have no direct pressure upon it. I need not say how greatly the patient's comfort is increased by being able easily to shift his position in his bed without disturbing his fracture; nor explain the ease with which dressings or poultices can be changed or applied.

I am, Sir, yours respectfully,

W. BATHURST WOODMAN,
House-Surgeon.

London Hospital, Nov. 1861.

REMOVAL OF NEEDLES FROM THE ABDOMEN.

To the Editor of THE LANCET.

SIR,—The following cases are strikingly illustrative of the interesting case by Dr. G. D. Gibb, of "Removal of a Needle from beneath the Skin of the Abdomen of a Child," which appeared in your journal of the 12th Oct. :—

First, E. G——, a little girl, eighteen months old, was observed by her mother to have an oblong swelling a little below the left costal cartilage, and she applied, stating that she feared her child had one of her ribs broken and displaced. The swelling certainly felt like a costal cartilage which had become separated and depressed, and was quite movable under the integument. On cutting down upon the body, a very rusty needle was found imbedded in the centre of the thickened integument.

The second case, E. B——, was that of an imbecile boy, ten years old, who had an elongated swelling, similar to the above-mentioned one, under the skin in front of the abdomen. This had existed for a considerable period before the parents applied for advice. A needle surrounded by a thickening of integument was suspected, and removed at once.

In the third case, that of a child two years old, the mother stated that the lump had existed about nine months to her own knowledge, and that she applied to two or three medical men, who told her it was a bone. In this case it was in the labium pudendi, from which a very rusty needle was extracted.

In another case, that of a boy twelve years old, great pain was complained of in a small projecting swelling near the anus whenever the bowels acted. The swelling was caused by a hard and pointed body, pushing before it the integuments, upon the division of which a needle appeared.

In none of these cases could any account be given as to the manner in which the needles got into such unusual situations, or as to their length of time in them. The carelessness in allowing children access to needles, pins, &c., not only gives rise to such accidents as these, but no doubt deaths occur from inflammation of the bowels, lungs, and other internal viscera, caused by such bodies, when they shape their course inwardly, instead of lodging in the integuments and other non-vital parts.

I remain, Sir, yours, &c.,

Plough-road, Rotherhithe, Nov. 1861.

J. J. CREGEEN, M.D.

A CASE OF DOUBTFUL PREGNANCY.

To the Editor of THE LANCET.

SIR,—The following case may prove interesting to your readers :—

M. T——, aged twenty-one, a well-nourished woman of sanguine temperament, has been married four years. She has had no children; has always menstruated regularly and enjoyed good health until January last. At this time her husband enlisted, and left her. About the same time she began to suffer from a dull, continuous pain in the lower part of her back and the left side of her abdomen, accompanied by leucorrhœa. She became an out-patient of the Birmingham General Hospital, and had some medicine given to her which appeared to somewhat relieve the pain. From that time, however, she has been gradually increasing in size, the breasts have enlarged, and she suffered from nausea and capricious appetite; in fact, the only reason which led her to doubt her pregnancy was that she continued to menstruate with regularity as to time, and at some periods rather profusely. In the early part of May last she fainted, and some "sage femme" telling her that she had quickened, she thenceforward considered herself pregnant, and soon afterwards applied at this institution for a ticket entitling her to attendance during labour. About the commencement of May last she began to experience a difficulty in stooping or assuming a bent position. This was especially noticeable when getting into bed. She also became unable to micturate in the usual position, and was obliged to place the chamber vessel on a chair and to straddle across it at the same time leaning over the back of the chair. On Sept. 20th menstruation came on rather profusely, with the premonitory symptoms, especially

the pain, very severe; in fact, she supposed that labour was setting in. On the 21st she says that she voided a large quantity (four chamber vesselsful) of urine; on the 22nd a rather less quantity, and still less on the 23rd; on the 24th it resumed its natural quantity.

On this latter day she sent for me. On inquiry, I found that she had entirely recovered her natural size (before, she was as big as if seven or eight months gone with child). I also discovered by strict examination that the fluid which she had passed (unfortunately it was thrown away) was of a greenish colour, and was certainly unlike her usual urine; and that she had passed it involuntarily. She had also fully recovered the power of stooping, and of passing her urine in the usual position. The breasts were large and soft; the areolæ and follicles but slightly developed for a woman of her complexion. No swelling nor fluctuation could be discovered in the uterine region, but pressure over it caused slight pain. There was also tenderness in the region of the left ovary, which extended in a slighter degree over the whole of the left side of the abdomen.

I recommended her to become an in-patient of the hospital, but she declined doing so, and I regret that circumstances have prevented me from watching the case. However, I doubt not that I shall again see her, and I shall then endeavour to keep her under my observation.

I am, Sir, yours obediently,

WM. DATE, M.R.C.S. & L.S.A.,
House-Surg. Birming. and Mid. Counties Lying-in Hosp.
and Disp. for Diseases of Women and Children.

Dec. 1861.

DISEASE OF THE CEREBELLUM OR CRURA CEREBELLI.

To the Editor of THE LANCET.

SIR,—Will you allow me to say, through the medium of your columns, that I shall be much obliged to those of your readers who would have the kindness to send me any unpublished case of disease of the cerebellum or of the crura cerebelli.

Believe me, Sir, yours faithfully,

25, Cavendish-square, Dec. 1861. C. E. BROWN-SÉQUARD, M.D.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

M. VELPEAU has taken up the cudgels on behalf of French surgery, and on Tuesday last at the Academy of Medicine undertook to exculpate the Parisian school from the charge of having either ignored or neglected the operation of hip-joint resection. So far, indeed, was the speaker carried by his patriotic zeal, that he actually made out a case of priority in favour of France, and asserted that many years ago the subject was discussed in this country, and *that* before it had been even thought of elsewhere. "If," added M. Velpeau, "we do not often resort to this surgical expedient, the reason most probably is, that we cure more of those affections to which it is applicable than our foreign brethren. One undeniable fact is, that internal measures and medical treatment with us form a prominent part of the curative system; and to a neglect of these points by the surgeons of other countries may be attributed the greater necessity for this operation. The English surgeons for the most part have no medical degree, and, being less of physicians than we are, are consequently more disposed to adopt exclusively surgical measures. In dealing with the question of risk to the patient in the performance of this resection, I must remark that on such occasions justice is very rarely rendered to the surgeon, the dangers of the operation being so invariably confounded with those of the malady. Considered by itself, this operation is neither dangerous nor very difficult; and if we perform it less than our neighbours, the fact has been attributable to our having had less occasion for it." M. Velpeau terminated by hinting that there might also exist some difference between the English and French constitution, and stated it as his decided opinion that there were some operations which succeed better in one country than in another. His conclusion was as follows: "I should not think of resorting to disarticulation until the life of my patient was menaced by the progress of suppuration, and until I felt satisfied of the existence of extensive