Pirogoff does not occur; and of course there is no mention of his operation. How, then, in the name of wonder, could the profession divine that Prof. Pirrie's modification of Syme's operation was applied by him also to Pirogoff's? As little ground had you for stating, in a former number, that Prof. Pirrie had set forth the advantages of Pirogoff's operation; for the fact turns out to be, he has never written at all on that operation; and if he has performed it, of which I have some doubt, he certainly has left it entirely to others to 'set forth its advantages.' Even if the doubt I have just expressed be unfounded, and if it be true that Prof. Pirrie has performed Pirogoff's operation in the precise manner which I have proposed in my Clinical Lecture published in June, 1859, still, as it is now quite clear that he did not make his practice public in any way whatever, he cannot now, or rather you cannot, in his name, with the slightest show of reason or justice, rob me of whatever credit is due to the original proposal of the modification of Pirogoff's operation referred to in the above remarks."

Seeing Dr. Watson has thus expressed himself, it appears to me necessary that I should now, in justice to others and to myself, state what my teaching and proceedings have been, regarding the performance of Pirogoff's operation without disarticulation of the foot. While perusing the description of Pirogoff's operation within a week after its publication in this country, the idea at once and naturally occurred to me that the operation would be greatly simplified and improved by applying to it the modification I had previously adopted in Syme's amputation. I felt greatly interested in the subject, and, after due consideration, resolved to recommend and adopt the following procedure, which seems to me to make this amputation one of the most simple operations any surgeon can be called upon to perform.

The patient being laid on the table, and the surgeon—which ever foot be the subject of operation—being placed on the left side of his patient, with the heel, in the first step of the operation, directed towards himself, and having with his left hand taken hold of the soft parts, and drawn them a little backwards, so as to secure greater breadth of flap, inserts the knife on one side in front of the malleolus, carries it down across the sole of the foot, and upwards to the corresponding point just at the front and upper part of the other malleolus, taking care to direct the incision so as to pass opposite to the part where the posterior portion of the astragalus rests upon the calcaneum, and to use the knife energetically, so as to cut through all tissues down to the bones. By this single movement of the knife, a clearance is made for the saw, by a few movements of which the portion of calcaneum behind the astragalus is speedily cut off from the rest of the bone, the section being from below upwards and a little backwards, so that the portion remaining in the flap will be a little longer from behind forwards—below than above. The assistant having slightly changed the position of the leg, so as to make its posterior part to rest upon the table, the surgeon, by a second movement of the knife, unites the extremities of the first incision by a slightly semilunar incision, using the knife boldly, so as to cut through every tissue in front of the bones, and then, by a few slight touches below, admits of the flap being brought back, and makes a clearance for the saw. By a few movements of the saw, the bones are cut through immediately above the ankle, and this extremely simple amputation is completed by little more than two movements of the knife, and two sets of movements of the saw.

During the second week after the publication of Pirogoff's amputation, the operation as now described was demonstrated by me on the dead body to a large number of medical students; in each winter session since that publication, it has been performed on the dead body in presence of a very numerous attended surgical class in this University; and it was performed by me on the living body in the Royal Infirmary, in the first suitable case for the operation, about seven months ago. During two of the winter sessions referred to, Dr. Martin was one of the most enthusiastic students of surgery that ever listened to my lectures, and took a great interest in this operation, which, amongst the students at this University, was known by the name of "Pirrie's modification of Pirogoff's operation." Dr. Martin and many other gentlemen now practising our profession are able to bear testimony on this subject, as one within their own personal knowledge and observation.

I could not have mentioned Pirogoff's operation in the edition of my "Principles and Practice of Surgery" now out of print, as that work was published prior to the date of the publication of the paper in which Pirogoff describes his operation; but it is fully entered into in the edition of that work now going through the press; and I would willingly have rested

perfectly satisfied with my public teaching as a means of diffusing a knowledge of my views respecting this operation until the publishing of the new edition of my work, had not Dr. Watson expressed himself as he has done regarding the gentlemen who have written on the subject in THE LANCET, as well as regarding myself.

I am, Sir, your obedient servant,
WILLIAM PIRRIE, M.D. Edin.,
Regius Professor of Surgery.

Aberdeen, May, 1860.

* * This letter satisfactorily proves that the merit of having been the first to conceive the performance of Pirogoff's operation without disarticulation is due to Prof. Pirrie. Our statement that Prof. Pirrie's practice in regard to his mode of performing Syme's and Pirogoff's operations has been known to the profession for some years is therefore confirmed. We cannot insert any further correspondence on the subject.—ED. L.

UNIVERSITY & KING'S COLLEGE, ABERDEEN, AND HOMŒOPATHY.

To the Editor of THE LANCET.

