in his table he converts these 10 cases into 7 deaths and 1 recovery!

But even more extraordinary than this is the peculiar process by which Dr. Clay adds 3 to the number of deaths after my cases of completed ovariectomy. Five patients who recovered from the operation died (as I stated) at various periods from six weeks to two years afterwards. Dr. Clay says, "Three of these can scarcely be allowed as complete cures, and it would be unfair to class them as *deaths only* [the italics are his]; I shall therefore tabulate these cases as *three cures*, and again as *three deaths*, and allow them to counterbalance each other." By this feat of arithmetic, and by the addition of 5 cases of uterine tumours, he brings up the number of deaths to 54, and presents your readers with the following tabular view of the alleged results of my practice:—

Cases, 130 ... Recoveries, 77 ... Deaths, 54

Probably very few of your readers would even notice that 54 and 77 added together make 131; and still fewer would take the trouble to discover that 2 cases of temporary recovery are kept out of sight, that 3 deaths are added upon a principle quite peculiar to Dr. Clay, that 5 cases of uterine tumours are added, and that cases of complete and incomplete ovariectomy are all jumbled together, in this statistical comparison between the results of my practice and that of others. This vain attempt to conceal the true facts of the case may very safely be left, without comment from me, to the appreciation of your readers.

And here, Sir, I should stop, and trust that, as far as your power extends, the correction of the misstatements of Dr. Clay should be as widely circulated as the misstatements themselves have been. But one remark made by Dr. Clay at p. 202 of your number for Feb. 25th cannot be passed over, as it proves conclusively that his own general statements as to the results of his own practice differ very widely from his own detailed reports of his own cases. He says: "I have not had the mortification of closing the abdomen over an ovarian tumour which I could not extirpate in consequence of extensive adhesions." And in the same page (202) of your journal he gives a table which he says includes, up to the end of the year 1864, "all operations for the extirpation of uterine or ovarian tumours, whether completed or not; in other words, wherever there has been a section of the peritoneum, large or small." In this table he only gives four cases of incomplete ovariectomy; and all these four cases, he says, recovered. He adds no death to his table for any one of these incomplete operations. It is quite impossible to reconcile these statements with the following five quotations from his pamphlet published in 1848, a copy of which may be seen in the library of the Medical and Chirurgical Society, entitled "The Results of all the Operations for the Extirpation of Diseased Ovaria by the large Incision from Sept. 12th, 1842, to the present time."

1. In the account of his third case, at p. 16, Dr. Clay says: "To remove the mass was quite impracticable; the whole anterior surface of the tumour was adherent to the peritoneum,and I was reluctantly compelled to close the external wound without affording any effectual relief." He now says he never closed the abdomen over an ovarian tumour "which he could not remove on account of extensive adhesions." This patient died on the sixth day. Why is the death not inserted in his table of cases of incomplete ovariectomy?

2. In the account of the tenth case (p. 37), Dr. Clay says: "On the sac being emptied, I discovered a large amount of solid matter, and, what was still worse, every part of the external walls of the tumour was so amalgamated by extensive adhesions to the abdominal parietes and viscera that any attempt at removal would be impossible." He now says he never closed the abdomen over an ovarian tumour "which he could not extirpate in consequence of extensive adhesions."

3. In the report of the ninth case (p. 35), Dr. Clay says: "Under such a complication of disease, it appeared anything but desirable to persevere in any further attempt at extirpation." And, in commenting on these two cases, he says at p. 38: "The satisfactory issue of these two cases gave great relief to my mind, as I anticipated a mode of relief to those cases in which an operation by extirpation was altogether hopeless from the extent and character of the adhesions," &c. He now says he never closed the abdomen over an ovarian tumour "which he could not extirpate in consequence of extensive adhesions."

4. In the account of his fourteenth case, (page 48,) Dr. Clay says, "On opening the abdomen I found the sac with about six or seven pounds of fluid, moderately free, except that near its attachment to the right ovary a solid mass of about four

pounds weight, was so firmly adherent to the adjacent parts that I considered its removal would be attended with too much risk;" and at page 46 he says, that in these three cases he "established ulceration," "because having made an incision with the view of extirpating, and finding the adhesions of so general a character, and so firmly formed, we judged it prudent not to proceed with the extirpation." He now says he never closed the abdomen over an ovarian tumour "which he could not extirpate in consequence of extensive adhesions."

5. In his twenty-fourth case Dr. Clay says he "made an exploratory incision, which happened to be exactly where the adhesion was very firm. I declined, therefore, proceeding further." He now says he never closed the abdomen over an ovarian tumour "which he could not extirpate in consequence of extensive adhesions." This case is especially noteworthy, as these adhesions afterwards proved *not* to be extensive, and the patient died three months after this first attempt, and six days after complete ovariectomy.

