

Generally runs its course in a few years.	Of much longer duration.
There may be periods of remission.	Disease progressive.
No marked involvement or bladder or rectum till the end.	Generally obstinate constipation; sometimes paralysis of both sphincters.
Usually terminates in dementia.	No mental decay as a rule. Patient dies of phthisis.

During the progress of the disease there may be paralysis of various cranial nerves. Not uncommonly the fifth, sixth, third and optic nerves may be affected.

From an inspection of this table, it will be evident that there is a close similarity between the symptoms of the two diseases, which I think may be explained by the difference of location. In both defective coordination is marked. In both reflex action is lost. In both there may be tremor. In one the disease is an evidence of lesions in the cortex, in the other in the white or grey matter of the cord. Both may be seen in the same individual, and after death the lesions are the same. The mental symptoms may be identical, although always differing in the period of appearance. Ocular difficulties may be present in either, as may difficulties in speech. Both are progressive and generally fatal. * * * In conclusion, I must refer to the fact that sclerosis in either of its forms is not unrarely preceded or associated with other nervous diseases. Mollière calls attention to Charcot's discovery that hysteria often preceded locomotor ataxia. Magnan has detailed cases of epilepsy connected with locomotor ataxia, and as for the complications of general paralysis, several English writers, chief of whom, if I am right, is Clouston, speak of chorea, epilepsy, neuralgia, and other neuroses as being very common. — *N. Y. Med. Rec.*, July 29, 1876.

BRITISH MEDICAL ASSOCIATION.

[The annual meeting was held at Sheffield, in August, under the presidency of Dr. Bartolomé, and resembled those of former years in its general arrangements. About 500 members were present. The great manufacturers opened their establishments and exhibited some of their processes to members. These sights and the festivities, as usual, threw the work of the sections into the shade.

A sermon was preached by Rev. Dr. Gattey. Dr. Brown Sequard, and Drs. Marion Sims and Storer, from America, were present. The address in obstetrics, which was of a practical nature,

was given by Dr. Atthill. Dr. Sims also delivered a brief address on the treatment of cancer of the womb.]—Ed.

THE ADDRESS IN MEDICINE

was delivered by Dr. Sieveking, who discoursed of the relations of medical men (1.) to each other and the State; (2), to the science of medicine; (3), to education. On the third point Dr. Sieveking said:—An university should be, as its name denotes, an *universitas literarum*, and not limit its teaching to one or two disciplines, which though valuable in themselves, are simply means, not always appropriate, to an end to be attained elsewhere. To my apprehension an university does not deserve the name, which does not within itself teach the principles and theory of all science, and which adopts a *regime* and habits that exclude from its precincts all whose mental calibre cannot adapt itself to one formula of a classical or mathematical shibboleth, or whose means compel them to enter a professional calling without unnecessary delay. I maintain that *all* members of learned professions ought to enjoy an university training, and that a country whose universities do not allow of their students acquiring the entire theoretic part of their respective professions within their walls, neglects the first duty for which they were called into existence. I will not now speak of any other profession than our own; but, as regards medicine, I conceive that many of the educational difficulties that have been so long under discussion, and that are far from being removed, will disappear when such arrangements are made at our universities that the great body of practitioners can avail themselves of their advantages. In order that this may be possible, it is necessary that a standard of preliminary training be fixed which shall qualify for admission into the university, and that, at the age of eighteen or nineteen, when young men generally put on the cap and gown, they shall be permitted to pass at once from the subjects they have been learning at school to those professional studies which the universities ought to be able to teach infinitely better than the small, self-supporting academies of medicine now scattered over the country.

It is no small credit to the energy of the medical schools as they exist, that they have done as much as they have done; but, with the increase of knowledge and the demand made upon the lecturers, it is simply impossible that the latter should keep pace with the times, unless they are exempted from the *res angusta domi*, and are enabled to devote themselves entirely to science. At present, the majority of lectureships are treated simply as stepping-stones to medical practice, and hospital physicians and surgeons pass from one subject to another, not so much by virtue of special qualification, as by the all-powerful influence of