

UNIVERSITY OF LONDON.

In another column will be found the resolution presented to the Senate of the University of London, in reference to the recent appointment of Dr. Storrar to the Medical Council. The names appended to this resolution, which comprise those of nearly all the best men belonging to the University, show what a grievous mistake has been committed. As out of evil generally proceeds good, the Senate will henceforth be taught the wisdom of seeking the fullest information before proceeding to act in matters on which they cannot be otherwise than ignorant. This appointment would not have been made, and all its ill consequences would have been avoided, had the Senate taken the trouble to inquire into the character of the office to be filled, and the fitness of the person whom they were about to appoint. It is understood that, should Dr. Storrar be unseated by the Court of Queen's Bench, a distinguished physician will be nominated for the office.

Correspondence.

"Audialteram partem."

LITHOTONY AND LITHOTOMY.

[LETTER FROM FREDERICK D. ROSS, ESQ., M.R.C.S.]

To the Editor of THE LANCET.

SIR,—As the proposal of a new operation in surgery, or rather the attempt to bring into practice the ideas of persons of accredited authority, (who have passed away from amongst us,) is sure to be canvassed very freely as to the merits or demerits of the procedure, I think we should be very careful thoroughly to weigh the arguments *pro* and *con.*, and see whether they be the result of actual observation, or merely conjectures of an hypothetical character; and feeling as I do that every available fact that can be brought to bear upon the subject should be pressed into service, I humbly offer my mite on the subject of puncturing the bladder above the pubes, whether it be simply (as in this case) for the purpose of relieving retention of urine, or for that of lithotomy, as proposed by Dr. Marshall Hall, and more lately by M. Valette.

In the spring of 1855, when I had the privilege of dressing under Mr. Lloyd, a man was admitted into St. Bartholomew's Hospital, suffering from retention of urine, with greatly aggravated symptoms. All attempts to pass the catheter were unsuccessful, and the only means of affording relief presented itself in the form of puncturing the bladder, and the only position in which this could be done was above the pubes. Mr. Lloyd punctured the bladder by means of a large-sized trocar and canula, and on the withdrawal of the trocar, a large quantity of urine escaped. Subsequently an elastic catheter was passed through the canula into the bladder; the canula was withdrawn, and the catheter secured by means of tapes; to the end of the catheter a piece of india-rubber tubing was fixed, with its further extremity dipping into an utensil under the bed, thus insuring a ready means of escape for the urine. By degrees the urethra was dilated, and when of sufficient calibre (which, however, did not take place for above a fortnight) the catheter above the pubes was removed, and in a few days the wound had healed, and the man shortly after was discharged in perfect health. No symptoms either of cystitis or peritonitis, if I remember right, supervened on the operation.

Mr. Lloyd at that time mentioned to the class a similar case, in which he had operated with equal success, as far as the immediate relief of the patient was concerned, but stated that the urethral passage was never restored; and, to compensate for this, the man wore an instrument, adapted to the puncture above the pubes, and fitted with a stop-cock, so that at any time he could by this means relieve his bladder of urine collected within it.

Such, then, is the result of two cases of puncturing the bladder above the pubes, which I offer for the benefit of your readers.

I am, Sir, your obedient servant,

Guildford, Dec. 1858.

FREDK. D. ROSS, M.R.C.S.

ON LITHOTONY, OR THE HYPOGASTRIC OPERATION FOR STONE.

To the Editor of THE LANCET.

SIR,—In reference to the above operation, it may, perhaps, interest your readers to know that it was successfully performed by Benjamin Bell many years ago. Mr. Bell having been called to a man suffering from retention of urine (caused, I believe, by stricture), and who was known to be afflicted with stone, punctured the bladder above the pubes; he afterwards dilated the fistulous opening by the use of tents, and extracted the calculus. The natural passage through the urethra was subsequently restored, and the man perfectly recovered. Thus, by his fertility of resource, the great surgeon relieved his patient, and at the same time rendered his exposure to the dangers of lithotomy unnecessary. I am not aware that this case is mentioned in Bell's surgical works, but I was informed of it by Mr. Benjamin Joseph Bell, a grandson of the distinguished author, at the time we were fellow-students together, many years ago.

I am, Sir, your obedient servant,

London, Dec. 1858.

ROBERT BENINGTON, M.R.C.S.

"QUARRELS IN COURT."

To the Editor of THE LANCET.

SIR,—In your unjust remarks on the case *Morrell v. Baker*, I have to complain, first, because you class the *offender* and *offended* together; and, secondly, because you conclude your address or comments by saying, "both should understand that they have committed a professional offence."

Now, I protest against that as most unjust, and trust you will correct the error you have represented, and admit my justification in bringing my case before the public by showing that I was insulted, and had my professional reputation attacked without the slightest provocation whatever.

I am, Sir, your obedient servant,

December, 1853.

G. MORRELL, M.R.C.S.

TREATMENT OF CHRONIC HYDROCEPHALUS.

To the Editor of THE LANCET.

SIR,—The fatal case of chronic hydrocephalus recorded in your last week's "Mirror," in which compression and tapping were resorted to by Dr. Wilks and Mr. Bryant, is incompletely reported, inasmuch as no mention is made of the treatment the case had undergone previous to its admission into Guy's Hospital. The child had been under my care in Hertfordshire; and the treatment I employed was that recommended by Professor Gölis, of Vienna—viz., the administration of quarter-grain doses of calomel twice a day, and the inunction of mercurial ointment into the scalp. Whilst the system continued under the influence of the mercurial, the diminution of the fluid within the head was most marked, and this amendment was evidently owing to the drug, as it ceased when it was discontinued, and again became apparent when the calomel was resumed. The child's general health was also much improved whilst she was taking the powders.

My impression at the time was much in favour of this plan of treatment, and that had it been persevered in for a longer period, permanent good might have been effected; but the mother's impatience prevented my carrying it out to the fullest extent.

I am, Sir, yours, &c.,

Cheltenham, Dec. 1858.

W. PHILSON, M.D.

THE MARSHALL HALL METHOD OF TREATMENT IN ASPHYXIA.

To the Editor of THE LANCET.

SIR,—Trusting the report of the following case may increase the reputation already attained by the Marshall Hall Method of treating asphyxia, I am induced to forward it for insertion in your valuable journal.

On the night of August 17th, I was called to a case of labour in a multipara, and found a breech presentation. The labour proceeded in the ordinary manner, the head being detained in its passage for fifteen minutes or more, and the cord protected much in the usual way. When the child was born, it was totally without respiration, somewhat livid in the face, and having a very slight pulsation in the cord. Cold water was thrown over the face and chest. This having no effect,