

spring up independently of coitus, and therefore you easily understand why the urethral variety is so much more rare than the others."

In the American Journal for 1834, page 215, a case of M. Ricord is mentioned, the latter details of which have a great resemblance with the one just discussed.

I remain, yours truly,

Upper Baker-street, Regent's Park, VICTOR DE MERIC.
August 9, 1848.

POOR-LAW MEDICAL RELIEF.

We have been requested to publish the following letter:—

To the Right Hon. Charles Buller, M.P., &c. &c.

SIR,—As chief poor-law commissioner, and the individual having the greatest control over the management of unions, I would with submission suggest—

That each union throughout the kingdom should be compelled to supply itself with drugs, chemicals, surgical instruments, &c., of the purest kind and best manufacture.

You are aware that, at present, medical officers are expected to provide themselves with these necessities. I need not point out to you how inadequate is their remuneration—what constant, what reasonable complaints are made on this subject. The cost to the union would be comparatively trifling—the drugs, instruments, &c., would be on the spot, the relief to the medical officers considerable, the satisfaction to the rate-payers and the public unlimited.

From my extensive experience as a wholesale chemist and druggist, (my local knowledge acquired by many years' travelling through the three kingdoms,) I can give you valuable information as to the whole materiel requisite for this object, and shall be most happy to attend any appointment you may make.

Would it not be advisable to unite in one individual the offices of master and medical attendant, as an ever-present means of securing the powerful aid of humanity, skill, and education, in ameliorating the condition of the unfortunate poor?—I have the honour to be, Sir,

Your most obedient servant,

June 10, 1848. CHARLES BUTLER.

BREECH PRESENTATIONS.

To the Editor of THE LANCET.

SIR,—Had your correspondent of the Westminster Bridge Road been contented with simply admitting that he was wrong, (last vol. p. 360,) I should not have troubled you with this; but after doing so, and then immediately arguing that he was right, in his wholesome (?) advice to junior practitioners, inviting from me, at the same time, a rejoinder to such arguments, in rather a triumphant and well-satisfied tone, I feel compelled to comply with his request.

I must again quote his original paragraph, (last vol. p. 120.) "As a piece of wholesome advice to younger practitioners, and as one which I myself have uniformly observed, I warn them, whenever they meet with a case of breech presentation, or one likely to become so, invariably to acquaint the friends and relatives of their patient of the nature of the case, and the moral certainty of the death of the child. It prepares their minds for the consequent disappointment, and confirms the confidence (?) reposed in the practitioner himself."

To this my objection was, that there is no such moral certainty of the child being still-born, and that any junior practitioner who should adopt such wholesome (?) advice, might perhaps run the risk of creating a suspicion that his practical obstetric studies had been rather remissly attended to. I mentioned that your correspondent would, on inquiry, find that hundreds of infants are born alive under such circumstances, but that, in first labours, the presentation is peculiarly hazardous to infant life.

Your correspondent contradicts this, by referring me to statistics which prove that 421 infants out of 598, in breech presentations, are born alive, and only 177 lost. I quite adopt the note of admiration which he has placed after the extract. "Statistical facts are ugly things in argument," as he remarks; and it was owing to a tolerably extensive knowledge of such statistics, to which in former times I have been constantly obliged to refer, as well as to direct the attention of others, that I felt it but just to warn younger practitioners against such erroneous advice.

I am perfectly aware that, as the general rule, breech cases are more hazardous to the infants than when the head presents, and that placenta-prævia cases do not increase the chances of their safety. I take it for granted, that every obste-

tric author, as well as Burns, will admit these points; but neither of these is the point in question. I refer again for this to the "paragraph itself," and octogenarian as I may be, I trust that I have still sufficient acumen left to detect the fact that your correspondent, in retracting his assertion altogether, by omitting the words "moral certainty," (the "Hamlet," by particular desire, left out of the play,) and then proving, beyond a doubt, that Burns' assertion is correct, does not employ the sort of logic which was deemed conclusive in my younger days.

Disclaiming all intention of referring to your correspondent in the following remarks, I must state, that many of the fatal breech cases are the sequence of "meddlesome midwifery." Dr. Burton, of York, (the Dr. Slop of Sterne,) termed such presentations "most dangerous and difficult," and recommended that the medical attendant "should thrust them up with all his strength."

Smellie, and W. Hunter even, inculcated the necessity of bringing down the feet; but when the latter eminent practitioner at length found out his mistake, he ingenuously confessed, "that until he left these cases to Nature, he generally lost the infant."

The mortality of infants in breech presentations, at the Maternité of Paris, was 1 in 7; my own researches give 115 deaths in 804 cases, which is about the same result; and as your correspondent refers to Collins' statement, he will find, on looking at it again, that although, out of 242 breech presentations, 73 of the infants were still-born, 42 of these were putrid, and 40 of the 242 cases were premature.

AN OLD ACCOCHEUR.

MODE OF APPLYING LEECHES.

To the Editor of THE LANCET.

SIR,—I beg to call your attention to the following new mode of applying leeches, and, if you think it sufficiently important, to insert it in your valuable journal.

As far as my own experience, and that of others, whom I have induced to try it, goes, this mode seems to be decidedly preferable to those hitherto employed.

The part to which the leeches are to be applied having been cleaned by rubbing with a cloth dipped in warm water (without soap), put the leeches in a glass and fill it half full of cold water, then invert it over the part, and they will bite almost instantaneously, sometimes all at the same moment, so that the patient often supposes that only one has taken hold. After they have all bitten, let the water out of the glass gradually into a sponge or cloth placed at the most depending part to receive it.

If the leeches are to be applied to a particular spot, cut a hole of the required size in a piece of stout paper, place it over the spot, and proceed as before.

If the patient is unable to alter his position, and the leeches have to be applied to a part where there would be a risk of spilling the water in inverting the glass, place a piece of paper over the mouth of the glass, invert it upon the part, and then draw the paper from underneath.

After the leeches have fallen off, sponge the bites with warm water, and place a piece of lint of three or four thicknesses over the bites, and over this a flat six or eight-ounce bottle filled with hot water and corked, to promote the bleeding, (which may in this way, by applying fresh lint and another bottle full of hot water when the other is too cold, be kept up for any length of time.) When it is desired to arrest the flow of blood, place over the bites a piece of glazed card, with the glazed side next the skin, (as recommended by one of your correspondents in a former number,) make moderate pressure, and as soon as it adheres, cover it with a piece of adhesive plaster, to retain it in its place till the bites are healed. I have persuaded some of the nurses of University College Hospital to adopt this plan, and I also caused it to be adopted during the time I was surgeon to the German Hospital at Dalston, as well as in my private practice, and in every instance with equal success.

I remain, Sir, your obedient servant,

Stanhope-st., Regent's-park, ROBT. WAILES, M.R.C.S.E.
July 18, 1848.

NAVAL MEDICAL ANOMALY.

To the Editor of THE LANCET.

SIR,—In THE LANCET of last week, I stated the cost of the certificates to enter the navy as six or eight pounds: this is an error of mine, it is but two guineas. This is an excellent loop-hole for the Admiralty to procure medical assistants. The examination is conducted in the short space of less than