in these putrescent masses are by heat and moisture, or, in other words, by change of season and temperature, we can at once account in a great measure for the frequent increase of sickness which so commonly obtains at different periods of the year in the localities to which we have adverted.

In the immediate vicinity of Mr. Walker's residence, Drury-lane, the diseases often prevalent (which we have ourselves had no little experience in observing) most fully corroborate the statements of our author. In one churchyard (and we allude to that in Portugal-street) we have frequently witnessed the revolting circumstances to which the public attention has been now directed.

The means by which emanations from churchyards may act in causing sickness as well as the form of disease produced, are mainly influenced by the more or less concentrated state of the effluvium itself, varying from sudden asphyxia to the more slowly developed *malaise* which results from the action of the gaseous exhalation in a more dilute form. Opposed as the chemical character of the effluvium itself may be as compared with that of the surrounding atmosphere, yet, by the law of diffusion of gases, we at once perceive how such emanations may mingle with and impregnate the air, and thus extend their deleterious influence to parts comparatively remote.

We cannot better explain this important feature in the inquiry which has so long occupied Mr. Walker's attention, than by the following quotation from a series of letters, lately written for the purpose of calling public attention to the subject of interment:—

"A graveyard presents an excellent absorbing surface, its dark color and its loose texture affording the conditions most favorable for this process; hence, during day, the superficial stratum of earth freely absorbing the heat emitted from the sun will have its temperature thereby raised considerably above that of the superincumbent atmosphere. Now, as heat is freely communicated from one body to another in contact with it (by conduction), until an equilibrium of temperature be established, the layer or stratum of atmospheric air, lying immediately above or upon the surface of the earth, receives from the latter portions of the solar heat which it had previously absorbed, and, being thus rendered specifically lighter, rises (as a balloon containing air rarefied by heat) to the higher regions of the atmosphere, its place being immediately occupied by another portion of cold air, which in like manner becomes heated and ascends, thus establishing a continued upward current.

The effects of such currents, most powerfully assisted by the diffusibility of the gases eliminated (which is greater as their weight is less) in dissipating and diffusing the gaseous products of human decomposition through the atmosphere, cannot be

misunderstood, and ought to be fully appreciated. It is difficult, if not impossible, to calculate the distance to which such emanations may extend. The risk to persons inhaling an atmosphere thus deteriorated will depend upon the degree of its dilution, the period of time during which they may be exposed to its influence, and the power of resistance of the individuals themselves."

To review the vast heap of evidence adduced by Mr. Walker would be a task which our limits will not allow us to attempt; as the results of his labors we may state that every assertion made by Mr. Walker, when he first became the avowed opponent of intra-mural interment, however startling they may have been deemed, have been by his subsequent researches most completely established, and leave no room for doubt on the minds of any that the interment of the dead in our crowded cities is a cause of much of the disease and misery existing within; whilst the revolting practices pursued, too often under the direction of parochial authorities, are such as to call for the loudest censure, and still more fully bear out the truth of Mr. Walker's position.

For the present we take leave of him and his labors; the great importance of the subject will probably induce us shortly to return it. Heartily do we congratulate Mr. Walker, and trust soon to see his excellent efforts rewarded by complete success.

NEWCASTLE-ON-TYNE INFIRMARY.

[*Practice of Sir John Fife.*]

(Reported by Mr. Gibb.)

CASE OF LITHOTOMY.

Thomas Shaw, aged eight, North Shields, was admitted into the Newcastle-on-Tyne General Infirmary, April 6, 1843, under Sir John Fife, with calculus vesicæ. His mother says she noticed him to be suffering for about eighteen months; he had difficulty of making water, and had severe pain in the perineum when the last drops of water were expelled; no pain in the loins, but occasionally in right inguinal region; remained in that state, better and worse, for nine months, when he was first seen by a surgeon in North Shields. At that time had great difficulty in making water, with swelling in the scrotum; was leeches in the perineum, and took medicine, which relieved him much; was obliged to have his water taken away. About five months ago was sounded, when a stone was discovered.

April 16. Was sounded after a good deal of difficulty, on account of the urethra being concealed by phymosis; a calculus was felt, which Sir John Fife thought was in the prostatic portion of the urethra; the stone was distinctly felt through the rectum; the prepuce was then slit up.

19. Slept very well, and is very lively; had an injection at seven this morning, which purged him freely; at half-past nine, a.m., had fifteen minims of tincture of opium, before taken into the operation-room.

* Interment and Disinterment; or a Further Exposition of the Practices pursued in the Metropolitan Places of Sepulture, and the Results as affecting the Health of the Living. By G. A. Walker, Surgeon.

