

M. Reali performed the following operation. Standing to the right of the patient, he seized the spermatic cord with the thumb and fingers of his left hand, and raised the part so as to make the skin tense. An incision an inch and a half long was then made, and the cord was laid bare. The operator then opened the sheath, and, by means of a needle, introduced a strong thread, by means of which he rapidly and completely strangled the end. The thread was tied tightly, and the ends were left between the edges of the incision. The result of the operation was very satisfactory. The ligature was detached on the fifteenth day. Two months after the operation, the wound was entirely cicatrised, and the volume of the tumour had diminished nearly one-half. The tumour continued to decrease; and, ten months after the operation, the testis had returned to its normal size. The cure was permanent. A second operation of the same kind performed on a man 40 years of age, was less fortunate; the patient died of the sequelæ of the operation. In a third patient, a young man aged 23, who had an almost stony enlargement of the testis with a slight serous collection, the result was as satisfactory as in the first case. The testis, which had been four times as large as the other, was reduced almost to its normal size. (*Annali Univers. di Medicina, and Gazette Méd. de Paris, 2 Juillet, 1864.*)

FISTULÆ FOLLOWING LITHOTOMY IN CHILDREN. A fistula, says M. Guersant, is sometimes left after lithotomy; it may be vesico-rectal or vesico-perineal. Of three cases of recto-vesical fistula which M. Guersant has seen, two were cured spontaneously; the third resisted all treatment, and the fistula remains, the urine escaping involuntarily, sometimes with fecal matters. M. Guersant has seen cases of perineal fistula in children on whom lateral lithotomy had been performed months or even years previously. He has treated them by cauterisation with nitrate of silver, but always without success, from not being able to act on the entire course of the fistula. He has also tried a thread seton, introduced into the fistula and brought out through the urethra; but has derived most success from cauterising the whole course of the fistula with a styilet at a white heat. (*Bulletin Génér. de Thér., 30 Juin.*)

MIDWIFERY AND DISEASES OF WOMEN.

OBSTINATE VOMITING AND DIARRHŒA DURING PREGNANCY: ARTIFICIAL PREMATURE LABOUR: RECOVERY. A woman aged 29, of extremely nervous temperament, had been much harassed by obstinate vomiting during her first pregnancy. On July 15th, 1863, she had arrived at the eighth month of a pregnancy still more disturbed than the first, inasmuch as to the repeated vomiting there was added diarrhœa, which could not be restrained by any remedies. From the third month to the sixth, the alvine flux had been moderately abundant each day; but from the sixth month to the commencement of the eighth, it was excessive. Hence, the entire series of astringents and bitter tonics having been exhausted, and the mother being very weak and the fœtus scarcely viable, M. Ligé of Mans determined to induce premature delivery. He first applied nitrate of silver to the orifice of the cervix uteri, according to the plan recommended by Professor Giordano of Turin; but no effect was produced. Nine uterine douches were administered at intervals of twelve or fifteen minutes, and delivery was soon effected. The child, a male, was rather small and very feeble: it soon died. The mother, although much exhausted, gradually reco-

vered her health under the influence of a tonic and reparative regimen. (*Union Méd., Dec. 1863; and Bull. Génér. de Thér., 15 Jan., 1864.*)

SOURCE OF HÆMORRHAGE IN CASES OF UTERINE TUMOURS. At a meeting of the Edinburgh Medico-Chirurgical Society, Dr. Matthews Duncan exhibited a fibrous tumour removed from the uterus of a woman who had died after suffering from profuse monthly attacks of menorrhagia. The tumour, moderately hard, lay in the fundus of the uterus, and was permeated by venous sinuses capable of admitting a crow-quill. It was surrounded by uterine tissue; and in the layer between the tumour and the peritoneum there was a network of enormous uterine sinuses. At about the centre of the part where the tumour projected into the cavity of the uterus, was a small clot, partly filling a round opening about one-twelfth of an inch in diameter, through which a probe could be easily passed into the uterine sinuses. Dr. Duncan observes that the presence of these sinuses accounts sufficiently for the hæmorrhage; and that the bleeding occurred only at the menstrual periods, during the congestion of the organs, while, at other times, the sinuses were comparatively empty. The case appears to him to indicate the use of means to diminish the impetus of the blood or to moderate congestion in the pelvic viscera. It further points to the value of attempts to restrain the hæmorrhage by compression, in whatever way applied. (*Edin. Med. Journ., Jan. 1864.*)

Association Intelligence.

