apparatus, and the minute accuracy with which the medicines are divided, and their infinitesimal doses apportioned, would even invest the dispensing of medicine with an appearance of elegance.

The mere dispensing of medicines, therefore, is in itself no degradation; it is, as we have before stated, the sale of them by the general practitioner, as a means of remuneration for his time and skill, which is the real source of the evils felt and complained of. It is this which converts the profession into the trade; and, moreover, places the trade itself upon a higher footing than the profession. Does the plan which has been proposed of making a fair charge for the visits, varying with the distance and the condition of the patient, and supplying the medicines, &c., at the same cost as the druggist, afford a remedy? We fear not. The objection might, and by ignorant or illiberal people would, still be urged in the event of expensive drugs being required and charged for, that a bill had been made out, and the furnishing of medicines at the same cost as they can be procured for at the shop of the druggist or chemist would be virtually converting the practitioner, in as far as his own patients were concerned, into a tradesman of that class.

The existing method of charging for drugs, &c., at a high rate, and estimating time and skill as nothing, is, we repeat, the worst which could possibly be devised. For the ordinary medical attendant to give up dispensing, would be attended with serious disadvantage, if not altogether impracticable in country districts, and, as we believe, of very doubtful benefit to the general practitioner in large towns and more populous localities; the making a sufficient charge for attendance, and at the same time supplying medicines at the current price, though far less objectionable than the existing method, and more capable of being carried out than the discontinuance of the system of dispensing, is yet open to the imputations before mentioned.

Among other methods which might be adopted, are the furnishing of the necessary remedial agents, whatever these may be, without specific charge, the account being given in accordance with the practice pursued by many esteemed practitioners, in general terms for attendance and medicines, and the adopting of such a scale of remuneration for attendance only, as shall cover the average cost of the drugs required.

According to this last method, no charge whatever would be made for the medicines supplied; but the fees for attendance might be so regulated, as to prevent actual loss from the necessity of keeping up the dispensing department. This is indeed what is actually done in such of the union districts as have adopted the system of payment per case, and though we are little disposed to look to union authorities for anything, either beneficial or honourable in their dealings with the medical profession, we have no objection to make use of any hints, whether by way of warning or guidance, to be derived from their methods of procedure.

The payment per case, then, of the unions, which include medicine and other appliances, may be taken as an indication that the payment per visit is capable

of being made an advantageous and efficient system of remuneration. In any scale of fees which might be adopted upon this principle, it is only necessary for securing a more honourable position to the medical attendant, that such medicines and appliances should be included as are saleable articles, and may be procured elsewhere. Operations of every description ought to be charged for separately; a comparative scale for which, similar to the one for attendance proposed by a correspondent in a late number of the Journal, might be drawn up. The details of such a measure would readily suggest themselves were it thought desirable to carry it into execution, and it is unnecessary to allude further to them. The advantages are, that the general practitioner becomes at once liberated from the trammels of trade; his remuneration is derived from the exercise of his professional talents alone; all competition with the druggist, as such, is avoided; his station in society is elevated in a like proportion, and as he is no longer subjected to the imputation of mercenary and unworthy motives, his moral character stands higher in the estimation of those who have occasion to require his services.

MR. CARMICHAEL ON MEDICAL REFORM.

In our last number, while noticing the views recently published by Mr. Carmichael on medical reform, we find that we have misunderstood the sentiments of that gentleman on one very important point. Mr. Carmichael's plan *does not* interfere in any way with the right of the general practitioner to dispense his own medicines. Mr. Carmichael, in common with all who would increase the respectability of the profession, is desirous that the general practitioner should be paid for his attendance, but not for his medicines.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

November 23, 1841.

JAMES COPLAND, M.D., in the Chair.

A Case of Aneurism of the Ascending Aorta bursting into the Right Ventricle. By THOS. J. BECK, Esq., Lecturer on Surgery at Sydenham College. Communicated by Dr. ROBERT LEE.

ON examination of this after death, a communication was found to exist between the ventricles. The aneurismal sac, which resembled the finger of a glove, three-fourths of an inch in length, had burst at its extremity into the right ventricle. The author observes upon it as follows:—"It has been questioned whether the opening between the aorta and right ventricle was an original malformation, having the same probable origin as the opening between the ventricles, or whether this is the remains of an aneurismal sac; but from the history of the case, the situations of the openings, the extent and nature of the disease found around it, being the same as is found around other aneurismal sacs, the latter appears the most probable conclusion, which is considerably strengthened by a reference to the cases detailed by Mr. Thurnam, in the twenty-third volume of the 'Transactions' of the Society, and from an examination of the preparation."

On the Structure of the Human Placenta. By JOHN DALRYMPLE, Esq., Assistant Surgeon to the London Ophthalmic Infirmary.

In the early part of the present year the author having pursued some anatomical investigations into the structure of the human placenta at term, and having made several drawings of the injected capillaries of the tufts, afterwards had an opportunity of seeing the copies of Weber's drawings, given in the "*Icones Physiologicae*" of Wagner, and transferred to the pages of Dr. Willis's translation of the latter author's *Physiology*. The resemblances of the present drawings to those given by Dr. Willis were so striking, as to go far of itself to prove the correctness of both draughtsmen, and to corroborate the views entertained by Weber of the anatomical conditions of the organ. They differed also from the engravings of Dr. Reid (given in the January number of the "*Edinburgh Medical and Surgical Journal*" for 1841), inasmuch as no where could be seen an artery and vein running, side by side, forming an apparently single vessel, though with a double tube, and terminating abruptly in blunted extremities, where the anastomosis took place between them.

