

In the spleen six or eight tuberculous masses, yellowish, and of a caseous consistence, softened in their middle, varying in size from an egg to a hazel-nut.

The tumour of the right hip contains two pounds of purulent liquid; the periosteum of the iliac cavity is destroyed, the bone softened, and the abscess of the hip is communicating with the small pelvis.

The above case is interesting in more than one respect. A young girl, cyanosed from her birth, is subject to palpitations and dyspnoea on the least exercise; the cyanosis is augmented by all acceleration of circulation; there are positive signs indicative of the mixture of arterial and venous blood, and of the communication of the right and left cavities of the heart. We had no sign indicating positively this communication as taking place by the persistence of the foramen ovale, or by perforation of the ventricular septum. Nevertheless we were inclined to adopt the first opinion, this alteration being much more common; but, as it will be remembered, this communication was double; moreover, this patient offered physical signs of disease of the right heart and alteration of the heart's orifices. As the rough murmur perceived at the basis of the heart extended along the left side of the sternum, and was imperfectly heard at the right side, we did not hesitate announcing a narrowing of the pulmonary artery. This was the first case of the kind we were called to examine, but the knowledge of the signs given by Dr. Hope proved a very useful guide for our diagnosis.

A very extraordinary circumstance is that, notwithstanding the extensive alteration of the heart, notwithstanding the troubled circulation, both cardiac and pulmonary, and the bad hygienic position of this young girl, she had been able to attain her twentieth year. No doubt the development was not complete; for twenty years she had led a life of misery, and the tuberculous affection which brought her to the grave was probably consecutive to the diseased vascular system; but, considering the imperfect manner in which the hematosis took place, all will agree with me that it is wonderful she could have lived so long. The pulmonary artery was but a quarter of an inch in diameter at its origin, and in all its length it was of the same calibre; under the orifice there was an obstruction with vegetations and calcareous patches, such as not to admit a goose-quill; moreover the occlusion of the ductus arteriosus impeded the blood from penetrating in any other way the pulmonary tissue; it may therefore easily be conceived how little blood was carried to be revived in the lungs. On the other side the left cavities communicating twice with the right ones, the small quantity of oxygenated blood brought back by the pulmonary veins was immediately mixed with and diluted in a great quantity of non-oxygenated venous blood.

We believe that no doubt could be entertained as to the congenital nature of the malformation, but what may be the relative influence of the obstruction of the pulmonary artery, and of the auricular and ventricular perforations? That is a question very difficult to resolve, but if we recall to mind that the foramen ovale is a normal opening in the foetus; that in the first stage the ventricular septum is also wanting, and that its development takes place from the apex to the basis; that the upper part was alone absent, the smooth borders of which proved there had been no pathological alterations, whilst the numerous vegetations and cartilaginous patches bestrewed around the orifice of the infundibulum were certain proofs of pathological change, we shall arrive at this conclusion,—that the pulmonary artery was not completely developed on account of the narrowing being an obstacle to the passage of a sufficient quantity of blood, and that difficult circulation in the right cavities was the cause which maintained open the foramen ovale and the superior part of the interventricular septum. In the foetus the right ventricle fulfils but a very secondary part, but during the period in which it progresses to the accomplishment of its independent existence the right ventricle becomes of a greater power, and therefore it expels a more considerable quantity of blood in the pulmonary artery. It is easy to understand that the obstruction of this artery acts in retaining the blood in this cavity, and

afterwards in the right auricle; hence the persistence of the foramen ovale and ventricular perforation.

