thing less than this can be satisfactory. The late order of the Commissioners reminds us of a trick among children, who present their friends with walnuts containing everything that they should hold excepting the kernel; or egg-shells, which look very well outside, but embrace neither white nor yolk within.

WORKING OF THE NEW POOR-LAW MEDICAL ARRANGEMENTS.

To the Editor of THE LANCET.

SIR,—As you lately, in one of your leaders, admonished us to watch the proceedings of the different boards of guardians, I would accede to your desire, by reporting the proceedings of the Tendring board of guardians, which have been the first to come before the public in this quarter, under the new regulations of the poor-law commissioners.

In the last week's *Essex Standard* appeared an advertisement from the Tendring Union, mentioning the different districts, with the salaries attached to each; I need not occupy your valuable pages with the particulars of this precious document, but shall merely in broad terms state that the hundred of Tendring is a rich and extensive district, containing a population found at the last census to amount to 25,827 persons; and can it be credited that this most liberal board of guardians have offered the handsome sum of 260*l.* for drugs and medical attendance in that hundred, which is rather more than twopence farthing per head on the gross population!

In a neighbouring district with which I am acquainted, out of a population of about 2000, the medical officer reported in his register of illness 126 cases of pauper sickness, and at the same ratio in this population of 25,827, we shall probably have 1627 cases, which is threepence-halfpenny per case. I believe that in a report from the different hospitals and dispensaries that the average cost of each patient for *drugs* alone was stated to be three shillings. Thus we see that the Tendring gentlemen allow twopence to the medical practitioner for his valuable time and attention, and these cases average from seven to fourteen days in continuance. Such is the estimate that the far-

mers of Tendring have formed of the talents of their medical friends.

To the credit of the majority of the medical officers, I am happy to say that they have magnanimously rejected such a miserable remuneration; but it grieves us to add, that *all* have not acted in the same manner, for some, disgracing their profession, have accepted of this paltry salary; and it has been whispered to us that even in Colchester men are to be found ready to apply for more than one of the districts which are now vacant from the upright conduct of the resident medical men, who are nobly endeavouring to keep up the respectability of the profession.

Is this the practical working of the new regulations, which were to confer so great a boon on the medical officers of unions? If Mr. Commissioner Lewis be as great a friend to the medical profession as the president of the College of Surgeons states him to be, how can he sanction such outrageous conduct in any board of guardians? I believe this will never be remedied until we have a fair scale of remuneration, with a medical commissioner to insist on its application. I remain, Sir, your most obedient servant,

CHIRURGIS.

Colchester, May 31, 1842.

BRENTFORD UNION.

To the Editor of THE LANCET.

SIR,—I have been requested to forward to you the following report of our proceedings, and to request you will be kind enough to allow it to appear in the ensuing number of *THE LANCET*. I take the opportunity to thank you for your polite attention on former occasions, and have the honour to be, Sir, yours very obediently,

HORATIO G. DAY, Hon. Sec.

Isleworth, June 1, 1842.

The medical practitioners resident in the several districts comprised in the Brentford Union, having received notice from the board of guardians of the amount of remuneration proposed for the medical officers, held a meeting at Brentford, on Tuesday last, May 31, when the following resolution was unanimously agreed to be presented to the board at their next meeting:—

"We, the undersigned medical practitioners, having duly considered the recent regulations of the poor-law commissioners, are of opinion that the rate of payment proposed by the board of guardians for the different districts in this union, is inadequate

to insure proper attention and the best medicines.

(Signed)

"*Acton*.—William Clubbe, Henry Day, John Salt.

"*Old and New Brentford*.—F. A. B. Bonney, John Farrell, H. J. Radcliffe, Henry Richards.

"*Chiswick and Turnham-Green*.—W. W. Cox, F. C. Dodsworth, C. C. Eyre, W. Lambton, H. J. Leigh, R. W. Loadman.

"*Ealing*.—Henry Wilkins.

