healthy, little suspecting that peritonitis could have continued for ten days, with a pulse varying from 112 to 142; (at the commencement of the attack, 170; during the diarrhoea, 105; at other times varying, as stated, from 112 to 142,) without the slightest pain.

The patient, until within the last thirty-six hours of her existence, when difficulty of breathing increased, appeared quite cheerful, slept well, and took nourishment.

Not being engaged to attend this patient during parturition, I had no opportunity of acquainting myself with her previous state of health and habits.

Since the occurrence of the foregoing case, I have noted the following remarks attributed to Dr. Armstrong, from Dr. Gooch's observations on "Peritoneal fever:"—

"The disease occurs under two forms; one accompanied with the symptoms of simple peritonitis, the other marked by a less evidently declared inflammation of the abdomen, was connected with a more overpowering and oppressive fever"—"the apparent actual debility being only a greater degree of oppression, from more intense inflammation"—"the symptoms of abdominal inflammation being scarcely or not at all complained of by the patient"—"pressure on the abdomen induced no change of the countenance."

R. L.

OBSERVATIONS BY DR. AUCHINCLOSS ON A CASE OF LITHOTOMY AT THE GLASGOW INFIRMARY.

To the Editor of THE LANCET.

SIR,—I beg to contradict a statement noticed in your Number for October 17th, regarding the unfavourable issue of a case of stone in the bladder, which was operated on in the Glasgow Royal Infirmary, in September last. Your Correspondent merely supposes such a case to have happened, alleging at the same time, that on inspection an opening was found between the rectum and bladder, but which was carefully concealed from the students by one of the surgeons in attendance. Now, Sir, as the only case of this description which has occurred in the Infirmary within the last six months, was operated upon by myself, and as the person died, and was afterwards inspected, I have to mention that the statement referred to is false; there was no communication discovered between the bladder and rectum on the most careful examination. Your Correspondent, therefore, could not have been present when the parts were shown to the students, otherwise he

must either have very much misunderstood, or wilfully misrepresented, what he then saw. To show more fully the state of the prostate, which in this instance was excessively enlarged laterally, the bladder was opened in presence of the students, on its right side, namely, on the side opposite from whence the wound had been made in the operation; and with a view to prove more satisfactorily that the gut was uninjured, the rectum was also in part slit up on the same side. Perhaps your Correspondent may have conceived this to have been the opening which he is so anxious to describe. So much, then, for the concealment of a fact which never had existence.

And now, with regard to the feelings of the patient during life. It is insinuated, that he complained from the period of the operation, of something unnatural coming by the wound. This is a misstatement. It was not till the visit on the fifth day from the operation that he complained, to use his own words, "of something smarting him in the wound when he was at stool." By this time, for he died on the following morning, he had become excessively fractious and irritable, and, at times, rather delirious. I had, therefore, some difficulty at first in comprehending what he meant, and only elicited this much after minutely questioning him. On referring to his wife, who was in attendance, she answered that he was wavering, for she had not observed any thing of the kind. To be satisfied on this point, I made an examination at the time, in presence of the students, with one finger in the rectum and another in the wound, but could not discover any opening. I stated this both at the bed-side of the patient, and at the clinical lecture on the same day, observing, that although no communication could be detected, there might nevertheless be one which would satisfactorily account for the state of the patient's feelings. This, no doubt, supposing your Correspondent to have been present at the lecture, would be deemed by him an admission that the wound had been made during the operation. In being thus explicit, however, I relied on their confidence, as I have always done; for unless a degree of confidence and good will mutually exists between pupils and teacher, clinical medicine, or surgery, can never, in my opinion, be taught advantageously. Of course this may sometimes be misplaced, which appears to have been the case on the present occasion. I never conceal any circumstance from the students.

As to the inspection, it was certainly conducted in private, but over this I had no means of control. The relations were very desirous to have the body conveyed on the day of his death, to a distance of twenty-five miles, but as he was dead only for a

short time before the regular visit hour, the inspection had necessarily to be performed in the evening. The parts, however, including the bladder, rectum, wound in perineum, &c., were all carefully removed, and exhibited on the following day.

