and signed at the foot of the petition on the same side of the same sheet by at least one person. Any further number of names may be subsequently added by joining additional sheets. The petitioners should append their qualifications and appointments.

HARVEY TERCENTENARY MEMORIAL FUND.

THE amount subscribed to the Harvey Memorial Fund now exceeds £1,400. We last week noticed the circumstance that the Fellows of the Royal College of Physicians of London had subscribed £105; we to-day hail with equal satisfaction the fact that the Council of the Royal College of Surgeons of England on Thursday last contributed £105 to the fund. The Executive Committee cannot, however, as yet desist from their endeavours to add to the fund, but they are desirous of closing it at as early a date as possible. We are asked again to request the members of the profession who have not hitherto contributed to this object to kindly send their donations at once to either of the hon. treasurers (Sir George Burrows, Bart., or Mr. Prescott Hewett), or to either of the hon. secretaries (Mr. Geo. Eastes, M.B., 69, Connaught Street, Hyde Park Square, London, W.; or Mr. W. G. S. Harrison, B.A., Town Clerk, Folkestone), or to pay them into the account of the Harvey Tercentenary Memorial Fund at the Western Branch of the Bank of England, Burlington Gardens, London, W. Subscriptions from five shillings upwards will be very acceptable.

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT.]

Dr. Reliquet's Work on the Urinary Organs.—Alterations in the School of Medicine.—Teaching of the Deaf and Dumb.—Digitalis.—Society of Professional Ladies.—Death of M. Roubaud.

ABOUT ten years ago, Dr. Reliquet published a treatise on the surgery of the urinary organs, which met with great favour with the medical public. He is now putting together the lectures he has since delivered at the École Pratique. They are being published in parts. The first part of the work, entitled *Lectures on Diseases of the Urinary Passages*, has just appeared. In his first lecture, the author treats of micturition, which function he divides into three stages or acts. The first stage consists in the filling of the bladder with urine, which he terms the normal retention of urine. The second stage begins with the sensation of the necessity for urinating; and the third completes the act by emptying the bladder. The mechanism of these different stages is fully explained; and the author follows this by considerations of the function of micturition in children and in women. Most medical men must have remarked that women retain their urine much longer than men, and I have known some women who could do so for twelve hours without inconvenience. This power of resistance is explained by Dr. Reliquet to be due to the peculiar structure of the female urethra, which is entirely surrounded by muscular fibre, from the neck of the bladder to the meatus, which latter is the only part of the canal devoid of muscular fibre; and this constitutes the great difference in the structure of the male and female urethræ. But, while the power of retaining the urine is so marked in women in the normal condition, the slightest pathological cause is often sufficient to excite a frequent desire in them to micturate. This morbid tendency sometimes extends to incontinence, and even the act of laughing is sufficient to cause in women an involuntary emission of urine—a circumstance rarely or never met with in men in any condition. Dr. Reliquet next treats of the influence of the will on the act of micturition, the state of antagonism or opposition that exists between the bladder and the urethra, and the innervation of the urinary bladder. In the following lecture, the author considers the various causes that may prevent the normal emission of urine, which he groups under the head of Spasms of the Bladder and of the Urethra. Here, I must confess, I cannot follow the author, as he places under the term spasm, as the proximate cause of obstruction, the various morbid conditions that play a part in the etiology of the retention of urine. The greater portion, he states, of patients labouring under affections of the urinary passages present, in a more or less marked degree, phenomena of a spasmodic character, superadded to the lesion already existing, which derange the function of micturition. This is, so far, sufficiently intelligible; but when he asserts that spasm is the immediate cause in every case of retention of urine, even when there is some organic lesion present, either in the neck of the bladder or in the urethra, I do not think he will find many surgeons agree with him. The *brochure* under notice concludes by some remarks on the action of chloroform on the urethra and bladder. The author states that the complete action of this substance on the sensibility of the urethra stops at the neck of the bladder, when the latter is the seat of local irritation; in the female, the action of the anæsthetic on the urethra is complete. As for the bladder, the inhalations, far from diminishing its sensibility, appear, on the contrary, to increase it, when it is the seat of some lesion; but, when healthy, the bladder dilates under its influence.

The School of Medicine is undergoing complete transformation. It is to be considerably enlarged, to about three times its present size, and it is to have a new front, monumental of its kind, facing the Boulevard Saint-Germain, also recently opened. The houses around the old building have all been pulled down, so that it will be completely isolated. The École Pratique also is to be considerably enlarged and improved. The cost is estimated at 4,000,000 *francs* (£160,000), and the buildings are to be completed in three years.

