500 members, but having originated in the West, it has failed to enlist many gentlemen in this Eastern and remote district, although intended to apply to the whole kingdom. About 200 of its members assembled in July last, at Oxford, in which delightful city—the hallowed seat of learning and the Muses from earliest time,—the medical profession received from the heads of colleges and other eminent personages, the same distinguished attention as had been paid three years before to the members of the “British Association.” The proceedings of the Provincial meeting at Oxford, have been so amply reported in the weekly journals, that

\* The formation of the Provincial Medical and Surgical Association cannot be said to have arisen out of the British Association for the Advancement of Science. The plan was formed before the existence of the British Association was known to those who founded the Medical Association. The manner in which the *Medical and Surgical Reporter* was supported by the Provincial Profession, was the chief cause which led to the idea of an extensive plan of co-operation being carried on in the Provinces, for the advancement of medical science.—C. H.

every gentleman now present must be somewhat acquainted with them. Before I attended that meeting, I had the opportunity of avowing my opinion, in the presence of a very large number of professional gentlemen in this town, that the Eastern counties should join to form a Medical Association on an extensive scale. I had also twice avowed the same opinion, at a year's interval, to an assembly of medical gentlemen at Norwich. I was, however, slow to make a movement in so arduous an undertaking, from fearing, *not the labour*, but the difficulties of another sort which I might have to encounter; a gentleman in this county, to whom I feel bound to allude, having made a fruitless attempt. It would be the highest presumption in me to attribute the numerous signatures to the requisition for this meeting to any other than its evident cause—*the conviction each of us feels of the necessity of taking some step for supporting the high character and watching over the interests of our profession, and for diffusing acquaintance and good fellowship.* We cannot follow the British Association in its wider range, and travel to *Edinburgh* or *Dublin*; few of us can even so far desert our daily avocations, as to meet the "Provincial Medical and Surgical Association" at Bristol, Manchester, or other of the large towns of England; but we are social, and scientific; therefore must we have our "*Eastern Association.*" (Applause.) In the six adjoining counties, from nearly all of which I see some gentlemen present; in this extensive tract of country, there are about a million and a half of inhabitants. Shall we stretch our minds to calculate what occurrences, in the way of disease, yearly present themselves amidst such a population? and are more than a few isolated cases in the course of each year, turned to public advantage through the press in the whole district? In the counties referred to, not less than 1000 medical men reside, not half of whom, I feel assured, belong to the "British Association," and less than that number, I believe, are members of the "Provincial Medical and Surgical Association." Taking this view, we have an extensive, fruitful, but uncultivated soil, as to medical science. If, then, we enlist in an association for scientific purposes only, a small proportion of the medical population of the six counties, it will be an entirely new creation; and, judging from the effect of the associations preceding us, must bring forward the hidden experience of many, and awaken into fresh action and energy, a valuable body of labourers in the noble calling we profess. The medical statistics of

each county, as to climate, geology, and the diseases, epidemic, local, or peculiar, will furnish much new and interesting matter. Medico-legal science may be promoted by close attention to inquests. The district contains many county hospitals, and dispensaries are still more numerous; reports of the practice of such institutions will be for the first time produced. But, above all, we may contemplate the influence of numbers, amongst whom there are always some well stored in original knowledge. Every man of experience in practice meets with something that might prove profitable, if communicated to his brethren. Let us offer to each a channel of such communication, either verbally at our meetings, or in writing, through our *Transactions*. During my 25 years' practice amongst you, I have known many enlightened, able, and zealous practitioners, though often in very retired situations. I have seldom met with any man of common intelligence, who had not something of his own to communicate worth knowing. Many cases have been briefly told me, of which I took no note; and they have died with their original possessors. It is surely no vain hope that the Association we are met together to form, may be the means of gathering some such cases into a storehouse of public knowledge. Both the tool and the materials are offered us; shall we fail to use the one, and form the others, when alleviating the sufferings of humanity, is the motive and reward of our labours? Permit me, Sir, to glance at one more topic—the effect of assemblies of gentlemen of our profession, of different grades as to age and station, and of different and very varied capacities. Such intercourse is suited not only to generate kindly feelings, and promote mutual good understanding, but consoles us in our solitary hours—each man returns home refreshed for his arduous duties after converse with his brethren. The feelings arising in this meeting, when so many men of different counties see each other for the first time,—when Norfolk shakes hands with Essex, and Cambridge with Suffolk,—will be recollected for years to come with satisfaction and advantage. Can any man be so lost in apathy as to entertain a doubt upon the subject? But I have said enough—I will purposely abstain from making a stronger appeal, which my ardent feelings would lead me to indulge in; and thanking you most sincerely for a patient hearing, I leave in the hands of numerous gentlemen, more able than myself, and not less zealous, the moving of the several resolutions. (Applause.)