First. It appeared from Mr. D.'s observations that the placenta was made up of the innumerable subdivisions of the umbilical vessels terminating in beautifully coiled and convoluted capillaries, which formed tufts or bouquets of vessels, clothed by a prolongation of the endochorion, derived from the foetal surface of the organ.

Second. That no where did a division of an umbilical artery terminate otherwise than in a branch of the umbilical vein; and each branch as well as tuft of vessels was covered by a prolongation of the before-named membrane.

Third. That each tuft was, in fact, a real villus, the endochorion being covered externally with an epithelium-like tissue, having nucleated cells and corpuscles.

Fourth. The uterine surface of the placenta is covered by the decidua, which does not appear to enter further into the structure of the organ than between the lobules, and the depth to which it thus penetrates varies with the depth of the fissures.

Fifth. That fibrous bands stretch from the foetal to the placental surface of the organ, giving firmness and support to the vessels.

Sixth. That there are no defined cells in the placenta, but that the nutrient fluids of the mother are poured into the interstices of the tufts, which are not bound or connected together by a common cellular tissue.

Seventh. That on the decidual surface of the placenta are thinly scattered here and there blunt conical papillae, about a line and a half in length, made up of innumerable coiled and contorted capillaries. Query? Are these the analogues of the foetal cotyledons of the ruminants?

From these observations, which were given in minute detail, the author has attempted to simplify the functions of the human placenta. He observes, that in the incubated egg, in consequence of the non-connection between the embryo and parent, a nutrient or respiratory organ is indispensable, and hence the more complicated system of vessels. That in the oviparous vertebrata, the vitellary sac, and the omphalo-mesenteric vessels, represent the placenta of the mammalia, which is the absorbent organ of the foetus; but while, in the one case, the nutrient materials of the mother, already aerated by her lungs, are conveyed by the uterine arteries for absorption and nutrition of the embryo; in the other, the materials of the blood are absorbed by the folds of the vitelline sac, and conveyed through the circulation of the young bird, requiring, however, contact with oxygen for a second circulation. Hence a new membrane, or one that is persistent up to the time of inde-

pendent respiration, namely, the allantois; and hence, also, the more complicated system of its vessels. The allantois, as a respiratory membrane, exists only as a rudimentary organ in mammalia; and the function of the placenta being solely that of nutrition by already-oxygenised materials, the cord contains only a simple system of incurrent and excurrent vessels.

ACADEMY OF SCIENCES, PARIS.

November 22.

Alleviation of the Consequences of the Operation for Squinting. By M. GUERIN.

The prominence, deviation, and loss of motion of the eye, which occasionally happen after the operation for strabismus, depend, according to M. Guerin, on the following causes:—

1. Because the tunics and fasciæ of the eye have been detached too freely from the surface of the organ.

2. Because the muscle which has been divided presents one of the following conditions: the muscle has become strongly adherent to the globe of the eye, or to the sub-conjunctival fasciæ; the posterior end of the muscle has become attached to the back part of the globe; or, finally, the posterior portion has neither united with the anterior one or with the eye. The enumeration of the above causes, says M. Guerin, is sufficient to indicate what must be done for their removal; thus, if a muscle remain too long we must shorten it; if it has contracted irregular adhesions, we must destroy them, &c.

In illustration, the author relates a case, the principal features only of which can we notice. A young lady, eighteen years of age, had been operated on in the country for double convergent strabismus. The effects of the operation were, that the eyeballs became very prominent and strongly everted; the power of bringing the eye inwards towards the centre was completely lost. The surgeon endeavoured, but in vain, to remedy these defects by dividing, and even resecting, the external rectus muscle. Five months afterwards the patient was placed under the care of M. Guerin, who succeeded in palliating the evil by the following operation. His first care was to separate completely all the fibrous bands and adventitious substances which confined the eyeball in its everted position, and to draw it with a hook into a natural position; this done, he exposed the internal rectus muscle, and after great difficulty discovered the posterior portion, which had become retracted within its sheath; the orifice of the sheath was enlarged, and the extremity of the muscle drawn forwards with the forceps, and placed in contact with the sclerotica. In order to keep the eyeball from becoming everted, until the body of the internal rectus had united with the sclerotica, two small ligatures were passed through the sub-conjunctival fascia, and attached to the dorsum of the nose; the rest of the dressing was that commonly employed after the operation for strabismus.

On the following morning the ligatures were accidentally detached, and the power of moving the eye internally was in part restored; finally, in eight days the form, position, and motions of the eye were nearly restored to their natural state, the power of abduction being slightly diminished. The same operation was repeated soon afterwards on the other eye with the same success.

ACADEMY OF MEDICINE.

December 7.

FOREIGN BODY IN THE AIR TUBES.

M. A. Berard read a report on a communication relative to a foreign body, which had remained in the air tubes for nine months, without occasioning any