

aorta; the heart being also weakened by it and by the other antiphlogistic treatment employed, cannot contend against such combinations; congestion follows dropsy as a necessary consequence, then fibrinous coagula form in the heart, and the work of destruction is complete. This is not an imaginary case; it has been described by Dr. Corrigan, and we have seen it over and over again.

In contraction of the mitral valve, digitalis is calculated to be eminently useful. We have some cases under observation which will illustrate this remarkably well, and also the differential diagnosis.

MEDICAL RELIEF.

COPY OF A MINUTE OF THE POOR-LAW COMMISSIONERS, DATED JUNE 6, 1839.

WE think it right again to direct the attention of our readers to the following Minute.

Of the modes of remuneration which combine both a fixed salary and a payment per case, that which appears to the Commissioners to unite the advantages, and to avoid the disadvantages, of both of those systems, is the following:—

That at the commencement of every parochial year a list of all the paupers in the receipt of relief within a district should be made out, and that for the medical care of these paupers a fixed sum, to be then determined, should be paid, which should be apportioned to the several parishes of the district, according to the number of the paupers on the list belonging to such parishes respectively; and that the medical officer should attend these paupers when sick without any specific order from the union or parish officer.

And that as respects all other persons to whom medical relief shall be ordered during the current parochial year, the medical officers shall receive a fixed sum per case.

By this arrangement, the further details of which are reserved for future consideration, the aged, infirm, and helpless would be placed directly under the care of the medical officer, who, in addition to the ordinary motives, which, to the credit of the medical profession, lead to their careful and humane attention to this class of patients, will find it to be his direct interest to attend promptly, and to treat effectively, any case of sickness which may arise amongst those who are thus committed to his charge.

As respects this class of paupers so included in the pauper-list, the Board of Guardians, and their officers and the overseers, will be relieved from a part of the responsibility and trouble incidental to pro-

viding medical relief, and from the anxiety and obloquy they now undergo in reference to cases in which there has been any unavoidable delay or justifiable doubt in providing medical aid.

As regards the able-bodied labourers, whilst there will be no temptation to the Guardians to administer (as under the system of remuneration by a gross fixed salary), relief to individuals of this class indiscriminately at the expense of the medical officer; there will at the same time be no inducement to refuse it when really necessary, inasmuch as the system of payment per case admits of medical relief being granted by way of loan, an arrangement which inevitably operates to encourage the labourer to provide himself with medical aid on easier terms, by subscribing beforehand to a sick club or friendly society.

With regard to the amount of the remuneration, the Commissioners are disposed to give much weight to the concurrent testimony of the witnesses examined before the Committee of the House of Commons of last session, in reference to medical relief; and they deduce from that testimony that the fixed remuneration to be paid in rural districts for the permanent list, should be such as to afford to the practitioner a payment of 6s. or 6s. 6d. per case, on the average number of *bonâ fide* cases, subject to be augmented if the district is extensive.

The remuneration per case for those not on the pauper-list may reasonably be on a somewhat higher scale; but the Board are inclined to think that it will not be found necessary to exceed 10s. per case.

In the arrangements which have been indicated, it is presumed that midwifery cases and surgical operations of a serious character, will be paid for by a separate fixed charge for each case.

The Commissioners entertain no doubt that if the principle of the payment per case be thus adopted, it may be easily modified to suit the special circumstances of the Union, and that further experience of its operation will enable them to ascertain accurately whether the rates above alluded to, which at first will be of a somewhat experimental character, furnish an adequate and not unreasonable remuneration for the services performed.

NOTE ON A FŒTUS FOUND IN THE TESTICLE OF A MAN.

By M. VELPEAU.

(Presented to the Academy of Sciences, Feb. 10, 1840.)

— GALLOCHAT, of Esternay, 27 years of age, was admitted into the hospital of La Charité towards the middle of January last. On the right side of the scrotum

there was a tumour as large as the fist; it was not easy to determine the nature of this tumour. Some regarded it as cancerous; others as fibrous; others, again, as tubercular. I could not coincide in any of these opinions. The tumour was congenital; free from pain on pressure, and had never caused any pain; the surrounding skin was not changed in appearance, the body of the tumour was elastic, and a string of hair projected from an ulcer on its posterior surface, which occasionally discharged a glairy fluid: I, therefore, concluded on the existence of a foetal tumour or product, analogous to that of conception.

