were those of the calf. They were prepared by maceration for a few hours in a solution of sulphuric acid (five drops to the ounce of distilled water). The capsule of the lens, he says, at first appears to be perfectly homogeneous, but when it is examined with a sufficiently high power, it exhibits striae that indicate a lamellar structure, which is still more marked when the capsule has undergone morbid thickening. The anterior capsule is decidedly thicker than the other. In fish and in amphibia there is less difference between the two capsules in this respect than in mammalia and birds. The difference increases with age. In a man of seventy-two years it amounted to 0.047 millimetres. The inner surface of the thickened portion of the capsule is clothed with a layer of cells, which is not epithelial only, but is in some measure composed of small rounded cells. The fibres of the lens are thus developed: The small rounded cells of the capsule arrange themselves in groups of from two to six; their nuclei increase in size, assume a linear direction, and finally the cells themselves unite, and form cylinders of a concave and jointed appearance at the surface of the lens. The development goes on actively even at birth. Numerous spaces exist between the fibres, to which Herr Becker gives the name of *interfibrillary spaces*, and asks, do they exist during life?

THE ALBUMEN OF THE BLOOD IN CHOLERA.

The researches of M. Fernaud Papillon on the chemical and physical constitution of the blood in cholera have been published in the *Journal de l'Anatomie* (No. 2), and deserve the notice of the profession. His observations on the nature of the albumen removed from the blood of cholera patients during the algide period show that that fluid differs materially from the normal albumen. The albumen was separated from the corpuscles by repeated filtrations. The following are the results of M. Papillon's experiments:—(1) This albumen, placed for four days in water, became neither hydrated nor swollen; it remained just as it was when first added, although ordinary albumen is either dissolved or swells up under the same circumstances. (2) It does not dissolve in potash or soda, even at an elevated temperature, although ordinary albumen is soluble in these reagents, even at ordinary temperatures. (3) When treated with hydrochloric acid, it slowly dissolves, and the solution, instead of having the usual deep-violet colour, is only faintly tinted. (4) At the ordinary temperatures, common albumen decomposes rapidly a mixture of nitric and sulphuric acids, nitrous vapours being disengaged. Choleraic albumen does not do so at the ordinary temperatures. Ordinary albumen is very rapidly dehydrated by sulphuric acid; the choleraic albumen is affected only after a long exposure.

WHAT GANGLIA TO SELECT FOR MICROSCOPIC EXAMINATION.

In concluding the second part of a valuable memoir on the Structure of the Peripheral Nervous Ganglia, M. J. F. B. Polaillon gives the student some useful advice as to the selection of ganglia for investigation. The invertebrate animals, he says, are specially suitable for the study of the relations between the globules and the fibres, because the ganglia are so minute that they remain intact. Among the vertebrates, fishes and especially the plagiostomes (sharks and rays), are most valuable for this kind of research, because of the absence or small development in their ganglia of the intermediate substance, which in mammals, reptiles, and birds unite the cells together, and render the observation of the prolongations so difficult. In the case of birds, mammals, and reptiles, the fetuses and young animals are to be preferred. As to the choice of the ganglia in any given animal, M. Polaillon says it is always advisable to select the smallest specimens. If it is required to tease out (*dilacérer*) the constituent parts, one should select the ganglion of the sensitive root of the hypoglossal nerve of the dog. When you wish to make sections in different directions, you may choose the Rachidian ganglion. To examine the small microscopic ganglia embedded in the tissues, it is best to select the heart of the frog, in which, after the tissue has been made transparent by maceration in dilute phosphoric or acetic acid, these ganglia may be easily seen. The same means may be employed in examining the ganglia of the excretory ducts and of the intestinal canal.

ABORTION PRODUCED BY LAMINARIA DIGITATA.

A curious case of this kind was reported to the Belgian Academy of Medicine, at its meeting on the 17th of May, by MM. Van Welter and Deneffe. In the case recorded, death and putrefaction of the foetus were supposed to have resulted from the employment of the laminaria, but the evidence which attributed the result to its influence is not sufficiently satisfactory.

THE SPHYGMOGRAPH IN ENGLISH MEDICAL PRACTICE.

To the Editor of THE LANCET.

SIR,—I rely upon your impartiality for the admission to your columns of a few brief statements in reply to the article in your current number headed as above.

1. With regard to any claim on my part to the first introduction of the sphygmograph to English medical practice, I can say that I have never sought any such honour. On the contrary, I have not only publicly expressed my obligation to Dr. Anstie for my first acquaintance with the instrument, but I have also alluded to one of the two cases published by him in THE LANCET, and referred to the researches which have been promised us from his pen. The following passages extracted from my pamphlet prove this:—

(a) "To the kindness of Dr. Anstie I owe my first acquaintance with the instrument, and to him we are, I believe, indebted for its first introduction to a Medical Society in this country." (Note, p. 6.)

(b) *Vide* (in THE LANCET, Jan. 20th, 1866) a case in which valuable information was gained from a consideration of pulse-traces by Drs. Sanderson and Anstie." (Note, p. 24.)

(c) "This subject (i. e., the form of the pulse-trace in acute disease) is receiving the attention of Dr. Anstie, and from his investigations, which were alluded to in THE LANCET some months back, we have reason to expect some very valuable information." (p. 32.)

In April last, when I demonstrated the use of the sphygmograph at a meeting of the Bath and Bristol Branch of the British Medical Association, I was informed that the instrument had been exhibited by Dr. Hughes Bennett to many members of the profession in Bath in September, 1864, when the British Association met in that city—a date even prior to that claimed for Dr. Sanderson's first acquaintance with it.

2. My paper, originally read at the Midland Medical Society, and afterwards published in the *British Medical Journal*, was written with the object of bringing prominently before the profession at large a subject which, considering its importance, had found very few investigators. With reference to the assertion that the reprint is "scarcely more than a collection of cuttings" from M. Marey's work, I beg to say that it contains an account of a few of the many experiments I have made in confirmation of the views of the French author. It also contains twenty-one engravings of pulse-traces taken by myself from interesting cases of disease, and selected from some two hundred observations made on patients at the General Hospital, the Queen's Hospital, the General Dispensary, and the Workhouse Infirmary in this town. The only engravings copied from M. Marey's work are those representing the instrument, the diagrams of strong and feeble tension, and the trace of the ventricular systole. The source of these is acknowledged in the text. *Every pulse-trace is original.* Any sentences translated from the work of M. Marey are marked by inverted commas. Finally, I may add, that in the last sentence of the pamphlet, the paper is described as an "exposition of the views of the French physiologist." I now say that it is not merely an exposition of M. Marey's views: it is more; it is the first paper published in the English language containing an account of any considerable number of observations made with the instrument.

I am happy to say that I have received a very complimentary letter in reference to my pamphlet from M. Marey, in which he asks permission to quote in his forthcoming work the results I have published, and those which I am preparing for publication.

3. Having endeavoured, as I have shown, to do full justice to those who have preceded me in the use of the sphygmograph, I regret that you should call in question my right to repeat and extend M. Marey's researches. When the stethoscope, the ophthalmoscope, and the laryngoscope were respectively invented by Laennec, Helmholtz, and Czermak, I am not aware that anyone claimed a monopoly in the application of these instruments, or in the discussion of the merits of these discoveries. On the contrary, is it not true that the independent investigation of new facts by a number of observers is the legitimate and most fruitful method of promoting their application to the uses of our art?

I am, Sir, your obedient servant,

BALTHAZAR FOSTER, M.D.

Old-square, Birmingham, May 28th, 1866.