SIR,—In your able leader on the appointment of a homœopathic physician in Guernsey appears the following paragraph: "Those who should display such ignorance of medicine as to profess their opinion that disease ought to be treated on what are called homœopathic principles would undoubtedly be rejected. A believing homœopath can therefore only filch a diploma by an act of dishonesty—by a suppression of his convictions, unworthy of an apostle whose mission it is to propagate a new faith."

In illustration of the above, I beg leave to forward the following particulars, and leave the matter for your comments. In the pass-list of the University of Aberdeen for the 16th of April appears the name of an avowed homœopath, in consequence of which I wrote to the Secretary of the University in the following terms:—

"SIR,—Will you inform me if a person professing homœopathy can obtain the degree of M.D. at the University of Aberdeen; and if he has obtained it under these circumstances, can he be allowed to hold it?"

To this I received the following courteous reply, signed by the much-honoured name at the foot:—

"University and King's College, Aberdeen, May 10th, 1860.

"SIR,—I am in receipt of yours, asking if a person practising homœopathy can obtain the degree of M.D. at this University, and whether, having obtained it under these circumstances, he can be allowed to hold it? To the first of these I have to reply that a person practising homœopathically, and answering the questions put to him also homœopathically, would not be recommended by the examiners of this University as qualified to have the degree of M.D. conferred on him. As to a person having obtained the degree under these circumstances being allowed to hold it, is a question which I am not prepared to answer.

"Yours respectfully,

"ANDREW FYFE."

As I have no other object in view but the untainted honour of our profession, I leave the matter in your hands.

I am, Sir, your obedient servant,
C. M. MILLER, M.D. St. Andrews, L.R.C.P.E., &c.
Stoke Newington-road, May, 1860.

PEPSINE IN PREGNANCY.

To the Editor of THE LANCET.

SIR,—Having seen two notices in your journal of the benefit of pepsine in the vomiting of pregnant women, I was induced to try its effects in the following case:—

Mrs. —, a woman who has throughout life been subject to dyspepsia, but less so since marriage, applied to me on the 19th instant for some remedy to allay the sickness with which she has been troubled since she became pregnant. She is now about eight months advanced. At first she did not throw up much food, but always felt "blown up" (as she expressed herself) after eating. For the last two or three months her stomach has rejected all food, tea, &c., whenever taken. She had used no means to remedy this.

I ordered her to take one teaspoonful of the liquor pepticus

three times a day at or immediately before a meal. The first dose enabled her to retain her food, and she has only vomited once since, on which occasion the sickness was caused by eating rhubarb tart at supper, and omitting to take the liquor pepticus. For the last few days she has discontinued the use of this remedy, and, though she has at times felt a little squeamish, there has not been any return of the vomiting.

I am, Sir, yours truly,
Kirtton-in-Lindsey, May, 1860. THOS. H. MOXON, M.R.C.S.E.

STAFF-SURGEONS, R.N.

To the Editor of THE LANCET.

SIR,—Again, in its April number, the *Navy List* repeats, for the fourth time, the error and the injustice of withholding from the naval staff-surgeons, under the Order in Council of May, 1859, their proper place in the list. They ought to be classed by themselves, instead of being placed amongst the surgeons. They have as much right to be in a separate list as the deputy inspectors. The new staff-surgeons ought to address the General Medical Council, requesting them to memorialize the Admiralty to give directions to the editor to issue a correct list. The Medical Council should also be requested to take steps to procure an Order in Council to change the designation "staff-surgeon" to "surgeon-major," the same as an army medical officer receives after twenty years' full-pay service. We decline to be satisfied with anything less than is given to the army medical officers.

I am, Sir, yours obediently,
May, 1860. FULL MEASURE, R.N.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

I NOTICE in your impression of last week a letter from M. Diday, of Lyons, in which that gentleman maintains that the identical deductions drawn by Mr. Harrison from his observations on the mode of transmission of secondary syphilis were put forward by himself in a work published in 1858. I have no wish to lay the smallest stricture upon M. Diday's assumption of priority, more especially as the difference between the date of his book and that of Mr. Harrison's leaves no doubt as to the strict legality of his right of possession; but in connexion with the subject it may not be uninteresting to your readers to know, that public opinion here is (with very few exceptions) decidedly sceptical as to the existence of any originality either of invention or observation elsewhere than in France. Newton, Shakspeare, Bacon, all our long list of scientific worthies, are copies from French models. Nothing is new under the sun (unless under the French sun). Now, surely on a track which so many thousands in either country are following with equal eagerness and industry of research, it is possible for two men to light upon the same spring of knowledge, and each (unknown to the other) draw water therefrom. Primus may have known the spring, and have been testing carefully the qualities of the water for years, but if Postremus, a chance passer-by, happen to drink, and at once loudly proclaim his discovery to the world, he it is on whom the honours of priority devolve.

