

the contents. The author says that he undertook its compilation from personal experience of the want of such a means of reference during his attendance on lectures. Pre-existing medical vocabularies had proved needlessly diffuse in elucidation, and replete with obsolete terms and fanciful synonymes, which enlarged their bulk and cost without increasing their utility. These objections he has here successfully sought to obviate. The book will afford to learners a reasonable means of discovering the general meaning of words which may yet be new to them, and to practitioners it will supply the means of tracing out the recollection of terms which, from accidental causes, may have been lost to the memory. In these respects the labours of the author have been judiciously and profitably directed. Although reputed short cuts to knowledge cannot be discovered, yet non-professional readers of the medical periodicals, which present many attractions for the public appetite for information, will find this little book acceptable and useful to them in perusing lectures and essays on physiology and the therapeutic art.

STONE IN THE BLADDER IN SEAMEN.

To the Editor of THE LANCET.

SIR:—As your reporter from the *Medico-Chirurgical Society* has, by substituting one single letter for another (unintentionally, no doubt) entirely altered the import of my observations at the said Society, and thus drawn on me most unmerited censures, I request the means of correcting the misapprehension, and repelling the accusations.

I did not say that men known to have stone in the bladder were invalided at Naval Hospitals, and sent to Civil Hospitals to be operated on. I offered it merely as my own opinion, which I could not substantiate by positive proofs, that, in the course of the long late wars, men might have been invalided from the service, when known to be labouring under calculus, and afterwards that they went (not that they were sent) to Civil Hospitals for the operation. This is still my firm conviction, and it offers no insult to Naval Hospital Surgeons, as I shall immediately show. A man is taken before an invaliding Board, abroad or at home, and the surgeon of the ship states that he has a stone in his bladder. What is the Board to do? The chairman may say,—“You had better, my man, go into the Naval Hospital, and be cut for the stone.” What would be the sailor’s reply? Every man, who had

spent a single year in the navy, and who knew the deadly antipathy which seamen bore to the service—the persevering efforts which they made to get discharged—and the ingenious, often painful, means which they frequently employed to injure their health and counterfeit maladies—would instantly anticipate the answer of the seaman to the Board. He would commune with himself thus:—“If I go into the Naval Hospital, and survive the operation, I shall be sent back to my ship.” His answer would be—“Gentlemen, I cannot make up my mind to such a terrible operation; I had rather bear the tortures of stone than those of the knife.” Would the presiding officer say—“I command you, sir, to be lithotomised?” No; he would not. And would a Board send this man back to his duty, with a stone in his bladder? They would invalide him, and he would, in all probability, go ultimately to a Civil Hospital. In all this, is there any insult offered to the Naval Hospital Surgeon? But were it hinted that a Naval Surgeon might possibly shun rather than court the operation of lithotomy, of which he could have no practical experience, and which is an operation almost *sui generis*, where the eye cannot direct the point of the knife, and where years of familiarity with the operation, as an *assistant lithotomist*, are necessary to facility and success,—would that be any reflection on his skill or humanity? I may not have had the natural ability, or the professional acquirements, of Mr. Copland Hutchison, but I had a monitor in my breast which would not have permitted me to subject a fellow-creature to the knife of an unpractised lithotomist, conscious that I would not, myself, submit to it under similar circumstances. In this last respect I am not singular. Two naval surgeons,—Sir Valentine Duke and Mr. Evan Edwards (one of them an hospital surgeon)—were cut for the stone. Where? By Sir S. Hamick, at Plymouth?—No. By Mr. Vance, (a most expert operator in general,) at Haslar?—No. Did they go to Deal Hospital, in order that Mr. C. Hutchison might flesh his maiden gorget in their bladders?—No. They went to men who had been brought up (as it were) in hospitals—who had been, for years, in the *habit* of assisting in lithotomy cases—who had been in the *habit* of dissecting and demonstrating the parts concerned in lithotomy, and showing the operation on the dead body to pupils—and who, after all this discipline, were in the *habit* of operating on the living body. Could these two surgeons, with any conscience, urge a poor seaman to submit to an unpractised hand, when they, themselves, declined to be cut by the ablest surgeons in our great Naval Hospitals?

