drawn with forceps. It was a piece of a copper percussion cap, much discoloured. The patient could not give any account of a former injury. Upon inquiry of her mother, she said that the child, when about five years old, was playing with her brothers bursting some percussion caps on a piece of slate pencil, and that she then received a wound on the hand. This healed readily, and nothing more was thought of it. The piece of copper, it seems, must have entered at the time, and remained without giving trouble until lately.—I am, Sirs, your obedient servant,

Oxford, November, 1888.

E. L. HUSSEY.

OVARIOTOMY.

To the Editors of THE LANCET.

SIRS,—In your obituary notice of Mr. Borlase Childs in THE LANCET of to-day, you say, "In 1853 he performed what we believe was his first successful ovariectomy, an operation which had been previously many times attempted in both the Metropolitan Free and St. Mary's Hospitals so unsuccessfully that most of the leading surgeons at that period considered it to be an altogether unwarrantable operation." Permit me, then, to say that in 1852 I was present at an ovariectomy performed by Dr. Charles Clay, of Manchester, in a small house in a narrow street off Piccadilly in that city. The incision was carried from ensiform cartilage to pubis, and the pedicle secured by hemp. Beyond the room being well heated prior to operating, none of the precautions of a hygienic character, now so well provided for, were present. The tumour weighed thirty-nine pounds, and the patient left for her home in Staffordshire three weeks after the date of the operation. The improvements in the methods of operating and in the after treatment which we owe to modern surgery are so numerous, and have exercised so important an influence upon the success of the operation, that we are in danger of forgetting the surgeon to whose skill, courage, and determination we are indebted for rendering ovariectomy a justifiable operation. Ten years before I saw Dr. Clay operate, and repeatedly in the interval, he had done so successfully.

I am, Sirs, yours faithfully,

Tunbridge Wells, Nov. 24th, 1888.

ALFRED C. POPE.

LIVERPOOL.

(From our own Correspondent.)

THE ROYAL SOUTHERN HOSPITAL.

FOLLOWING the example of his predecessors for many years past, the newly elected mayor (Mr. Cookson) attended morning service at St. Barnabas Church on the second Sunday after his election (the 18th inst.), when a sermon was preached by Canon Robson, and a collection made on behalf of the Royal Southern Hospital. The resources of the hospital have been severely taxed this year in consequence of the rebuilding of the Royal Infirmary, which has thrown many extra cases into the other hospitals. After the service the mayor, with some of the aldermen, city councillors, and officials who were with him, visited the hospital.

A YEAR'S INQUESTS.

The annual report of Captain Nott-Bowen, the head constable of Liverpool, gives, among other tables, one detailing the number of inquests held during the year, from Sept. 30th, 1887, to Sept. 29th, 1888, before Mr. Clarke Aspinall, J.P., the city coroner. The total number of inquests was 687, in addition to 700 other cases reported to the coroner by the police and others in which no inquest was held, making a total of 1387 cases which were investigated by the coroner during the year. Of the 687 bodies which formed the subjects of inquests, 150 were of illegitimate children of one year and under; 56 were above one year and under seven, also illegitimate. The respective numbers for legitimate children were: one year and under, 31; above one year and under seven, 3. At the age of sixty and above there were 36 males and 39 females. The verdicts found by the jury comprised: murder 2, manslaughter 7, suicide 34; accidental death—males 219, females 145; excessive drinking 43; natural causes 79.

A YEAR'S ACCIDENTS.

Another table gives the number of accidents occurring in Liverpool during the same period, which reached a total of 2195. Most of them are such as might be expected in a city like Liverpool. Thus, 428 were run over by carts, cars, &c., 23 being fatal cases; 115 fell from buildings; 9 were injured in dock works, 146 on dock quays, and 326 in the dock itself. Of the cases of immersion, 357 fell into the docks, canals, &c., of which 21 were fatal cases, 43 were rescued by the police, and 249 by other persons. Fire caused 68 accidents, of which 5 were fatal; firearms caused 4, and "other means" accounted for 742 cases.

MANAGEMENT OF DIFFICULT LABOURS.

At the last ordinary meeting of the Medical Institution, Dr. Armstrong, medical officer to the Ladies' Charity and Lying-in Hospital, read a paper on the management of difficult labours in some cases of abnormal pelvis. He instanced (1) cases of uniformly contracted and obliquely contracted pelvis, in which the conjugate diameter at the brim measured from four to three inches and a quarter, and the head was engaged in the brim, as cases suitable for the forceps, preferably the axis traction forceps; (2) cases of rickety pelvis in which there was marked projection forwards of the sacral promontory, the conjugate at the brim being from four to two inches and three-quarters, and the head lying extended in the transverse diameter, and freely movable above the brim, as cases in which version was preferable to forceps in the interests both of mother and child; (3) cases of rickety pelvis with well-marked projection of the sacral promontory, and with a conjugate diameter so narrow as to necessitate the induction of premature labour, were best treated by version afterwards, as there was so little space to use ordinary forceps. Dr. Armstrong showed Tarnier and Simpson's axis traction forceps, and also a pair designed by Mr. Rawdon for premature cases, in which, from want of space, the ordinary forceps are not available. He also referred to Sloane's antero-posterior compression forceps for use in cases in which the narrow diameter of the head is engaged in the narrowed conjugate of the brim of a rickety flat pelvis. He invited discussion upon the following questions: 1. In which cases should forceps be used? 2. What kind of forceps? 3. In which cases should version be adopted?

THE STANLEY HOSPITAL.

The difficulties experienced in supporting a hospital, however greatly required and carefully conducted it may be, is shown in the case of the Stanley Hospital. It was commenced eighteen years ago to meet the exigencies of a large and increasing addition to the north end of Liverpool, and was then of modest dimensions, with a small number of beds. As years advanced it became necessary to enlarge it, and this was done by erecting additional wings, the hospital now containing 104 beds. In spite of every economy, there is a debt upon the charity of nearly £3000, and it is proposed to hold a bazaar in Whit week next year in the hopes of securing a sufficient sum to pay this off. At present forty beds remain unoccupied for want of funds.

DR. BARR.

Your readers will be glad to learn that Dr. James Barr has completely recovered from the recent dangerous assault made upon him by a prisoner in H.M. Prison, Kirkdale.

Liverpool, Nov. 27th.

MANCHESTER.

(From our own Correspondent.)

MANCHESTER MORTALITY.

THE high death-rate of our city, and its excess over that of all other English towns, still continues to be the subject of much attention, both from private individuals and from public bodies. Amongst the latter, not the least active is the sanitary association, which recently, in addition to other steps taken to arouse public opinion upon this matter, memorialised the School Board on the desirability of including the elements of hygiene in the curriculum of their schools. The Board have replied, to the effect that they cannot undertake to make this another distinct or separate subject of instruction, but that every opportunity