DR. PROBART said, the meeting felt greatly indebted to Mr. Crosse for his able address.

DR. EVANS said, that the objects of this society had been so fully explained by Mr. Crosse, that he did not deem it necessary to enter any further into them; he would only remark, that it must be obvious that the formation of such a society could not fail of proving highly beneficial not only to the Profession, but the community at large. He, therefore, felt pleasure in proposing the first resolution.

That the Society, consisting of Physicians, Surgeons, or general Practitioners, residing in the counties of Cambridge, Essex, Huntingdon, Lincoln, Norfolk, and Suffolk, or in other parts of the kingdom, is established for collecting useful information in Medicine and its collateral sciences, with a view to publication; and also for maintaining the respectability of the Profession, by promoting friendly intercourse and free communication between its members.

MR. ABBOTT, of Cambridge, in seconding this resolution, said there was one feature in this society peculiarly gratifying to him, that of being the means of bringing so many gentlemen together from different places, into friendly intercourse with each other.

This resolution was carried unanimously.

MR. JEAFFERSON, of Framlingham, proposed—

That an annual subscription of One Guinea be paid in advance.

MR. PECK, of Newmarket, seconded the resolution; which was carried unanimously.

DR. BAIRD begged to preface the resolution he was about to propose by a remark or two. He said it could not fail to be pleasing to observe the alacrity with which *the case*, made by the gentleman who had so ably and eloquently addressed them, had been responded to; it was high time that medical gentlemen should arouse, and strive to become useful to the profession: he did not mean to infer that gentlemen in their provinces had been inactive or deficient, on the contrary, he knew there were many who had distinguished themselves, but generally speaking, being as it were *rari nantes in gurgite vasto*, they laboured under disadvantages arising from a want of co-operation; he hoped the formation of this society would tend in a great measure to remove that evil; and that henceforth the medical character would stand amply redeemed in the eyes of the public. He begged to propose—

That the funds of the Society, after payment of unavoidable

expenses in printing and advertising, &c. be applied to publishing, in the form of *Transactions*, all such essays, memoirs, cases, or reports of public Institutions, as may be thought worthy of publication.

DR. FISHER, of Cambridge, seconded the resolution, and approved of the society, because it would furnish an opportunity of conveying their opinions to others.

This resolution was also carried unanimously.

Mr. BORRETT, of Yarmouth, proposed—

That a General Meeting be held annually, at one of the principal towns of the counties specified; and that the First General Meeting shall take place at Ipswich, on the first Monday in June next.

DR. ENGLAND, of Norwich, seconded the resolution, and said he fully coincided in the principles of centralization; he thought it highly desirable that strenuous efforts should be made to improve the Provinces, or, as railroads were becoming so general, we might soon expect to see patients travel by steam to consult the physicians in London. He hoped when the society was fully organised, it would "bring forth fruit in due season."

DR. FISHER thought the time specified would be inconvenient to those gentlemen of the profession residing at Cambridge.

MR. CROSSE said, it would be impossible to fix a time which would be convenient to all parties, the period chosen had been selected with a view to accommodate the profession in general, but, as it stood, it referred to the first meeting only, subsequent alterations might be made, if the society deemed it necessary. In reply to a question from Dr. Wayte, he said he thought the general meeting ought to take place *prior* to that of the Provincial Association, at Manchester, because a deputation could then be appointed to go from the branch, to the parent institution. The reason we do not propose to go next year to Cambridge, is, that contemplating the junction of the two societies, that noted University will, probably, be selected for the place of meeting of the united members, in 1837.

Considerable discussion arose upon this point, but ultimately Dr. Fisher waived his objection, and the resolution was carried unanimously.