In conclusion, I have to add, that when I first observed the statement referred to nine days ago, I had no intention of contradicting it, and in so doing, have merely yielded to the opinion expressed by my medical friends, many of whom have examined the preparation, and are satisfied as to the correctness of what I now state. I may further mention, that the preparation may be seen at my place of business. Your Correspondent, therefore, if he chooses, may call and satisfy himself. I am, Sir, your obedient servant,

WILLIAM AUCHINCLOSS.

Glasgow, 89, Brunswick Street,
October 30th, 1829.

CLAIMS OF THE AMERICANS TO THE DISCOVERY OF THE ERGOT OF RYE.

To the Editor of THE LANCET.

SIR,—I am not disposed to dispute with Mr. James Morss Churchill about the name of the man who first made use of the ergot of rye, or at what period of the world the discovery of its properties may be dated; that gentleman has, however, yet to prove, that Dr. Stearns, of New York, became acquainted with it through European intelligence. Dr. Stearns himself has publicly declared his ignorance of its ever being employed medicinally, in America or elsewhere, at the time he was first led so to make use of it, and, in the absence of better authority than I have yet seen offered to invalidate that declaration, I feel it my duty to give it support, or, at least, not to impeach its accuracy. It is not sufficient to assert he did not make the discovery, more especially in relation to his own country, and therefore to recognise presumption and supposition as supposed to matter of fact, or to what has never been contradicted. Mr. Churchill must be aware of Dr. Stearns's enunciation, and in the 29th Number of his Medical Library (a valuable work, certainly), from which the principal part of his communication in THE LANCET of the 24th ult. is extracted, he says not a word which can possibly be construed to affect the credit of our Transatlantic brethren," or their claim to the discovery. Jonathan is, therefore, even crossed by Mr. Churchill himself. Mr. Churchill had then the opportunity to express his doubts and witticisms; why, it may be reasonably asked him, did he with-

hold them? Fair play is a jewel. If the "borrowed plumes" of Dr. Stearns were even to be arraigned, Dr. Bigelow's observations (if nobody else brushed his recollection) were before him; but Mr. Churchill thinks proper (unaccountably so) to be silent. Camerarius, and the midwives, might have bungled on with the ergot to the present period, and it is very likely our knowledge of its properties would have been as much spread now as it was then. Desgranges, to whom Mr. Churchill wishes to concede all the merit, might have lent his talents in the laudable work of propagating its acquaintance, but under him the prejudice of the people was unmoved. He also found himself too weak for the *giant*, and, unfortunately for his posterity, the ergot, like an ungrateful churl, disregarded his labours, and, leaving this world without a disciple that either could, or would, continue the goodly work, sunk again to be forgot among the weeds, reviling the man who could thus impiously disturb the tranquillity of its ancient slumber.

Harvey is said, and very justly, to have discovered the circulation of the blood, and yet long before his time the subject had attracted the notice of others. To say, then, that he was indebted to his forefathers for the first glimpse into the secret, is what Harvey himself, I presume, would not deny, nor indeed, in the abstract, would the admission of the fact lessen the value of his discovery, or subject him to the scandal of shining in "borrowed plumes." The same might be urged of, perhaps, all recent discoveries, and more especially of those which belong to medicine and surgery. "There is nothing new under the sun," has long become a trite adage, nevertheless it was a cunning observation of Solomon, and the experience of every age, since his time, has given additional proof of its truth.

After all, therefore, which has been said by Mr. Churchill on the discovery of the medicinal qualities of the ergot of rye, in his endeavour to rest that discovery on old Camerarius, the midwives, or Desgranges it comes to this, that Dr. Stearns, not to mention his declared ignorance of these ladies and gentlemen, will be the individual whom the profession even of this country will consider the most entitled to the honour of having succeeded so well in diffusing so extensively a knowledge of this valuable article of the *materia medica*.

Yours very obediently,

THOMAS WEATHERILL.

Liverpool, Nov. 2, 1829.