One of the most interesting proceedings one can witness in social life is the education of the deaf and dumb. For some time, the language by signs was the system in vogue in France; but, of late years, this is being replaced by what is termed the "visible speech method", not that which is known as the German method, but that introduced into France about the end of the last century by Rodrigue Pereire, one of the ancestors of the great bankers of that name. It consists of educating the pupils to imitate the various movements of the lips, throat, tongue, and teeth which are produced in speaking; and in order to give the subject an idea of the sound accompanying each letter or word, his hand is first placed on the tutor's throat while the latter is in the act of articulating aloud, and then on his own, which he is taught to imitate. He thus feels the sounds, as it were, and pronounces words which he cannot hear himself. This method is utilised even for the education of young children who are gifted with speech.

A very interesting discussion lately took place, at a meeting of the Société de Thérapeutique, on the therapeutic influence and mode of administration of digitalis in disease. Most of the speakers gave the preference to a cold infusion of the leaves over any other preparation, and were almost unanimous in condemning digitalin as being dangerous and unreliable, as it does not possess the diuretic properties contained in the leaves. Dr. Héraud, who brought the subject to notice, recommends the following preparation: Macerate, for twelve hours, twenty-five *centigrammes* of the powdered leaves of digitalis in two hundred *grammes* of cold water. This is then strained, and the patient is directed to take it in five or six doses, in the twenty-four hours, at some distance from meals. This dose, he said, should never be exceeded, if we wish to avoid its poisonous effects; and the quantity he prescribes is quite sufficient to produce the full therapeutic action of the drug, beyond which it is needless to push it. Dr. Héraud considers digitalis one of the best diuretics known in affections of the heart; whereas it is useless where there is no cardiac lesion, as, for instance, in cirrhosis, albuminuria, etc.

A certain number of ladies in Paris, of different nationalities, are endeavouring to get up a society for the benefit of their own sex, the object of which, as the prospectus declares, is to facilitate the study of medicine and of other arts among themselves, and at the same time to render their relations with one another more intimate and useful than at present obtains among them. The Society, which is designated "Société des Femmes Professionelles", is to meet once a month, and is to be composed of a committee of seven members: president, vice-president, treasurer, secretary, and three other members, chosen by the society. Ladies registered as students of a college or university, those destined for literary instruction or the arts, or those belonging to any of the liberal professions, are eligible as members.

I regret to have to announce the death of Dr. Felix Roubaud, who, with M. Simmonet, whose death was noticed in the JOURNAL about two months ago, founded the *France Médicale*, one of the leading medical journals of Paris. Dr. Roubaud was born in 1820, and took his degree in 1844, when he selected for his inaugural thesis "The Passions". He was of a very active turn of mind, and looked much older than his years. He was the author of several works; but he was more given to politics than to medicine, which contributed not a little to his ill success as a practitioner.

TESTIMONIAL.—THE inhabitants of Belper have, at the instigation of its leading inhabitants, generously subscribed to a testimonial fund in favour of Mr. Johnston, who, for a period of more than twenty years, has practised at Belper. The money raised was expended in a brougham, which was publicly presented to Mr. Johnston on Saturday week, accompanied by many gratifying demonstrations of esteem.

PROCEEDINGS OF THE COMMITTEE OF COUNCIL.

AT a meeting of the Committee of Council, held at the Freemasons' Tavern, Great Queen Street, London, on Wednesday, the 17th day of April, 1878—Dr. FALCONER, President of the Council, in the Chair—

Resolved: That the Financial Statement for the year ending 31st December, 1877, as audited by Messrs. Price, Waterhouse, and Co., be received, adopted, and in accordance with By-law 33, published in the JOURNAL.

FINANCIAL STATEMENT FOR THE YEAR ENDING DECEMBER 31ST, 1877.

Revenue Account, or Profit and Loss for the Year ending Dec. 31st, 1877.