THE MEDICAL PROVIDENT FUND.

DR. RICHARDSON begs to announce the following contributions to the Guarantee Fund—

	£.	s.	d.
Amount already contributed.....	199	10	0
R. Ceely, Esq. (Aylesbury)	5	5	0
W. Adams, Esq. (London).....	5	5	0
Dr. Johnstone (Birmingham)	3	3	0
G. May, jun., Esq. (Reading)	5	5	0
J. H. James, Esq. (Exeter)	10	10	0
Dr. D. L. Thorp (Cheltenham)	21	0	0

Further contributions will be announced.

12, Hinde Street, Manchester Square, W.

WEST SOMERSET BRANCH.

A QUARTERLY Meeting of this Branch will be held at Clarke's Castle Hotel, Taunton, on Thursday, Oct. 13th, at 7 P.M.

Notice of Papers or Cases to be communicated should be sent to the Honorary Secretary previous to the meeting.

W. M. KELLY, M.D., *Hon. Sec.*

Taunton, September 1864.

THANKS TO THE ACCOUCHEUR. At the late annual meeting of the Ohio State Medical Society Professor Weber offered the following resolution, which was adopted amid tremendous applause: "*Resolved, That the thanks of this Society, as well as the good wishes of all the good citizens in the land, are eminently due to our venerable fellow-member, J. G. Rogers, M.D., of New Richmond, Ohio, for the skilful manner in which, on the morning of April 2nd, 1822, he assisted into this world Ulysses Simpson Grant, the commander of the American armies, the hero of Vicksburg, and the predestined destroyer of the great rebellion.*"

each scale, say he was promoted to the rank of surgeon after thirteen years' service—

	By old scale.	By new.	Balance.
With European Infantry....	Rs. 234156	251448	16292
With Native Infantry	Rs. 211800	251448	39648

So he would gain £1,600 in the one case, and £3,965 in the other, besides the advantages given in furlough pay, which is all gain. Still, after all that has been done, we are not put in a position of equality with the military. The lieutenant colonel or major, when in command of the regiment, the adjutant, the paymaster and quarter-master, all draw staff-allowances, besides the pay of their rank; and the captain or lieutenant draws allowance for charge of his company; and I fancy this will be still a subject to grumble about; as, in giving us *the pay of our rank*, they have withdrawn the staff-allowance for medical charge of a regiment, which used to be 300 rupees, or £30, a month. Nay, they have withdrawn this from the surgeon, but given to the assistant-surgeon 150 rupees, if he should chance to be in charge; on what principle of justice, I cannot understand. It appears another Warrant is to come out shortly. Whether it is to upset this one, or to settle a number of vexed questions, it is difficult to say. But you see the present Warrant says nothing about our medical regimental fund, the number of deputy inspectors-general we are to have, and several other subjects of vital importance to the service. However, I am altogether rather agreeably disappointed; for I never expected to gain much. What I did expect I have not got—an increase to the rate of our pensions, which is still much below the rate of our more fortunate brethren belonging to the Horse Guards. Not that I would accept the increase, if I had to serve under such men as regulate matters at the Horse Guards."

