

revealed,—that the exhumations of the dead, unless directed by a Coroner, shall be deemed an offence at law, and that the *buying* and *selling* of dead human bodies, under any circumstances, shall be punishable by some severe penalty.

In the next LANCET it shall be our business to point out to the profession how great has been the zeal of the Council of the College of Surgeons in advancing the interests of that science for which they profess to entertain so ardent an attachment.

In the meantime, that very civil and polite body may, if they think fit, forward to us a copy of the *memorial* which they have so slyly and secretly slipped into the hands of Lord MELBOURNE.

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LONDON COLLEGE OF MEDICINE.

To the Editor of THE LANCET.

SIR,—It was resolved unanimously at a recent meeting of the members of the Provisional Senate of the London College of Medicine, that I should transmit to you a copy of the accompanying prospectus, with a request that you would be pleased to give the same an early insertion in THE LANCET.

I have the honour to be, Sir,

Your obedient humble servant,

T. MACCHRISTIE, M.R.C.S.,

20th Dec. 1831. Secretary.

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LONDON COLLEGE OF MEDICINE.

INSTITUTED A. D. 1831.

(Offices, pro tem., No. 9, Lancaster Place, Strand.)

JOHN BARNETT, Esq., M.R.C.S., Treasurer.

GENTLEMEN who are legally qualified to practise medicine in any of its branches, or gentlemen producing diplomas from an English, a Scotch, or an Irish University, or College of Physicians, or of Surgeons, or licenses from the English or Irish Company of Apothecaries, or diplomas from the Faculty of Physicians and Surgeons in Glasgow, are eligible candidates, without examination, for the diplomas of the London College of Medicine. The recognition of foreign diplomas is left to the discretion of the senate.

The possessors of the diploma of the London College of Medicine are denomi-

nated Fellows, and will enjoy, both in and out of the college, the title of DOCTOR.

The London College of Medicine will be under the government of a chancellor, vice-chancellor, and senate.

The senate will consist of not less than thirty-six fellows elected by *ballot*, annually, by the fellows in general convocation.

The chancellor, vice-chancellor, and scrutators, are elected by the senate: a majority of the senate to be present, or the election void; the elections to be conducted by *ballot*, and the decision of the majority, final.

On each *examination* of candidates for the diploma, seven of the senate constitute a medical jury; the scrutators are ineligible to the office of jurymen.

On each examination, the votes of a majority of the jury to decide the candidate's admission or rejection.

The examination of candidates will be conducted in public by the chancellor, or vice-chancellor, the scrutators, and the medical jury.

Candidates are not required to produce any certificates whatsoever; the capability of undergoing a fair and searching professional examination being considered the only *professional* qualification necessary for obtaining the diploma.

The examination will be conducted on two separate days. The examination on the first day to consist of an inquiry into the facts of

ANATOMY.—(The dead subject, or a sufficient portion being placed before the candidate),—leading to physiology and pathology.

MATERIA MEDICA.—Comprising chemistry, pharmacy, and botany; that is, the chemical, pharmaceutical, and botanical history of the articles of the materia medica; together with the identification of drawings and specimens of the vegetable and animal substances of the materia medica, and the practical analysis or preparation of some pharmaceutical compound.

The examination on the second day to consist of the theoretical principles of:—

PHYSIOLOGY.—The body in a state of health.

PATHOLOGY.—The body in a state of disease.

SEMEIOLOGY.—Symptoms indicative of disease.

And finally, the practical application of these facts and principles to the WHOLE PRACTICE OF MEDICINE as empirically divided into medicine, surgery, and midwifery.

The fee demanded for the diploma of the

college, is *three guineas* from gentlemen engaged in practice, and *five guineas* from students.

No candidate, after a second rejection, to be eligible for re-examination until twelve months shall have elapsed.

A Collegiate Eleemosynary Fund is established for the maintenance of distressed widows and orphans of fellows of the college, and to render assistance, in cases of absolute necessity, to any of the fellows themselves, who may be reduced to distress by circumstances over which they may have no control.

