

satisfactory result when compared with former years, and the following table must be interesting for comparison with the results obtained by other naval or hospital surgeons. The operations were performed principally at Cronstadt and St. Petersburg, and consisted of—

	No. of Cases.	Recovered.	Died.	Remaining under Treatment.
Amputation of fingers...	29	20	1	8
„ „ arm ...	5	2	1	2
„ „ forearm ...	2	0	0	2
„ „ thigh ...	6	3	2	1
„ „ leg ...	6	1	4	1
Excision of tumours ...	5	0	3	2
Paracentesis abdominis	1	0	0	1
Incisions ...	2	2	0	0
Phymosis ...	14	8	0	6
Operations for hydrocele	4	1	0	3
Lithotomy ...	2	1	1	0

The year 1859 was not distinguished by the prevalence of any widely-spread epidemic. Cholera alone became more frequent at St. Petersburg, Cronstadt, and Astrakhan. Rheumatic fevers occurred in some places, and scurvy prevailed to a greater extent at Cronstadt this year than during the former one. Inflammations of separate organs were the most numerous of all the complaints during the year, and occasioned amongst the class of acute disorders the greatest mortality; the largest number of cases occurred during the winter and autumn, and the total number of cases amounted to 2543, of which 117 died.

Sept. 5th, 1860.

WILLIAM D. SLYMAN, M. R. C. S., &c.

Correspondence.

“Audi alteram partem.”

CLINICAL INSTRUCTION IN THE METROPOLITAN SCHOOLS.

To the Editor of THE LANCET.

SIR,—I see in your number of the 1st inst., a letter from “Cantab.,” containing some hints to the intending students in the forthcoming October. Perhaps you will allow me space to make a few remarks upon it.

“Cantab.” seems to be perfectly aware of the value of the estimable quality of self-dependence, but I think does not attach to it all the importance it demands. I have myself been a teacher in one of the metropolitan schools for some time, and have come to the conclusion that the students who ask questions of their teachers are of two kinds:—1st. The hard-working, diligent student, who, after having read his subject with care, cannot understand some point, and, therefore, really asks for information. 2ndly. The idle student, who asks, not because he is anxious to make himself proficient, but because, as he sees the diligent student doing the same, he thinks it looks well, and, at all events, brings him somewhat in contact with his teacher. Hence the absurd questions which all must occasionally have heard these gentlemen put to their professors.

“Cantab.” says “it is discouraging to the student to find his inquiries answered in a slurring and impatient manner.” So it may be; but I maintain that it is more discouraging to the teacher who finds “the idlers” of his class asking questions of a most ridiculous and simple kind. I can well recollect an instance of this. When a student, I remember upon one occasion attending the medical visit with the physician and the class; and there happened to be a case of tape-worm under treatment. It will hardly be credited, but a third-year’s man (I cannot call him a student), in the face of all the junior pupils, had the audacity to ask the physician “how many different kinds of worms infested the human body.” I say audacity, because, although the teacher was good enough to go into the subject most minutely with the gentleman, I consider there was not the slightest necessity for it. Why could not this ignoramus go to his chambers and read up the subject of “worms?” and then, if he found any difficulty in his search after knowledge, let him do as the intelligent and hard-working student would—seek the assistance of his teacher. By so doing he would be employing his time usefully, and would not be wasting that of the class during the visit with

his narrow-minded and ignorant questions, neither would he subject himself to the ridicule of his contemporaries, nor to the sneers of the junior pupils. I think it is exceedingly fortunate that the student of this kind seldom finds his way into the wards of the hospital; for if the time of the assiduous pupil is to be occupied by listening to the teacher vainly endeavouring to drive the most common-place subject into a fool who collects nothing of what has been told him, I fear the number of students accompanying the physician in his round would become very small. What is the use, I would ask, of explaining any point to the idle, never-reading pupil? The answer is, none at all; for what he hears goes in at one ear and out at the other; and he is just as likely to ask the same question the following week, and is as likely to know as much about it. My firm belief is that students are not half enough dependent upon themselves. The idler thinks that a three-months’ grind will so superficially, or, as he supposes, permanently, polish him as to fit him to undertake the charge of the lives of his fellow-creatures, and is, therefore, led to imagine that he is at liberty to chatter at lecture, to crack jokes during the hospital visit, and to pick about with a scalpel and a pair of forceps under the vague impression that he is dissecting.

I would, therefore, say to intending students, Work for yourselves; if you cannot understand what you read, read until you do; and only apply to your teacher as a last resource, and I am quite sure that, under such circumstances, every information will only too gladly be given. I can safely say that when I was a student, the teachers never turned a deaf ear to me, nor did they ever answer my inquiries in a slurring or in an impatient manner. Nevertheless, I think it quite sufficient to make a teacher disgusted when he finds a man asking questions the answers to which the pupil might easily get at by the least observation and the smallest amount of reading.

