the upper, inflating the cheeks, and suddenly compressing them with the tips of the fingers. It is both curious and interesting to witness the constant use which a person, suffering from this affection, is ever making of his fingers in aid of the muscles of the face.

Fig. 1.

Palsy of the face may result from lesion of the nerve in three different parts of its course—namely, (a) at its origin, from effusion of blood into the brain substance, as in apoplexy; (b) during its course through the petrous bone, from direct injury as fracture, or from disease, as abscess

Fig. 2.

and necrosis; (c) at its peripheral distribution to the muscles of the face from the application of cold, etc. These various lesions, the effects of various causes, offer various prospects of recovery; for, while the first is possibly and the last perhaps *certainly*, the second is *impossibly* curable. It is to this second class that the present case belongs; for the nerve, having shared in the ulceration going on in the contiguous bone, ultimately suffered destruction. The accurate location of the disease involves little or no difficulty; for it is not probable that it exists at the internal

auditory foramen, inasmuch as the intimate relation in which the facial there stands to the auditory nerve would, doubtless, have led to the destruction of the latter. Again, it is not probable that the lesion exists posteriorly to the origin of the nervous petrosus superficialis major, for in that case the muscles of the palatine arches would have escaped paralysis, which they have not. It is probable, however, from a positive argument, that the disease exists between these two points; for during five years it so encroached upon the trunk of the portio mollis as to cause very considerable deafness.

PROVIDENT MEDICAL SOCIETIES IN RELATION TO THE MIDWIFERY OF THE POOR.

By THOMAS W. THURSFIELD, M.D., L.R.C.P.Lond.,
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ONE of the greatest evils of public medical charity, is the pauperising effect which it has upon its recipients. It may be safely affirmed that a large proportion of the persons who receive gratuitous medical assistance at the various hospitals, infirmaries, and dispensaries of the country, consists of individuals who are, more or less, in a position to help themselves. Sickness and accidental injuries are evils to which all men are liable; and, added to these, in the case of women, there is the loss of time and expense caused by the occurrence of parturition. The State in this country, by the operation of the Poor-laws, acknowledges its liability to support at these times of sickness, etc., and to provide with medical and other relief all those who, from sheer poverty, are absolutely unable to provide it for themselves. The opulent classes, on the other hand, not only acknowledge their own liability, but nobly and munificently, apart from the national taxes before mentioned, assist their poorer neighbours to procure what they would otherwise be unable to obtain. This munificence, however, is not only, in many cases, improvidently bestowed, but sometimes improperly so. But between these two classes of the community there exists an immense section who, though they are not paupers, yet, from improvident habits, and perhaps from a near approach to poverty, greatly also from the operation of our gratuitous medical charities, furnish a very large portion of the recipients of those charities. It is a fact, well known to all those who are conversant with the working of these charities, that a very large portion of those who receive relief from them are persons who would be quite able themselves to bear some of the expense they cause, were they obliged to do so, and that the present system of gratuitous relief has produced what I may call a medical pauperism; and thus, wherever medical charities abound, whole masses of the population look upon gratuitous medical relief as their right. It is obvious how much more widely efficient medical relief could be made to reach among this class than it does now if some plan were adopted by which persons of this class would be obliged to share the expense of their own relief; while, at the same time, habits of providence and foresight would be stimulated among the people, and the heavy burdens of many of the charities, reducing some of them to a state of chronic insolvency, would be lightened. Of the propriety and even necessity there is, for exacting from the recipients of the benefits of medical charities, a portion of the expense, I need say little, for the subject has so often been ably discussed and the facts admitted: I will only state my belief that there is scarcely a dispensary in the country (and in that term I include the out-patient departments of all general hospitals) where a small tax might not be levied upon the recipients of the tickets with advantage both to the patients and to the institutions. By adopting this principle, moreover, we should remove in some degree the evil of indiscriminate charity. In large communities there is no branch of medical relief to which the application of this system of medical co-operation, if I may so call it, is more useful or more easy than to midwifery. The midwifery of paupers is provided for by the State; that of the opulent classes by themselves; while the intermediate class, being unprovided for publicly, and being for the most part unable to provide for itself the educated skill necessary, is largely left to the gross ignorance of almost uneducated midwives. That this is the case, is familiar to all those who are in any way acquainted with the subject; but ample proof might easily be brought forward did time or space allow. Suffice it to say that in a community with which I am acquainted, numbering, perhaps, thirty thousand people, there are about ten midwives, who are all grossly ignorant. One of these, being summoned before the magistrates on account of her refusal to support an idiot child, was proved to have attended about ninety cases in four months, and to have received fees varying from 2s. 6d. to 7s. 6d. for each case. All medical men know how com-