	Old scale of allowances.			New scale of pay.		
	£.	s.	d.	£.	s.	d.
<i>Surgeon-Major of 25 years' service.</i>						
European Cavalry and Horse Artillery..	1013	0	4	1183	2	0
European Infantry	935	6	0	1093	2	0
Native Infantry	715	6	0	1093	2	0
<i>Surgeon-Major of 20 years' service.</i>						
European Cavalry and Horse Artillery..	1013	0	4	1143	9	7
European Infantry	935	6	0	1056	9	7
Native Infantry	715	6	0	1056	9	7
<i>Surgeons of 15 years' service.</i>						
European Cavalry and Horse Artillery..	1013	0	4	915	11	5
European Infantry	935	6	0	825	11	5
Native Infantry	715	6	0	825	11	5
<i>Surgeons of 10 years' service.</i>						
European Cavalry and Horse Artillery..	1013	0	4	879	3	0
European Infantry	935	6	0	789	3	0
Native Infantry	715	6	0	789	3	0
<i>Assistant-Surgeons of 10 years' service.</i>						
European Cavalry and Horse Artillery..	393	4	0	541	14	5
European Infantry	286	10	0	451	14	5
Native Infantry	565	12	0	451	14	5
Native Cavalry	655	4	0	451	14	5
<i>Assistant-Surgeons of 6 years' service.</i>						
European Cavalry and Horse Artillery..	393	4	0	523	10	2
European Infantry	286	10	0	433	10	0
Native Cavalry	530	4	0	433	10	0
Native Infantry	421	10	0	433	10	0
<i>Assistant-Surgeons of 5 years' service.</i>						
European Cavalry and Horse Artillery..	393	4	0	395	12	2
European Infantry	286	10	0	336	12	0
Native Infantry	421	10	0	336	12	2
Native Cavalry	530	4	0	336	12	2
<i>Assistant-Surgeons under 5 years.</i>						
European Cavalry and Horse Artillery..	393	4	0	377	8	0
European Infantry	286	10	0	317	8	0
Native Infantry	421	10	0	317	8	0
Without change or on leave	256	10	0	317	8	0

THE DRIED-UP HYDROPATHISTS. Hydropathy is in a hard case at Malvern. The old women are forced to take to brandy, on account of the great scarcity of water everywhere. The celebrated springs on the Malvern Hills are almost dried up, and water-drinkers find their pure beverage almost as costly as alcoholic drinks.

Medical News.

APOTHECARIES' HALL. On August 25th, the following Licentiates were admitted:—

Colborne, Anthony Charles, Tachbrook Street, Belgrave Road
Johnson, Joseph, Hogthorpe, Lincolnshire
Taylor, Shepherd Thomas, Argyle Square, St. Pancras
Turner, Edwin, Hampstead

At the same Court, the following passed the first examination:—

Treves, William Knight, St. Thomas's Hospital
Williams, John, University College Hospital

As an Assistant:—

Mildren, William Williams, HAYLE, Cornwall

APPOINTMENTS.

BRODIE, George, M.D., appointed Physician-Accoucheur to the St. George's and St. James's Dispensary.

ELLIS, Edward, M.D., elected Assistant-Physician to the North London Consumption Hospital.

*FOSTER, Balthazar W., L.K. & Q.C.P.I., appointed Professor of Anatomy in Queen's College, Birmingham.

HARRIS, Samuel, Esq., appointed Honorary Surgeon to the Loughborough Dispensary.

KNOWLES, Henry, Esq., appointed Resident Surgeon to the Birmingham Lying-in Hospital.

MCCOWAN, Alexander T., L.R.C.P., elected Assistant-Physician to the North London Consumption Hospital.

ARMY.

BAILEY, Staff-Assistant-Surgeon H. J., to be Assistant-Surgeon 53th Foot, *vice* W. Barry.

O'LOUGHLIN, Staff-Assistant-Surgeon J. E., to be Assistant-Surgeon 63rd Foot, *vice* A. T. McGowan.

ROYAL NAVY.

BUTLER, Edward J., Esq., Assistant-Surgeon, to the *Caradoc*.

CRUICKSHANK, John, Esq., Assistant-Surgeon, to the *Brisk*.

IRELAND, Arthur J., Esq., Assistant-Surgeon, to the *Caradoc*.

JACKSON, Gordon, Esq., Assistant-Surg., to the *Duke of Wellington*.

MOORE, George B., M.D., Surgeon, to the *Brisk*.

REDMOND, William, Esq., Assist.-Surgeon, to the *Royal Adelaide*.

INDIAN ARMY.

CORRYN, Assistant-Surg. J. C., M.B., Bengal Army, to be Surgeon.

