determined on so barbarous and ineffectual an expedient as that of tearing the child limb from limb, it was incumbent on him to have suspended any further forcible proceeding, till he could have availed himself of further advice. It appeared in evidence, that Mr. Taylor had succeeded in delivering the same patient on a prior occasion by turning. What could have been more rational on the part of the friends, than to solicit his aid. The *woman's* conceiving that the child was dead, would not authorize any accoucheur in the premature dismemberment of the child. But we are told that the practitioner had exhausted *all* his skill, and found the *common* instruments unavailable; that it was therefore allowable to indulge him with a boot-hook, previous to which he had dislocated the cervical vertebræ, and inflicted some injury on the head; indeed, as the coroner had *learnedly* expressed it, "he had not made a *half* business of it, but persisted to the last," and resolved that one arm should not survive the delivery of the other. Taking it for granted, that the head was not impacted in the pelvis, which, we are informed, was very capacious (though the child is stated to have exceeded the common bulk of a full-grown fœtus), the same room that allowed of the introduction of the surgeon's hand to tear away the arm, might have been afforded to ascertain the situation of the feet, which in this instance must have been close in contact with the fundus of the uterus. I am far from wishing to underrate the difficulties of turning a fœtus where the membranes have been long ruptured, and can truly attest, that having once secured a foot, I have felt a sort of Pythagorean ecstasy in the prospect of a speedy termination of delivery. In the unfortunate example under discussion, it would be quite as revolting to sound practice to have proposed craniotomy, as that of the violent separation of the superior extremities. Upon surgical assistance being called in, the only legitimate mode of rescuing the patient from her future suffering, was that of a steady but fixed determination to deliver by the feet. What advantage towards the full exclusion of the fœtus can attach to a removal of the upper extremities as a precursory measure? The answer given by Mr. Jewel, that "when one arm was taken off, there is more room to take off the other," will hardly satisfy any tyro in midwifery, although he is obliged to admit, that it *could* have been turned *only* with difficulty. But this difficulty *ought* to have been surmounted. "Humanum est errare," but who would not have sacrificed any petty feeling of jealousy on the score of other advice, by consenting to call in aid, in seasonable time, when the life of a fellow-creature was at stake, and both parties perhaps have shaken

hands on the issue of the case, rather than to have insulted the wounded feelings of the family, by persisting that the patient would soon be released by delivery, when the least reflection might have taught him, that the practice employed could not in the least justify so favourable a prognostic? The verdict delivered in this case was a plain sacrifice of truth and honesty, to an unaccountable degree of false delicacy. In every science a set of rules or axioms is necessarily established for the general guidance of those who are called upon to act; and no one can be justified in discarding those rules after they had obtained the universal sanction of the most enlightened practitioners, in order to embark on a hopeless emergency without an anchor, or a particle of prudence to direct the accoucheur. The fatal consequences of such a violation of reason must be too obvious to need any further comment; or, at least, the salvo of another *practitioner ought to be considered as the indispensable law of the land*. That a mistake like the foregoing will never be again recorded in your useful Journal, is the sincere hope of,

Your obedient servant,

OBSTETRICUS.

POPLITEAL ANEURISM.

To the Editor of THE LANCET.

SIR,—In your Number of THE LANCET for September 18th, 1830, you have published the remarks of Mr. Lawrence on a "Case of Popliteal Aneurism," in which, in my opinion, he relies too much on the *bruit de soufflet*, as indicating circulation of blood in the aneurismal tumour. From experience we know that there are aneurismal tumours in which there are evident signs of circulation of blood, such as pulsation and reduction of the tumour by pressure, without the *bruit de soufflet*; and again, there are tumours that press upon arteries in which we have the *bruit de soufflet*; hence we have circulation in an aneurismal tumour without the symptom, and we have a tumour in which there is no circulation with it. I remember seeing the common carotid taken up for a tumour in the neck, from this very symptom, in which death from hæmorrhage took place in three weeks after the operation, and dissection proved the case to be one of fungoid tumour pressing upon the artery; this first made me think of the cause by which the symptom must be produced.