"*Hanwell*.—Thomas Haffenden, J. C. T. Nicoll.

"*Hounslow*.—G. J. S. Camden, Joseph Chapman, C. B. Emmott, R. A. Frogley, John Henley, Wm. Wheadon.

"*Isleworth*.—W. M. Case, H. G. Day, J. Mackinlay.

"*Twickenham*.—John S. Alger, C. C. Clark, J. Simoëns."

The above list includes all the practitioners in the Brentford Union (with two or three exceptions) who take any interest in parochial attendance; three or four of the senior professional men declining to affix their names to any memorial connected with the subject. It may, in fact, be considered to have met with the unanimous concurrence of the medical men in the union, and therefore cannot fail to have its proper effect upon the guardians.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, May 24, 1842.

Dr. WILLIAMS, President.

Cases of Malformation of the Heart. By BELL FLETCHER, M.D., Physician to the General Dispensary, Birmingham.

THE first of these was one of aneurism and dilatation of the pulmonary artery, malformation of the heart and arteries. The patient was a young woman, aged 19, who, with the exception of slight cough, had enjoyed good health up to the age of sixteen; since that time she has had frequent attacks of pain in the chest, cough, and dyspnoea. She was first seen by the author in August, 1839, when she had cough and dyspnoea, with slight hæmoptysis. On the left side of the sternum, between the second and third ribs, there was a superficial pulsation, with purring tremor, and a loud rasping souffle; the impulse of the heart was normal. She recovered under the use of the remedies employed, but had several similar attacks between that time and December, 1840, when she had severe inflammation of the lungs. At this time the pulsation of the chest mentioned above was more extensive, the souffle louder, and it had assumed a *see-saw* character, masking the sounds of the heart. The patient lingered for some time, and though

relieved by treatment, died rather suddenly on May 1.

Examination after Death.

Our account of the appearances must be confined to the state of the heart and great vessels. The heart was about twice its natural size; its parietes of the natural thickness; the dilatation being equal in all the cavities. The right auricle, excepting the dilatation and hypertrophy, perfectly normal; the tricuspid valves healthy. The auriculo-ventricular opening is dilated, so as to render the valves somewhat ineffective. In the right ventricle the columnæ carneæ are thicker than normal; the orifice of communication with the pulmonary artery is much dilated. Immediately below the opening is a communication with the left ventricle, which measures about one-third of an inch across, and one-eighth from above downwards. The two anterior semilunar valves are perfect, of the normal size, but much thickened; the posterior one imperfect, being so narrow and constricted in its middle portion as to be a mere band-like projection from the artery. The pulmonary artery is much dilated, being five inches and three-quarters in its greatest circumference (internal measure); the branches of the pulmonary artery are much dilated. The left auricle is healthy, save the dilatation and hypertrophy; the auriculo-ventricular opening is dilated; the mitral valve is normal in structure, but not sufficient to close the dilated opening perfectly. In the left ventricle the columnæ carneæ are thicker than usual, and at the base of the cavity is seen the opening of communication with the right ventricle. The opening of the aorta is rather dilated; semilunar valves healthy. The ascending aorta is dilated about one-half beyond its normal size. The distribution of the arteries from its arch may be considered more as divisions of the artery than branches. After giving off these it is contracted to about one-third of its capacity in the ascending portion, and the walls of the vessel are thinned in this situation. This contraction extends from the root of the left subclavian to the joining with the ductus arteriosus, where the artery is still further contracted by a hardened thickening of the coats, projecting into its interior, so as to contract the capacity again to about one-third: so that at this point the capacity of the artery is not more than one-ninth of its ascending portion. Just on the distal side of the constriction is the communication with the ductus arteriosus, and immediately below it, the artery is dilated to the usual size of the descending aorta.

The second case was one of cyanosis; the subject of it a young man, aged twenty-one. He had great dyspnoea, palpitations, anasarca, and a blue state of the skin generally. The heat of the body in the axilla, or mouth,