The same number of THE LANCET contains the summary of a paper lately read before the Academy of Medicine at Paris, detailing the results of a recent experiment of M. Jobert de Lamballe on the reproduction of bone by the periosteum. Here, now, is a case in which Mr. Syme, of Edinburgh, might, with even greater justice than M. Diday, urge his right of property, and refer the medical public to his most interesting and original paper on the same subject, read some twenty years ago (in 1836 or 1837, I think), and published in the "Transactions of the Royal Society of Edinburgh." Such discussions, however, are futile, and in no way contribute to advance the cause of science. Truth is public property, and scientific men her expositors, not her inventors.

A very grave charge was circulated some time ago against the *écraseur*, and its employment in the ablation of hæmorrhoidal tumours—a charge, in fact, of a nature completely to deter any prudent practitioner from adopting its use in this particular class of diseases, the accusation being—a liability to the production of stricture of the rectum during or after the process of cicatrization. I have not heard as yet of the appear-

ance of any vindication from this imputation by the advocates of this method. The operation as performed by M. Chassaignac, in spite of that gentleman's skill in manipulation, is a most distressing one to witness. Its first stage consists in the introduction into the bowel of an instrument called the "*érigne-à-branches*," a sort of miniature umbrella, which is pushed up to a point immediately above the hæmorrhoidal bunch; it is then opened out, and now comes the painful part—agonizing indeed for a patient not under chloroform: by the pressure of a trigger or the sliding down of a ring, this species of intestinal harrow thrusts forth a half-dozen or more steel tenacula (the very realization of the old idle-apprentice joke of the clyster of fish-hooks); and by traction, which needs sometimes apparently to be a "long pull and a strong pull," the lower portion of the gut, with the diseased part, is everted, in order to be submitted to the *gradatim* garotte action of the *écraseur*.

A boy, aged nine, in the service of M. Roger, at the Hôpital des Enfants Malades, presents an example of a most rarely met with pathological condition, entitled by the French physicians "*sclerema*." The lad was originally admitted for heart complaint and slight difficulty of breathing; the interne, however, remarked, on examining the child, that the surface of the chest presented to the touch the sensation of a cuirass, from the existence of a firmness very unlike the ordinary elasticity afforded by handling a normally developed frame. Dr. Roger's attention was drawn to the case in consequence, and I happened to be present at the very minute and detailed investigation made into these symptoms. The general health of the lad seemed good, and there was no fever or pain. On pressure of the skin nearly all over the body, the sensation afforded was that of touching a membrane of considerable power of resistance on the tight stretch, the parts exempted from this condition being the palms of the hands, the soles of the feet, the ears, lips, and eyelids. There being no change of form, *nor any swelling, nor pitting on pressure*, a casual observer might easily have overlooked this curious state; and indeed the patient himself said that beyond a little stiffness, dating a week back, he had felt nothing unusual. The heart was examined, and a strong mitral bellows-sound detected; but with this exception, nothing abnormal could be made out. The urine especially was quite healthy, and contained no albumen, sugar, nor even any excess of its natural components. This state of *sclerema* must not be confounded with the "*œdème des nouveau-nés*," which carries off so many children annually at the Hospice des Enfants Trouvés during the cold weather; that is accompanied by pitting on pressure to a certain extent generally, and always by great diminution of temperature. The temperature of the child in the real "*œdema neo-natorum*" has been found to range as low as 20° centigrade. In this patient the skin is of natural warmth, although dry and harsh. What explanation can be offered of this extraordinary condensation of the tissues (probably the cellular and adipose)—of this elephantiasis without the elephantine proportions, apparently so rapid and stealthy in its advance? And what is the prognosis? I know not: my duty is to chronicle, not to expound; and I leave the question to wiser heads than mine.

Paris, May 28th, 1860.

MEDICAL TRIALS.

COURT OF COMMON PLEAS, WESTMINSTER.

MONDAY, MAY 28TH.

(*Sittings in Banco, before Lord Chief Justice ERLE, Mr. Justice WILLIAMS, and Mr. Justice BYLES.*)

PEDGRIFT (APPELLANT) v. CHEVALLIER (RESPONDENT).

THIS was an appeal against a decision of justices on an information.

The appellant, Frederick Woodcock Pedgrift, was convicted at the Hal-sworth (Suffolk) petty sessions, in the penalty of £10 and costs, for that he did on the 12th of October, 1859, wilfully and falsely pretend to be a surgeon, contrary to the Medical Act, 21st and 22nd Victoria, cap. 90.

It appeared that on a door of the house in which the appellant and a Mr. Richard Phibbs Irwin, a registered surgeon, lived, and for which they were jointly assessed to the rates, was a plate in a wooden frame, on which was engraved "Mr. Pedgrift, Mr. Irwin, surgeon, accoucheur, &c."

The justices held that the name of Mr. Pedgrift not appearing in the Register kept under the Medical Act (a copy of which was in evidence), they assumed that he was not a surgeon, and