Operation.

With much difficulty a grooved staff of small size was introduced, the irritability and smallness of the urethra being such as to resist the passage of a grooved staff which Sir John Fife, on a former occasion, used in operating on a child of two years' old. The groove was partly on the convex, and partly on the right side of the staff. The contraction of the bladder not only expelled the urine, but forced back the joint of the staff, so that, as the patient lay on the table, the instrument, though a short one, did not seem to be well into the bladder.

Sir J. F. made a free external incision from the side of the bulb of the urethra past the tuberosity of the ischium, then made a short second incision at the upper part of the wound, directed the knife (Liston's) by the forefinger to the membranous part of the urethra, and gently pressed it into the bladder. The small forceps were then introduced, the stone immediately caught, and extracted without force. The operation lasted nearly two minutes; some oiled lint was left in the wound.

The stone was nearly the size of a pigeon's egg, and its oval form had an hour glass irregularity, accounting for the distinctness with which it was felt sometimes, by the sound in the prostatic portion of the urethra.

Afternoon. Had a little pain after the operation, which soon went off, and now feels quite easy, having had an hour or two's sleep; no hæmorrhage. Five o'clock: Was rather uneasy, and the lint was taken out of the wound; urine flowed directly, from which he felt relief.

10. Feels tolerably easy; slept very well for three or four hours, but felt very uneasy about three o'clock, which went off again; pulse quick; no thirst; bowels gently moved; urine flows by the wound.

May 23. Urine flows by the urethra, and the little patient is convalescent.

URGENT MEDICAL RELIEF.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Seeing an article under the head "Urgent Medical Relief," in your last Number, I should feel obliged if you, or any of your numerous readers, would give me advice in the following case of a similar nature:—

In the district I reside, the medical gentleman who attends the union is frequently "not at home," and the paupers apply to me. Many times I have attended cases of midwifery at the importunity of the poor creatures, who could not get the assistance of the appointed medical officer. At length I determined not to listen to any of these applications, but the following case was so forced upon me that, I may say, I was compelled to attend it:—

On the 8th of March, 1842, I was roused up at one, a.m., to attend a labor, and, finding it to be a pauper case, I declined going. The messenger informed me they had applied at the "town's surgeon's house," and he was "not at home," nor could they learn where he was. I requested them to return and learn this point, so that they might follow him. They did so, but could get no information about him, and

they again returned to me; and, as I still refused to go, they at length obtained for me the following order from one of the guardians who resides near, and to whom they had explained the case (the relieving officer living more than two miles from hence):—

(Order.)

"Mr. ———,

Sir,—Please to attend on ——— wife; she is in labor, and the town's doctor does not attend, nor will his wife send for any other medical man. It is very improper for her to be in this state, and has no one to attend her. If you require assistance, send for some one you know will come.

Yours,

Guardian of the Poor of ———.

March 8, 1842."

I immediately went to the case, and it proved to be one of extreme difficulty and danger. I, therefore, sent for assistance to a neighbouring town, four miles distant. I and four other medical gentlemen were engaged most of the following day with this case, and it terminated fatally about twenty-four hours from the time I was summoned, having required the Cæsarean section. In about three months I went to the board of guardians, and presented the bills, together with the order I had received.

The clerk to the board immediately informed me he could not pay it. "It was certainly very kind of Mr. ———, the guardian, to send such an order, but they alone was responsible for it." He said no guardian had a right to give an order, except there was a meeting of the board called. (The idea of a meeting of the board of guardians being called in the night is certainly absurd.) Finding I and my colleagues could not get paid, I wrote to the poor-law commissioners; they informed me the case should be investigated. This, however, has *not* been thoroughly done; and, not hearing from them in a few months, I wrote again, requesting their advice, but they have returned me no answer. I should, therefore, feel obliged by your advice on this subject.

I am, Gentlemen,

Yours, &c.,

May 26, 1843.

H.

INFLUENCE OF SEASON ON SICKNESS.

Dr. Guy, of King's College Hospital, has published an interesting essay in the last number of the "Statistical Journal" on the influence of the season and weather on sickness and mortality. The conclusions deduced by the author from an examination of the mortality bills and registry kept at King's College Hospital and the Carey-street Dispensary are—

1. The amount of sickness in the central districts of London during the year 1842 varied directly as the temperature, being a maximum in August, the hottest month of the year, and a minimum in January, the coldest month.

2. The diseases which determined the order of sickness were febrile and catarrhal affections, the contagious exanthemata, and the disorders of the digestive organs, to which may be added the mixed group, consisting of gout, scrofula, &c.