Note by Dr. H. Bennet.—Singularly enough, the girl who forms the subject of the above case passed the first three months of the year 1840 under my care at the Hôpital Saint Louis. On referring to my notes I have found the case fully detailed, and am thus able to add a few particulars to those given by Dr. Aran. At that time her general health had not suffered so much as when she entered M. Honoré's wards. Although eighteen years of age, she did not appear more than ten. The superficial venous system was much developed; voluminous veins, of a deep-blue colour, crossed the skin in every direction, and were united by a net-work of anastomosed veinulæ. The nails of the fingers and toes presented a deep-blue tinge. The mucous membrane of the lips, of the tongue, mouth, nasal fossæ, and eyes, was of a violet hue, and when she was animated they became nearly black. The skin of the face appeared rather puffed and swollen. These external phenomena were always rendered more evident by the slightest fatigue or agitation. She stated that she had never been able to walk fast, or to run, without experiencing dizziness. For the last year or eighteen months she had scarcely been able to walk without being seized with vertigo, and had even several times lost consciousness. Her general health had always, she said, been tolerably good in other respects, and she had never experienced any serious disease. She had never menstruated.

The dulness of the precordial region was greater than in the normal state, extending from the third to the sixth rib, and from the margin of the sternum to an inch beyond the nipple. There was marked elevation of the entire precordial region. The apex of the heart was felt below the fifth rib. The impulsion of the apex was strong. The first, or systolic sound of the heart, was followed and partly covered by a rasp-friction sound. Both the normal and abnormal systolic sounds increased in intensity on passing towards the base of the heart, and were heard with great distinctness underneath the sternum, and as far as the right nipple; they became weaker towards the cross of the aorta, and were inaudible in the carotid and subclavian arteries; they also disappeared a little to the left of the nipple. The second, or diastolic sound, was everywhere clear and distinct. The thorax was sonorous in every region, and the respiration easy. There was no cough, or other abnormal thoracic symptom. The diagnosis to which I then came was that the patient was labouring under congenital inocclusion of the foramen ovale, and that the pulmonary valves were the seat of cretaceous deposits.

From the above details it is evident that the pulmonary tubercular disease which accelerated the death of the patient either did not then exist or was in a rudimentary state. She was once bled during her residence in the hospital, in order to relieve her from a fit of general venous congestion which had thrown her into a state of semi-somnolence and suffocation, one very warm day; she was much relieved by the bleeding. She stated that the vertigo and sense of congestion were always much worse in warm weather than in cold. She was of a very good-humoured disposition.

BATHS FOR THE WORKING CLASSES.

By Dr. WILLIAM SMITH, Weymouth.

IN THE LANCET, of the 3rd instant, I perceive, among the notices to correspondents, a paragraph relating to "baths for the working classes;" I am delighted to find that many are betaking themselves to this laudable object; and your correspondent, doubtless a medical gentleman, with true philanthropy, solicited, I presume, your powerful aid in laying down some practical scheme for effecting a measure so generally necessary.

It is high time that all who lay claim to the responsible office of superintending individual and public health should stand forward in support of this important hygienic measure, when we find many, even among the non-medical, roused to a sense of its necessity. I perfectly agree with you, however, that "we cannot origi-

nate any practical scheme for carrying the idea into execution." You very justly remark, "it is for the public to do this," but this much may be done by medical men in general, viz., show the public in each of their districts the importance of such sanatory measures, as affecting all classes of society, from its summit to its base, and I venture to assert that if they were once thus enlightened, we should then have surmounted the greatest obstacle, and have laid the groundwork for the public to rear the superstructure. It is from the apathy that prevails among many of those to whom all classes look for direction in hygiene, that we are yet destitute of practical resources for carrying out the object in question. You have, however, worthily done your part, in not only hitherto advocating it, but also in saying that "any such plan will receive our cordial support." To others, yet silent, the question must be put, of whether the working classes and the poor do or do not require the above means of ablution? All who have studied the human body in a physiological and pathological, as well as in a therapeutic point of view, must answer in the affirmative. Shall we, therefore, any longer remain neutral in so important an undertaking, or indifferently look upon the condition of the poor in each of our districts? What should we say of a statesman in whom was invested all power and authority, and in whom implicit confidence was reposed, if he sat silent, and remained deaf or indifferent to the calls and well-being of those over whom he presided? We should at once say he was unworthy the high confidence placed in him. And must we say the same of those members of our own profession who remain indifferent to the question asked by your correspondent?—a body of men in whom more confidence is placed, and to whom a greater treasure is committed than was ever intrusted to the greatest statesman that ever lived! For to them do all classes in society, from the very poor that compose the basis of the pyramid, up to her Majesty, who adorns its summit, resign the greatest treasure they possess on earth, viz., the guardianship of their health. Hence, no man nor class of men enjoys the respect of individuals, in every rank and society, to such an unlimited extent as those of the medical profession; and hence all nations, both civilised and savage, have conferred upon its zealous cultivators the highest privileges and honours; for the greatest temporal blessing is health, and hence we have the concurrent testimony of all ages, that the cultivation of medical science is the most useful of human pursuits; hence it is, again, that Monfalcon tells us that "a physician of genius is the most magnificent present that nature can make to the world." In advocating the necessity of having baths for the working classes, however, we are not opening up a new and untrodden path of medical philosophy; we are only endeavouring to establish upon a more extended scale, and to make available to the poor a remedy that has hitherto, in many parts of England and elsewhere, been looked upon as a *luxury* only to be obtained by the rich!

