THE MEDICAL PROFESSION AND LIFE ASSURANCE OFFICES.

To the Editor of THE LANCET.

SIR,—I beg to forward you a sample of the method by which offices attempt to deprive the medical practitioner of his just demand:—

“Having referred the directors of the Rock Life Assurance Company to you for an account of my present and general state of health, I should esteem it a favour if you would communicate to them from your own knowledge such information respecting my constitution and general manner of living as may enable them to form an opinion on the safety and propriety of assuring my life.

“I am, Sir, your most obedient servant,

“To Dr. S. Day Goss, 161, Southwark-bridge-road.”

This information was decidedly refused unless the fee was granted, and the life was accepted without it.

I remain, Sir, yours, &c.,

S. DAY GOSS, L.R.C.P. Edin.

January, 1862.

* * The hypothesis assumed in this case is, that the medical referee is employed by the proposer. It is a fallacious assumption, that has been found not to work. It is strange that any respectable office should place the slightest reliance upon it as a guide in the selection of lives.—ED. L.

SECURING THE CATHETER IN THE URETHRA.

To the Editor of THE LANCET.

SIR,—In your journal of last Saturday, Mr. John Hunter, of Manchester, mentions a plan for securing a catheter in the bladder *à propos* of one employed by Mr. Ernest Hart. Mr. Hunter will find what I believe to be an improvement on his plan described and figured by Mr. Christopher Heath in his valuable “Minor Surgery,” in which the tapes are carried round the thighs and waist, and thus the ivory ring is more effectually secured than it can be by Mr. Hunter’s arrangement.

Mr. Heath describes two other modes—one of them that with a strip of plaster; and gives the necessary caution that the integuments of the penis should be drawn forward before the strap is applied.

The fact that I have known practitioners on several occasions unable to secure a catheter in the urethra has induced me to trouble you with this.—I am, Sir, your obedient servant,

January, 1862.

GENERAL PRACTITIONER.

CASE OF NUMEROUS FRACTURES, WITH RECOVERY.

To the Editor of THE LANCET.

SIR,—I read with some interest the case of numerous fractures recorded in your journal of last week by Dr. Davidson, and beg to send you the following particulars of a case which occurred in my practice some eighteen years ago.

A labouring man named Oxenbridge, employed under the late Lord Romney, was working in a quarry in Mote-park, his lordship’s residence, when the upper part of the quarry fell, and Oxenbridge was buried in the ruins. When dug out, he was brought to the West Kent Infirmary, and I saw him two hours after the accident. On examination, three ribs on the left side were found fractured; the humerus, radius, and ulna, on the same side, at the elbow-joint, were smashed, feeling like a bag of marbles, but the skin was entire; there was a transverse fracture of both patellæ, a fracture of the left tibia and fibula, and a fracture of the right fibula: eleven bones fractured. He was for four days in all but a lifeless condition, but gradually rallied. Four weeks after the accident I amputated the left arm at the surgical neck, and eleven weeks after the accident he left the infirmary well. I met him about twelve months since, and he was able to walk and work; excepting the loss of his arm, as well as ever.

I am, Sir, your obedient servant,

FREDERICK FRY, F.R.C.S.,

Sen. Surg. West Kent Infirmary, Maidstone.

Jan. 1862.

PRINCE AUGUSTO OF PORTUGAL has been removed to Lumiar for change of air, and is considered to be in a dangerous state, a bulletin being published daily, signed by nine doctors.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

Two days ago I passed a couple of hours in the wards of M. Maisonneuve, who, as your readers probably know, has been recently translated from the Hôpital de la Pitié to the Hôtel Dieu.

I had hoped to have been able to chronicle some case or other of the periosteal reproduction of bone, but was disappointed. One of the “internes,” however, kindly showed me his notebook, and I found no less than six operations for stricture, in which the new urethrotome had been used with perfect success; recovery having been, in each instance, rapid and uncomplicated. Two of these cases still remained in the wards, as M. Maisonneuve deemed it expedient to ensure the permanent dilatation of the canal by occasional introduction of a metallic (pewter) sound. In introducing this instrument, the surgeon called attention to the facility with which catheterization is performed by the operator’s standing on the right hand side of his recumbent patient, entering the instrument with its long axis at right angles to the median line of the trunk, and causing it to describe a quarter circle to the left on reaching the arch of the pubis. This mode of procedure is that universally advocated by MM. Civiale, Segalas, the late Leroy d’Etiolles, and most of the eminent lithotritists of the day. M. Maisonneuve seems to have a special affection for three kinds of external application; one, which he employs almost exclusively in the treatment of ulcerated surfaces, is glycerine and lint dressing; another, the copious onlaying of iodine tincture; and a third, the use of linen compresses, stiffened with plaster of Paris, in the treatment of fractures. Although the latter method possesses, so far as its principle is concerned, no novelty, yet the universality of its application merits a mention. I witnessed the setting of a fractured thigh in an old man by this mode of proceeding, and, *cæteris paribus*, would most certainly give it the preference, in consideration of facility and rapidity of execution. Four substantial compresses, well saturated with the solution, were adapted to each aspect of the limb *next the skin*, and secured *in situ* by a broad stout roller. The surgeon commenced with the upper and abdominal end of the thigh, making several firm passes round the pelvis, and descending over the knee and skin to a little above the ankle, when a Nélaton’s T splint, for steadying the foot, was adjusted, and included in the turns of the bandage, an addition which completed the process. During the course of my visit, I could not help remarking, that although an efficient staff of assistants were in attendance, all of whom had undergone more or less severe examinations for the privilege of *internat* or *externat*, little if any, work fell to their lot, beyond the restraining of a refractory patient, or the fetching and carrying of a candle, pot of cerate, or the preparation of the dextrine compound; and, as a *ci-devant* London in-dresser, I felt, as the Americans say, “riled and disgrumbled some,” to see how few were the crumbs that fell from that rich man’s table.

In the female wards I came to a case of vaginitis, with ulceration of the neck of the womb, under treatment by continued irritation. The perpetuity of the uterine douching was well managed; from a pail full of water suspended over the patient’s bed there descended a syphon-tube of vulcanized india-rubber; this tube (through which the flow was determined, in the first place, by the compression of a hollow caoutchouc ball in connexion with it) conveyed the fluid through a plug of the same material, accurately fitting the vagina, to the diseased organ, its return being effected through a second tube, which likewise traversed the plug, and hung into a vessel placed on the ground. In a case of hydrarthrosis of the knee, M. Maisonneuve brushed the joint over with tincture of iodine, covered the application with a linen compress, and secured the whole by a few turns of a caoutchouc roller. The equable and constant pressure of the india-rubber bandage is, he states, highly advantageous in furthering the absorptive process. I likewise saw the pince-à-griffes removed from the knee of an elderly female who had sustained transverse fracture of the patella. The instrument had remained *in situ* for five weeks, and the repair of the lesion seemed highly satisfactory, excepting, indeed, to the patient, whose quadriceps femoris appeared bent on essaying the authenticity of the cure. The majority of the male surgical wards of the Hôtel Dieu, since the demolition of part of the old building, have been transferred to the Bureau Central; and although