DR. WAYTE felt some difficulty in addressing such a numerous assembly of his brethren; he congratulated them on the object of their meeting—the formation of a Medical Society. Such an asso-

ciation, he thought, would tend to keep up the respectability and honour of the profession; it would also promote a greater union and better feeling among its members: little things between each other would be overlooked; the intellectual characters of others would also be improved; and an opportunity would thus be afforded of defending their rights and privileges. The last object, he begged to say, was of vital importance: he was not a general practitioner now, but he had been, and therefore could enter into the feelings of those gentlemen on this subject: their calling, he knew, was one of a laborious and arduous nature, in which they were often compelled to sacrifice their own health and comfort for the good of others. That profession was not only now invaded by the itinerant quack—by the regular quack—but more recently by Acts of Parliament: the Commissioners under the new Poor Law Act, aided by the overseers, appeared as if they were determined to grind the medical man to powder. The overseers and guardians of the poor ought to know better than to compel medical men to send in tenders for such a purpose, and on such degrading terms. He thought their profession justly entitled to the protection of the government; let them meet for that specific purpose; let them petition, and he had no doubt their voices would be heard by the Legislature. (Applause.) He was acquainted with several gentlemen in the Western Association, who shone as *stars* in the *Western* hemisphere—why should there not, he asked, be *stars* in the *Eastern* hemisphere also, after the formation of this society; he anticipated great good to result from it, and hoped, in future, no talent would be buried in a napkin. They had only to study and to persevere, and they had nothing to fear. Dr. W. concluded by moving—

That a Council, composed of not more than one-fourth of its members, do conduct the general business of the Society, and meet in Norwich quarterly, or more frequently, as the business of the Society may require.

Mr. BAILEY, of Thetford, seconded the resolution; which was also carried unanimously.

MR. WAYLEN, of Colchester, proposed—

That a President, two Vice-Presidents, a Treasurer, and a Secretary, be annually elected, and be members *ex-officio* of the Council and of all Committees.

MR. CREED, of Bury, in seconding the resolution, said he had



no wish to enter on an irrelevant discussion, but he felt bound to allude to one expression which fell from Dr. Wayte, in reference to a recent Act of Parliament invading the just rights of the profession. He thought there was nothing to fear from that quarter. Let medical gentlemen follow up the idea expressed in the resolution, to uphold the honour of the profession, for who degraded it more than themselves? Let the physician, the surgeon, and the general practitioner, adhere to each other, and they had nothing to fear. (Applause.)

MR. HEADLEY, of Cambridge, said it appeared to him that both Dr. Wayte and Mr. Creed were labouring under a wrong impression upon this subject. He believed it was not the wish of the Commissioners to make such degrading proposals. He knew one of them (Mr. Le Fevre) and had had conversation with him on this subject, from which he was induced to believe that the fault did not rest with them, but rather with the overseers and guardians of the poor.

DR. WAYTE and MR. CREED said a few words in explanation; and the resolution was then carried.

A lengthened discussion arose between several gentlemen as to the appointment of officers for the next meeting at Ipswich; the following gentlemen were ultimately selected:

DR. BAIRD to be President, who in appropriate terms acknowledged the honour conferred upon him, and said, in the discharge of the duties devolving upon him, he must crave the indulgence of the society.

MR. CROWFOOT, of Beccles, and MR. BULLEN, of Ipswich, to be Vice-Presidents.—MR. CROWFOOT, jun. said his father would feel much flattered and gratified by the mark of distinction thus conferred upon him.

MR. CROSSE to be Secretary, who, in consequence of other gentlemen declining, consented also to be Treasurer *pro tempore*.

DR. LYNN, of Woodbridge, proposed—

That the Council do assemble at Norwich in January next, to receive the names of all such members as may signify their intention to join the society; and to inspect and consider all such papers, reports, &c. as may have been communicated to the Secretary by different members.

MR. HEADLEY seconded the resolution, and said he thought Norwich a suitable place, because it was the residence of their

steam engine, (if indeed, he might be allowed the expression) which had set the mechanism of the society in motion.

DR. BECK proposed—

That a Committee of five be appointed to draw up a Code of Laws and Regulations for the Society, to be laid before the General Meeting, at Ipswich; and that the same Committee do make out a list of the first Members of the Council.

MR. MINES, of Diss, seconded the resolution.

