German physician will be found in one or other of the three last editions of my treatise on Uterine Inflammation. In none of these editions have I given to inflammation of the uterine neck that exclusive predominance which I am so often accused of doing. So far from this being the case, I claim to have published in my second edition in 1848, just sixteen years ago, the first complete account of chronic metritis,—that is, of chronic inflammation of the body of the uterus,—thus forestalling Scanzoni in many of his thoroughly practical and correct statements by sixteen years.

The first edition of my work, which appeared in 1845, was a very small volume, entirely devoted to the consideration of the pathology and treatment of inflammation of the uterine neck, then but little known or understood. It is the only edition which, to my knowledge, has been translated into German, and may be the only one known to Scanzoni. The second edition was a totally new work, which embraced the consideration of inflammation in all the uterine organs and appendages. Both in this and in the subsequent editions I have endeavoured to escape giving undue importance to disease in one region more than in another, and to generalize the pathology of uterine inflammation as much as possible; and yet, even up to this day, some of my friends, as well as most of my scientific opponents, write and speak as if I had never written anything on uterine disease but this essay on cervical inflammation, and as if I attributed every possible uterine lesion and symptom to this form of uterine disease. Thus my friend Dr. Tilt, in the recent edition of his work on Uterine and Ovarian Inflammation, pp. 2-3, makes me refer amenorrhœa, dysmenorrhœa, menorrhagia, and leucorrhœa, in nearly all cases, to ulceration of the neck of the uterus: positively an act of insanity. I am, most certainly, altogether guiltless of having ever given utterance to so ludicrously absurd an assertion. Indeed, the slightest reference to my really very comprehensive work will prove that I have devoted extreme attention to inflammatory lesions in the body of the uterus, the ovaries, and the lateral ligaments, and to the non-inflammatory modifications of nutrition which are connected with pregnancy, abortion, parturition, &c. Had I endeavoured to propagate such insane, one-sided ideas as those often imputed to me, my work would never have gone through four editions in England, and five in America; nor would it now be receiving the honour of translation in Paris, under the auspices of several of the leading members of the Parisian midwifery body.

I remain, Sir, obediently yours,
Grosvenor-street, May, 1864. HENRY BENNET, M.D.

ON UNUNITED FRACTURES.

To the Editor of THE LANCET.

SIR,—Ununited fractures, as defined by Mr. Winchester, “are but simple fractures, allowed to pass from stage to stage either from want of professional assistance, or, with it, through defective means at command, until nature, exhausted by repeated fruitless efforts, seems incapable of renewing them.” With this definition few would be inclined to cavil; but referring to a paper lately read before the Medico-Chirurgical Society, “On a New Operation for obtaining Union of an Ununited Fracture,” Mr. Winchester regrets that a subject of such importance “should not have been viewed in all its bearings, instead of being confined to the consideration of the proposed operation only;” in other words, that the subject of “prevention” of an ununited fracture ever occurring should not have been discussed. To have written on this subject, deeply important as it is, would have involved a consideration of another matter, distinct from that clearly expressed in my title, “On a New Operation,” &c. It is a first principle in the discussion of any subject to keep to the point. To have wandered from it, as Mr. Winchester proposes, would have been to discuss other matters than those submitted to the Society.

Mr. Winchester is very severe in his criticism of the operation I have proposed. He does not hesitate to say that “the unfavourable result of the second case recorded by Mr. Bickersteth must be attributed to the constitutional disturbance it excited, and consequently amputation in that instance would have been a far preferable expedient.” Now, it so happens that the operation I brought under the notice of the Society was not performed in this instance, but another and very different one, involving an extensive wound of the soft parts; yet the patient entirely recovered from the effects of the operation. The wound healed, and he went about for some time with a limb, at any rate, no worse than before. Because he afterwards died, and the post-mortem examination revealed

extensive tubercular depositions in the bones and throughout nearly every organ in the body, Mr. Winchester asserts that “amputation would have been a far preferable expedient.”

Let us live and learn; yet I trust the day may be far distant and the surgeons few who, with Mr. Winchester, would consider themselves called upon to amputate the thigh simply because the bone had failed to unite.

Mr. Winchester urges as objections to the operation—

1st. “*The risk*” which, in his opinion, “far outbalances the success which may occasionally attend its performance.” On this subject I have simply to say that the operation has only (as far as I am aware) been performed five times—i. e., twice on the lower jaw, twice on the humerus, and once on the tibia; that no constitutional disturbance worthy of notice has followed in any instance; and that the result has been uniformly successful.

2nd. *The difficulty of performance.* He writes: “To preserve the ends (of the bone) in exact position, while drilling oblique holes through them, must be attended with extreme difficulty.” Had Mr. Winchester ever performed “resection” for ununited fracture, or even witnessed this operation, he could not have failed to observe the extreme difficulty of separating the broken ends, so firmly are they, in the vast majority of cases, adherent by dense fibrous tissue. The bones require no holding, and the operation of drilling required no more skill than is possessed by the most ordinary artisan.

