

previous week; they included 3 which were referred to diarrhoea, 2 to "fever," 2 to measles, 1 to scarlet fever, and not one either to small-pox, diphtheria, or whooping-cough. Thus the deaths from these principal zymotic diseases, which had been 7 and 15 in the previous two weeks, declined again last week to 8; they were equal to an annual rate of 1.2 per 1000, the rates from the same diseases being 3.3 in London and 1.8 in Edinburgh. The deaths from "fever" and from measles showed a decline from the numbers in the previous week. The deaths of infants exceeded by 6, while those of elderly persons were fewer by the same number than those returned in the preceding week. Seven inquest cases and 6 deaths from violence were registered; and 52, or more than a third, of the deaths occurred in public institutions. The causes of 12, or more than 8 per cent., of the deaths in the city were not certified.

THE SERVICES.

ARMY MEDICAL RESERVE OF OFFICERS.—Surgeon Edgar William Willett, M.B., the London Division, Volunteer Medical Staff Corps, to be Surgeon, ranking as Captain (dated July 10th, 1889).

MILITIA (Infantry).—5th Battalion, the Connaught Rangers: The undermentioned Officer is transferred from the 8th Battalion, the Rifle Brigade (the Prince Consort's Own):—Surgeon-Major R. Bradshaw (dated July 6th, 1889).

ADMIRALTY.—The following appointment has been made: Surgeon Wm. E. Home to the *Britannia* (dated July 3rd, 1889).

VOLUNTEER CORPS.—*Artillery*: 1st Volunteer (Devonshire) Brigade, Western Division, Royal Artillery: Surgeon G. P. Barton to be Surgeon-Major, ranking as Major (dated July 6th, 1889).—1st Ayrshire and Galloway: Acting Surgeon W. Moore, M.B., resigns his appointment (dated July 6th, 1889).—22nd Middlesex (Central London Rangers): Acting Surgeon C. W. Macdowell, M.D., to be Surgeon (dated July 6th, 1889).—1st Dumbartonshire: Acting Surgeon W. Drysdale resigns his appointment (dated July 6th, 1889).—1st Tower Hamlets (the Tower Hamlets Rifle Volunteer Brigade): Surgeon J. W. Jackson resigns his commission (dated July 6th, 1889).

VOLUNTEER AMBULANCE DRILL.

The 2nd Volunteer Battalion of the Yorks Regiment has attached to it a bearer company composed of Volunteers who have made themselves efficient in the ranks, and who are permitted by the colonel commanding to devote themselves in camp to their ambulance drill and duty, though wearing the ordinary scarlet uniform of the fighting men. They have in almost every case obtained after examination the War Office certificate of proficiency in first aid to wounded. This somewhat unique regimental bearer company is commanded by Surgeon-Major (ranking as Lieutenant-Colonel) J. W. Taylor of Scarborough. On Thursday week the bearer company attached to the regiment was inspected on behalf of the Principal Medical Officer of the Northern District by Surgeon Sullivan, M.S. In addition to Surgeon-Major Taylor in command, the other medical officers present were Surgeon Bruce Low and Acting Surgeons Colby and Porter. At the close of the inspection, which occupied several hours, Surgeon Sullivan complimented Dr. Taylor on the men under his command and their efficiency, which reflected great credit on the training the men had received. He would report very favourably to the Principal Medical Officer regarding the company. On the following day the two battalions were officially inspected by Colonel Davidson (commanding the 19th Regimental District), who, at the close of the inspection, requested Dr. Taylor to put his men through the stretcher drill. While addressing the regiment at the close of the day's work, Colonel Davidson paid a high compliment to the ambulance, and referred in kind and congratulatory terms to its commander.

THE LEVEE.—The name of Mr. E. Kenneth Campbell, F.R.C.S. Eng., &c., should have been included in the list we published last week of the members of the medical profession presented at the Levée on June 29th.

Correspondence.

"Audi alteram partem."

VARICOCELE WITH PENDULOUS TESTIS.

To the Editors of THE LANCET.

SIRS,—Much stress has lately been laid upon the propriety of shortening the cord in the operation for varicocele with pendulous testis. For this purpose some of the veins and the surrounding tissue are removed. This operation is no doubt a great improvement upon any of those formerly in use, which had for their object simply the obliteration of the veins. But it is not new. At pp. 100-1 of the first volume of my "Practical Pathology," published in the year 1870, the following description is given:—

"The late Mr. Briggs occasionally removed a considerable portion of the skin of the scrotum in cases of pendulous testis, and the cicatrix left maintained the testicle in something like its natural position. This operation succeeded well enough when the case was not attended with enlargement of the veins; but when it was, the removal of the skin could have little or no effect upon the varicocele. At the time to which I refer, no one thought of cutting deeper than the skin, as no means were then in use which would effectually control hæmorrhage from the spermatic veins in case they were wounded. Mr. Briggs' operation, then, was well adapted for a case of pendulous testicle where the veins were not enlarged, but not for a case accompanied by varicocele. A case presented itself some years ago in which the testis hung so low that when the patient lay upon his back it would hang over on the outer side of the left thigh. There was in this instance a well-marked varicocele. Knowing that I had the means by acupressure of controlling the dilated veins, it appeared practicable to combine Mr. Briggs' operation with that for obliteration of the veins. Accordingly, the needles were introduced as far apart as possible, and, after the veins were secured by the '8' ligature passed over the ends of the needles, the intermediate portion of skin, together with subjacent tissues, containing the enlarged veins, was removed, leaving a very considerable gap. No hæmorrhage occurred. The needles were then drawn towards each other, and by this means the edges of the wound were brought together and maintained in position. This was the first case in which this operation was performed. The wound readily healed, and the testis was subsequently retained very nearly in its natural position."

The following is the modification of this operation which I now recommend. After some of the enlarged veins and surrounding tissues have been removed, the open mouths of the remaining divided veins are seared with the black hot cautery. The needles are then withdrawn, and the wound sewn up by deep carbolised catgut sutures from end to end. A piece of lint, saturated with as much blood as can be collected, is placed over the wound, which generally heals almost entirely by first intention. The carbolised sutures are partially dissolved in the course of three or four days, and may come away with the lint when it is removed.

I am, Sirs, your obedient servant,

Savile-row, July 8th.

HENRY LEE.

THE FATAL AFFRAY AT LIVERPOOL.

To the Editors of THE LANCET.

SIRS,—A fortnight's confinement to my room with illness prevented me from immediately replying to Mr. Harrison's letter. This my telegram would explain to you. I had hoped that he would have consigned to the past and try to forget this unfortunate case; but it is not so, and I am compelled to notice some points in his letter, though I would gladly have been saved the trouble.

Mr. Harrison is incorrect in saying that a consultation was forbidden by the urgency of the case. At 11.30 A.M. he arranged with the brother of the deceased to operate, and when I interviewed him at 12.40 he told me that he would not operate until "after lunch at 1 P.M.—say, 1.30." Two hours, with the staff on the telephone, give ample time for taking opinion. Mr. Harrison expresses regret that I was not summoned to the examination in time, but he forgets that it was by his express orders that I was refused, after an engagement had been made that I should