

and illustrated his demonstrations with sketches of considerable power. His house in the Boulevard St. Germain was a museum of artistic treasures, collected by himself with rare taste and judgment. His intellectual tastes were by no means limited to the field of medicine, he took a keen interest in natural history and was well versed in archaeology. He was happy in his home life, and his only son is now qualifying himself to follow in his father's footsteps by going through the invaluable scientific discipline of the *internat* (house-physicianship) at the Salpêtrière. * * His literary style was in harmony with the excellence of his scientific matter, clear and strong, with happy turns of phrase which stamped a clinical fact or an ingenious explanation deep in the memory. He was an effective lecturer, generally speaking from notes which had been dictated at the bedside. His clinical lectures were generally delivered while sitting on an empty bed in the ward.

In person M. Charcot bore a striking resemblance to the first Napoleon; he had the same dome-like head, the same stooping shoulders and the same deep-set eyes, the physician's, however, being dark instead of grey, as the Emperor's were. He had for some time been in failing health, and about a fortnight before his death fainted while delivering a lecture. Nothing serious, however, seems to have been suspected by himself or by those about him, and he looked forward with confident anticipation of benefit from a short rest. He accordingly started on an archaeological expedition to Morvan in company with Drs. Debove and Straus.

After a pleasant day, during which M. Charcot seemed to enjoy himself most thoroughly, and delighted his companions with conversation at once sparkling and profound, the party stopped at a little inn at Settons, near Chateau Chignon. Plans were formed for the next day, but in the morning M. Charcot was found dead-in

his room with a half-finished letter to his son on his desk."

MEDICAL RELIEF.—Herbert Spencer, in dealing with the subject of "private relief of the poor" (*Popular Science Monthly*), states that thirty per cent. of the people of London are frequenters of the hospital and dispensaries, and the largeness of this proportion makes it clear that most of them are able to pay their doctors.

"The out-patients begin by getting physic and presently get food; and the system 'leads them afterward openly to solicit pecuniary aid.' This vitiating effect is proved by the fact that during the forty years from 1830 to 1869, the increase in the number of hospital patients has been five times greater than the increase of population; and as there has not been more disease, the implication is obvious. Moreover, the promise of advice for nothing attracts the mean-spirited to the extent that 'the poor are now being gradually ousted out of the consulting room by well-to-do persons.' People of several hundreds a year, even up to a thousand, apply as out-patients, going in disguise: twenty per cent. of the out-patients in one large hospital having 'given false addresses' for the purpose of concealing their identity. Swarming as patients thus do, it results that each gets but little attention: a minute being the average for each, sometimes diminished to forty-five seconds. Thus those for whom the *gratis* advice is intended get but little. Often 'the assistance given is merely nominal'; and 'is both a deception on the public and a fraud upon the poor.' These gratuitous medical benefits, such as they are, 'are conferred chiefly by the members of the unpaid professional staffs' of these charities. Some of them prescribe at the rate of three hundred and eighteen patients in three hours and twenty minutes—a process sufficiently exhausting for men already hard-worked in their private prac-