3rd. *The danger of tetanus or pyæmia through “the injury necessarily inflicted on the soft parts.”* To this I must reply, that the operation I have proposed inflicts no wound or injury to the soft parts beyond what is occasioned by the simple transit of the drill.

4th. And to sum up, Mr. Winchester considers the operation unnecessary. “I have no hesitation in expressing my belief that in any case in which a cure can be effected by it, the same may be as readily, if not more so, accomplished without it. I cannot, therefore, see any advantage to be gained by its adoption.” To answer this objection would involve a consideration of all the methods hitherto adopted by surgeons for the treatment of ununited fracture. This is too extensive a subject for me to broach on the present occasion. It is clear, however, that amongst them Mr. Winchester does not exclude “amputation.”

But Mr. Winchester has invented a splint with rack and pinion, by the use of which union has been accomplished in two instances—one of double fracture of the humerus, and one of fracture of the femur, and which, therefore, he says, “would doubtless have done the same in those cases of ununited fracture alluded to in Mr. Bickersteth’s paper.”

The instrument is figured and described in THE LANCET of Oct. 14th, 1854, and, from Mr. Winchester’s description of its powers, rivals, in its influence over the bones the wonderful effects attributed to “Holloway’s pills and ointment” over diseases of the soft parts. “It is,” says Mr. Winchester, “adapted for the thigh, leg, and arm—applicable to either simple, compound, comminuted, or oblique fractures, is perfect in its retentive powers, embracing the limb only at the exact points necessary for complete security, and therefore, if used from the first, will not only shorten the duration of suffering, but effectually prevent the occurrence of ununited fractures.”

Notwithstanding this high encomium, it would be interesting to know how it could have been effectually applied, or even applied at all, in the cases of ununited fracture of the lower jaw detailed in my paper.

I am, Sir, your obedient servant,
Rodney-street, Liverpool, E. R. BICKERSTETH,
May, 1864. Surgeon to the Liverpool Royal Infirmary.

INCONTINENCE OF URINE IN BOYS.

To the Editor of THE LANCET.

SIR,—I shall be glad if you will make known to your readers a very simple method of curing that form of incontinence of urine which occurs in boys during sleep, and which often baffles the ordinary attempts to relieve. I do not allude to cases of stone in the bladder, or to those in which the disorder can be traced to worms in the small or large intestine, as such cases are amenable to treatment suited to each particular case, and which it is unnecessary to mention. My observations apply to incontinence of urine which can be traced to no assignable cause, but is considered to depend on an irritable state of the bladder, and is often attributed to weakness of constitution and struma, and for which steel, quinine, and strychnia are frequently ineffectually administered.

The plan is one of great simplicity, and consists in encircling the root of the penis in a common elastic ring made of vulcanized indiarubber, such, in fact, as is used for stationery purposes. Let the bladder be emptied the last thing at night; the ring is then to be applied, and must be retained during the night, and removed early in the morning. It may be also used during the day if the bladder is irritable, which is not uncommonly the case.

In cases which have come under my notice, I have administered the carbonate of iron and an alkali, with an occasional purge of calomel and scammony; but I do not attribute much importance to the medical treatment, as I have always found that similar medicines have been ineffectually given before the ring was employed.

There is nothing new, after all, in retaining the urine in the bladder of children, as formerly it was the invariable custom to clap on the *jugum penis* for five or six hours before the operation of lithotomy; but I am not sure that the plan I now mention has been used for incontinence of urine before. I can recommend it for its extreme simplicity and its unquestionable efficacy.

Yours obediently,

St. Helen's-place, May, 1864.

JOHN ADAMS, F.R.C.S.

EDINBURGH.

(FROM OUR OWN CORRESPONDENT.)

THE summer session opened at the commencement of this month. Dr. Bennett has returned and resumed clinical teaching, a work in which he excels. It was a matter for deep regret that he had during the winter to give up lecturing for a time and go to the south of Europe, on account of an affection of the throat; but we congratulate the Edinburgh School upon his return, and are glad to find that during his temporary indisposition he has lost none of his characteristic ardour as a teacher. The subject of Professor Bennett's introductory lecture was the engrossing one, "Medical Education." On this matter he takes a different view from some of his fellow-professors. In his estimation the progress of the science and art of medicine is a subject for congratulation, and not for envy and regret, as it seems to be regarded by some. As regards his views on lectures, that such as are good and well delivered do not occasion loss of time to the student, there are few who will disagree with him; nor will his statement be controverted that if the lecturer knows little of his subject, reads a monotonous compilation, is incapable of fixing the attention of his class, or has not sufficient means for illustration or experiment, the lecture can produce little effect. The chief thing in the matter of lectures, in his idea, is that pains should be taken to obtain good instructors—that it is the lecturers, and not the variety of subjects, with whom the fault of the inutility of lectures lies. That lecturers should be able to lecture must be so evident that all will agree with Professor Bennett. But in his remarks upon examinations the same unanimity of opinion is not likely to prevail; for when he observes, "the only parties capable of examining are experienced teachers who, in consequence of their annually reviewing their special subject, must be cognisant with details," he comes in opposition to the large body of our college examiners, who are men of ability and reputation, conscientiously endeavouring to discharge this duty, and who, I cannot but think, do that duty well. Dr. Bennett summed up the points for the consideration of the Medical Council under three heads—(1) the means of securing good teachers; (2) the means of obtaining efficient examinations; (3) how to extend the practical methods of learning the science and art of medicine in our schools.