The cause of *bruit de soufflet* appears to me to be the rush of blood through a contracted space. This may be in the artery, or, as I think very seldom takes place in the

neck of the aneurismal sac. The artery may be contracted from pressure, as from an aneurismal tumour, which the surrounding parts bind down upon the artery, or from any tumour in the seat of an artery under the same circumstances, and pressure on an artery with the finger will cause the *bruit de soufflet*. That the *bruit de soufflet* seldom, or indeed never, takes place in the passage of the blood into the aneurismal sac, may be accounted for in this way: the blood at that part, instead of having a contracted space to pass through, has a much more capacious one, having the artery and the opening of the aneurism, the latter of which alone, except in very early cases, exceeds generally the circumference of the artery. So that, in my opinion, *bruit de soufflet* is seldom indeed caused by the passage of blood through the neck of the aneurism, but by pressure upon the artery contracting its size; and the reason that some aneurisms have this symptom, whilst others have not, is, that some aneurisms, whilst the blood is in a fluid state, form little or not sufficient pressure to cause it, although, when in a farther state of progress, the symptom comes on from their increased size and more firm texture, from the coagula which they contain.

Yours, Sir, respectfully,

J. B. E. FLETCHER, Surg.

Shifnall, Shropshire, Sept. 29, 1830.

ARMY ASSISTANT-SURGEONS.

SIR, JAMES M'GRIGOR.

To the Editor of THE LANCET.

SIR,—In your last Number I observe with pleasure a letter from “A Poor Assistant Surgeon,” in which the writer gives something like the real character of Sir James M'Grigor (not that one which he might be supposed to possess from reading the fulsome “dedications” of expecting sycophants) in confirmation of his opinion of the worthy knight. Allow me to make a few remarks on the promotion in Sir James's department. I shall select as my text the following sentence from the last Gazette:—“Assistant-Surgeon H. J. Jemmett, from the 12th Light Dragoons, to be surgeon to the forces.” On looking to the army list, Mr. Jemmett's commission as assistant-surgeon is found to bear date “13th of Dec. 1825.” Now as the regulations state that “every gentleman must have served at least five years in the junior departments before he can be promoted to the rank of regimental surgeon, it appears that, as soon as possible, Mr. Jemmett was appointed sur-

geon to the forces, a rank which, by the custom of the service, is superior to that of regimental surgeon; and speaking of which, the regulations say, “Medical officers are encouraged to look forward to the rank of surgeon to the forces.” Contrast this promotion with that of the late senior assistant-surgeon to the forces,* who, in the same Gazette, was appointed to a regimental surgeoncy after *nineteen years'* service as assistant-surgeon!

Look to those gentlemen still remaining on the list after sixteen, seventeen, eighteen years' service at home and abroad. In tropical climates no surgeoncy to the forces comes in their way, but Sir James promotes over their head an assistant-surgeon of five years' service at home; and while they are toiling in St. Lucie, Ceylon, Dominique, &c., stations him at Edinburgh! Even look at the services of the assistant-surgeons of the other cavalry regiments; look at Mr. Ribbeck of the 10th Hussars, who, among other testimonies of his services having been performed elsewhere than in the different cavalry stations of Canterbury, Edinburgh, Dublin, &c., bears a Waterloo medal. He is still an assistant-surgeon, and with a commission dated 2d of July, 1812!! That it may not be said this is a solitary instance, we may mention Mr. Barry, Royal Dragoons, Feb. 1813; Mr. Stewart, Scots Greys, Nov. 1813; Mr. Cross, 3d Dragoons, March 11th, 1813; in short, among our dragoon regiments alone, there are six assistant-surgeons of seventeen years, and three of sixteen years' standing, not to mention later dates.

The conclusions from these premises are evident, and I think an instance of more flagrant and shameless partiality is rarely to be met with. I am sure, unless Sir James be lost to all sense of shame, he must have blushed in recommending (as the phrase is) the appointment. Is it not melancholy to think, that eighteen or nineteen years' hard service at home and abroad is not considered as entitling a man to promotion, or to a better station than Jamaica, or St. Lucie? Or that an application for promotion on these grounds is to be answered (as I have known it done) by an offer of an appointment to Sierra Leone! Mr. H. J. Jemmett's private and professional character stands (and I believe deservedly so) high, but these are not the claims Sir James looks to. Mr. Jemmett is so fortunate as to have a father in an official situation (we believe in his Majesty's household), and thence his rapid advancement is easily explained.

From your always having been a decided enemy to all kinds of “hole-and-corner” work, I am induced to hope you will afford

* Dr. Hart.