How is it, again, that in his table on your 202nd page, Dr. Clay gives only *four* cases of incomplete ovariectomy—all recoveries,—when in the tables of Mr. Clay, of Birmingham, appended to Kiwisch, and published in 1860, we find attributed to Dr. Clay, on the authority of the "British Record of Obstetric Medicine," page 394, *one* case of partial excision, and *eight* cases—one of which was fatal,—in which ovariectomy was abandoned in consequence of adhesions?

The fact that such remarkable discrepancies between Dr. Clay's statements and the details of the few cases which he has published can be discovered after a very cursory examination, proves the necessity of demanding, in the interests of science and truth, that before his alleged result of 111 cases, with 77 recoveries and 34 deaths, can possibly be accepted as a standard of comparison with the results obtained by other operators, something more than his simple unsupported assertion should be offered. It may scarcely be believed, yet it is the fact, that of all these 111 cases, the details of only 27 have been published. In his "Results of Ovariectomy" only 24 cases are published in detail. The 11 cases, from the 25th to the 35th inclusive, are all given in one page, and then we hear of no other case until one called the 79th is published in the *Edinburgh Medical Journal* in 1857. After this we have no other case published until two, called the 109th and 110th, were published last October in the *Glasgow Journal*. All the knowledge we have of 35 of the successful cases is only to be found in one quarter of a page of Mr. Clay's tables appended to Kiwisch; and another quarter of a page of the same tables suffices for 15 unsuccessful cases. Half a page of tabulated matter is really all the information published of 50 of Dr. Clay's alleged cases, except some equally useless lists in one of Dr. R. Lee's tables. Such meagre unauthenticated reports are absolutely worthless to the scientific inquirer; and, for all purposes of comparison with the results of other operators, Dr. Clay can only be admitted as having operated on 27 patients. Four of these were cases of incomplete ovariectomy, and one a case in which the uterus was extirpated. So that his published reports of cases of completed ovariectomy are reduced to 22. We really have no trustworthy information respecting the other cases so prominently set forth in your pages, the alleged results of which we are asked to compare with those of operators all of whose cases have been published in detail. Dr. Clay takes credit for between 80 and 90 cases, the details of which he has not published, upon the strength of a few such unsupported assertions as those which I have compared with the cases which he has published; and he asks the profession to accept the conclusions offered to them in the tables prepared in the very singular manner which it has been my unpleasant duty to comment upon. The verdict of the profession cannot be doubtful.

I am, Sir, your obedient servant,

Upper Grosvenor-street, March 7th, 1865. T. SPENCER WELLS.

POOR-LAW MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—I shall feel obliged by your giving insertion to the accompanying letter, in order that the Poor-Law medical officers may know that I am not unmindful of their interests. During the last three months I have been in correspondence with members of Parliament; but in the face of a general election there is evidently an indisposition to bring in a Bill for medical relief. One M.P. writes—"I shall see Mr. Villiers on the subject of your Bills, and see what support we may expect

from that quarter :” and in a postscript he adds—“I feel that it would be next to useless to attempt the passing of a Bill or Bills, unless the Government would give some support. Unfortunately the profession is so disunited, that all Governments can take advantage of us in our individual exertions—not so the law.” From this gentleman I have not heard since January 31st, the date of the above letter, although I have addressed three letters to him.

I am, Sir, your obedient servant,
12, Royal-terrace, Weymouth,
March 7th, 1865. RICHARD GRIFFIN.

12, Royal-terrace, Weymouth,
March 6th, 1865.

MY LORDS AND GENTLEMEN,—On the 2nd of September, 1864, I had the honour to receive a letter from you, in which you say: “The Poor-law Board beg to inform you that the subject to which you refer has been under their consideration; but that they have not yet come to a decision as to the measures which it may be desirable to recommend the guardians of the different unions to take with reference to the resolution of the Select Committee on Poor Relief as regards the supply of expensive medicines. The question, however, will receive the attention of the Board forthwith.” It is now just twelve months (March 11th, 1864) since the Select Committee on Poor Relief recommended “that in future cod-liver oil, quinine, and other expensive medicines, shall be provided at the expense of the guardians, subject to the orders and regulations of the Poor-law Board;” and six months have elapsed (September 2nd, 1864) since your Hon. Board said, “the question, however, will receive the attention of the Board forthwith,” and yet no order has been issued. I therefore trust you will not think I am too pressing in urging this question again upon the immediate attention of your Hon. Board. If you are in any difficulty about the matter, and desire to have a deputation of medical officers to confer with you on the subject, I will willingly call them together for the purpose, on any day you may name, after allowing me two clear Saturdays to intervene, as it is only through the medium of the medical journals that I can announce the fact to them. I was in hopes your Hon. Board would bring in a Bill this session to regulate the payments of your medical officers, and not allow the present capricious mode of fixing the salaries, and giving some officers extra medical fees, and others none, to continue. It is perfectly clear from the several amendments of the Select Committee, that the committee itself was far from being unanimous on the subject of medical relief, and even their ultimate decision “that there are no sufficient grounds for materially interfering with the present system of medical relief,” clearly proves that there are grounds for interfering, although not *materially* doing so. I therefore trust your Hon. Board will yet place the whole system on a proper footing.

