

rysma! tumour was much shrunk, about the size of a walnut, firm, and the slough had extended down to its parietes from the external integument; at this point they were much thinned. The tumour was firmly connected to the surrounding parts.

LARGE STONE IN THE BLADDER.—DIVISION OF BOTH SIDES OF THE PROSTATE.

J. R., aged 46, was admitted June 22, under the care of Mr. Liston. He is a farmer, of temperate habits, and in the enjoyment of tolerable health. He was in the habit of passing gravel in his urine for a period of twenty years, until nearly three years since, when the gravel ceased to be passed. Two years and a half ago, after much exertion, blood passed with his urine, and at this time he began to experience uneasiness at the end of the penis, which was more severe at intervals. He subsequently suffered from the general symptoms of calculus, but he never noticed that the stream of water suddenly stopped. Mr. Liston sounded him and detected a large stone of hard consistence and rough.

25. Mr. Liston performed the lateral operation. Owing to the size of the stone he made the first incision rather larger than usual, and divided the prostate on both sides. The stone, which was very large and firm, was then removed. The patient went on well and is now about to leave the hospital.

Mr. Liston said in respect to this case, that the stone was considerably above the ordinary size, and it became necessary to exert considerable care in its extraction, to prevent the laceration of the soft parts. He was aware, from the previous sounding, that the stone was much larger than usual, and he was, therefore, prepared for the step which he found it necessary to resort to; that of dividing to a very small extent the right side of the prostate. The students were aware that the bladder was very dilatable, and that a very small incision into the prostate gland was required. The stone having been carefully seized in the axis adapted to the incision, it was steadily and gradually brought forward whilst the parts were pushed back over it; this of course took up some time, but all terminated happily, and the stone was removed without the occurrence of the slightest laceration or injury.

DIABETES INSIPIDUS.

IN lecturing on a case of diabetes mellitus the other day, Dr. Elliotson exhibited the urine of a patient at present under his care. This individual is a married woman, and is suffering under all the symptoms of diabetes, such as the thirst, loss of appetite, dryness of the skin, emaciation, and that peculiar anxiety of countenance which is considered indicative of the disease. The food she takes appears to be of no benefit; her gums

are spongy and turgid, pulse quick, spirits much depressed, debility extreme. She passes a very large quantity of urine. In short, she has every symptom of diabetes. The urine, however, is materially different from that secreted in ordinary cases of this affection; its colour, instead of being a pale lemon colour, was whitish, indeed, almost colourless. Its specific gravity, instead of being above that of healthy urine, was only that of water, 1000°, and of a purer nature than any secretion he had ever seen, except that which takes place in cases of hydrocephalus. The case was, indeed, a rare one, being, in fact, an instance of polyuria, or diabetes insipidus. The case was, indeed, so uncommon that Dr. Rayer, from whom he had lately heard on the subject, almost doubted if he, Dr. E., had ever seen such a case. He had certainly seen some, not many. He had seen such cases, terminating in diabetes mellitus; and some cases of diabetes mellitus terminating in symptoms and a condition of urine like that observed in the present case. It was exceedingly uncommon for a case to go on as this did towards a fatal termination. The plan pursued was that of supporting the system, for which carbonate of iron, strychnine, and generous diet were prescribed.

MEDICAL EVIDENCE BEFORE CORONERS.

To the Editor of THE LANCET.

SIR:—Your observations respecting the necessity of intrusting the office of coroner to a medical man acquainted with the present state of chemical analysis, elicited from the imperfect post-mortem examination of Mr. Pow, are just and self-evident. On reading the evidence given by Mr. Brooke to the coroner, I addressed a letter to the "Times" newspaper under the signature of "Medical Student," in which I showed that if the scalpel had not found any traces of poison the chemical analysis ought to be resorted to. I cited two examples, one taken from "Feverbach's Causes Celebres," and one from the "Journal de Pharmacie" (August, 1837, page 386), to prove that this analysis could be effectually performed, even after the corpse had undergone decomposition.

I addressed these observations previous to the passing of the verdict, in order that some professional man of influence might take notice of it and insist upon the necessity of a chemical analysis of the viscera and their contents.