Lithotomy is an art which cannot be learnt by inspiration, and, according to Mr. Hutchison’s own showing, there could be

no other way for the Naval Surgeon to acquire it, seeing that few or no calculi grew in the Navy.

A word or two as to the comparative infrequency of stone amongst seamen. It was stated, by the President of the Society, and confirmed by others, that five-sixths of the subjects of lithotomy in *St. Bartholomew's Hospital* were under the age of 12 years, or above the age of 45 or 50 years. As few or no boys enter the Navy under 12, and but few men remain there after 45 or 50, the comparative infrequency is a creature of the imagination. Soldiers, or peasants, between the above ages, would be found to present the same infrequency of calculus. Many men, however, have calculi in their bladder for years, without being aware of their condition; and therefore many men may have been invalided from both services who had renal calculi in their bladders, which afterwards grew to stones of formidable size, and demanding an operation. I was present at an operation for stone in Haslar Hospital, soon after the termination of the war; the subject was a gunner of one of the ships in ordinary, at Portsmouth. Had this man, when before the mast, and in war time, been presented for survey, he would have been invalided, for he would have objected to the operation at a Naval Hospital, for reasons already stated; and afterwards, in all probability, he would have submitted to the knife at a Civil Hospital. I am, Sir, your obedient servant,

JAMES JOHNSON.

Suffolk-place, 2nd Jan., 1837.

PRECOCITY OF THE MAMMÆ IN AN INFANT.

To the Editor of THE LANCET.

SIR:—The following case, from the rarity of its occurrence, seems to me to possess some degree of interest. I therefore send you the statement for insertion in your valuable Journal.

Betty Marsden was delivered of a female child in the Preston workhouse, on the evening of the 6th of December, 1836. The labour was speedily terminated, in fact, before any medical man could arrive at the spot; and she rapidly recovered from her accouchement, without experiencing any untoward symptom. About one week after the birth of the child, she perceived some enlargement of its breasts, and asked my opinion as to what she should do with them. I advised her to leave them alone, but especially not to finger them unnecessarily. After the lapse of another week they were still further developed, but unaccompanied by any preternatural heat, swelling, or redness, or, indeed, any other symptom indicating inflammatory ac-

tion. They now seem stationary, and the child in every respect healthy, although not above the ordinary weight or size of an infant of the same age. I am, Sir, yours, &c.

W. HOWITT, M.R.C.S. and

One of the Surgeons of the Preston Dispensary.
Preston, Dec. 25, 1836.

POSITION OF THE PATIENT IN THE CURE OF VESICO-VAGINAL FISTULA.

To the Editor of THE LANCET.

SIR:—IN THE LANCET of last Saturday, I observe a letter from a very juvenile member of our college, in reference to my case of fistula vesico-vaginalis,—stating that Dr. Ryan had anticipated me in regard to the position of the patient. I saw Dr. Ryan's Manual of Midwifery (1828) yesterday, at the library of the College, and find that his words, page 53, are as follows:—"The proper treatment of this disease, so far as the plug is concerned, was unknown ten years ago." Dr. Ryan is not the inventor of the tampon, or plug, nor does he say so; nor does he mention the position of the patient; neither (supposing he did) do I know of one single instance of a cure from the treatment similar to the case of Connor, substantiated by more evidence of unimpeachable authority than the mere assertion of the operator. Moreover, I have (among other matters unpublished) in this case, three letters in my possession, written by the woman Connor, stating that she went to Dr. Ryan, near Hatton-garden, who examined her three times, and finally told her, that "he could do her no good." I console myself with having *gratuitously* assisted and benefitted a poor helpless woman; and what should add a stimulus to young aspirants, "*exemplum didi, quamobrem ut feci quoque faciant.*" I am, Sir, your obedient servant,

WILLIAM BAXTER.

1, Queen Charlotte-row, New-road,
December 30, 1835.

EDINBURGH INFIRMARY.

To the Editor of THE LANCET.

SIR:—Our winter session has commenced. The number of students does not appear to be diminished. At the Infirmary an amputation was got up to astonish the young folks, which eventually astonished the old ones. The operation was commenced by making a flap of *integument alone*, on the outer side of the limb; a second, a muscular one, was made internally, and a third, a square one, posteriorly. The bone was sawn *horizontally*, and, in consequence, snapped in the middle. The *femoral vein* was tied. The disease was stated to be "anchy-