By pursuing a course of steady, but careful, study, the student will find that he is adding much to his store of general knowledge, and is teaching himself, during his college curriculum, what he will inevitably have to put into practice in after life; that

“He can, who thinks he can. Self-confidence
And Self-reliance are twin Anakim;
Strange Thaumaturgi both. Possessed of these,
All things are possible—few difficult.
Man steps from hindrance on to hindrance
As a boy crosses, on the stones, the stream.
E’en obstacles themselves are but the rungs
That form the ladder of success.”

And should he be disheartened by the distance of the goal to which he is travelling, let him remember on his journey, that

“Success
Will be the sweeter, though it come but late,
Because unaided thou hast carved it out,
And hewn, thyself, thy fortune to a shape.”

I am, Sir, your obedient servant,

September, 1860.

GANGLION.

VERSION WITHOUT INSERTING THE HAND IN THE UTERUS.

To the Editor of THE LANCET.

SIR,—The two communications of Dr. Braxton Hicks, published in THE LANCET of the 14th and 21st July, descriptive and illustrative of “a new method of version in abnormal labour,” induce me to send you the details of the following case:—

On the 28th of January, I was summoned to attend Mrs. —, a farmer’s wife, in her third confinement. On my arrival, I ascertained she had been in labour for several hours. The pains were strong, and occurring at regular intervals; the os I found dilated sufficiently to admit the forefinger; the membranes were entire. The presenting part I had little difficulty in making out to be the left shoulder, in what I considered the first position. The slightest pressure on it with the finger caused the child to recede considerably, showing the liquor amnii to be abundant. Having now determined that the case could not with safety be left to nature, I resolved upon having recourse to the operation of turning; but as the time for its performance had not yet arrived, I was content to remain some time longer passive, at the same time avoiding giving a direct answer to my patient’s earnest inquiry if all were right, for I knew I should encounter many difficulties were she apprized of the abnormal position of the child. On again making an examination, I found matters as I had previously left them, with the exception of the os, which had expanded to the size of a

half-crown piece, and would, if required, admit with little difficulty the whole hand.

From the very great facility with which the foetus could be raised and moved about, it occurred to me that its position might be improved without either introducing the whole hand or rupturing the membranes—in short, that it might be possible, without having recourse to either expedient, to bring down the head into the brim of the pelvis, so as to convert the case into a natural presentation. With this object in view, I endeavoured to raise up the presenting part with two of the fingers of the left hand, while with the right I made steady pressure upon the head in the direction of from left to right. In a very short time the shoulder began to recede, but only to be replaced by another part of the child. The head could now be felt approaching slowly the mesial line. The external pressure was continued, while the fingers of the left hand were employed in guiding the head towards the pelvic brim, into which, before I had withdrawn the hand, it had entered. The case, being now converted into a natural presentation, was left to nature. In course of time a fully developed and healthy male child was born. The whole operation was completed in less than five minutes, and without the knowledge of the mother—a matter of no small moment in the present instance. No doubt this mode of version was greatly favoured by the peculiar circumstances of the case; and, although it may be applicable in only a very few, it seems to me by far the safest both to mother and child.

I send you the above observations, which show, as I think, that some cases of malposition of the head may be remedied according to the "new method" without causing the child to perform a complete evolution, in the hope that others may be induced to record their experience on the subject, so that a proper conclusion may be arrived at regarding the merits or demerits of the "new method of version."

I remain, Sir, yours faithfully,

Stranraer, Wigtonshire, Sept. 1860.

DAVID EASTON, M.D.

DR. WILLIAM BUDD'S VIEWS

RELATING TO THE

CONNEXION BETWEEN INTESTINAL ULCER- ATION & THE ELIMINATION OF FEBRILE POISONS BY INTERNAL ERUPTIONS.

(LETTER FROM STAFF-SURGEON DR. RENNIE.)

To the Editor of THE LANCET.

