never of abuse. In point of fact, Mr. Key owes almost all his early practice to this very journal, through the medium of which alone was his ability in particular departments of surgery made known to the profession. THE LANCET is the represser of abuse, not its creator.

IRRITABLE ULCERS.—Mr. CALLAWAY, in noticing some cases of this description, which had very much improved under the use of the black wash, said that it was found an excellent application to them. When used tepid, with lint, it proved useful in menstrual ulcers, and ulcers of the testicles and mammæ.

TRIGGER PERCUSSOR.

To the Editor of THE LANCET.

SIR,—By an article in the last number of THE LANCET I am informed, that an ingenious mechanic from this town has been exhibiting a lithotriptic instrument at Guy's Hospital, which he professed to be of his own invention. The percussor and shield were made by this man, who is really a very good workman, under the direction of, and from drawings furnished to him by, my partner, Mr. Bryan. The percussor is shorter at its beak than that used by Mr. Costello, to allow of its being more readily turned about in the bladder; but it is defective in not being quite large enough to prevent the escape of the urine, and from its beak being too much bent, by which its passage through the prostate gland is rendered difficult, particularly if that gland happen to be enlarged or diseased. These are defects, however, which may be very easily remedied. The shield is intended to supply the place of the vice (a very awkward device) used by Messrs. Costello and Heurteloup, to give stability to the female part of the percussor, which purpose it answers very completely, provided the hammer, which is the invention of the ingenious mechanic, be *not* attached to it. It is evident that a hammer attached to the shield itself must communicate its shock to the whole instrument, thereby defeating the object of the shield.

Mr. Bryan has a plan for a hammer, separate from the shield, to be moved by a strong spring or trigger, which in some positions of the patient may perhaps be advantageously employed. Upon the whole, however, Mr. Bryant is of opinion, that it will only add to the cost of the instrument, without materially contributing to its efficiency.

Should the ingenious mechanic again make his appearance at Guy's Hospital, I hope some one will be kind enough to recommend him to be ingenuous also.

I am, Sir, yours very respectfully,

J. BEDINGFIELD.

Medical School, Stowmarket,
August 28th, 1833.

*** Some acknowledgment as to the real authorship of the instrument may have been privately made to Mr. Key by the mechanic, but our reporter states that the facts related by Mr. Bedingfield were not made known in the ward.

BONY UNION IN FRACTURES OF THE PATELLA.

To the Editor of THE LANCET.

SIR,—In the number for August 24th of your very valuable publication, under the head of "Fractures of the Patella," treated at Guy's Hospital, I find the following observations:—"It is, of course, known to all medical men, that no case has yet been related in which osseous union has taken place in this kind of injury, ligament being invariably the intervening bond of union between the fractured portions of bone."

Mr. B. Cooper has also endeavoured to explain why that should so invariably be the case,—satisfactorily I cannot add. That this mode of union, in every instance, does take place, is to me very questionable, for I have certainly seen more than one case in which union by bone under proper treatment has been effected. I shall now quote what Mr. Lawrence has said in his Surgical Lectures on this subject (vide LANCET, 352, for 1830, p. 319), and relate briefly a case I lately met with in illustration. Mr. Lawrence says, "The circumstance of the fracture of the patella not uniting by bone, seems to arise simply from the two fragments not being brought closely together. I fancy there is nothing in the situation or structure of the patella that in itself would render the bony union impossible. The only peculiarity that we can observe here, is, that we do not generally succeed in bringing the broken extremities of the bone into actual contact. In fact, to show that bony union may occur, it is only necessary to mention, that in some rare instances the patella *has been* united by bone. There is an instance mentioned by Boyer, &c. &c." How we are to reconcile this with the foregoing statement it is unnecessary for me to say.

About a fortnight since, on visiting St. Thomas's Hospital, I saw a case of trans-

verse fracture of the patella in a very stout, strong sailor, which had occurred more than two years ago, in which the union was so perfect, that it was difficult to ascertain where the fracture had existed. The motions of the joint were, I may say, perfect. There was no lameness, and the only perceptible difference was, as in the following case, related in support of Mr. Lawrence's remarks, that the patella appeared to be slightly elongated. Mr. Travers examined the case, and was of opinion, that bony union had here taken place.

A gentleman who had formerly been surgeon of the E. I. C.'s ship *Bridgewater*, on board which the injury happened, and under whose care the man had been, informed me, that the plan of treatment acted upon differed from that usually employed, in one very particular point, viz. position. Now in all surgical works that I have seen, especial attention in the treatment of transverse fractures of the patella is directed towards relaxing the muscles attached to that bone; and many directions are given to produce this effect, but nowhere do I find any passage (except in S. Cooper's "Dictionary") in which placing the patient sitting upright, with the leg extended, is even alluded to. It appears to me that by placing the patient in this position every indication is answered. The muscles attached to the bone are completely relaxed by it, and the slightest force applied to the upper fragment will keep it steadily fixed, and pressing on the lower.

In the above case the man was kept sitting upright in bed for nine weeks, with a splint and pillow under the whole length of the limb; but from the severe inflammatory action consequent on the injury, no pressure could be applied to the upper fragment before the expiration of five weeks, at which time no union had taken place, a stout knee-cap made of strong canvass was then applied, so contrived as to be daily tightened by lacing the two portions together, when any degree of pressure might be made on the broken surfaces; and at the expiration of the above time, perfect union was produced.

May we not conclude, that if the above treatment produced so complete and perfect a union in one instance, if more generally employed, cases of bony union of the patella would by no means be uncommon. The inconvenience would certainly not be greater than that to which patients are now subjected in the common mode of treatment, where in the greater number of instances only ligamentous union is produced, and some imperfection in the motions of the joint left.

I have since seen another case treated by the same gentleman, with a similar result. I am, Sir, your humble servant,

FRANCIS WARD, M.R.C.S.L.
Balham Hill, Surrey, Aug. 27, 1833.

WESTMINSTER HOSPITAL.

WITHDRAWAL OF THE RECORD.—PROPOSED REFORM OF THE LAWS AND REGULATIONS.

Tuesday, 3rd Sept., 1833.—Despite the heavy rain, there was a tolerably full attendance of Governors at the Board meeting to-day. Dr. ROE had occupied the week in canvassing the Governors, but it would appear that his success did not answer his desires, for the remnant of the "Conclave" cut but a sorry figure in the field. The doctor, however, did not trust his cause to the result of a fair discussion. As soon as the ordinary business of the Board was transacted, and the important question was about to be discussed, a letter from the apothecary to the Chairman of the Board was read. The only intelligible part of this production was an intimation that the writer was in a *delicate situation*, and felt very uncomfortable. It was unanimously resolved, that the Board could not receive this communication, so the apothecary was called in and informed thereof, upon which he withdrew his application altogether. The petition of this gentleman was the basis on which the contemplated motion for the abrogation of the post of clinical clerk was founded, but which was of course abandoned at this unexpected announcement. The apothecary had no idea that his polished application would be associated with the boisterous question of reform, and, *without the remotest hint from Dr. Roe*, he withdrew the record. He was affrighted and overpowered by the novelty of his situation.

The main business of the day being thus disposed of, a desultory conversation arose as to the propriety of revising and entirely re-casting the existing code of regulations, respecting which we have not at present room to write.

MR. GUTHRIE'S OFFER OF A PRIZE.—FOREIGN CLINICAL INSTRUCTION.

To the Editor of THE LANCET.

SIR,—The object of the Guthrie prize will not, I am confident, be enhanced one iota until the present system of affording clinical instruction is materially altered. It is not the opinion of me alone