little more than a mass of dry fibre. It was found to possess the negative recommendation of having scarcely any taste. Some conversation ensued as to the possible connexion between the cutaneous diseases prevalent in those islands, and the peculiar food of the inhabitants.

An essay on *Pulmonary Tubercles* was then submitted to the Society by Mr. N. ROGERS, senior President. The introduction adverted to the great improvements effected in medicine by pathological researches; and the still greater results to be anticipated from their prosecution. The essayist then traced the progress of tubercles through their different stages, following them into the anomalous varieties which they occasionally present, and examining with minuteness the conflicting opinions of eminent pathologists, particularly of the French school. He then passed on to the consideration of various collateral subjects, especially the interesting questions relative to the inflammatory or non-inflammatory origin of tubercles; and the curability of phthisis; concluding with the following remarks on our limited knowledge of the sciences,—medicine among the rest:—

“The whole course of our investigations must have contributed to convince us on how limited a number of questions a decided opinion is admissible, and there are few subjects we could have taken up that would not have led us to the same conclusion. In what direction soever we turn we meet with doubts unresolved, difficulties unconquered, intricacies unexplored. Points which we had considered clearly established will often fail to stand the test in closer examination; and ground we had esteemed the most solid and secure, will sometimes tremble beneath a determined step. Such a review as we have taken, is calculated to leave on the mind a most salutary impression; for where ignorance is confident and arrogance bold, it is the part of true philosophy to doubt and to deliberate. But this review will have failed in a most important part of its intended effect, if along with this sense of deficiency, it do not produce, at the same time, strenuous anxiety to supply the want. The field is wide; the path is open; the pursuit is noble; and rich and varied are the results that will reward the diligent investigator. Far as we think ourselves to have advanced, we may yet be only at the commencement. The wisest philosophers of the present day are those who confess their ignorance; for our present knowledge is calculated rather to make us ashamed of our deficiencies, than vain of our acquirements. We have heard much of the “*decline of science in England.*” I would rather speak of its *limited advancement everywhere.* Endeavour, in any direction, to trace effects

to their causes; and how soon is your progress arrested! With the great final cause of all the phenomena around us, we are well acquainted; but the proximate cause generally eludes our grasp. We have busied ourselves with the surface, but have failed to penetrate the interior. We have attentively examined the operations of nature's stupendous machinery, but of its intimate structure we know little. In fine, to adopt the language of the most enlightened but yet most modest of philosophers,—‘We have been picking up pebbles on the seashore, while the great ocean of truth lies before us unexplored!’”

THIRTEEN CYSTIC OXIDE CALCULI

DISCHARGED FROM AN OPENING BETWEEN THE UMBILICUS AND PUBIS.

By HUGH NEILL, Esq., *Liverpool.*

I WAS enumerating, when upon a visit to my father a few weeks ago, some of the old cases which I recollected to have seen when his pupil in the Coleraine dispensary, about half a dozen years since; and I mentioned that of Sally Kane, upon which I received from him the following statement:

“Sally Kane, a blind woman, about 50 years of age, a patient in the Coleraine dispensary, complained for more than six months of pain in the back, slightly shooting at times towards the umbilicus. The pain became more violent, when swelling and redness induced her to apply poultices midway between the umbilicus and pubis. An abscess formed and was opened; a considerable discharge of pus was then evacuated, and an oozing continued for between two and three weeks, when a hard substance was discovered in the mouth of the opening, and she presented herself to me for examination. I was astonished on removing the bandages which were placed over the sore, to find them emit a most offensive urinous smell; and she then for the first time mentioned that a considerable quantity of urine had for several days been making its escape from this opening. I proceeded with little difficulty to extract three small brown calculi, and at periods, months asunder, have in the whole removed thirteen. The urine continued to trickle away for more than two years. The sore is now healed, and she finds no uneasiness in the part, nor is there any hardness save what might be expected from a small cicatrix.”

