

The title page and index are printed and so stitched in the middle of the present number, that the binder can loosen and remove them to their proper places in the volume when the binding is done.

We shall continue to furnish a complete file of the JOURNAL to members of the Association whose names are sent to us by the Treasurer, as having paid their membership dues for 1883, but all new subscribers who are not members should have their subscriptions commence with the second volume, January 1, 1884.

We have made the foregoing statements simply because we thought they would be of interest, especially to members of the Association. Thus far, instead of being annoyed, we have endeavored to profit by the criticisms bestowed upon our work, while we have been comforted and encouraged by the words of approval that have accompanied almost every remittance from our subscribers. If there are any who envy us our position and think they could have performed its duties better, we only wish they could have had the opportunity to try.

CORRECTIONS:—We take pleasure in copying the following notes, which will explain themselves:

DECEMBER 22, 1883.

Mr. Editor:—In your issue of December 15, there was a review of the Annual Report of the Supervising Surgeon-General of the Marine-Hospital Service for the year 1883, in which the reviewer has fallen into an error, evidently due to his misapprehension of the system employed in reporting autopsies. On page 685, first column of your journal, he has noted a case, reported on page 229 of the Report, in which he states there was "no diagnosis." For the benefit of those who may fall into the same error, it seems proper to state that there are reported several autopsies of patients dying from the same disease, each of which is serially numbered. He will find that the case to which he alludes is No. 8 of the series of "Diseases of the Heart," the first of which is on page 227 of the Report.

Very Respectfully,

CHAS. E. BANKS, *P. A. Surgeon, M. H. S.*

DECEMBER 24, 1883.

EDITOR OF JOURNAL OF AMERICAN MEDICAL ASSOCIATION.

Dear Sir:—In your issue of the 15th inst., page 683, the reporter in the discussion about jequirity in the Chicago Medical Society, has so seriously misquoted me that I must in justice to myself ask of you to correct it. I am represented as saying that "a small quantity of hyd. chl. cor. would increase the efficiency of the remedy." I stated that the inflammation and consequent advantage was unquestionably due to the presence of bacteria, and that an interest-

ing observation would be to know whether the infusion made with a weak solution of bichloride of mercury would destroy its action.

Yours truly,

R. TILLEY, M. D.

NEW INVENTIONS.

A SENSITIVE THERMOSTAT.—Dr. N. A. Randolph (*Journal of the Franklin Institute*) has simplified the principle of the Bunsen gas regulator as modified by Geissler, by making the diaphragm in the test-tube, of a tight-fitting rubber cork, between the diaphragm and the mercury, which, in an ordinary test tube of 6 by 1 inch, occupies $1\frac{1}{4}$ inches, he has a layer of 2 inches of rectified alcohol; this increases its sensitiveness, as the alcohol can only expand downward, and consequently drives the mercury up through the little glass tube which pierces the diaphragm and passes to within $\frac{1}{8}$ of an inch of the bottom of the test-tube. The arrangement of the instrument for use would suggest itself to all who have used the gas regulator—that of a second rubber cork with two openings to close the test-tube, provided also with tubes, one a short one passing into the upper chamber so made and communicating with the rubber tubing of the burner, and the other longer, connecting directly with the gas supply, and provided with little openings which can be influenced by the mercurial column. Dr. Randolph provides the central tube also with a flared, funnel-shaped extremity, nearly half an inch in width, which receives the upper long tube and controls the spread of the end of the expanding mercury. The simplicity of this instrument is as much in its favor as its effectiveness, as it can be made in the laboratory by any student.

SOCIETY PROCEEDINGS.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting December 6, 1883, the President, R. A. Cleemann, M.D., in the chair.

Dr. W. Goodell exhibited two cysts of the parovarium, and remarked: Both patients got well; he indeed had never lost a patient from whom he had removed a parovarian cyst. In both cases a correct diagnosis was made previous to the operation. One interesting diagnostic point was the complete absence of the facies ovariana. The color in the cheeks was good, and the countenance was free from the anxious expression present in cases of ovarian tumor. One tumor had existed for ten years, the other for one. Another important point in the differential diagnosis is not only the flaccidity of the tumor, but its variable degrees of flaccidity. Upon inspection, it is seen to reach to the sternum, and seems to occupy a large portion of the abdominal cavity; but when the hands are placed upon its sternal edge, it can be compressed to the level of the umbilicus. An ovarian cyst, on the contrary, is hard and uncompressible. Exceptions to this rule are very rare; that is, either a tense parovarian cyst or a flaccid ovarian one. A