The Eleemosynary Collegiate Fund is maintained by the life and annual contributions of the fellows, and is placed under the entire control of the chancellor, vice-chancellor, and senate.

The senate of this college, so soon as the number of admitted fellows shall justify such a proceeding, will apply to Parliament for an Act of Incorporation, securing to the fellows all those rights, privileges, and immunities, which are now enjoyed by the fellows, members, or licentiates, of any of the existing medical corporations—and also conferring upon the fellows the right of practising all branches of the profession in any part of the United Kingdom of Great Britain and Ireland, without their being compelled to obtain from other medical corporations any diplomas, certificates, or licences whatsoever.

T. MACCHRISTIE, M.R.C.S., Secretary.  
13th December, 1831.

## WESTMINSTER HOSPITAL.

CASE OF JOSEPH HICKS.

(Continued from page 347.)

Dec. 5, 1831. The patient continues to take nightly a dose consisting of

*Meadow-saffron-root wine*, a drachm ;  
*Battley's sedative solution*, 25 minims ;  
*Fox-glove tincture*, 20 minims,  
in camphor julep as a vehicle.

He sleeps tolerably well. The tongue is a little furred ; the bowels are regular ; the skin is moist ; expression of countenance cheerful ; pulse at the wrist 90, rather sharp, and easily compressible. The pulsation is restored in the femoralis profunda and superficialis of the affected side. The pulsation in the abdominal aorta is preternaturally strong, being evident even to the eye of the by-stander. A loud bellows sound attends each impulse. The increased action extends into the left common iliac, and thence into the left external iliac and common femoral, but the bellows noise is

not evident in those arterious channels. Mr. Guthrie states that these phenomena are not uncommon occurrences after the ligature of the external iliac, and he augurs no ill consequences. No attempts have yet been made to remove the ligature, and a rigorous antiphlogistic regimen is observed.

### ANEURISM OF THE CÆLIAC AXIS.

Bridget Rogers, twenty-nine years of age, was admitted on the 5th of October.

She is of middle stature, and tolerably full habit. Countenance mild and intelligent ; conjunctivæ clear ; chest sufficiently capacious, and well-formed ; abdomen full and pliant, and a pulsation is occasionally felt under the linea albæ, a little below the ensiform cartilage. The muscles are generally flabby. She lies most easily on the back and left side. The bones appear well-formed, and her general symmetry is good. The voice is clear and well sustained ; neither is there pectoriloquy, nor any other morbid indication.

Sensation is perfect in all respects. Being a Hibernian, she is possessed of a very susceptible temper, and has occasionally given way to violent paroxysms of passion. Intellectual functions unaffected ; sleep lethargic. Her appetite for food is good ; but she has been subject occasionally to excessive thirst, which is however easily slaked. After eating she used to experience a sense of weight at the scrobiculus cordis, and eructations of acrid fluid into the mouth, accompanied by spasmodic twitchings in the abdomen. Her habit of bowels has always been regular.

Respiration about 24, slightly irregular, and unequal ; quite natural in sound ; percussion produces no unnatural sign, except that the *ictus* of the fingers occasions a painful sensation under the breast-bone ; and the stethoscope, when applied on the part during the pulsation, develops a bellows sound. The murmur of the breathing is universally healthy. She has a cough, the effect of cold caught a few days before admission, and expectorates a yellowish tenacious phlegm. The patient thinks the cough increased by lying on the left side.

The pulse at the wrist is 72, soft, regular, tolerably full, alike in both arms, but occasionally it is greatly accelerated, especially after exertion even to a slight degree. The heart's action is perfectly quiet, regular in sound, impulse, and rhythm, and no portion of that important organ appears more developed than another.

About an inch below the point of the xiphoid cartilage, a pulsation is now and then very manifest, attended with a remarkable "bruit de soufflet," and the vibratory motion peculiar to aneurism. The