monly women are sacrificed to the ignorance of these persons, and how often they are called in too late to remedy the mischief which midwives have caused or overlooked, and which might have been prevented had skilled and educated assistance been before procured. The path by which we may introduce medical co-operation, or provident-medical assistance, is here plain before us. We have seen how these women are content to pay small sums for the very inefficient assistance which they now get. I would ask them for no more, and yet provide more highly skilled attendance, until we obtain what is much to be wished for; namely, a well-trained, educated, and licensed class of midwives. I would propose that in any district not too large for the purpose, a fund should be established by the subscriptions and donations of the benevolent and charitable, to be managed in the usual way by an elected committee, and that in proportion to the amount of subscription tickets be issued to the subscribers. These tickets should be at the disposal of the subscribers, to be bestowed upon any deserving woman expecting to be confined, who should be required to pay to the secretary or treasurer of the society either 5s. or 7s. 6d., as the donor of the ticket may determine, after inquiry into her circumstances. This sum ought to be marked upon the ticket by the donor. The recipient should be entitled to request the services of any medical man she may choose, always supposing that he will accept the fee which the society offers. This fee should not be less than £1, and it should include all attendance upon each ordinary case. Extraordinary cases might be dealt with by the society as regards extra fees; but as the society would be, in some respects, a charitable one, extraordinary fees should not often be given. Should the medical man applied to, refuse the case, the recipient of the ticket should be at liberty to apply elsewhere; and there should be a special medical officer, with a small retaining fee, whose duty it should be to attend any of the recipients of the tickets who may ask him to do so, receiving, besides, the ordinary fee. The district should contain, if possible, a population concentrated in a small area. The medical men should receive their fees at stated times; the tickets, given up by the women after attendance, being vouchers for the amount claimed. As the cases for relief would be those exclusively of women, it would be right to make special appeals to benevolent ladies, who can more fully enter into the wants and necessities of their sex at this time of trial. The fact that the recipients themselves are to pay towards their relief would seem to justly entitle them to the privilege of selecting their own medical attendant. The scale for remuneration of the medical men before mentioned, and for the payments from the recipients of tickets, is a high one, adapted to a neighbourhood where benevolence and riches abound. In poorer neighbourhoods a lower scale might be adopted, and the medical men content with a lower fee; but they would, most probably, get many more cases. Wherever medical charities, such as hospitals, dispensaries, etc., exist, and are as yet unprovided with a special fund of this kind, the same system of relief, with certain modifications, might be adopted. I think, also, after the experience which has been gained concerning the mortality of lying-in hospitals and wards, that even where such special charities exist, it might be found useful and advantageous to adopt this system, or some modification of it; for it is notorious that the mortality among women attended at their own homes bears no comparison to the deadly effects of accouchement in the wards of lying-in hospitals. I submit this scheme, not as one fully formed or matured, but as a means, I hope, by which attention may be drawn to the subject; and the crying evils of excessive medical charity, and the perilous attendance of unskilled midwives, be both combated.

Scale for Subscriptions for, and Payments on, Tickets for Lying-in Charity.