I have the honour to be,

My Lords and Gentlemen,

Your most obedient servant,

The Poor-law Board.

RICHARD GRIFFIN.

DR. HEATH'S CASE OF ANEURISM.

To the Editor of THE LANCET.

SIR,—An error occurs in the otherwise excellent letter of your Newcastle-on-Tyne correspondent, inserted in THE LANCET of last week, respecting the case of aneurism in this town under treatment by Dr. Heath. It was not for a period of seven but of ten hours that the patient was under the influence of chloroform; and instead of six hours and a half merely, the pressure was kept up for a period of ten hours and a half. Eight days have elapsed since and no pulsation has returned; but doubtless a full report of this interesting case will shortly be furnished to your invaluable journal.

I am, Sir, yours very truly,
Sunderland, March, 1864. ONE WHO WAS PRESENT.

THE ELECTION AT WINCHESTER.

To the Editor of THE LANCET.

SIR,—Seeing that you are about to give your final decision on the late election of house-surgeon to the Hants County Hospital, I, as one of the candidates for that appointment, feel it my duty to confirm the statements made in THE LANCET of the 25th ult. as to the way in which that election was conducted.

I, like the rest of the candidates, was asked what might be

called “the religious qualification questions,” and I certainly was surprised to find the influence they had with the committee, for to their weight must be attributed the fact of Mr. Adams's election and the rejection of the candidate with the best surgical and medical qualifications.

I write this with no ill-feeling towards or depreciation of Mr. Adams, but I merely assert that he was not the best man, as I am sure everyone would say who had an opportunity of examining the respective candidates' testimonials, &c.

I cannot conclude this letter without thanking you for your able article on the subject, which I hope will cause the Winchester committee to conduct their next election in a fairer spirit.

I am, Sir, yours obediently,
Gibraltar-place, Chatham, March 5th, 1865. FREDK. MANSER.

DUBLIN.

(FROM OUR OWN CORRESPONDENT.)

A QUESTION of some little importance to our profession in this city is likely to occupy a share of public attention within the next few days. Mr. Porter, who discharged the duties of medical referee to the city Coroners for the first fourteen years, has resigned the situation; and the question now arises, who will be his successor? Mr. Porter was appointed by the two city Coroners, and hitherto has been paid by the corporation a fixed salary. One of the Coroners is content to continue this arrangement with his successor, and the corporation, from motives of economy, are anxious to continue to pay by salary, and not by fees, as in the generality of years these latter would far exceed in amount the sum allotted for the doctors' remuneration; but the second Coroner is understood to be unwilling to come to such an arrangement, and will, it is supposed, stand upon the provisions of the Act of Parliament, employing in all cases the gentleman who had any previous connexion with the patient at the time of death, and, in the absence of such a party, any medical practitioner of his own selection, but, in either case, paying the medical referee the fees awarded by Act of Parliament. It will thus be seen that Dr. White, the Coroner in question, is supporting a great principle—one entirely in favour of the medical profession, and decidedly antagonistic to the cheese-paring economy which delights in curtailing the emoluments of professional men. Were the salary of an amount sufficient to make it of importance to a member of our profession to seek for it, then, perhaps, it would be wrong to attempt to interfere with the arrangement in question; but based as it is on the principle of benefiting the citizens at the expense of the doctors, your correspondent entertains no doubt that Dr. White will receive the support of every member of our profession in thus vindicating its rights.

Apropos of acupressure, I may mention to you that Professor Macnamara amputated a breast in the wards of the Meath Hospital on Wednesday last, and controlled the hæmorrhage by acupressure with signal success. Three vessels required to be secured. The breast was left open for two hours, and the needles were then removed. Two of the vessels were found to be perfectly safe; the third spouted, but was at once with perfect ease again controlled by the needle and wire. The wound closed, and on the next day but one the remaining needle and wire were withdrawn, without the loss of one drop of blood. In this case the principle was fairly tested, as the patient suffered from vomiting (attributable to the chloroform) during the night subsequent to the operation, without the slightest appearance of bleeding, even from the vessels that had been released from pressure during the day. I believe that Professor Macnamara is the first and as yet the only surgeon in this city who has tried acupressure. The subject is one of great importance, and demands searching but at the same time calm investigation.

Dublin, March 7th, 1865.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

It is with deep regret that I mention the death of M. Gratiolet, the eminent Professor of Zoology at the Faculty of Sciences. The press at large has paid a just tribute of praise and regret to the memory of this highly-gifted man. Death overtook him almost suddenly, and in the midst of his labours.