GOVAN, Assistant-Surgeon C. Moncrieff, M.D., Bengal Army, to be Surgeon.

TOWNSEND, Assistant-Surgeon S. C., Bengal Army, to be Surgeon.

VOLUNTEERS, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

ATLAN, R. L., Esq., to be Assistant-Surgeon 1st Renfrewshire A.V.

FOWLER, J., Esq., to be Assistant-Surgeon 5th West Riding R.V.

PATON, J. F., M.D., to be Surgeon 1st Administrative Brigade Renfrewshire A.V.

BIRTH.

SPINKS. On August 23rd, at Warrington, the wife of *C. N. Spinks, Esq., of a daughter.

DEATHS.

*BERNARD, Charles Edward, M.D., at Weston-super-Mare, aged 54, on August 21.

COCKIN. On August 28th, at Dartmouth, the wife of John Cockin, Esq., Surgeon, R.N.

MARSH. On August 23rd, at Coed Cefn, near Monmouth, aged 53, Emma Catherine, wife of Thomas P. P. Marsh, M.D.

PERRIN, John W., Esq., Surgeon, at Walworth, on August 28.

SAUNDERS. On August 26th, in Queen Street, Cheapside, aged 8 months, Herbert W., youngest child of William S. Saunders, M.D.

ST. THOMAS'S HOSPITAL. Mr. Francis Hicks has been unanimously elected to the office of Treasurer of this hospital.

THE CROWN PRINCESS OF PRUSSIA. Sir Charles Locock has gone to Potsdam to attend the Princess, who is near the term of her confinement.

OVARIOTOMY. Dr. Tracy, Physician to the Lying-in Hospital at Melbourne, has successfully performed ovariectomy. This is, we believe, the first time the operation has been performed in Australia

THE NEW HÔTEL DIEU is to be built to the north of Notre Dame. It will contain about eight hundred beds; each ward containing about thirty-six beds.

WORCESTERSHIRE NATURAL HISTORY SOCIETY. The annual meeting of this society was held on the 24th ult., at Worcester. On the motion of Sir Charles Hastings, president, the Bishop of Worcester took the chair. A lecture on the study of natural history, was delivered by Dr. Lankester. The Bishop of Worcester spoke of the connection between revealed religion and the natural sciences.

AMERICAN ITEMS. Professor Flint is about to publish a work on practical medicine. Professor Weber, of Cleveland, Ohio, is about to sail for Europe on business connected with the opening of a new school in that city. Professor Pope, of St. Louis, recently removed a foetal skeleton of extrauterine formation through the rectum, and the patient recovered. (*American Medical Times*.)

GUNSHOT-WOUND OF THE PENIS. In the number of the *American Medical Times* of March 19th, 1864, Surgeon S. W. Gross reports the case of a conical ball encysted in the right cavernous body of the penis. The ball was received at the battle of Shiloh, April 7th, 1862, and was found by Surgeon Gross lying about one inch from the pubes. A good deal of inflammation followed the injury, but at the end of two years it gave him no pain, and he could not be persuaded to have it removed.

THE ARMY MEDICAL SERVICE. No career ever so promising could be accepted unless the medical officer from the day of his joining his regiment, was in every respect in a position to which he was entitled by his superior education, his membership of a most honourable profession, and the very responsible and important duties of his post. The military element in the army has been permitted to assume quasi superiority over the "non-combatants"—an assumption ridiculously offensive and unjustifiable, especially in reference to the medical officers, whose personal courage is constantly taxed, and who frequently have to face death in the most loathsome forms of disease, when "combatants" are philandering about the streets of some idle garrison town. If we talk of bravery, few examples can be more admirable than the surgeon, with clear head and steady hand in the midst of the storm of fire, intent only on saving the lives of the men under his charge. (*Daily News*.)

