

the proportion between these and the red corpuscles being certainly no higher than one to thirty. She was now able to partially resume her duties, and could walk, even run, upstairs without experiencing any ill effect.

On June 13th, the specific gravity of the urine was 1,010, the reaction neutral, and the colour decidedly deeper.

On June 22nd, she continued to take her medicine. She went to the country occasionally, with benefit. The peculiar pallor was fast disappearing, the dyspnoea scarcely noticeable, and the countenance wore a pleasant expression in place of the anxious look which characterised it on her admission. Ten days afterwards, the specific gravity of the urine was 1,009; no coagulation on applying heat and adding nitric acid.

On July 6th, on examination of the blood, the proportion existing between the two sets of corpuscles appeared normal. She now seemed quite well.

## SPECIAL CORRESPONDENCE.

### PARIS.

[FROM OUR OWN CORRESPONDENT.]

Paris, Monday, November 23rd, 1869.

1. *Paracentesis of the Chest: Trousseau and Peter.*—2. *The Female Anatomist.*—3. *Health of Lying-in Women.*

1. *Paracentesis of the Chest: Trousseau and Peter.*—During the summer and autumn, I have had several opportunities of seeing Professor Michel Peter perform paracentesis of the chest; and I have also, both in conversation and in his clinical lectures at La Pitié, heard him give very able expositions of the subject. His practice strongly corroborates the teaching of the late Dr. Trousseau, his illustrious master.

Professor Peter, in his clinical lectures at La Pitié, laid great stress upon the fact, that a continuance of the febrile state is ordinarily opposed to the absolute and immediate success of the operation. In such cases, from the inflammation not being extinct, reproduction of the effusion almost invariably takes place; and it may be necessary, according to the quantity of the effused fluid, to tap again or apply blisters. It sometimes happens that the new effusion becomes purulent, and that the original opening in the thoracic walls becomes a fistulous opening. The patient may live, retaining this fistula for an indefinite period, or he may be speedily carried off by hectic fever. This latter termination, Dr. Peter has only seen three times in the very large number of cases in which he has performed thoracic paracentesis. In two of the three cases, the patients were highly lymphatic, though not tuberculous subjects. In the other case, the patient was rheumatic. These are facts which ought to be known.

Besides the flow of bloody serosity of which Dr. Trousseau speaks in his thirty-second clinical lecture—his lecture on pleurisy and paracentesis of the chest—and which, he says, is characteristic of cancerous pleurisy, Dr. Peter, in his clinical lectures, remarked that the tapping itself might occasion the issue of bloody or sanguinolent serosity. Dr. Peter has twice met with this form of hæmorrhage: both patients made complete recoveries. He attributes the bleeding in these cases to the trocar having torn some vessels belonging to very vascular false membranes. Blood is consequently discharged into the pleura, which renders bloody the fluid issuing from the cannula. It is obvious, therefore, that there is no great cause for alarm when the fluid drawn off is bloody, provided the patient is otherwise in good health.

Since I called attention to paracentesis of the chest, on the 25th of October (JOURNAL, 30th October, p. 475), I have seen Dr. Peter perform the operation in a case of peculiar interest. The case is still under observation; and, as a little delay will increase the value of the short report of it which I intend to communicate, I postpone noticing it till a future occasion.

2. *The Female Anatomist.*—A young woman—I cannot bring myself to say a young lady—may be seen daily, at half-past twelve, and for some hours thereafter, dissecting in one of the pavilions of the Ecole Pratique. She seems to be about twenty-five years of age, and wears (when seated at the dissecting-table) a lady's round hat, and a blue garment having the general effect of a Frenchman's blouse. On Friday last, she was dissecting the thigh of a female subject, while at the same time a male fellow-student was dissecting the opposite limb. Several young men were engaged in dissecting other parts of the same subject.

The anatomical scene now described takes place daily in Dr. Fort's pavilion. A punning friend, when there with me the other day, said—pointing to the professor—“*C'est Fort*”; and then added—pointing to

the mixed dissecting group—“*Et c'est trop fort*”; and another of our party added, “*Et le tout est dégoûtant.*”

The female anatomist is said to be an *étrangère*—American, Prussian, or Scottish.

