frolic in the town! You may hardly credit it, but it is nevertheless true of one county, if not more, of Massachusetts that the two physicians required by law to certify that a pauper is insane, and a fit subject for a State asylum, *may legally certify this without having seen the pauper!* They must either examine him personally—which probably they almost or quite invariably do—or be convinced by the testimony of others, who may not be physicians, that he is insane, and certify accordingly! I know this to be true from having seen the official blanks sent to overseers (guardians) of the poor, which doubtless accord with the statute law, and probably are used in case of non-paupers also. It is easy to see what great abuses *might* arise from the use of such blanks, though none may have arisen.

I am, Sir, your obedient servant,

New York, October 20th, 1876.

S. P. FOWLER, M.D.

“THE USE OF A MAGNET IN THE DETECTION OF A NEEDLE BROKEN IN THE LEG.”

To the Editor of THE LANCET.

SIR,—In your issue of this week I observe an outline of a note by Sir B. C. Brodie on “The Use of a Magnet in the Detection of a Needle broken in the Leg,” and as the author appears to think that the matter of his note is a novelty of sufficient importance to make it the subject of a communication to the Royal Medico-Chirurgical Society, I am thereby induced to report a case of a similar character which occurred in my practice many years ago; the more so as during this week it so happened that the matter has been recalled to my memory by Mr. Marriott, surgeon of the Warneford Hospital in this town, coming to ask me if I still had the magnet I had then used, as he wished to try it in a similar case. Several years ago I had mentioned the case to him, and advised him to try it if opportunity offered.

In 1864, while on foreign service (being at that time on the Army Medical Staff) at Cowsal, in Central America, and being the only English surgeon within a radius of 150 miles, a Spaniard came to me who had by mischance broken off half of a needle in the palm of his right hand. I made a small incision, bearing in mind the arterial relations of that part, and carefully searched for the broken point, but I could not find the needle. I had then by me a small natural magnet of loadstone, which is, I believe, a magnetic iron ore. After enlarging the incision a little, I placed the stone over it, rolled over it many layers of bandage, and told the patient to come again in twenty-four hours. On examining it after this period had elapsed, and removing the bandages with care, and gently raising the stone (about one inch square), I saw the end of the broken fragment sticking up in the wound, much blackened, and easily removed it with an ordinary dressing forceps.

I have twice since, with an ordinary horseshoe magnet, bound over the part after a superficial incision, succeeded in the same way. It seemed to me such a natural method of proceeding that I supposed it was the common thought of all surgeons. It appears I was mistaken, and it only gives me another proof that there often happens in the details of general practice many interesting surgical events which are passed over without record. In my many wanderings while in the service I have lost this piece of loadstone, but the lesson I then learnt in 1864 has never been forgotten. I can fully endorse the remarks made by Dr. De Chaumont in his address, which you report, that army surgeons ought to be fertile in expedient as well as competent to execute, as no men in our profession have greater responsibilities.

Yours truly,

JAMES THOMPSON, M.B.,
Late Army Medical Staff.

Leamington, October 29th.

“ON THE RETENTION OF THE CATHETER AFTER INTERNAL URETHROTOMY.”

To the Editor of THE LANCET.

SIR,—In your publication of October 28th, 1876, Mr. Teevan, in a letter to you on the above subject, assumes that I stated that it was *not* the practice at the general hospitals to leave a catheter in the bladder after internal

urethrotomy.” I beg to say that my remark referred *solely* to my own individual experience, and I did not even allude to what might be generally done in London. I spoke to this effect, and almost in these words: Personally, whether after internal or external urethrotomy or splitting, I only kept a catheter in the bladder when hæmorrhage was deemed to be probable.

Yours, &c.,

Queen Anne-street, W., November 5th, 1876.

C. F. MAUNDER.

HOSPITAL SUNDAY AT WORCESTER.

(From a Correspondent.)

On Sunday last the ancient city of Worcester held its fifth “Hospital Sunday,” when in almost all the places of worship within the city, and in numerous churches and chapels of the county, collections were made on behalf of the three medical charities in Worcester—namely, the infirmary, the dispensary, and the ophthalmic institution. Hitherto from £600 to £700 have been realised from each of these annual collections, whereof the infirmary has naturally obtained the lion’s share. Looking at the area of collection, £700 does not appear to represent an excessive liberality on the part of the congregations appealed to, and a glance at the long list of sums received from the several contributories in 1875 suggests the probability that the claims of medical charities have yet to be adequately understood in many quarters.

The Bishop of Worcester, a warm supporter of the movement, advocated its cause on Sunday morning in the church of St. Nicholas, and in the evening, the Rev. J. R. Young, honorary Canon of Worcester, preached to a large congregation assembled in the nave of the cathedral. Rarely is the profession privileged to hear so eloquent and outspoken a tribute to the value of the services which it renders to mankind as fell from the lips of Canon Young on this occasion. From the text “I was sick, and ye visited me,” excellent practical lessons were deduced as bearing upon the special object of the discourse; and referring to the existence of institutions for the relief of sickness and disease, Canon Young declared that, excepting the medical profession, there was none other which deliberately set aside a large portion of valuable time for the gratuitous exercise of knowledge and skill for the benefit of suffering humanity. He knew, he said, it might be cynically observed, that self-interest was at the bottom of the apparently self-sacrificing labours of the doctor, but he repudiated the idea as being in any wide sense applicable. The soothing influence of the doctor’s visit to the patient was touched upon and illustrated with force and wisdom; and Canon Young did not hesitate to remind the clergy that it would be well for them to adopt in their sacred ministrations as much as possible of the kindly tone and hopeful reassuring method of the doctor.

Worcester, October 31st, 1876.

THE NEWCASTLE-ON-TYNE SCHOOL OF MEDICINE.

(From a Correspondent.)

THE number of medical students in this important town is over sixty. A casual visit to it produces the impression that Newcastle either is or ought to be a very good school of medicine. The hospital contains about 240 beds, and has lately been very much improved. It is situated between the two populous counties of Northumberland and Durham, and in the very centre of the great North-Eastern Railway system. The new operating theatre is perhaps the most beautiful one in the kingdom, lighted from the roof as well as from the sides. I was fortunate in making my visit on an operating day. There was an operation for stone by Dr. Arnison on a child, as well as amputation of a breast for fungoid disease. Dr. Heath excised the hip-joint, and amputated at the knee. There were several other operations. Stone cases are very common here, and are very successful. Death is scarcely known after lithotomy, which is preferred, as a rule, to lithotrity. What impressed me most favourably in the hospital was the excessive care and trouble with which the antiseptic treatment was applied. It would have done