I have examined one of the calculi and find it to be of that rare species the “cystic oxide,” its colour is a pale brown beautifully

streaked with yellow, and it is of a pyramidal form, having a broad base with four sides tapering to a point. * I remember having applied a number of them together, and from the accurate manner in which they fitted, I should suppose that they had formed, ere their expulsion from the kidney, a solid mass resembling a miniature causeway of basalt. The size of each was nearly that of a common hazel-nut. That the calculi are of the pure renal oxide kind I cannot doubt. Formed in the kidney, and never having been introduced to the bladder, the question would be—How could they have contrived to force their way through the parietes of the abdomen? Had there been the want of urinary discharge we might have doubted our tests, and have imagined that they were biliary productions: but extracted from an opening through which urine in quantity flowed for a period exceeding two years, that circumstance alone should lull such suspicion. Had the calculi been conveyed through the ureter into the bladder, the presence of such a number must at one time or other have created some uneasiness in that organ, which, however, never was the case; and their lodgment and final expulsion through its parietes would rather have taken place from the neighbourhood of the cervix than the fundus vesici; besides, their light and smooth texture would have ill-qualified them for forcing their way through so slippery a barrier as the mucous membrane of the bladder. I can only suppose that just as the ureter is piercing the bladder, their progress had been stopped by a want of elasticity in this part. Constant pressure, irritation, and inflammation, would soon force a way through some of its folds, and running between these there would be little difficulty in their tracing their way to the anterior of the viscus, where a want of peritoneum would afford a ready and safe egress from their captivity by the process of ulceration. The reasons for my belief that they never had entered the bladder are, the constant oozing of urine, which continued from the opening in the abdomen for so long a period, when, had the passage been directly into the bladder, the circumstance would have taken place only when the receptacle was distended. Another reason is, the kindly manner in which the sore healed when all the foreign bodies had been extracted, leaving no fistula, and proving that the abdominal muscles had acted as compresses, keeping the edges of the canal in apposition until the adhesive process had effected a cure; when, had the opening

been into the bladder, each action of those muscles would have jerked out its contents and have prevented a union.
23, Nelson Street, Liverpool, Nov. 16.

NOTE FROM DR. STEVENS.

To the Editor of THE LANCET.

SIR,—I have had reason to believe that for some time past, reports similar to the accusations contained against me in Dr. Johnson's late letter, have been circulating slowly in some of the private medical circles in this city, but in so cautious a manner that they were not tangible, for I found it impossible to trace them to their real source. With a belief that such a cause was in operation against me, I was not sorry when I saw the same accusations openly and boldly stated in a public journal. Unfounded attacks, like venomous reptiles, are only dangerous when they crawl in the dark;—when they venture to show themselves in open day, the one like the other can easily be crushed.

At the time that my paper was written for the Royal College of Physicians, I had a thorough conviction that every syllable which I had stated in that document was most religiously true. I thought so then, and I must say, though I may be mistaken, that I think so still, even in the face of the bold assertions which Dr. Johnson has made in the last number of your Journal.

I have written a statement of the facts relative to this subject, but for the moment at least I will defer sending it to the press; were I to do so now it is more than probable that it might be the means of preventing the publication of those valuable Trinidad documents which contain such a mass of important information. But independent of this, though Dr. Johnson has stated his charges distinctly enough, I am still left in the dark with respect to the real nature of the facts by which these charges are to be proved. When we know what the proofs are, we shall then be more able to judge of their value. Dr. Johnson, however, has promised to publish the said documents within fifteen days from the date of his letter. When this is done, I pledge myself, on the other hand, to lose no time in producing sufficient evidence to prove that all which I have stated, and perhaps even a great deal more, is perfectly correct. I am, Sir, your most obedient servant,

WILLIAM STEVENS, M.D.

December 14, 1831.

* I should mention that having cut through the calculus, a *hollow* instead of a *nucleus* was found in its centre. Dr. Wollaston mentions a circumstance nearly similar, in the *Philosophical Transactions*, 1810, page 223.—H. N.

We are again compelled to omit Dr. Billing's lecture, Dr. G. Smith's paper, and many articles from Correspondents.