BARON LARREY. A correspondent writes to a daily paper. The sum bequeathed to this illustrious surgeon by Napoleon was 100,000 francs, the largest legacy, I believe, contained in the Emperor's will. The monument at Tarbes, Larrey's birthplace, is not the only one erected to him by his country; a statue in bronze, by David d'Angers, the famous sculptor of those of Ambroise Paré and Bichat, cast from the cannon taken in the different great battles in which this heroic surgeon immortalised himself, was raised to his memory in Paris, by subscription; and Marshal Soult, Duke of Dalmatia, then Minister of War, decided upon its being erected in the *cour d'honneur*, the grand square, of the Hôpital du Val-de-Grâce. Larrey is represented in his uniform, pressing to his heart the will of Napoleon, on which is inscribed the high eulogium of the Emperor, "C'est le plus vertueux et le plus honnête homme que j'aie connu." Whilst attending the service at the Military Hospital during the three glorious days of July 1830, amongst other interesting incidents connected with those events, M. Larrey himself told me, when assisting him in dressing the wounds of one of the grenadiers of the Garde Royale, over whom he delighted at that moment to throw the protection of his popularity, that

on the eve of some of the battles during the Empire, in which many of these very wounded had been engaged, he had frequently slept in the tent, wrapped in the same cloak, with Napoleon.

INDIAN MEDICAL WARRANT. The new Medical Warrant sent out by Sir Charles Wood has given great dissatisfaction throughout the service. It benefits all except surgeon-majors of twenty years' standing in this way—it makes their small pay smaller. It cuts down what was too little for the purposes of life before. The Indian medical service has been a very fine one; it will never reach the same standard again till it is fairly treated, and it may be well for Sir Charles Wood to look that fact fairly in the face. (*Times*.)

DR. BROWN-SÉQUARD. Tetanus is prevailing among the wounded of the Army of the Potomac to an unusual extent. Upwards of fifty cases occurred within a short period at Fredericksburg and in the hospitals at Washington; nearly every one of which proved rapidly fatal. We are glad to learn that Dr. Brown-Séquad of London, now in this country, has consented to give a lecture on this disease, at Washington, where it is most prevalent. The great experience of this eminent physiologist in the treatment of nervous affections will thus be made available to the army surgeons in the management of this obscure and fatal complication of gunshot wounds. The lecture will be immediately published for circulation in the army. (*American Medical Times*.)

HEALTH OF SCOTLAND. The Registrar-General of Scotland in his report for the second quarter of 1864, states that the death-rate in Scotland is on the increase, especially in the towns. It does not seem to depend on the prevalence of any particular epidemic, but there is an increased mortality from all diseases. It is not confined to the second quarter of this year, but has extended over several years. In his sixth annual report recently issued, he suggests a doubt whether the introduction of sinks and water-closets into the immediate vicinity of the apartments in which families live, and even into these apartments themselves, may not tend to vitiate the air by their emanations, and be a cause of disease and increased mortality.

CAUSES OF DEATH IN ENGLAND. Dr. W. Farr has just presented us with a statement on the causes of death in England for 1862. We learn from it that the continued fevers killed 18,721 of the people in the year. Upon the authority of the Fever Hospital, it may be taken that more than 17,000 of the people of England were destroyed every year in the ten years—1848-1857—by fever; and above 135,000 were severely wounded, but recovered. The whole 152,000 probably averaged about a month's sickness, so that the average fever population was about 12,700. They would fill 127 hospitals with 100 beds each, and require in every year about 4,600,000 days' subsistence. Scarletina was fatal in the year to 14,834 persons, which is nearly the average. The deaths by diphtheria were 9,587 in 1859, which was the centre of the epidemic, but had declined to 4,903 in 1862. Together these diseases—scarlatina, sore-throat, and diphtheria—destroyed above 19,000 lives annually in the eight years 1855-62. The deaths from small-pox were 6,460 in 1858, and fell progressively to 1,628 in 1862; 12,272 persons died from hooping-cough in 1862; 11,112 died of diarrhoea. The deaths from ague and remittent fever are few, only 21 in a million living in 1862. Seventy-three people died of privation (starvation), 471 of delirium tremens, and 246 of intemperance in other forms. Parasitic diseases diminish with the progress of cleanliness. One hundred

