The London Fever Hospital

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# PROFESSOR FLOWER'S HUNTERIAN LECTURES ON THE COMPARATIVE ANATOMY OF THE MAMMALIA.

## Delivered at the Royal College of Surgeons of England.

## LECTURE VII. --- Monday, February 28th.

AMONG the Primates, the Gorilla, Chimpanzee, and Orang present no striking differences from Man in the characters of the thoracic and lumbar vertebræ; but in the lower genera there is a gradual transition to the forms met with in Carnivora and other quadrupeds. In some, the breaking up of the transverse process is very distinct; the mammillary process is well marked; and there is a long and pointed anapophysis, which becomes small towards the lower part of the lumbar region. The Gorilla has thirteen thoracic vertebræ, the Chimpanzee usually thirteen, and the Orang twelve. The number commonly found varies from eleven to thirteen; some of the American Monkeys have fifteen, and the Lemurs from twelve to sixteen. The curve of the vertebral column is to a great extent lost in Monkeys, but is more marked in some of the lower ones. The spines of the vertebræ in some lower Monkeys converge to a point about three vertebræ in front of the lower thoracic. This is also found in Carnivora, and generally in all Mammalia which have much motion of the spinal column.

The Carnivora, with very few excetions, have twenty thoracic and lumbar vertebræ. The numbers are sometimes thirteen thoracic and seven lumbar, as in Cats, Dogs, and Viverridæ; sometimes, as in Bears, fifteen or sixteen thoracic and five or six lumbar. In the Seals, there are generally fourteen thoracic and six lumbar.

there are generally fourteen thoracic and six lumbar. In the Chiroptera, the processes are small, not being required for the attachment of muscles of locomotion.

Among the Insectivora, the Hedgehog has the spines low, and the transverse processes but slightly developed. In the South African Rhynchocyon, on the other hand, the spines are high and narrow; the metapophyses and anapophyses are well developed; and the transverse processes of the lumbar vertebræ are very large. These modifications in the Insectivora are connected with the habits of the animals. In the Mole, a distinct ossicle is developed opposite each intervertebral space in the lumbar region. A somewhat similar bone exists in the Hedgehog; but it is not found in other Mammalia.

The Rodentia generally have long narrow spines, forming large long processes in the lumbar region. The anapophyses, metapophyses, and lumbar transverse processes, are much developed. In the Hare, there are projections—hypapophyses—from the under surface of the lumbar vertebræ; these are not usually present in Rodents. Among the Ungulata, the Perissodactyla have generally twenty-two

Among the Ungulata, the Perissodactyla have generally twenty-two thoracic and lumbar vertebræ; the Artiodactyla, nineteen. In other respects, the two classes much resemble each other. The spines are usually very high. The transverse processes break up into two divisions, the anapophyses being absent. The metapophyses are of moderate size; and the lumbar transverse processes are much developed. In many of the Ungulata, the spinal nerves pass out through special perforations in the pedicle of the arches. Some of the lower Lemurs also present the same character.

In the Cetacea, the lumbar vertebræ pass almost insensibly into the caudal region. The spines of the vertebræ are very long; the transverse processes are well developed, and increase much in size from the thoracic to the lumbar region. Quite near the anterior part of the thoracic region appears a small tubercle, evidently representing a metapophysis or mammillary process, which at last embraces the spine of the preceding vertebra. Nothing corresponding to an anapophysis exists in Cetacea. The zygapophyses are very well marked in the four or five anterior thoracic vertebræ, but at last become indistinct, and are completely lost in the middle of the back; so that posteriorly the vertebræ are only united by the intervertebral substance, and by locking of the processes without distinct articular sufaces. In the lumbar region, the metapophyses become almost obsolete. In Man, and more so in the Pig, the development of the arch encroaches on the body of the vertebra, and most of the transverse process (as also in Sirenia) is developed from the centrum; the ossification of the arch is confined to the arch proper, and the transverse process (as also in Sirenia) is developed from the body, and not from the arch. Hence we should be cautious in employing the mode of ossification as a means of determining the proper position of the body of a vertebra. The condition here described is found in all Cetacea, except is a very irregular group, to which the Bottle-nosed Whales and Spern-Whales

process from the arch to the body, this process begins to be reduced in size about the seventh vertebra; and a new process springs from the body, which gradually takes the place of the other as a transverse process. In the one case, there is a gradual shifting of the transverse process; in the other, a process grows out at the same time with the transverse process, and ultimately becomes substituted for it.