Dr.	£ s. d.	£ s. d.
Editor		500 0 0
Sub-Editor		150 0 0
Contributors		1174 19 1
Journal: Printing	2987 9 0	
Paper	2099 4 5	
Postage	873 5 3	
Address Bands	173 7 7	
		6133 6 3
Wood Engraving		91 5 3
Reporting		68 5 0
Sundry Journal Expenses:		
Editor's Postage	14 13 2	
Newspapers	13 14 3	
Parliamentary Papers	2 16 2	
Telegrams	14 2 6	
Wages of Boy	26 6 0	
Cleaning Offices, and Sundries	18 8 7	
		90 0 8
Rent of Editors' Rooms		22 16 0
Scientific Grants, 1877-8		300 0 0
Special Grant for the Investigation of Hydrophobia and Rabies		100 0 0
Committees		8 13 6
Legal Expenses		5 8 0
Auditors' Fee		42 0 0
General Secretary		450 0 0
Rent		85 0 0
Furniture		33 8 6
Miscellaneous Printing:—		
Stationery, Envelopes, Paper, etc.	33 11 6	
Circulars and Printing in connection with Subscriptions	7 15 0	
Ditto, in connection with Advertisements	20 5 0	
Association Printing	76 4 0	
Ditto, Annual Meetings, Reports of Committees, etc.	38 18 6	
Printing in connection with Editor's Room	11 12 6	
Reprints	9 12 6	
Association Medal	3 8 6	
		201 7 6
Salaries and Wages		410 17 4
Postage		165 11 10
Sundry Office Expenses:		
Travelling Expenses of General Secretary	15 19 8	
Receipt Stamps	2 0 0	
Carriage on various Parcels	1 7 9	
Telegrams	2 6 6	
Cleaning Offices	15 8 8	
Assistance and Copying	73 6 2	
Commission on Advertisements	3 10 9	
Journals bought (out of print)	5 5 3	
Sundries	48 3 5	
Coals and Gas	4 10 10	
Loss through late Clerk	77 8 6	
		249 7 6
Stationery	42 5 8	
Bill-Heads, Ledgers, Account Books	5 5 9	
Pens, Ink, Paper, etc.	33 11 1	
Office Copying Press	6 7 0	
		87 9 6
List of Members		104 19 0
Association Medal for Distinguished Merit		139 16 6
Addresses on Parchment do,		15 0 0
Bank Charges	4 7 0	
Do.	0 13 9	
		5 0 9
Branch Charges		4 18 8
		10,639 10 10
Subscriptions—Losses from Death, etc.		713 4 1
Advertisements—Discounts and Allowances		286 7 7
Sales, Journals returned		12 12 1
Profit for the year, carried to Balance-Sheet		1207 18 6
		£12,859 13 1

Cr.	£ s. d.
Subscriptions	7689 3 2
Ditto, arrears of former years	16 18 6
Advertisements	4263 19 10
Sales	411 1 5
Interest—one year on £3132 os. 6d. Consols	92 15 10
Balance on Scientific Grants returned, and amount unused	185 3 6
Discounts and allowances on printing and paper accounts and stamps	200 10 10
	£12,859 13 1

Summary of Receipts and Payments for the Year ending Dec. 31st, 1877.

Dr. Receipts.	£ s. d.	£ s. d.
Cash in hand on January 1st, 1877:—		
At London and Westminster Bank	£2162 13 10	
At Office	124 14 9	
		2287 8 7
Subscriptions	7200 13 5	
Advertisements	3854 6 2	
Sundry Sales of Journal	399 11 2	
Interest	69 19 7	
		11,524 0 4
Balance on Scientific Grants returned		127 3 6
		£13,938 12 5

Cr. Payments.	£ s. d.	£ s. d.
Editor		500 0 0
Sub-Editor		112 10 0
Contributors		1127 3 5
Journal: Printing	2832 0 4	
Paper	1958 18 9	
Address Labels	169 0 7	
Postage	864 5 3	
		5824 4 11
Wood Engraving		91 5 3
Reporting		71 8 0
Sundry Journal Expenses	90 0 8	
Rent of Editor's Room	32 14 0	
		122 14 8
Scientific Grants—1877-1878		313 15 0
Special Grant for the Investigation of Hydrophobia and Rabies		100 0 0
Committee Expenses		20 6 6
Auditors' Fee		42 0 0
Legal Charges		57 1 5
General Secretary		450 0 0
Salaries and Wages		410 17 4
Rent of Offices		85 0 0
Furniture		6 10 0
Postage		165 11 10
Sundry Office Expenses, etc.		257 19 4
Miscellaneous Printing		231 1 9
Bank Charges		5 0 9
Branch Charges		4 18 8
Stationery		91 13 10
List of Members		102 6 6
Association Medal for Distinguished Merit—Wyon		36 15 0
Engrossed Addresses ditto—Dodswell		15 0 0
		10,245 4 2
Purchase of £1573 11s. 7d. Consols		1500 0 0
Cash in hand: At London and Westminster Bank	2143 8 4	
At Office	49 19 11	
		2193 8 3
		£13,938 12 5

Balance-Sheet, 31st December, 1877.