SIR,—Referring to the very interesting and important observations on intestinal fever by Dr. W. Budd, in THE LANCET of Feb. 25th, I shall feel obliged by your giving insertion to the following remarks, as the occurrences on which they are based tend materially to corroborate the views Dr. Budd has advanced regarding ulcerations in the intestines frequently being the result of eruptions, standing in the same relation to pre-existing morbid conditions of the blood as the eruption of small-pox does to the constitutional disturbance which precedes it:—

In the summer of 1852, when serving with the Royal Artillery in Hong Kong, my attention was first drawn to the relation existing between local disease and varieties in the modes of elimination of febrile poisons. The circumstances were the following:—A corps of gun Lascars, recruited from the Madras army, and attached to the Royal Artillery in China, were suffering severely from an obscure and fatal form of disease, setting in with all the ordinary symptoms of fever, and speedily becoming complicated with ascites, bronchitis, and a swollen state of the joints, which latter symptom led to its being viewed by some as a species of rheumatic fever. As the men composing this corps enlist on the understanding that their religious scruples are to be respected, opportunities were not afforded for observing the post-mortem appearances. I myself did not believe in the rheumatic origin of the disease; but no satisfactory theory of its pathology occurred to me until, after watching with some care the progress of the ordinary intermittent and remittent fevers (with their intestinal complications) which prevailed extensively amongst the European soldiers on the island, I ascertained that so long as the men had the regular febrile attacks, terminating by diaphoresis, they were free from any affection of the bowels; but that so soon as the paroxysms of fever ceased to pass off by perspiration, they were, as a general rule, seized with diarrhoea,

usually of a periodic form, standing in the same relation to the hot stage of the fever as the sweating did, and which eliminative action in the intestinal mucous membrane was, in the majority of instances, the precursor of the dysenteric symptoms which were so common in the chronic forms of the disease.

The observation of these facts in connexion with tropical fever of the periodic type in European constitutions, enabled me to account for the obscure disease of the gun Lascars. I believe them to have been seized with the Hong Kong intermittent, and that after passing through the cold and the hot stages, instead of the attack terminating by profuse sweating, as in the case of Europeans in the earlier periods of the disease, the crisis by watery elimination occurred internally, accounting for the sudden invasion of the dropsy, which sometimes set in in the air tubes with a rapidity terminating in speedy suffocation. This view appears to me the more probable when the peculiarities of the skin of the natives of the East are borne in recollection.

Shortly after arriving at these conclusions, I embarked for England in medical charge of troops, and as most of the men had suffered from intermittent and remittent fevers during their service in China, instances were of frequent occurrence tending fully to corroborate the views I had formed in reference to the dependence of some forms of diarrhoea on the absence of the sweating stages in these diseases. One man, I recollect, was attacked every second night, between eleven and twelve o'clock, with rigors, followed by fever, terminating by violent purging. From his previous history, and the general character of the attack, no reasonable doubt could exist for viewing the watery diarrhoea to be otherwise than perspiration from a mucous surface, and I accordingly placed him under treatment as for common ague—namely, ten grains of quinine on the day after the seizure,—and succeeded in arresting the disease after two doses.

Amongst the invalids on board there were several men from the 59th Regt. labouring under chronic dysentery; the whole of them having suffered severely from fever in China. On inquiring carefully into the history of their cases, I found that, without exception, when first attacked, the crisis occurred by ordinary diaphoresis, but that after the disease had continued for some time the perspirations ceased, and they noticed their bowels become affected—commencing with intermittent attacks of diarrhoea, which gradually became remittent, and ultimately merged into the form of chronic dysentery for which they were invalided.

The facts as I have now given them were embodied by me in a series of "Observations on the Connexion between Internal Disease and Irregularities in the Modes of Termination of Fevers in general," which I submitted in a printed form to the Army and Ordnance Medical Departments in the early part of 1854; and I drew the following practical deductions from them,—namely, that the tendency of the fever as it then prevailed at Hong Kong was to terminate by watery effusions, which in the first instance, as a general rule, took place from the skin, but that after a time it seemed as if the cutaneous surface became unable to perform the eliminative process, compelling nature to select the surface next best suited for its purpose, and which seemed to be the intestinal mucous membrane, the process at first going on from it with the same regularity as it did from the skin; this, however, was of short duration, as it appeared to me that when the termination by diarrhoea was once fairly established, the characteristics of the disease became less marked—the diarrhoea, formerly intermittent, gradually became remittent, and ceased to be preceded by the same amount of constitutional disturbance as formerly—sometimes by none at all; ultimately no remission could be noticed in the bowel complaint, and the characteristic form of chronic dysentery became fairly established; the lining membrane of the bowels apparently not being capable of carrying on the process of elimination for any length of time without becoming diseased: constant irritation probably producing inflammation, succeeded by ulceration. The decline of the febrile symptoms in proportion as the bowels became diseased seemed to me to admit of the following explanation: that the materies morbi of the fever was prevented attaining a bulk within the current of the circulation sufficient to produce the constitutional disturbance it did formerly, from the fact of its having a constant breach of surface—a sort of safety-valve, in fact—to ooze out at in the ulcerated intestines.

The views I have now given were originally formed by me in 1852; and while I believe them to be correct as applying to certain forms of intestinal ulceration occurring as sequelæ of fevers, from observations I have made since, I am satisfied that other and possibly graver forms of ulcerative action in the