MR. MACINTYRE, proposed the next resolution. In doing so he observed that it embraced one of the principal objects of their association. It was not to be expected that in a district like this, the society would be able to amass funds sufficient to carry into operation the scientific purposes which were most desirable to be effected. It could hardly be expected for instance, that their subscriptions would enable them to publish annually, such transactions and histories as were necessary to promote a scientific interest in the society. By joining in one common object with the Western Association, they might easily effect this object, and at the same time that they were enabled to record their own proceedings, be put in profitable possession of those of that prosperous and valuable association.

That a committee of five be chosen to prepare a *plan* for effecting a junction of the present society with the Provincial Medical and Surgical Association, instituted at Worcester, and to submit *it* to the General Meeting at Ipswich.

MR. LE NEVE, of Barrow, felt pleasure in seconding it, and said he conceived many advantages would be derived by the society, from an amalgamation with that at Worcester.

DR. FISHER wished to know whether after such an “amalgamation,” this society would exist as a separate society?

MR. WAYLEN considered it would, in the character of an auxiliary or branch of the parent institution.

DR. EVANS said when the proposition to join this society was first made to him, he assented under the impression that the two societies would be fused into one, and unless that were the case, there could not be, properly speaking, an “amalgamation.” He had been some time a member of the Worcester Association, and he thought those gentlemen who were already members of that association, ought not to be called upon to pay two subscriptions; those who knew him would give him credit for stating, that what

he said was not with regard to himself, he would cheerfully pay two or more if they pleased; and he should feel no hesitation in complying with the decision of the meeting, whether they decided on forming one, two, or a dozen societies.

MR. CROSSE said in some respects the two societies would be united, in others they would be separate; in the appropriation of funds they were in common; in annual meetings they would be separate, excepting when the Worcester Association came into their district, then they would unite of course, and the same would be the case when their society went into the other district; but these arrangements would devolve upon the committee. Their society being only in a state of infancy, would, he thought, derive many advantages by the union; facilities would be thus afforded for the publication of all transactions; for these and other useful purposes the junction would be principally effected.

The following gentlemen were then appointed as a committee, in accordance with the resolution:—Dr. Haviland, of Cambridge; Dr. Baddeley, of Chelmsford; Dr. Nunn, of Colchester; Dr. England, of Norwich; and Mr. C. Smith, of Bury.

MR. MURIEL, of Ely, proposed—

That an advertisement be inserted in each of the County Papers in which the requisition appeared, briefly stating the acts of the meeting; and that the resolutions be printed and circulated generally amongst the Faculty in the Eastern counties, accompanied by an address more fully explaining the objects of the society, and calling the attention of all enlightened and respectable practitioners towards its support.

MR. BEDINGFIELD, of Stowmarket seconded the resolution.

DR. BECK proposed that at the next annual meeting, the society should consider the propriety of engrafting a provident society on the Association.

MR. ABBOTT seconded it.

MR. MACINTYRE said that with every respect for Dr. Beck's benevolent object, and having no abstract objection to the proposition itself, he was yet impelled from various good reasons, to meet it with a direct negative. In the first place the proposition was not compatible with the objects of this meeting. In the second place, it appeared to him wholly impracticable; in the third place, it must necessarily involve an increase of subscription not at present contemplated; and in the fourth place, it was, in his opinion, uncalled

for. In Suffolk, Norfolk, Essex, and he believed in other counties in the district which it was proposed their Association should embrace, there were already societies existing, and some of them—he could speak for that of Suffolk—though not so well supported either by the profession or the community as they deserved to be—as dispensing great relief to many indigent and reduced persons. He would recommend that instead of attempting to form a Benevolent Society, which no management, however zealous and active, could effectively, or with advantage, direct and control, that those gentlemen who had not joined the excellent societies in their respective districts, should take the first opportunity of doing so.

MR. ABBOTT said that they had no such society in Cambridgeshire, and he still thought that the present afforded a desirable opportunity for instituting such a society as Dr. Beck's resolution contemplated.

MR. MACINTYRE was sure that if Mr. Abbott would put his shoulder to the wheel, they might soon have a valuable society of that kind in Cambridgeshire.

DR. EVANS concurred in the objections taken to Dr. Beck's resolution by Mr. Macintyre, and entered at some length into an able argument against it. The sense of the meeting being ascertained to be against the resolution, Dr. Beck withdrew it.

