The resolution, having been seconded by Mr. Pocock, was unanimously adopted.

On the motion of Dr. O'CONNOR, seconded by Mr. DAY, a vote of thanks was passed to the chairman, and the proceedings terminated.

Correspondence.

"Audialteram partem."

THE OPERATION OF LITHOTOMY,

PROPOSED BY DR. MARSHALL HALL IN 1855, AND BY M. VALETTE IN 1858, SUGGESTED AND PERFORMED WITH SUCCESS BY THE LATE MR. GEORGE BELL, OF EDINBURGH, IN 1837.

To the Editor of THE LANCET.

SIR,—In THE LANCET of the 18th inst., there is a letter by Mr. Wildbore, headed "The late Dr. Marshall Hall's Proposition for a new Operation of Lithotomy." The letter refers to a proposition by M. Valette, of Lyons, of a new operation for the removal of vesical calculi through an opening made above the pubis; and the object of Mr. Wildbore's communication is to prove that, in the year 1855, Dr. Marshall Hall held, "as nearly as may be, the same views as those lately advanced by M. Valette." Mr. Wildbore has succeeded in establishing this fact; but the "proposal" itself is, in reality, an old story now, for, in the year "1837," a case was published in the *Edinburgh Medical and Surgical Journal* (vol. xlvii., p. 412), and is alluded to in Liston's "Practical Surgery" (p. 409, ed. of 1837), which illustrates the principle on which the proposals of M. Valette and Dr. Hall are founded.

The case occurred in the practice of my father, the late Mr. George Bell, in the year 1829. The gentleman on whom he operated was, at that time, eighty years of age, and survived till the year 1836.

Having detailed the case, Mr. Bell concludes in the following words, which clearly and succinctly describe the operation he had successfully performed:—

"My proposal is,—and it is my intention to follow it out as favourable opportunities occur,—

"1st. To inject the bladder, and puncture above the pubis, when the patient is in good health.

"2nd. To allow the tube to remain in until the adhesive process has destroyed the chance of infiltration.

"3rd. To dilate the opening gradually as far as possible.

"4th. If the size of the stone requires it, to enlarge the wound with the knife, in the course of the linea alba."

This proposal is the result of experience, and I believe it to be thoroughly sound in principle. It is specially applicable to cases of stone in which the prostate is considerably enlarged.

I am, Sir, your obedient servant,

Atholl-place, Edinburgh, Dec. 1858.

G. BELL, M.D.

LITHOTONY VERSUS LITHOTOMY.

To the Editor of THE LANCET.

SIR,—I have read in your number of last week the late Dr. Marshall Hall's proposal of lithotomy in the place of other operations for stone. I did so with the greater interest, having had to perform the operation he describes, not for the extraction of a calculus, but for the relief of retention from old stricture, with coma, threatening early death.

The operation which I performed, and to which I was shut up from circumstances which I need not detail, was precisely that recommended by Dr. Marshall Hall (*minus* the dilating part)—the thrusting of a trocar and canula between the os pubis and the peritoneum.

The relief to the patient was prompt, the coma soon disappeared, the urine came to pass mainly by the urethra, there was no approach to any peritonitic symptom, and all seemed hopeful and promising, when cystitis began, the urine became excessively ropy, and my patient died exhausted on the thirteenth day after the operation.

I scarcely see the propriety of the statement, that in the whole course of this operation no texture is divided. The bladder is not only opened, but subjected, for days, I suppose, to the irritation of the canula, and thereafter to a dilating

process—procedures which I should think very likely to originate serious or fatal cystitis.

I should have little difficulty in choosing for myself between lithotomy and lithotomy.

I remain, Sir, your obedient servant,

JAMES GRAY GLOVER, M.D. Edin., &c.

South Shields, Dec. 1858.

REGENERATION OF THE SPINAL CORD.

To the Editor of THE LANCET.

SIR,—Numerous as are the recorded cases of nerves rapidly healing after division, and regenerating after a small excision of their substance, I am not acquainted with any case of regeneration of the spinal cord after complete division. The following may therefore have some interest.

In the course of numerous experiments on the batrachia, some of which consisted in dividing the spinal cord in various regions, to establish different independent centres of nerve-action, I found that a frog with the cord divided in the dorsal region, after exhibiting for some weeks the most complete independence in its anterior and posterior extremities, began at last to exhibit a certain *consensus*. Originally, when the posterior extremities were pinched or touched with acid, they were agitated, but the anterior remained motionless; and *vice versa*. Sometimes the anterior segment crawled, dragging the posterior segment after it, like a log; at other times the posterior segment moved, and the anterior was quiet. No irritation of the one segment had any perceptible effect on the other segment; the two were as completely separated as if they had been two different animals.

About ten days ago I was showing a friend this interesting example of two independent centres of nerve-action in one animal, when, to my surprise, instead of the anterior extremities remaining perfectly quiescent, when the posterior were pinched, a decided agitation was visible in them, though of a slight character. This was so contrary to all that I had observed in the case of other animals, that at first I set it down to the wrong cause; but on reflection, it occurred to me that there had perhaps been a partial regeneration of the spinal cord. The next day I tested this, and found unequivocal symptoms of sensibility. Whenever the posterior extremities were pinched, the anterior were also agitated. It was evident that the two centres had become one, as respects sensibility; but the slight traces of a consensus of voluntary motions were too equivocal to admit of a decisive affirmation.

To-day, I find all doubt disappear. The consensus of voluntary motions is so far re-established that the frog (which, by the way, has only one hind foot), in crawling, uses the posterior extremities in aid of the anterior, awkwardly and inefficiently it is true, yet in a manner unmistakably different from his former mode. It will even make one hop, when much irritated! This shows that, to some considerable extent, there has been a reunion of the sensory and motor centres, formerly separated. There are no longer two utterly independent centres: whatever affects the one segment affects the other. A consensus has been re-established; and this would probably have been more perfect had the animal been left in perfect repose from the period of the original section of its cord; but having since then been subjected to a variety of experiments, a perfect healing of the two ends has perhaps been prevented.

I am, Sir, yours truly,

Richmond, Nov. 30th, 1858.

G. H. LEWES.

REMARKS ON CUPPING.

To the Editor of THE LANCET.

SIR,—I was lately induced to turn my attention to the manner in which cupping is performed by the following circumstance:—

A patient who had been repeatedly dry-cupped on the chest bore the marks of the rim of the glass branded upon the skin in several places. Upon inquiry, I found that this had been done by a student who had not had much experience in cupping, and who, in exhausting the glasses, held them sideways in the flame of the spirit-lamp, and not only heated them to an unbearable extent, but also very seldom succeeded in getting them to adhere until after several trials. I have no doubt this often happens when students apply cupping-glasses for the first time. Such being the case, I thought that the ancient plan of placing a piece of lighted cloth in the glass might with advantage be brought to bear upon the subject, provided there was an apparatus invented which would be more permanent