and fifty-six persons, chiefly children, died of worms. There was only one death from hydrophobia in the year. In 1862 zymotic diseases carried off 4,551 in every thousand of the population. The second great class of diseases—constitutional diseases—were not far behind. Allowing for the increase of population, the proportion of deaths by cancer has steadily increased, while dropsy and mortification have declined, but this is partly due to improvements in medical diagnosis. Deaths which would have been returned under the head of dropsy are now traced to organic changes of the heart and kidneys. A common sequence is rheumatic fever, heart membranes injured, circulation obstructed, dropsy. But in the constitutional class of diseases phthisis (consumption) is the chief. The mortality by phthisis has fallen from 2,811 a year per thousand living in 1850-54, to 2,586 in 1858-62; but the deaths by bronchitis, with which in the chronic state phthisis is liable to be confounded, have increased more than the deaths by phthisis fell. Uniting the respiratory diseases with phthisis to get rid of any ambiguities of nomenclature, the mortality from the two groups of chest-disease is found increasing from 5,580 in a thousand of the population *per annum* in 1850-54 to 5,895 *per annum* in 1858-62, more than a quarter of all the deaths in England. It is a question of great interest, what has led to this recent increase of mortality from disease of the lungs. Of the 55,692 deaths in 1862 by diseases of the nervous system, 25,286 were from the convulsion of infancy. Bright's disease has increased greatly in the last ten years; but, perhaps, only in appearance, arising from a change due to the diffusion of pathological knowledge. Fatal stone-cases have decreased; but diseases arising from inflammation or irritation of the mucous membranes involved have grown more fatal; these are the evils to be obviated in using crushing instruments. A bold operation is now practised for ovarian dropsy, and Mr. Spencer Wells considers that 185 of the women who died in the year might have been saved by surgery. Six deaths in 1862 were ascribed to fright, 7 to grief, 1 to rage, and 44 to melancholy. In the fourth class of diseases—the developmental—the diseases incident to the birth, development, nutrition, and decay of man, were 68,842 deaths. The great majority of them were from debility and old age; but of all the 429,000 deaths in 1862, the causes of which are specified, only 26,780 were from old age. The deaths of women in becoming mothers (including metria) were 3,077 in 1862. In a series of these deaths from 1847 to 1862, the numbers commence with 60 deaths of mothers to 10,000 children born alive, and end with only 43. The violent deaths of the year were 14,944 in number, or 7.43 in every 10,000 persons. About one death in every 29 was by violence; but the bulk of them was the results of accident or negligence. The deaths by burns and scalds fell to 2,767. The accidental deaths by poison fell to 262. The suicides were 1,317, 611 of them by the rope; 17 persons were executed; 12 were killed by lightning.

MEDICAL BIOGRAPHY. Biographical sketches of distinguished living New York surgeons are now the order of the day in the *Philadelphia Medical Reporter*. The history of J. M. Carnochan is just given. He appears to be a wonderful operator. Amongst many other great things told of him we read: "In 1856 Dr. Carnochan performed his great, original, and truly wonderful operation. A patient, suffering from the most excruciating neuralgia, applied for relief. Death alone promised a respite from the full sized tortures chronically borne. Dr. Carnochan thought and acted. He cut down and removed the entire trunk of the second branch of the fifth pair of cranial nerves, mak-

ing slow and sure-footed progress from the infraorbital foramen to the foramen rotundum at the very base of the skull. I may venture to say that this has never been done by any other man, and many years will elapse ere another surgeon, though surcharged with an apoplexy of anatomical theories, will dare to leave the practical details of an earthly sphere and enter willingly the tufted chamber of the human mind. His manner is easy, affable, and courteous; while his personal appearance is intellectual, dignified, and eminently prepossessing. There is, however, an air of perfect self-possession on the eve of serious operations, which greatly inspires confidence.