3. *Health of Lying-in Women.*—At the Maternité, and some other establishments in Paris, where lying-in women are collected, puerperal affections are at present rife; in fact, the Maternité is almost closed for the time being. With a view to ascertain the state of matters in the obstetric wards of the Hôpital Clinique de la Faculté (opposite the Ecole de Médecine), I accompanied Professor Depaul and his class in their clinical visit on Saturday morning; and, at the close of a very interestingly conducted series of bed-side short examinations and discourses, heard a clinical lecture in the amphitheatre. In the course of his lecture, the professor referred to the state of the Maternité, and called attention to—without attempting to explain—the remarkable fact, that in his own wards no untoward puerperal symptoms had shown themselves. All the cases, he stated, were going on favourably, and in a perfectly normal manner. This favourable condition certainly does not depend on the excellence of the ventilation, for the heavy peculiar odour of puerperal wards was most oppressive; nor on absence of crowding, for beds, with their adjoining cradles containing stiff, mummy-like parcels—in reality infants—seemed far too numerous for the space. The complete absence of puerperal disease, under all the circumstances, is a fact important to state, and impossible to explain.

## REPORTS OF SOCIETIES.

### MEDICAL SOCIETY OF LONDON.

NOVEMBER 15TH, 1869.

PETER MARSHALL, Esq., President, in the Chair.

Mr. TEEVAN exhibited a Calculus, weighing two and a half ounces, composed of lithic acid and the phosphates, covered with spicula, which he had extracted from the bladder of a patient who had walked from Birkenhead to London (208 miles) in twelve consecutive days; the last day having walked thirty-three miles in the greatest agony. Mr. Teevan, finding the stone large and the bladder irritable, performed lithotomy. In answer to Mr. Hainworth as to the limit in regard to the size of the stone in relation to the operation of lithotrity, Mr. Teevan stated he was guided more by the state of the bladder and constitution of the patient, performing lithotomy in preference to lithotrity in irritable subjects. In one case of lithotrity under his care, the *débris* amounted to three ounces in sixteen sittings.

Dr. DICK exhibited a Knife suitable for all operations where two knives are required; the cutting blade being covered at will by a sliding sheath, secured by a spring in the handle.

Dr. HAWKSLEY read a paper on the Stethosphygmograph, as an aid to the physiological and pathological investigation of respiration and circulation. He pointed out the use of taking a large and careful series of observations before the work of tabulation and comparison of facts could be usefully carried out. He exhibited the practical application of the instrument on a case of phthisis pulmonalis, and on one of well marked mitral regurgitation. In every case, three simultaneous and synchronous tracings of moving organs were taken; as, for example, the two lungs and the radial pulse; or the heart, the radial pulse, and that of the carotid or the femoral artery. The tracings would shew any disparity in the action of the two lungs, also the relation of inspirations and expirations; and, associated with the pulse-tracing, this afforded the opportunity of observing not only the peculiarities or modifications of the circulation, as with Marey's sphygmograph, but, in addition, their relation to the respiratory process. By the aid of this instrument, any question as to relative time in the transmission of the blood-wave through the arteries might be solved; as, for example, the time occupied in transmission to the radial, the carotid, or the femoral artery; and this might be found to have important connection with the diagnosis of aneurisms and tumours, as well as with diseased states of the arteries and with chronic disease of organs. The author gave a *résumé* of the facts on which the science of stethography is built, illustrated by drawings, diagrams, and an experiment, which was very successful in demonstrating the aid that elasticity in tubes affords to the passage of fluids, and the comparative impediment of rigidity.—Dr. SEMPLE observed that it might be a matter of question whether the results obtained by the sphygmograph might not be obtained by the other and simpler modes of diagnosis; but, in a philosophical point of view, it was impossible to withhold admiration from the ingenuity which had devised the instrument, and the great mechanical skill which had brought it to perfection. In a physiological, pathological, and therapeutical light, Marey's