Dr. Liabilities.	£ s. d.	£ s. d.
Editor		125 0 0
Sub-Editor		37 10 0
Contributors		357 0 9
Cheques unpresented		8 2 0
Journal: On Printing Account	£769 12 10	
On Paper	231 17 9	
		1001 10 7
Reporting		9 9 0
Association Medal for distinguished merit		103 1 6
Committees		2 5 0
General Secretary		112 10 0
Rent of Offices		21 5 0
Ditto of Editor's Room		6 9 0
Furniture		33 8 6
Miscellaneous Printing		47 11 10
Subscriptions paid in advance		327 13 4
Due on Advertisements		38 9 10
Wood Fund		25 0 0
Sundries		31 14 8
		2288 1 0
Balance on 1st January, 1877	4241 13 3	
Profit for year from Revenue Account ending Dec. 31, 1877	1207 18 6	
Total of excess of Assets over Liabilities		5449 11 9
		£7737 12 9

Cr. Assets.	£ s. d.	£ s. d.
Subscriptions		889 19 4
Advertisements		1447 4 10
Sundry Sales		21 17 5
Interest		46 7 11
Balance due on Scientific Grants		13 15 0
Furniture		125 0 0
Consols (£3132 os. 6d.)		3000 0 0
Cash in hand: At London and Westminster Bank	2143 8 4	
At Office	49 19 11	
		2193 8 3
		£7737 12 9

Stewart Fund, 31st December, 1877.

TRUSTEES—W. D. Husband, Esq. (Treasurer), Dr. A. P. Stewart, and T. B. Curling, Esq.

Now transferred and invested in the name of the British Medical Association.

Dr.]			£ s. d.
To Balance			406 6 10
Interest on Deposit Account	£3 0 0		
Ditto on £400 Caledonian Stock	7 18 0		
		10 18 0	
Balance due to Bank		3 9 8	
		£420 14 6	

Cr.]	£ s. d.
By purchase of £400 Four per Cent. Caledonian Debenture Stock	420 14 6
	£420 14 6

We have examined the above accounts for the year 1877, with the books and vouchers of the Association, and find the same to be correct.

PRICE, WATERHOUSE, & Co., 44, Gresham Street, E.C.

April 12th, 1878.

The remainder of the proceedings of the Committee of Council of the 17th instant will appear in next week's JOURNAL.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 9TH, 1878.

CHARLES WEST, M.D., President, in the Chair.

Myxœdema.—Dr. ORD showed two cases illustrative of the condition to which he had given the name myxœdema. The main points relative to it were, that it was met with in adult women (both the patients shown were females); they had very much of the aspect of persons in an advanced stage of renal disease, with a flush on the cheek and pallor round the eyes; their speech and gait were slow and uncertain, and their thoughts were slow. They had scarcely any trace of thyroid gland. There was a collection of fat about the clavicles; and the connective tissue was infiltrated with a soft solid œdema containing much mucin—very little of which was found in ordinary œdema or in healthy skin. The mucous œdema was found also on the heart and other internal organs. It agreed with what Sir W. Gull had termed cretinoid disease in adult women.

ON SOME MINUTE POINTS IN THE ANATOMY OF THE KIDNEYS, AND THEIR RELATION TO THE PATHOLOGICAL FEATURE OF URINARY CASTS. BY REGINALD SOUTHEY, M.D.