MR. CROSSE said it would be desirable that those gentlemen who had any papers or reports intended for publication, should forward them as early as possible to the Council to be held in January next.

DR. BAIRD then moved a vote of thanks to Dr. Probart for presiding at the meeting, and MR. LE NEVE also proposed a vote of thanks to Mr. Crosse for his efficient services, both which were carried with acclamation.

Fifty-six of the gentlemen who had assembled in the morning, afterwards dined together at the Angel Inn, Bury.

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Lewis Evans, M.D. Physician to the Norfolk and Norwich Hospital.

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As it is scarcely possible to avoid errors in printing so numerous a list of Members, the Secretaries are anxious, wherever they are committed, that they may be amended; and will, therefore, feel obliged, if those Members, whose names are not rightly inserted, or whose Christian names are omitted, will send a notification to them, free of postage.

THE FOLLOWING ARE THE  
L A W S  
OF THE  
PROVINCIAL MEDICAL AND SURGICAL  
ASSOCIATION.

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1st.—THAT a Provincial Medical and Surgical Association be formed.

2nd.—That the Association be managed by a President, two Secretaries, and a Council.

3rd.—That the several Officers be appointed annually, by a General Meeting of Members convened for that purpose, at whichever of the principal towns may be appointed; the place of such Meeting being prospectively notified each year.

4th.—That at this Meeting shall be presented a Report, prepared by the Secretaries, of the general state of the Association, its proceedings, and pecuniary accounts; the Report to be afterwards printed, and a copy supplied to every Member.

5th.—That at this Meeting one of the Members shall be appointed to give, at the next Annual Meeting, an account of the state or progress of Medical Science during the last year, or an Oration on some subject connected with Medical Science, or a Biographical Memoir of some eminent cultivator of Medical Science, who may have resided in the Provinces.

PRESIDENT.

6th.—That the office of President be honorary, and conferred on some senior Physician or Surgeon of eminence, resident in any of the provincial towns comprised in the circle of the Association.

SECRETARIES.

7th.—That the two Secretaries be resident in Worcester, the place of publication, their duties being to attend to the printing of the *Transactions*, and to correct the press; to be present at the meetings of the Council, and to keep the minutes thereof; to correspond with the Members of the Association; to receive and submit to the Council all papers transmitted for publication; and to keep the financial accounts of the Association.

## COUNCIL.

8th.—That the Council consist of — Members, to be selected from the principal provincial towns. The Council, with whom must rest the chief responsibility of publication, to have full power of deciding on all papers transmitted, and the consent of three of its Members must be obtained before any paper can be published. It shall also be the duty of the Council to receive the subscriptions, when due, in their respective districts. Each Member of the Association to pay one guinea admission, and the same amount, annually, afterwards; the subscription to commence from the 1st of January each year, and to be considered as due, unless notice of its being withdrawn be given to one of the Secretaries antecedently to the year for which it would be payable; for such subscription each Member shall receive a copy of each part of the *Transactions* published. Each volume to contain a list of all the Members.

9th.—That each Member, on applying for admission, be nominated by two Members, as a pledge of eligibility.

10th.—That at each Annual Meeting, the place of meeting for the ensuing year shall be announced.

11th.—That Messrs. Berwick & Co. Old Bank, Worcester, be the Treasurers of the Association.

12th.—That any Member wishing to propose a new law, or an alteration in an existing law, must send notice of his intention to one of the Secretaries three months previous to the Anniversary Meeting, which will be circulated with the Report of the Council.

13th.—That the Association appoint honorary Members at the Anniversary Meetings only.

14th.—That the Association appoint Members in foreign countries to be styled “Honorary Corresponding Members,” from whom communications, respecting the state of medicine in those countries, is expected to be received.

15th.—That a Medical Benevolent Society, under the restrictions proposed in the Report of the Committee presented to the Anniversary Meeting at Oxford, be connected with the Association.

16th.—That all Papers, and other Communications, be addressed to the Secretaries, Dr. Hastings or Mr. Sheppard, Worcester, and forwarded carriage free.

17th.—That those Members who have not an opportunity of paying their subscriptions to a Member of the Council resident in their district, are requested to pay it through the medium of their own Bankers, to Messrs. Robarts and Co. London, for Messrs. Berwick & Co. Worcester, on account of the “Provincial Medical and Surgical Association.”