In Sirenia, the zygapophyses have much the same characters as ordinary Mammalia. The metapophyses are not so much developed as in the Cetacea. There are no epiphysial plates at the ends of the bodies; while these plates are well developed in the Cetacea.

In the Cape Anteater, among Edentata, there are no striking devia-tions. In the lumbar region, the spines are long, and the metapophyses and true transverse processes are largely developed; but the anaphyses become rudimentary. The zygapophyses are quite normal. In the Mania as Pangelin the metapophyses are quite normal. Manis or Pangolin, the metapophyses are very long and high, and project a little backwards instead of forwards. The zygapophyses are large in the lumbar region, and overlap each other. In the American Edentata-e.g., the Sloth-the processes are very rudimentary, and a new method of articulation of the vertebræ is found, the anapophysis having a distinct articular surface by which it is joined to the side of the præzygapophysis of the vertebra behind it. The Megatherium has the same structure, but more developed. In the American Anteater, there is a curiously complex condition of articulation in the posterior part of the dorsal and in the lumbar region. The anapophysis is enlarged, and is locked in, with distinct articulating processes, between the metapophysis and a process developed from the arch of the next succeeding vertebra. This is found in all Anteaters. The Armadillo has very long spines, and the metapophyses are largely developed to support the carapace. The anapophyses have articular facets where they come into contact with the succeeding vertebræ. An extinct Armadillo (the Glyptodon) had many of the vertebræ consolidated. The fifth, sixth, and seventh many of the vertebræ consolidated. The fifth, sixth, and seventh cervical vertebræ were united; then followed a joint, then a long tube, with perforations at the sides for the passage of nerves. The carapace was a solid mass; and the animal had apparently no power of bending, except in the neck.

The Marsupialia have nearly always nineteen thoracic and lumbar vertebræ. In general structure, these resemble the ordinary mammalian vertebræ, but are much developed in the caudal region.

The thoracic and lumbar vertebræ in the Monotremata are almost destitute of processes. In the Echidna, the ribs are attached only by their heads to the vertebræ; there is no articulation of tubercles with the transverse processes.

## THE LONDON FEVER HOSPITAL.

WE promised last week, in noticing Dr. Murchison's Annual Report of the London Fever Hospital for 1869, to give more fully some of the important matter with which it abounds, and all the more so from the unusual interest of the history of the past year, owing to the presence of relapsing fever, and also, we may add, as it contains the result of much of the experience gained by Dr. Murchison since his connection with the Hospital from which he has just retired. The following is mostly composed of extracts from the report, and will well repay perusal.

The number of patients admitted during the year was 3,411, males being 7 in excess of the females. The number of admissions was large in every month of the year 1869. From 325 in January it fell to 166 in July, and then it rapidly rose until, in November and December, it reached the unprecedented numbers of 472 and 511. Of the 3,411 patients admitted during the past year, 3,101 were suffering from specific fevers; while in 310 the febrile symptoms were the result of local disease, the nature of which was obscure or had been misapprehended. Of the specific fevers there were of typhus fever 1,260 cases; enteric fever, 368; relapsing fever, 769; simple continued fever or febricula, 53; scarlet fever, 614; small-pox, 3; and measles, 34. *Typhus Fever.*—The number of typhus cases in 1869 was less than in

Typhus Fever.—The number of typhus cases in 1869 was less than in any of the other seven years during which the present epidemic has lasted. The admissions in January amounted to 220, gradually fell to 28 in September, and that, although after this they began to increase, the increase was small as compared with what usually has been observed towards the close of the year. Judging, however, from the experience of former epidemics, it is to be feared that, as the present epidemic of relapsing fever subsides, typhus will again become widely prevalent. Of the 1,260 typhus patients admitted, the characteristic eruption on the skin was noted in 97 per cent. Of 1,390 cases treated to the termination of their illness, 18.6 per cent. died ; males, 20.06 per cent.; females, 16.84 per cent. The circumstance that most influenced the rate of mortality of typhus was the age of the patient. Thus, of 277 cases between the ages of 5 and 15, only 6, or 2.16 per cent., were fatal; whereas, of 121 patients over 50 years of age 77, or 63.63 per cent., died.