1 Ticket entitling attendance of any medical man upon the recipient	1	1	0
2 Ditto ditto	1	11	6
3 Ditto ditto	2	2	0
4 Ditto ditto	3	3	0
6 Ditto ditto	4	4	0
—			
16 cases	12	1	6
4 cases at 7s. 6d.	1	10	0
12 cases at 5s.	3	0	0
—			
16 cases yield	£16	11	6

TESTIMONIAL.—Several personal friends, patients of Dr. Hamilton of Mitcham, Surrey, have presented him with an Ophthalmoscope and a Laryngoscope, as a token of their regard and esteem, and also their appreciation of the kind manner in which he has at all times attended to them when requiring his professional services.

CLINICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

CASE OF IMPERFORATE ANUS.

By HENRY ERNEST TRESTRAIL, L.R.C.P. Edin., etc.

MRS. — was delivered of a healthy male child with an imperforate anus. An attempt was made to reach the end of the bowel, but was unsuccessful. The child passed a small amount of feces by the urethra, and vomited occasionally; it took the breast eagerly, however, and grew stout and strong. At the end of two months, another attempt was made to reach the bowel, and with better success, for a small amount of feces escaped through the artificial anus. The child, which was healthy up to the time of the second operation, now sank rapidly, and died on the second day. I made a *post mortem* examination, and found the alimentary canal normal until the sigmoid flexure, which was enlarged to the size of the stomach, and ended in a narrow tube which communicated with the bladder. In the second operation, this tube had been opened; and, had the incision been extended a quarter of an inch, an opening would have been made into the enlarged bowel. I have preserved the specimen.

VESICAL ABSORPTION.

THAT the bladder is able, under special circumstances, to absorb the water from the urine contained in it, I have no doubt, from an observation made in my own person. Some years ago, I started one morning for a walk of many miles along the sea-coast, and when near my destination I was about to stop to pass urine, when I discovered to my consternation that my progress further was arrested by the jutting rocks. My attention was immediately diverted to my novel position, and for some time I was engaged in various schemes for my extrication. As none were feasible, I was forced to remain an exile on the shore until the morrow allowed me to retrace my steps. It was near midnight when I suddenly recollected that I had been arrested almost in the act of micturition, and I thereupon emptied my bladder, but it was more from the idea of fulfilling a forgotten engagement than from necessity. My surprise was then great when I remarked that the quantity of urine was small, as I was sure, from my own feelings, that the bladder had some hours before been full. The physiological fact of absorption of the urine, or, at least, of its aqueous portion, forced itself upon my conviction, and I have not the slightest doubt that this did take place. I should state that, having no food, my hunger was great and my thirst painfully distressing; now, if the sense of thirst be due to the want of water in the system, its requirements were considerable in my case. Of course I cannot prove to demonstration what amount of urine my bladder held at three o'clock, and what amount at eleven, but I know that the quantity was small at the latter time, and at the former my desire to micturate was as usual after having had no relief since the early morning. I believe, also, that I was the subject of another interesting physiological experiment; that my thirst was subsequently much alleviated by absorption of water from my wet clothes. M.D.

[This subject is of much therapeutical as well as clinical interest, and especially in relation to *Morphia Injections into the Bladder in Cystitis*.—Very different conclusions have been published as to the therapeutical effect of these injections. Dr. Braxton Hicks has found them useful; Sir Henry Thompson, useless. In a *resumé* in the *Gazette des Hôpitaux*, March 7, 1868, M. Segalas is described as admitting the absorption, as proved by experiments on animals; M. Demarquay, as finding it very feeble; MM. Russ and Susini, as denying it altogether, from experiments on healthy men. M. Edward Alling reports, in the *Bulletin Général de Thérapeutique*, six cases in which morphia injections, given in rebellious and severe cases, afforded great relief. Like Dr. Hicks, who has found them useful, he recommends full doses of the morphia; and he dissolves the salt in even a smaller quantity of water—thirty to forty drops of a solution, of which each drop contains two *milligrammes* of the salt.—ED. B. M. J.]