I mentioned in a former letter that the University proposed giving the students so many marks according to the position occupied in the class-examinations. I understand that this system has already come into use at the examinations lately concluded, and I also understand that the written examinations for class prizes have this year been turned to practical account, each student's competing paper being valued at so many marks, the number of the marks having reference to the examinations for the degree. I have not yet heard that the extra-mural lecturers have objected to this, although it is likely to prove injurious to them. Those students who obtain a certain per-centage of marks have only to answer one of the

questions proposed at the written examinations for the degree; those who have obtained a lower rate, to answer two questions; whilst those under a certain per-centage answer all the questions required.

The Edinburgh students are well off in having two courses of lectures on insanity delivered during the summer session. The one is in the extra-mural school, by Dr. Skae, of the Royal Edinburgh Asylum; the other is by Professor Laycock, on medical psychology and mental diseases. In his introductory lecture Professor Laycock dwelt on the necessity for the combination of principles and practice for the right understanding of mental diseases, and alluded to the error that the metaphysician is liable to commit who is ignorant of practical details. This subject was illustrated by those two well-known cases, that of Mr. Windham, and that of G. V. Townley. The Edinburgh School is fortunate in having two such able and experienced exponents of this important branch of medicine.

There are two sanitary questions at present exciting a good deal of attention among us. One is the drainage of Edinburgh. A great portion of the sewage is poured into the water of Leith, and is said by those on the one side to make it injurious to health, a charge which is denied by the others. From what I observe I cannot but think that were it not for the cost of the drainage scheme all parties would be agreed; for whether statistics prove that certain portions of the town are more unhealthy than others or not, still no one will but allow that the water of Leith is not a pleasant stream to look upon, nor that it is an agreeable walk at all times of the year to stroll along its banks. Surely to look at its dark and bubbling waters the similarity of name recalls that of "Lethe," that infernal river of the Greeks, whose name is associated with the dead. Some may ask, Why should not "modern Athenians" have their Lethe's stream as well as the ancient? The estimated cost of the drainage scheme amounts to £60,000: the sum is certainly considerable, when it is remembered that this sum is to be expended merely to conduct the sewage to the sea. It is remarkable that no company has been started for the purpose of utilizing the sewage, for the site of the city is well fitted for such a scheme. In Edinburgh we boast—that is, our cleaning committee docs—that £7000 a year are obtained for the street sweepings and the household refuse; and if so much can be realized from the one portion of our waste, why not utilize the other? The other sanitary matter is the Diseased Meat and Cattle Bill; but the subject is too important to be considered at the end of this letter.

Edinburgh, May 20th, 1864.

DUBLIN.

(FROM OUR OWN CORRESPONDENT.)

THE twenty-first annual report of the Council of the College of Surgeons in Ireland will be laid before the fellows on Monday, the 30th inst. From it will be learned that 15 candidates were admitted to the fellowship of the College, 116 received letters testimonial, and 29 the diploma in midwifery; 50 candidates for the letters testimonial were rejected. A most painful feature in the report is the list of deaths recorded amongst our fellows and licentiates, amounting in number to 30; on which roll appears—the latest of our losses—the name of Robt. Johns, chairman of the Midwifery Court of Examiners: an event most unexpected, and which resulted, after but a few days' illness, from peritonitis.

Robert Johns was the son of the late Colonel Johns, of Wexford, a gentleman of high social position, who destined the subject of these remarks for his own profession, in the study of which he was actually occupied for some years at one of your military colleges, but which he was ultimately compelled to give up all idea of entering in consequence of delicacy of constitution. He then turned his attention to the study of medicine, and was bound apprentice to the late celebrated surgeon, William Henry Porter, professor of surgery to the College of Surgeons, and one of the surgeons to the Meath Hospital; in which institutions he pursued his professional studies, contemporaneously with the prosecution of his arts' course in the University of Dublin, where he took out degrees both in arts and medicine. In the year 1839 he became a licentiate, and in 1844 a fellow, of the College of Surgeons. For a time he devoted himself to country practice, having charge of the Fethard and Tintern Dispensaries; but ultimately yielded to the advice of many of his friends (who considered it a pity that talents