Relapsing Fever.-For nine months after the cases admitted into the London Fever Hospital in July 1868, no other examples of the disease were observed there until May 1869, when it gradually increased till August 15th, and from that date the number became very numerous. The admissions for the last four months of the year were 37, 129, 259, and 315 respectively, and those for the entire year, 769. The patients suffering from relapsing fever were brought from almost every parish in the metropolis. Whitechapel was the parish which furnished the few stray cases of relapsing fever to the Fever and German Hospitals in 1868; but, in connection with the origin of the present epidemic, it ought to be mentioned that not only had the first patient in 1868 resided for eight years in London, but that not one of the first 70 cases admitted into the Fever Hospital in 1869 came from the same houses, or even streets, as the patients admitted into the Fever and German Hospitals in 1868. Moreover, none of the relapsing patients admitted in 1869 were natives of Germany or Scotland; few had been born in Ireland, and of these none had recently arrived from that country. With rare exceptions, the patients admitted with the disease into the Fever Hospital had been in a deplorable state of destitution—far greater than that of the average of typhus patients. A large proportion of the entire number were "tramps," who had travelled long distances in search of work, and many of whom appeared to arrive in London with the fever upon them. The number of males (474) was greatly in excess of that of females (295). There was abundant evidence that a previous attack of typhus conferred no immunity from relapsing fever, and that this again gave no exemption from typhus. Relapsing fever, though a more painful disease, presents a striking contrast to typhus in the small rate of its mortality. Of the 769 patients suffering from it, only 17 died; and, deducting one patient whose death was due to a subsequent attack of typhus, the rate of mortal ty was only 2 per cent. The few patients, moreover, who died were debilitated by old age, by previous organic disease, or by serious complications. Of the 16 fatal cases 10 were above 50 years of age, and 7 above 60; whereas, of 393 patients under 25, only I died, and of 261 under 20, not one. The most frequent complications were jaundice, 105 cases and 5 deaths ; pulmonary lesions, 47 cases and 5 deaths; epistaxis, 17; rheumatism, 10; diarrhœa, 10;

Ar cases and y deams, opening, opening, opening, opening, and there was a considerable falling off *Enteric Fever*.—In the year 1869 there was a considerable falling off They amounted to 268, or to onein the admissions for enteric fever. They amounted to 368, or to onefifth less than those in the previous year. This diminution was coincident with a colder summer and autumn than in any of the four previous years. Of the 368 patients 90, or one-fourth, were admitted in the first three months of the year, the great outbreak in the autumn of the previous year not having yet subsided ; whereas the ordinary autumnal increase for 1869 was comparatively small. The number of males (181) was almost the same as that of the females (187). The skin-eruption of enteric fever was not discovered in 120 cases, or 32.6 per cent., the eruption being absent much oftener than that of typhus. Of 364 cases of enteric fever treated till the termination of their illness, the mortality was 17.03. The rate of mortality was exactly equal in the two sexes. In many of the fatal cases death was due to some local complication. The chief of these complications were-pulmonary, hæmorrhage from the bowels, peritonitis, and discharge from the ears. The mortality was not influenced by age in the same way as that of typhus. Of 143 patients between 5 and 15 years of age 21, or 14.7 per cent. died ; whereas of 16 patients older than 40 only 3 died.

*Febricula*.—The number of cases registered under the head of simple continued fever or febricula was only 53 (25 males and 28 females). This disease is never fatal in the London Fever Hospital, although the number of deaths weekly referred to it by the Registrar-General equal, if they do not exceed, those of either typhus or enteric fever.

Scalet Fever.—During 1869 scarlet fever was more prevalent in London and throughout England than in any year since the publication of reports by the Registrar-General. It was not surprising, therefore, that the number of admissions should be large beyond all precedent. In 1869 they amounted to 614 (254 males and 360 females). The mortality among the cases treated to the termination of their illness was unusually high, being 15.3 per cent. (598 cases and 92 deaths). But an unusually large proportion of the patients were almost dying at the time of admission. Of the cases of scarlatina, 51 were complicated with inflammatory enlargement and abscesses of the glands of the neck or over the parotid ; 48 with rheumatism ; 5 with pericarditis or endocarditis ; 16 with pleuro-pneumonia; 10 with otorrhœa; 3 with epistaxis; 7 with diarrhœa; 1 with jaundice ; 2 with cedema glottidis; 3 with erysipelas; and 5 with reual dropsy. In two of these last five cases the dropsy existed on admission. The rarity of this common but formidable complication

in the Fever Hospital is, no doubt, due to the rule that no patient, even with a mild attack, shall leave his bed within three weeks from the beginning of his illness.