THE continuous system of the urinary tubules was first described by the author, and traced from their commencement in the papillæ renales up to the Malpighian bodies. He said that the tubuli uriniferi thus commenced in primary excretory oval orifices in the medullary cones, which measured from 0.3 to 0.19 *millimètre* in diameter. The short trunks into which these opened had no membrana propria, but were set in and bounded by fibrous connective tissue; they each split up into rectangular running branches or gathering mains, and from them perpendicular mounting branches were distributed, which quickly split up again into ascending stems or collecting branches of the third order. These collecting tubes were first branches which could be made out to possess a delicate membrana propria, and to be distinctly lined with a low sessile columnar epithelium, and to present lumina. They measured from 0.0501 to 0.0510 *millimètre* in diameter; and, while bifurcating at the margino-medullary level into a number of branches, these were all of nearly the same calibre. The collecting tubes curled over into the tortuous tube districts, and became the tortuous tubes, enlarging in size considerably, measuring on an average 0.0201 or 0.033 *millimètre*, while the epithelium lining their membrana propria nearly filled up their bores. The tubes, however, did not retain their tortuous or glandular characters for long, but turned back into the straight tube columns from which they started, and dropped as Henle's down-loopers in juxtaposition with the collecting tubes. These down-loopers were the narrowest tubes of all (0.008 to 0.009 *millimètre*); they were transparent looking, and lined with a flattened and pavement epithelium, surmounted by slightly projecting nuclei; they retraced their passage into the convoluted columns, and once again gradually enlarged in diameter, and acquired the attributes of tortuous or secreting tubes proper. If these diameters and the relation of the secreting system of tubes to the collecting system, the former being directly united to the latter by very narrow midway canals, were considered, it would be obvious that anything like a desquamative shedding of epithelium from the secreting tubes could not pass into the collecting tubes. Further, the size and shape of all casts were found to correspond with the excretory system of renal tubuli. Their most fertile source, Dr. Southey believed to be the collecting tubes or ascending straight tubes of the third subdivision; in these were found the ordinary urate infarcta of new-born children, and the granular and fibrinous casts of chronic renal degeneration. The fine fatty streakings and lime deposits of old persons were seen more strictly limited to the transparent midway channels or down-loopers. The largest old fatty granular casts, consisting of cellular *débris*, leucocytes, fat-dottings, and urinary salts, were doubtless cast or moulded in the gathering mains close to the orifices of the papillæ, but could not be held to be secretions from the tortuous secreting tubes deprived, as had been by some supposed, of their epithelial linings. The author said that the value of casts in deciding the diagnosis, and estimating the advancement of renal diseases had been much overrated, their different forms and appearances were derived in part from the materials of which they were composed, but in greater part were due to the length of time during which the gelatinised plugs of fibrinous material derived from the blood-serum had resided in the passages whose mould they took, the degree in which they had been soaked with urinary salts and stained with urinary pigments, and became degenerated. After many years' vain search for them, nothing like a desquamative shedding of the epithelium lining a tortuous tube had ever been observed by the author; and, although red and white blood-cells, leucocytes, and escaped nuclei had been constantly observed in acute nephritis entangled in fibrinous plugs, actual linings of the straight collecting tubes with their low sessile columnar epithelium had, as such, never been recognised by him. To form any clinical inference as to the nature and extent of renal disease from the sediment of the urine and tubal casts was about as unsafe as forecasting the issue of bronchitis or pneumonia by the expectoration; it was not that the casts or the character of the expectorated matters had no clinical value, but they had a relative one only. In renal disease, the casts should be appraised side by side with the diurnal excretion of urea, and considered in reference to the quantity of albumen excreted at different periods of the complaint.

Dr. GEORGE JOHNSON said that he differed from Dr. Southey in regard to much—indeed, nearly all—that he had said in his paper. He understood that Dr. Southey held that casts formed in the convoluted tubes could not escape through the excretory tubes. If it were so, the study of casts in the urine would be practically useless. Dr. Southey assumed that all convoluted tubes passed through the narrow loops; but this had not been shown, and Dr. Johnson very much doubted that it was so. The statement must be founded on imperfect observation. It was quite certain that casts formed in the convoluted tubes did escape with the urine. The evidence that many urinary casts were formed in the convoluted tubes was indisputable; for instance, in the case of blood-casts, the result of hæmorrhage following the use of turpentine, etc. Here it was tolerably certain that the hæmorrhage was from rupture of the Malpighian capillaries, allowing the blood to escape into the convoluted tubes. Again, many casts, especially those of the pure hyaline variety, were more or less convoluted when first passed, proving that they had been moulded in tortuous and not in straight tubes. The white cell-casts were also sometimes very numerous; now, the leucocytes must have escaped from the Malpighian capillaries into the ends of the convoluted tubes; for, on examination after death, the epithelium of the convoluted tubes was found entire, and not displaced by the leucocytes, as it would be if the leucocytes passed through the basement membrane and epithelium of the tubes. Again, fatty disease of the kidney was limited to the cortical portion; and here the urine contained hyaline casts and cells filled with oil-globules, with enlarged and altered cells of the convoluted tubes. The cells of the excretory tubes were rarely, if ever, found to contain oil-globules, while those of the cortex were full of them. Dr. Southey said that he had never seen an epithelial cast of the convoluted tubes; and denied that there was any process in the kidney analogous to desquamation. But cases were constantly met with in which a desquamative process was going on in the kidney, as in cases of scarlet fever and in cases of jaundice when bile was passing off by the urine. The fact that so many casts of different kinds which must have been formed in the convoluted tubes were found in the urine, seemed to show some defect in Dr. Southey's notions regarding the minute anatomy of the kidney. If all the convoluted tubes passed into Henle's loops, every case of inflammation of the kidney must soon be fatal from blocking of the tubes and suppression of urine. Dr. Southey had said that the tubes were not denuded of their epithelium in acute (desquamative) nephritis. Of course they were not; nor was the skin denuded of epidermis in the desquamation following scarlet fever. The old cells of epithelium or of epidermis were