HIPPOPHAGY. The hippophagists of Paris, headed by Baron Larrey and Geoffroy de St. Hilaire, have long desired to establish in this city butchers' shops where their favourite meat might be sold; but certain obstacles have hitherto prevented it. There are hopes, however, now that not only shall we have a horse butcher's shop in full operation, but also a horse *restaurant*. How much better you manage these things in England, where, for a few pence, you can obtain, both raw and cooked, sufficient horseflesh to satisfy the most inveterate horse-eater. By the way, what would be the proper English word for horse-meat? According to the rule enunciated by the famous Saxon etymologist, Wamba, it should be *cheval*, or some word derived from it. However, joking apart, I can personally testify that young horse is quite as succulent as young bull, and that old horse is infinitely more palatable and tender than old cow. (*Chemical News*.)

OPERATION DAYS AT THE HOSPITALS.

MONDAY.....Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Samaritan, 2.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY.Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopaedic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Entomological Society.

TO CORRESPONDENTS.

* * All letters and communications for the JOURNAL, to be addressed to the EDITOR, 37, Great Queen St., Lincoln's Inn Fields, W.C.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

F. T.—We doubt whether medical officers in India had the right of presiding at Boards before the Warrant came out. An army medical officer, who was a long time in India, says: "We certainly had the right for a long time after the Warrant came out; but I don't know that we had before. While our right lasted, no one ever found any evil arise from it; and everything in my experience (and I was often President) worked smoothly."

STATISTICS OF OVARIOTOMY.—SIR: My attention has been drawn to a statement of Mr. T. S. Wells, which appeared in No. 181, p. 167, of your JOURNAL, to the effect that he has performed the operation of ovariectomy 100 times, with 34 deaths. I presume this includes private as well as hospital cases.

The last summary of these cases conjointly, appeared in the *Medical Times and Gazette* of December 2nd, 1862. From the above date to that of July 16th, 1864, no cases of Mr. Wells, except hospital cases, have, so far as I know, been fully reported. As it is a matter of the greatest interest to the profession, that it should be able to judge of the relative mortality of the operation in private as well as in hospital practice, the cases being necessarily very differently selected, I would wish to ask Mr. Wells, through the pages of your JOURNAL, to favour us, with histories also of these private cases, as full as those he has thought well to give us of his hospital cases.

It was the want of these details, not formerly fully given by other and very eminent practitioners, which brought the operation, until within the last few years, both in these realms and on the continent, into such undeserved disrepute.

In these days, when ovariectomy is so commonly performed, it is very desirable that those who operate should fully record all their cases. In this manner the profession, now become so eminently practical, will be enabled to come to conclusions on the merits of the operation, which, because both incontrovertible and philosophical, must command the respect of the entire scientific world.

I am, etc., C. H. F. ROUTH, M.D.

52, Montagu Square, August 1864.

GRIFFIN TESTIMONIAL FUND.—SIR: The following subscriptions have been further received on behalf of the above Fund:—R. Bryden, Esq. (Tiverton), 5s.; H. Stear, Esq. (Saffron Walden), 10s.; F. F. Walsh, Esq. (Saffron Walden), 10s.; G. D. Niven, Esq. (Clifton), £2 2; E. Richardson, Esq. (Whitechapel), 10s. Amount previously announced, £53 3 6. Received at the Lancet office, £3 11. I am, etc., ROBERT FOWLER, M.D., Treasurer and Hon. Sec.

145, Bishopsgate Street Without, August 31st, 1864.

COMMUNICATIONS have been received from:—MR. JONATHAN HUTCHINSON; MR. H. WILSON; MR. R. ALFORD; MR. GEORGE NAYLER; MR. F. BISHOP; MR. S. WHITFORD; DR. G. H. PHILIPSON; MR. T. M. EVANS; DR. THOMPSON; DR. EVANSON; DR. HENRY GOODE; MR. BINDLOSS; DR. HANSOME; DR. FOWLER; MR. J. VOSE SOLOMON; DR. J. W. GOODWIN; DR. S. MARTIN; A PROVINCIAL HOUSE-SURGEON; and MR. L. HOLLAND.

BOOKS RECEIVED.

1. Exanthematous Diseases: their Rational Pathology and Successful Treatment. By John Pursell, M.D. London and Brighton: 1864.
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8. Address on the Origin and Early History of the Faculty of Physicians and Surgeons of Glasgow. By W. Weir, M.D. Glasgow: 1864.

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