Measles.—Eleven fatal cases of measles occurred in infants, mostly of scrofulous constitution, and only a few months old, most of whom sucht never to have been brought to the Hospital. Death was in every instance due to severe pulmonary complications, aggravated in several by their journey to the Hospital.

A table is given showing the multifarious nature of the "other diseases" sent to the Fever Hospital, the patient in every instance having been certified to be suffering from "contagious fever." It has always been the policy of the Hospital to take in cases that are likely to prove of a contagious nature, as well as the actually developed disease, in order to encourage the speedy removal of fever cases at their earliest stages.

Of the total number of patients in the Hospital in 1869, after deducting 12 cases of small-pox and other disease which were transferred to other hospitals, 3,266 were under treatment till the termination of their illness, and of this number 520 died, or the mortality was 15.92 per cent. The large number of contagious cases admitted during the year have not been treated with immunity to the attendants. Out of a total number of 124 employed during the year in attending to the sick, I of the resident medical officers, 6 nurses, 2 bath-women, and the cook, contracted typhus; 1 resident medical officer, 7 nurses, 2 scrubbers, 1 laundry-maid, and one housemaid took relapsing fever. Of the twelve attendants, etc., who took relapsing fever, seven had previously passed through an attack of typhus. Two nurses and one housemaid took scarlet fever; I nurse caught small-pox; and I laundry-maid and I kitchenmaid suffered from enteric fever—making a total of 28 attendants on the sick who took fever during the year. Of this number, 24 recovered, but 2 nurses, aged 35 and 36, and 2 bath-women, aged 30, died of typhus. In addition to the attendants who contracted fever, 8 out of 2,151 patients admitted with other diseases than typhus took this fever, which in one instance was fatal. Three out of 2,642 patients admitted with other diseases than relapsing fever contracted this disease, but all recovered ; and 5 patients caught enteric fever, of whom I died. Of the 5 patients attacked with enteric fever, not one was under treatment in the same wards with patients suffering from this disease. It is satis-factory to add, that notwithstanding the large number of patients admitted with scarlet fever, viz., 614, not one of the 2,797 patients admitted with other diseases contracted it. This fact speaks volumes in favour of the system of classification of patients adopted at the Hospital during the last eight years. The objections raised against fever hospitals are two; viz., I, that the concentration of the poison lessens the chances of the patient's recovery; and 2, that the concentration of the poison increases the danger to the attendants. The validity of these objections may be tested by comparing the results of the London Fever Hospital with those of six of the principal general hospitals in the metropolis.

In the Fever Hospital in 1862, only I person took the fever for every 40 admitted, and only 1 died for every 135. But the 272 cases admitted into the six general hospitals communicated the disease to 71 persons, of whom 21 died; or 1 person caught the fever for every 3.8 cases admitted, and 1 life was lost for every 12.6 cases admitted. The experience of 1869 would be much more in favour of the Fever Hospital, notwithstanding the large number of nurses attacked.

"It appears, then, that the objections raised against a fever hospital with thorough ventilation, however plausible in theory, are not justified by facts, and that a given number of typhus patients can be treated on the plan of isolation with equal advantage to themselves and with far less danger to the attendants and other patients than in the wards of a general hospital. With perfect ventilation, there need be no more concentration of fever-poison in a fever-ward than in a general ward with a sprinkling of fever cases, and in the former case there will be no danger of other patients contracting fever. It may fairly be asked, what would have been the effect if there had been no Fever Hospital in London, and if the 14,000 cases of contagious typhus admitted into it during the last eight years had been distributed through the general hospitals, in addition to the few hundreds actually treated in them."

A table is given which illustrates a fact dwelt on in the last Report, that the rate of mortality is not *cateris parihus* affected by the distance that the patient is conveyed to hospital. "The injury to a fever patient is not to be measured by the distance of his removal, but rather by the want of proper precautions during the removal, and by this being too long delayed after the commencement of the illness. If a patient suffering from severe typhus or any other fever be placed semi-erect in an ordinary cab, and thus conveyed even for a short distance, it is not surprising that on reaching the Hospital he should occasionally be found dead at the bottom of the vehicle, or that he should die a few hours after admission. Through the kindness of the 'Hospital Carriage Fund,' the Fever Hospital has been for some years provided with two properly constructed ambulances—one for conveying fever patients to the Fever Hospital, and the other for conveying small-pox patients to the Smallpox Hospital. These ambulances are sent to any part of London, on application being made by telegraph or otherwise to the resident medi-cal officer at the Hospital."