I do not know whether this letter appeared or not, but I see from your statement that nothing of that kind has taken place.

I write these lines both in order to confirm

with my own experience the truth of your remarks, and to exculpate myself from having neglected that which I think was the duty of those connected with the inquest to suggest. I remain, Sir, one of your oldest and constant readers,

Dr. J. DE PRATI.

8, London-street, Fitzroy-square,
August 4, 1838.

To the Editor of THE LANCET.

SIR:—My attention has been directed in the last published number of your weekly Journal, to certain strictures upon my evidence, at an inquest held upon the late Mr. Pow.

I am aware it would occupy too large a space in your publication to enter fully into a refutation of all the charges you have thought proper to bring forward; at the same time, I cannot but express my surprise that the Editor of THE LANCET should rely for information upon the garbled extracts of a daily paper. That I did say that I would not give ardent spirits in delirium tremens I admit, and that opinion I still retain, as in those cases where I have witnessed its administration, its effects have invariably been injurious, if not fatal. At the same time, I am willing to admit, that there are medical men who sanction such practice. Had you perused my evidence with attention you must have perceived that my remarks applied more particularly to the case in question, where there was every reason to surmise the existence of inflammation of the stomach.

That I did not object to the exhibition of stimulants is evident from several of my replies, where I have recommended the administration of ammonia, ether, opium, camphor, &c., from which you must be sensible that my objection to the use of the spirit bore more particular reference to the incautious administration of it in the present case.

With regard to the examination of the viscera by chemical tests, as we had no reason to suspect the presence of any acrid poisons, the symptoms and course of the disease not leading to such a conclusion, they were not examined further than is stated in the evidence. And this, allow me to say, met the concurrence of three other medical men who were present.

In conclusion, I must take leave to remark, that comments upon a case not finally adjudicated, by creating a particular bias in the minds of the jury, would tend rather to defeat or baffle the ends of justice, than arriving at the much-desired object,—truth. I have the honour to be, Sir, your obedient servant,

C. J. PREEDY.

89, Chapel-street, Pentonville,
August 8, 1838.

Had Mr. Brooke and Mr. Preedy ad-

ressed notes to the Editors of the newspapers and complained of the inaccurate manner in which their evidence was reported, those gentlemen would have been spared the comments which appeared in this Journal.—ED. L.

INQUEST ON THE BODY OF MR. POW. LETTER FROM MR. BROOKE.

To the Editor of THE LANCET.

SIR:—My estimation of the manner in which the proceedings of coroners' inquests are usually conducted coincides so entirely with your own, and the course pursued in reference to the deceased Mr. Pow, appeared to me so very unsatisfactory, that I did not give myself the trouble of correcting the misrepresentations of my evidence as reported in some of the daily papers. As, however, the attention of the medical profession has by your notice of the proceedings been directed to the subject, I consider an explanation to be indispensable on my part, feeling as I do that the fault rests not with myself, but with the medico-legal incapacity by which my observations were directed. On entering the room in which the jury were assembled, not accidentally, but having been sent for at the instance of some one present, I was requested to examine the body, and when I endeavoured to ascertain the precise object of the examination, all I could learn was, the existence of a suspicion that large doses of the tincture of hyoscyamus had been administered medicinally, but no one ever suspected that the deceased had been otherwise poisoned. I was also requested to ascertain, if I could, whether inflammation of the brain had existed; and a hope was expressed that the inquiry would be expeditiously conducted, as the jury would wait my return. I therefore satisfied myself as far as I could on these points, and returned, leaving the body open for analysis, or further investigation if required by the coroner or jury. I stated that the stomach bore evident marks of inflammation. The minute patchy injection of the mucous membrane, (which was not all decomposed), unaccompanied by any congestion of the large vessels, and which differed alike from the cadaveric congestion described by Dr. Carswell, and from that state of congestion of the stomach which I believe frequently results from the repeated action of vomiting, I considered, and I believe justly, to be a distinctive characteristic of inflammation; and in reply to a question, I added that there was nothing in the appearance of the stomach that would lead me to suppose that any acrid mineral poison had been taken.

In reference to the question whether or not the tincture of hyoscyamus had been