I am delighted with your remarks in *THE LANCET* of the 27th ult., in which you not only eulogise the efforts that have already been made in Edinburgh, and many other parts of Great Britain, for the purpose of securing to the working classes the healthful ablution of the bath, but have also laid before your readers, as an incentive to others, the fact that hundreds of baths are administered daily to the poor, gratuitously, at the Hôpital St. Louis, in Paris, the operations and salutary effects of which I have myself witnessed.

Nor is it less gratifying to find Lord Normanby, followed by Lord Campbell and others, even in Parliament, standing forth in praise of the earnestness and enthusiasm with which the working classes of Edinburgh are endeavouring to improve their physical condition. The idea of "public baths" in that city, though said to have originated with the working classes themselves, was at once sustained by the medical faculty, and instantly applauded and responded to by the most wealthy, respectable, and spirited of the citizens, as well as many of the gentry throughout the country; so that the movement may be said to have been spontaneous, and the corresponding rapid success is almost miraculous; no obstacle, therefore, stands in the way of what is worthy of support.

Let medical men, then, as a body, come forward, and lend their sanction to this cause, in order that the public generally may know the importance of the measure, and if they will, I feel confident that, as in Edinburgh (whose example is followed by the inhabitants of Glasgow, Aberdeen, Dundee, &c.), so in all parts of Britain, where it is practicable, shall we have baths speedily erected, whereby the poor may wash off the accumulated filth of ages; for I know there are among the good and the great of every district and place, minds willing to contrive for the advancement of, and hands ready to contribute to, any object which demonstration and experience prove absolute. How, I would ask, are all the varied improvements in the government of the state carried out? The answer is, simply by an individual, or a number of individuals, capable of judging correctly, conceiving their necessity, advocating their importance, and sustaining their arguments by a powerful logic, until it becomes apparent to others that reason justifies their claims, experience shows their necessity, and experiment proves their utility; so that, at length, those at first opposed to the propositions, become their advocates, and the measures are carried.

Thus, as in the division of labour many hands of moderate strength and ability will, by co-operation, effect that which a single or a few individuals, however powerful, might have failed to accomplish; so we, proposing to live for the best interests of humanity, may, by unanimity, speedily bring about a measure that must otherwise be long protracted.

An ancient writer tells us that the most superb and lasting monument ever consecrated to beauty, was that to which every lover carried a tribute; and can we show a greater love for our profession, and mankind, than by each coming forward, without compromise, in support of a design so noble in itself as that which has for its object more extended means than have hitherto been offered to the poor, of preserving health and warding off disease.