Having obtained some further information from the medical man who had attended my patient in early life, and which confirmed me in my opinion, I determined on removing the tumour. Its examination enabled us to discover, in the interior, almost all the elements of the body of a mammiferous animal. The external layer is evidently cutaneous, its substance being composed of lamellæ resembling the cellular, adipose, fibrous and muscular tissues. In the interior we found two small cysts, containing a matter similar to the vitreous humour; another cyst, as large as a partridge's egg, which contained a greenish fluid like meconium. In a fourth sac was a mass surrounded by hair; and on examining this mass, under the microscope, it was found to present all the characters of sebaceous matter with epidermoid scales.

Finally, in the midst of the substances now described, we found numerous portions of the skeleton perfectly organised, and composed of true bones, not of accidental productions. The bones, which were inclosed in a species of periosteum, may be distinguished into three groups; the first is composed of three portions, which seem to represent the clavicle, scapula, and a part of the humerus; the second, much larger than the former, belongs either to the pelvis or the base of the cranium; the third group comprises portions of the vertebræ, or of bones which we cannot designate.

The different parts, then, which I have the honour of laying before the Academy, incontestibly belong to a product of conception, but how are we to account for their existence? I do not find that a monstrosity, similar to the one now noticed, has been described by teratologists.

In monstrosities of inclusion, described by Dupuytren, St. Hilaire, and Olivier, one of the foetal formations, absorbed by the other, has been constantly found inclosed in a cyst, and existing as a foreign body. In the examples related by St. Donat, Prochaska, &c., of remains of a foetus discovered in the scrotum, the tumours were always encysted, the bones necrosed, and the organic tissues destroyed by suppuration or decomposition. On the contrary, in my case the parts had

continued to live; the tumour had a colour, consistence and sensibility peculiar to it, and completely independent of the individual to whom it was attached. A well-marked line separated its integument from that of the scrotum. I pinched it, pierced it with various instruments without causing the least sensation in the young man; he himself has often pierced it with a knife without causing any pain. Again, when we reflect that the tumour was as large as the fist, but was scarcely noticed by the surgeon who saw the child, at the age of four months; that it was at first mistaken for a pneumatocele, and then for a small phlegmonous abscess, it is difficult to conceive that it was as large at birth as when removed. A mass so considerable, in a child a few months old, would certainly have attracted attention; we should also remember that, according to the medical man's account, the tumour continued to grow up to the age of eighteen years; hence we are compelled to conclude that the portions of foetus *lived, were developed together with the individual, and that there were actually two individuals.*

Did this state take place during intra-uterine life, or did the imperfect foetus descend from the abdomen with the testicle, or was it generated in that portion of the body?—*Gaz. Med. de Paris*, Feb. 15, 1840.

CASE OF CÆSAREAN OPERATION.

ON the 22nd of January last M. Dubois again performed this operation on a woman 25 years of age. The statue of the patient scarcely exceeded three feet, but her limbs were not much deformed. For a long time she resisted, through fear, all advances, but at length yielded to the instances of a young man, and became pregnant; she was then admitted into the Maternité, but soon transferred to M. Dubois' Hospital. Here it was found that the antero-posterior diameter of the pelvis was barely 18 to 20 lines in extent, and that the Cæsarean operation was required. On the 18th some pains set in, but soon ceased; they returned with greater force during the night of the 21st, when the membranes gave way. On the 22nd labour was regularly in progress, and the operation was performed at 8, P.M.

The operation itself did not present anything remarkable. A longitudinal incision was made along the linea alba, from the umbilicus to the pubis; the intestines did not protrude, as is usually the case, although some inclination to vomit manifested itself; the uterus was next divided, and a well-formed, healthy, living child extracted. On removing the placenta a very considerable quantity of blood was lost, and the patient fainted, but soon recovered. M. Dubois now united the wound by the interrupted