Such is the substance of the last of the elaborate and very valuable reports which have issued from the London Fever Hospital. Were it not that we hope to see the substance of those published during the last few years in the next edition of Dr. Murchison's work on Fevers, we should have suggested to the Committee of the Fever Hospital that their reproduction in one volume would prove a valuable addition to the literature of medical science.

# SPECIAL CORRESPONDENCE.

## PARIS.

## [FROM OUR OWN CORRESPONDENT.]

Paris, Monday, April 4th, 1870. 1. Political Ebullitions at the Ecole de Médecine. -2. Advertising Vac-cinators. -3. Caustic Arrows, as used by Maisonneuve for the Re-moval of Tumours. -4. Balsams and Cubebs in Diphtheria.

POLITICAL EBULLITIONS AT THE ECOLE DE MÉDECINE .- Since the surcharged state of the political atmosphere of Paris became a cause of vague, uneasy speculation in June last, up to the present high tension in state affairs, the medical students have been comporting themselves with much more calmness than their predecessors have generally shown under analogous circumstances. Serious medical study has not nearly so much as formerly given place to serio-comic democratic manifestations—a well-known feature of student life in the Latin Country of transpontine Paris. During the last ten days, however, Messieurs les Etudiants have made themselves their politics the talk of the town. Last week, the petite vérole and the vaccinomanie have been less discussed in professional coteries than the manifestations à l'école. The auriferous heifer has not, however, been quite forgotten either by friends or foes, as I shall by and bye show you. First of all, however, let me give you a circumstantial account of the scenes which have been pass-ing at the School of Medicine. I write chiefly of what I have seen and heard ; and when I do not give my personal observation, I give facts carefully verified by the collation of accounts furnished to me by cyc-witnesses.

On Monday last (March 28th), Professor Ambroise Tardieu, the accomplished occupant of the chair of Médecine Légale, met his class for the first time after giving his evidence as an expert in the famous trial which had terminated on the previous day at Tours, in the acquittal of the Emperor's cousin, the Prince Pierre Bonaparte, of the murder of Salmon, a youthful journalist (commonly called Victor Noir), by whom he had been abruptly insulted in his own house. Professor Tardieu's he had been abruptly insulted in his own nouse. Fromessor large s evidence tended to strengthen the case for the defence. This was "the head and front of his offending." On entering the amphitheatre, which, in anticipation of a "manifestation", was more crowded than usual at an ordinary medico-legal lecture, he was received with a storm of cries and hisses. He was pale and calm. After draining a tumbler of the insuitable are criefs which the carrier had blend before him in his inevitable cau sucrée, which the servitor had placed before him in his pulpit, he mildly begged silence that he might explain and justify, on scientific grounds, the evidence which he had given. In spite of considerable interruptions, he was enabled to make a short statement ; but no sooner had he concluded than the hissing and tumult were renewed. In vain did the worthy professor essay to proceed with the ordinary business of the class; not one audible word was he allowed to utter. The scandalous scene was brought to a close by the Professor making a dignified bow and retiring amid parting cheers and hisses.

Tuesday, the 29th, was not a lecture day with Professor Tardieu. Great excitement, however, indicative of coming storms, prevailed at the Ecole, and in all places where students congregate. An incident occurred at the close of Professor Pajot's lecture on that day which is noteworthy. The Professor had just made his bow at the close of one of his eloquent, laughter-moving, and instructive obstetrical orations-the six hundred young men and the one young lady who constitute the ordinary class were making for the doors—when a youth, standing on one of the upper seats, lustily roared several times "Vive la République!" and then proceeded to denounce the Jesuits, and proclaim the injus-tice which he had suffered by imprisonment for alleged political offences. A great hubbub ensued, in the midst of which the self-proclaimed martyr distributed copies of what (I am told) was a recital of his wrongs. The scene closed—why I have been unable to ascertain—

by the excited youth kissing a fellow-student on both cheeks "as a witness" of the protest he had made against injustice. The incident seems to have led to no known consequences; and the protester is said to have quieted down and to be pursuing his studies in a proper manner.