There cannot be two opinions regarding the hygienic measures now advocated; all must admit that the skin performs very important functions in the animal economy, which, as you remark, has been deservedly made a subject of much research by modern physiologists, and has been vividly felt and expressed by all scientific writers, and has been earnestly enforced in all recent popular works and lectures embracing a consideration of general hygiene. You further add, that though "the paramount importance of cutaneous cleanliness has been forcibly impressed on the public, no means whatever have hitherto been offered to the poor for carrying the theoretical precept into practice." Now, how stands the fact? Under whose eyes do instances of the necessity for the remedy most frequently appear? Upon whose ears do those important and impressive lectures fall? And in whose hands are those works more especially to be found, which physiologically point out the "importance of the skin being kept continually in a clean and perfectly free state?" Certainly these important opportunities of seeing, hearing, and reading, are, comparatively speaking, only enjoyed by the members of the medical profession; the facts which they promulgate are, in the majority of instances, only known to them, while to the non-medical they are as sealed books. It is therefore only by every medical man in his own locality laying before the non-professional among whom he practises the importance of a measure too long overlooked, that we can ever hope to effect a general practical scheme for securing to the toiling children of the poor what cannot fail to improve their physical condition and increase their social happiness.

But the idea of baths for the poor, because somewhat new in many places, is considered both nonsensical and superfluous. Yet I am bold in the assertion that, unless a total subversion of manners takes place, the spirited philanthropy now manifested towards the poor of every part will continue, and gather fresh strength, until this measure (next in importance to proper and free ventilation of their dwellings, so much insisted on of late) is fully carried out. It is, however, a lamentable fact, that too much jealousy, malice, and uncharitableness, are to be found among the members of our profession, so that if one attempts to correct an abuse, or improve an established custom, he is considered as trampling upon those

sage practitioners whose venerable locks have become grey in experience; nay, he is considered as using stratagems to make himself more notorious, and illiberally judged to be seeking popularity, rather than pursuing the hallowed design of benefitting the human race. But what says Sydenham? "I find, says he, that it is better to assist mankind than to be commended by them, for popular applause is lighter than a feather—a bubble—and less substantial than a dream!" The defects, therefore, of an established opinion, or system, must not be stifled on account of its antiquity. In making these remarks, I divest myself of all presumption or arrogance; I respect and desire the co-operation of all in the profession, however humble, in laying before the non-professional public the importance of so desirable an object as baths for the poor. Thus the well-intentioned and well-principled advocate of their utility, who has thrown all his weight into the right scale, however small that weight may be, must be considered as having contributed his fair proportion towards this great work.

In Weymouth, we have for the first time conceived the necessity of having a fund for supplying the working classes and indigent sick with warm-baths, and have originated a scheme for its being established; to encourage which, the director of the excellent bathing establishment, lately erected here at some thousands of pounds expense, has liberally proposed to let those individuals have them at one shilling each, which is only one-third of the price commonly charged. This proposal cannot be too highly eulogised, nor can any effort on our part be considered too great to cause the public to respond to so generous a proposal.

The difficulty of getting funds, as well for building baths where they are not, as for their after-support, is completely obviated here; for not only is the expense of building sustained by the liberal proprietor, but also all other expenses entailed by attendants, &c. And, moreover, as I have said, a reduction is made of two-thirds of the price on each bath! We trust this example will be followed by all other establishments of this kind. To show how such a movement is valued, I may remark that of the few who have already used the cheap baths, more than one-third paid for them themselves; but the other two-thirds are too poor to pay even anything. It is for these, then, that we propose the establishment of a fund, which we hope to beg from the pockets of the rich.