To give effect to the Resolutions respecting the Provincial Medical Benevolent Society, the following Committees have been formed:

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Mr. Seager.  
Dr. Bernard.  
Mr. Murley.

*Liverpool.*

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*Gloucester.*

Dr. Evans.  
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*The following also is a List of the Donations and Subscriptions which have been already received :—*

	Donations.			Annual Subscriptions.			
	£.	s.	d.	£.	s.	d.	
Dr. Baron, Cheltenham .....	20	0	0	...	1	1	0
Dr. Barlow, Bath .. .....	2	2	0	...	1	1	0
Mr. Brooks .....	1	1	0	...			
Dr. Bevan, Monmouth .....				...	1	1	0
Mrs. Baillie, Cavendish Square, London	5	0	0	...			
Dr. Bernard, Cheltenham .. .....				...	1	1	0
Dr. Carrick, Clifton, Bristol.....	20	0	0	...			
Dr. Conolly, Cheltenham .....	2	2	0	...	1	1	0
Mr. C. T. Cooke, Cheltenham .....	2	2	0	...	1	1	0
Mr. Coles, Cheltenham .....				...	1	1	0
Mr. Cole, Bewdley .....				...	1	1	0
Mr. W. Davis .....	1	1	0	...			
Mr. Fryer, Bewdley .....	20	0	0	...			
Mr. Griffiths, Hereford .....	2	2	0	...	1	1	0
Mr. T. T. Griffith, Wrexham .....	2	2	0	...	1	1	0
Dr. Hastings, Worcester .....	2	2	0	...	1	1	0
Mr. Hitchings, Oxford .....	2	2	0	...			
Dr. Holme, Manchester .....	20	0	0	...			
Dr. Holbrook, Crickhowel .....				...	1	1	0
Mr. Histler .....				...	1	1	0
Dr. John Johnstone, Birmingham .....	20	0	0	...			
Dr. Kidd, Oxford .....	20	0	0	...			
Dr. Bleeck, Lye, Hereford .....	2	2	0	...	1	1	0
Mr. Martin, Reigate .....				...	1	1	0
Mr. Mountjoy, Cheltenham .....				..	1	1	0
Mr. Murley, Cheltenham .....	2	2	0	...	1	1	0
Mr. Paxton .....	1	1	0	...			
Dr. Rumsey, Amersham .....	5	5	0	...			
Mr. A. W. Rumsey .....				...	1	1	0
Mr. Rumsey, Beaconsfield .....				...	1	1	0
Mr. Seager, Cheltenham .....	2	2	0	...	1	1	0
Mr. Terrett, Tewkesbury .....	10	0	0	..			
Mr. Wingfield, Oxford .....				...	2	2	0
Mrs. Woods, Isle of Man .....	1	1	0	...			
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Mr. James Dawson, Liverpool .....	10	10	0	...			
Mr. Hebb, Worcester.....	2	2	0	...			
Dr. Jeffreys, Liverpool . . . . .	2	2	0	...	1	1	0
Dr. Scott, Liverpool .....	2	2	0	...	1	1	0

*The following are the Contents of the three Volumes which have been already published by the Association :*