On Wednesday, the 30th, Professor Tardieu came as usual to the School to deliver his ordinary lecture. As he stepped out of his carriage and proceeded to the vestry, he was cheered and hissed. Exactly at four o'clock, he entered the amphitheatre, accompanied by a considerable number of professional friends and well disposed students. Among the physicians who gave their support to the Professor on this occasion were Drs. Pidoux, Cels, Chauffard, Roussin, and Durand-Fardel. On entering the amphitheatre, he was loudly cheered, but some hisses were mingled with the cheers. Very soon the riotous part of the attendance gained the mastery, and made it quite impossible for the professor to go on with his lecture. Some began to sing the air of the ''Lampions''; others shouted "Au Sénat ! au Sénat !'; one youth, pale with effervescent insolence, shouted the odious epithet "Mou-chard". This individual was kicked out; and I am assured that he is not a medical student. Professor Tardieu behaved with great firmness. Some of his ejaculatory replies to the taunts with which he was assailed were heard during occasional lulls. He exclaimed more than once : were heard during occasional lulls. He exclaimed more than once : "Ceux qui font cette grossière manifestation sont des lâches." Re-sponding to the cries, "Démission ! démission!" ("Resign, resign") he said : "My resignation ! Never will I resign ! I know my duty, and you do not frighten me." ("Ma démission ! je ne la donnerai jamais, et vous ne m'effrayez pas !") To terminate the riot, Professor Tardieu retired, accompanied by his friends. Those who remained in the lec-ture-room anused themselves by singing the "Marseillaise." On Friday, April 1st, M. Wurtz, Dean of the Faculty, was expected to address to the students, in an early part of the day, some words of

to address to the students, in an early part of the day, some words of conciliation and reproof. This expectation was not realised; and I am told that on that day the Dean was confined by rheumatism. At three o'clock, I found myself in the midst of an agitated crowd of students in the outer court of the school. I there remained for half an hour. It was a curious scene. Within a small space there were about two thousand young men, most of whom were students; for those who were known not to be students in any of the faculties were soon hustled out of the precincts by a certain number of medical students, who were acting as a sort of self-constituted police on the occasion. Many smart little speeches were made to groups ; and one student, by mounting the pedestal of Bichat's statue, obtained so commanding a position as to get a hearing for several minutes from those near him. He argued that the first aim ought to be to clear out all who were not medical students, and then get a verdict from the medicals on the question of Tardieu's resignation. To secure a good place in the amphitheatre, I left the out-of-door council. I found the first three rows filled. I got a good side place on the fourth. In ten minutes, every seat was occu-pied in the amphitheatre, and at ten minutes to four it was closely packed from floor to ceiling—" plein comme un œuf," as was remarked by the gentleman who was smoking a meerschaum at my side. At this time, the heat and stifling were almost intolerable. At least, one in every five or six of the eighteen hundred or two thousand who were crammed into the egg were smoking; most of the remainder were shrieking, shouting, crying, laughing, joking, or in some other way, with hands, feet, and tongue, singly or combined, making a roaring din of such diversity of sounds as words cannot describe. At this crisis, a man was seen on the outside gallery, walking round the cupola ; he was evidently about to ventilate the amphitheatre by opening the windows in the roof. He was loudly cheered ; the miscellaneous noises subsided. One gentleman, looking up with thankfulness to this messenger of mercy, began to chant the choral hymn, "Esprit-saint, descendez\_en nous." Immediately, a thousand voices swelled the chorus. The effect was very striking, very peculiar. In two or three minutes (the ventilating friend having disappeared), the sacred music ceased, and, after a momentary pause, the chorus of the "Marseillaise" was sung, and sung again, in jubilant style, nearly every one joining. I must say the performance was, in its way, exceedingly good. To sing the "Marseillaise" in public places, or in the streets, is a punishable, and often smartly punished, offence; so, as a matter of course, there are but few who cannot join in singing its chorus when opportunity is given. Exactly at four, the beadle was seen struggling through the crushing crowd around the tribune. Having succeeded in placing three a tumbler of water containing a large lump of white sugar and a small silver spoon with a long handle, he retired, and Professor Tardieu, after a similar struggle, got into his place, bruised the sugar, and drank off the dose of *cau sucrée*. The uproar now became tremendous. From the first three rows, filled chiefly (I was told) by the *internes* of the hospitals, there issued ringing cheers, which were answered from other quarters by hisses and shouts of "Démission ! démission!" To the air