The plan we have adopted, which, perhaps, may be imitated by others, is the following, viz., we have issued collecting cards, and have arranged, on each card, "that the highest individual subscription be not more than five shillings; that the whole amount of subscription on each card be not more than one pound; and that each card contain space for eight names, so that eight subscribers may fill a card at two shillings and sixpence each, or it may be filled by four at five shillings each. This arrangement has been made, in order to bring it within the power of many to subscribe, and to obviate the well-known fact, that many willing to contribute to a charitable object, are often prevented doing so by seeing the names of others down in a subscription list for a larger sum than their means would enable them to imitate; therefore they do not subscribe at all! Our reasons for limiting the subscriptions will further appear judicious, when it is known that many charitable institutions exist here supported chiefly by the inhabitants and visitors. How, therefore, a further demand might be made, notwithstanding its necessity, became a matter of serious consideration. After some cogitation, however, we believed that the sympathy which has always been manifested by the higher classes with the struggling sons of toil, was a sufficient warrant for laying before them a measure, the importance of which, I have already said, affects the whole community; this done, there was none openly to gainsay, and, without further pretext, the above scheme was then made publicly known. But lest it might be said that we had no just right to curb the liberal spirit of subscribers, it is also stated on the back of each card "that donations to any amount may be forwarded to the treasurer without cards." At the same time, those who subscribe through those cards, according

to the above arrangement, shall be considered as having contributed their fair proportion to the charity.

I fear I have already trespassed too far upon your valuable space, but I hope to have another opportunity of shortly addressing you on this important subject.

Weymouth, May 11, 1844.

FOREIGN DEPARTMENT.

ACADÉMIE DE MÉDECINE, PARIS.—JUNE.

DURING the greater part of the month of June the Parisian academy has been the theatre of the most angry and violent debates; indeed, its oldest members scarcely remember having witnessed discussions of so stormy and personal a character. The importance of the subject discussed has been, however, we are sorry to say, far from commensurate with the attention which has been bestowed to it. Our readers will remember that a couple of months ago a memoir was read before the academy by M. Malgaigne, in which that surgeon impugned the statement of M. Guerin, the orthopedist, respecting the success of his treatment of curvature of the spine by tenotomy. M. Malgaigne stated that he had been able to examine twenty-four of the fifty-seven cases thus treated by M. Guerin, and had not met with a single case of cure, although that practitioner had published and extensively circulated a statement in which he pretended to have cured twenty-four, and greatly ameliorated twenty-eight, out of the fifty-seven cases alluded to. M. Malgaigne concluded by demanding a committee of the academy to inquire into the correctness or non-correctness of M. Guerin's statements, on the ground that M. Guerin, being a member of the academy, that body was, to a certain extent, interested in the point at issue. The academy acceded to the request of M. Malgaigne, and a committee was appointed composed of M. Cloquet, M. Baudelocque, M. Roux, M. Velpeau, and M. Amussat, to investigate the results of M. Guerin's novel mode of treating curvature.

The practice of M. Guerin, it must be remembered, is already undergoing the scrutiny of a committee named by the administration of the hospitals, at the request of his colleagues. The object of this latter committee is to ascertain whether his treatment of deformities in general is really so peculiar and so successful as to sanction a violation of the rules that regulate the admission of surgeons and physicians to the Paris hospitals, those rules having been violated when M. Guerin was located at the Hôpital des Enfants by the administration. M. Guerin, taking advantage of the existence of this committee, stated that he thought the one named by the academy useless, indeed, supererogatory, and, consequently, refused in any way to assist its labours. He himself states that he has only been neuter,—has merely failed to render assistance,—but the members of the committee appear to think that he has, in reality, thrown obstacles in their way. However this may be, it is certain that out of the fifty-seven cases operated on during the last few years, the committee has only been able to induce one or two to attend its meetings. Under these circumstances it was proposed by a member that the committee should personally call at the dwellings of the patients, as the latter could not be prevailed upon to attend. This proposal was at once agreed to by MM. Roux, Velpeau, and Baudelocque, but was opposed by MM. Cloquet and Amussat, on the ground that it was contrary to the dignity of a committee of the academy, contrary even to professional etiquette and "*convenance*" to visit the patients of a practitioner against his will,—to pry, as it were, into his practice. Meeting with this opposition, the majority thought it advisable to refer to the academy, in order to ascertain what course was to be pursued; whether the majority was, as is usual in such cases, to proceed without the approbation of the minority, or whether the committee was to desist from its labours.

Many of the most eminent members of the academy took an active part in the debate that followed. On the side of the minority of the committee it was urged that there were other than scientific interests at stake in the