## CONTENTS OF VOLUME I.

### PART I.—ESSAYS AND CASES.

#### ARTICLE.

- I.—An Address delivered at the First Meeting of the Association. By *Charles Hastings, M.D.* Physician to the Worcester Infirmary.
- II.—On the Objects and Modes of Medical Investigation. By *Edward Barlow, M.D.* Physician to the Bath United Hospital, &c.
- III.—Theory of the Frontal Sinus. By *E. Milligan, M.D. F.S.A.*
- IV.—A Case of Imperforate Hymen. By *James Milman Coley, Esq.* Bridgnorth.
- V.—Some Observations on the Peculiarities of Diseases in Infants and Children. By *J. K. Walker, M.D.* Physician to the Huddersfield Infirmary.
- VI.—Upon the Reciprocal Influence of the Mind and Body of Man, in Health and Disease. By *Jonas Malden, M.D.* Senior Physician to the Worcester Infirmary.
- VII.—Cases illustrative of Diseases of the Heart. By *Thomas Jeffreys, M.D.* Liverpool.
- VIII.—Some Observations on the Value of the different Signs which distinguish the Sac in Strangulated Hernia, with some Practical Remarks on the Operation, and Cases in illustration. By *J. H. James, Esq.* Surgeon to the Devon and Exeter Hospital.
- IX.—Case of Hydrocephalus. By *Thomas Stewart Traill, M.D.* late of Liverpool, now Professor of Medical Jurisprudence in the University of Edinburgh.
- X.—A Proposal to establish County Natural History Societies, for ascertaining the Circumstances in all Localities which are productive of Disease or conducive to Health. By *J. Conolly, M.D.* Warwick; late Professor of the Practice of Medicine in the London University.
- XI.—History of a Case of what has been commonly called Spina Bifida, occurring in an Adult. By *James Dawson, Esq.* Surgeon to the Liverpool Infirmary and General Hospital.
- XII.—Case of Melanosis. By *David Williams, M.D.* Physician to the Liverpool North Dispensary. (*With a Portrait.*)
- XIII.—Some Observations on the necessity, Utility, and the Precursory Symptoms of Sleep. By *Roger Wakefield Scott, M.D.* Physician to the South Dispensary, Liverpool.
- XIV.—Case of Aneurism of the Basilar Artery, suddenly giving way and occasioning death by pressure on the Medulla Oblongata. By *Egerton J. Jennings, Esq. F.L.S.* Surgeon to the Leamington Charitable Bathing Institution, &c. (*With a coloured Engraving.*)
- XV.—On fixing the Scapula in Dislocations of the Humerus. By *Jonathan Toogood, Esq.* Senior Surgeon to the Bridgewater Infirmary.
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### PART II.—REPORTS OF INFIRMARIES AND DISPENSARIES.

- XVII.—Report of the Birmingham Infirmary for Diseases of the Eye, from March 1 to December 31, 1832. By *Mr. Middlemore*, Assistant-Surgeon to the Eye Infirmary, &c.
- XVIII.—A Report of the Out-Cases attended by *Mr. Parsons*, at the Birmingham Infirmary, from January 1 to December 31, 1832.

ARTICLE.

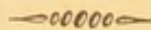
- XIX.—A Report of the Worcester Dispensary, from January 1 to December 31, 1832. By *Robert I. N. Streeten, M.D.* Physician to the Worcester Dispensary.

PART III.—MEDICAL JURISPRUDENCE.

- XX.—A Case of suspected Poisoning by Cantharides, with an Account of the Inquest before the Coronor. By *Charles Hastings, M.D.* Physician to the Worcester Infirmary.

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- XXI.—Biographical Memoir of the late Dr. Thackeray, of Bedford.



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- I.—An Address delivered at the First Anniversary of the Association. By *Edward Barlow, M.D.* Physician to the Bath United Hospital, &c.

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- II.—Sketches of the Medical Topography of the Hundred of Penwith, comprising the district of the Landsend, Cornwall. By *John Forbes, M.D. F.R.S.* Physician to the Chichester Infirmary, &c. (*With a Map.*)
- III.—Medical Topography of Bristol. By *Andrew Carrick, M.D.* Senior Physician to the Bristol Infirmary; and *John Addington Symonds, M.D.* Physician to the Bristol General Hospital, and Lecturer on Forensic Medicine.
- IV.—Topographical Account of Stourport, Worcestershire, and its immediate Neighbourhood. By *Kenrick Watson, Esq.* Surgeon.

PART III.—ESSAYS AND CASES.

- V.—Additional Facts and Observations on the efficacy of Strychnia in some forms of Paralysis. By *James Lomax Bardsley, M.D.* Physician to the Manchester Royal Infirmary, &c.
- VI.—Observations on the Treatment of Syphilis without Mercury. By *Thomas Green, M.D.* Bristol.
- VII.—Observations on Chronic Peritoneal Inflammation and its Treatment, with Cases. By *Edward Thompson, Esq.* Whitehaven, Member of the Royal College of Surgeons.
- VIII.—History of a Case of Lithotomy by the Rectum. By *James Dawson, Esq.* Surgeon to the Liverpool Infirmary.
- IX.—Case of Hydrophobia. By *Ralph Barnes Grindrod, Esq.* Surgeon, Manchester. (*With a Plate.*)
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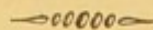
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