

think must be allowed to be equally conclusive and irrefutable:—

1. The description of his method of operating, as described by Mr. Martineau himself, in his paper published in 1821 in the *Transactions of the Medical and Chirurgical Society of London*:—"After the first incision, I look if the staff is not altered in its situation, and then, feeling for the groove, I introduce the point of the knife into it, as low down as I can, and cut the membranous part of the urethra, *continuing my knife through the prostate into the bladder*; when, instead of enlarging the wound downwards, and thus endangering the rectum, *I turn the edge of the knife towards the ischium*, and make a lateral enlargement of the wound in withdrawing the knife. I thus avoid cutting over and over again, which often does mischief, but can give no advantage over the two incisions, which I generally depend on, unless in very large subjects, where a little further dissecting may be required." It is true that Mr. Martineau introduced a blunt gorget, but, as he says in a former paragraph of this paper, "*as a conductor for the forceps*." "In the first years of my practice I was not very successful; and, after witnessing many untoward circumstances in myself and others, which appeared to arise from the use of the cutting gorget, I determined to lay that instrument aside, and employ the knife only, and the *blunt* gorget as a conductor for the forceps;"—surely not as a substitute for the cutting gorget? If, then, Mr. Martineau understood his own operation, it must appear quite clear that, in passing his knife "*through the prostate into the bladder*," he must have partially divided that gland, and probably still more in withdrawing his knife when he made a lateral enlargement of the wound. But,

2. The dissection of an unsuccessful case operated on by Mr. Martineau, Sept. 15, 1825, which was conducted by Mr. Crosse, and recorded in his "Treatise on Urinary Calculus," places the question beyond dispute. "The prostate gland had been extensively divided with the scalpel, (perhaps to above two-thirds of its depth from the anterior vein,) in a direction backwards and a little outwards; and had the incision been carried on entirely through the prostate gland and neck of the bladder in this direction, it would have interfered with the left vesical seminalis, and divided the left vas deferens."

Of the merits of the plan of procedure recommended by the Italian surgeon, Dr. de Borsa, and lately adopted by Mr. Bransby Cooper, which had a successful issue at least to recommend it, I do not now offer any opinion, it being my only purpose to prove that such was not Mr. Martineau's method of conducting the long course of successful operations recorded in the paper already quoted. I may add that I am confirmed in this opinion both by operations performed by the skilful hand of Mr. Martineau which I had the pleasure of witnessing, and long conversations with him on the subject.

I remain, Sir, your obedient servant,

Feb. 1853.

T. M. GREENHOW.

SPURIOUS DIPLOMAS.

To the Editor of THE LANCET.

SIR,—In accordance with your opinion, expressed in a note appended to my letter of last week, I beg to state that the individual who appeared prominently in the transactions therein alluded to, and with whom alone I corresponded, gave me, in 1851, his name and address as Dr. William Lang, Great Pulteney-street, Golden-square, London.

I remain, Sir, your obedient servant,

Gloucester-cottage, Prior-park-road,
near Bath, Feb. 1853.

JOHN TRULL.

PERMANGANATE OF POTASH IN DIABETES.

To the Editor of THE LANCET.

SIR,—Will you be so obliging as to allow me to offer one or two observations as supplementary to a communication which I addressed to you, on the 8th of last month, respecting the use of permanganate of potash in diabetes.

In that communication I specified two or three grains of that salt as the dose which appeared to agree best with the stomach; but I have since ascertained that a larger quantity may generally be administered without inconvenience. For instance, a patient, for some months past afflicted with diabetes, commenced the use of the permanganate, six weeks since, in doses of two grains; but he is now taking eleven grains three times a day, and is rapidly advancing towards recovery.

There is, however, considerable diversity in the tolerance of the medicine evinced by different individuals. In two patients, for example, suffering from dyspepsia, it became necessary to restrict the dose, nausea being produced, in one instance, by nine grains, and in the other by six grains of the salt.

My experience leads me to the conclusion that the best plan is to begin with two or three grains three times a day, and to add one grain to each dose every third day, unless it be found to disagree.

The effect of the permanganate is remarkable in speedily removing the thirst from which diabetic patients usually suffer so much; and although during the use of the remedy a brown fur is sometimes formed on the tongue, this appearance is not accompanied with dryness of the surface, and is not therefore to be regarded as an objection to the continuance of the medicine.

I remain, Sir, your obedient servant,

Eaton-place, Feb. 9, 1852.

GEORGE SAMPSON.

THE INCOME-TAX AND THE MEDICAL PROFESSION.

To the Editor of THE LANCET.

SIR,—It appears from a letter which was published some few days since in the *Times*, signed "William Farr," that it is proposed to substitute a "property" for an "income-tax;" but, in order to still mulct income, and to compel industry to bear its share of taxation, "*all incomes are to be capitalized—i. e., to have a value assigned them, and to be made to pay tax upon that value.*"

This value is easily found with regard to land or funds. The fundholder who derives £1000 a year from Government securities can sell his capital at the present prices for more than £30,000, and will be fairly taxed on that property; but I must, as a professional man, and one who has had many opportunities of knowing the value of "practices," protest against a medical man's income being considered as valuable as an annuity.

I see a fresh attempt at laying an unfair burden on our shoulders when I see a professional income of £1000 a year considered as representing a capital of £13,000 and upwards, when I know that £2000 is the utmost I could sell it for. The marketable value of an income is, I conceive, the true test of its worth, and this, I hold, ought to be considered in any attempt at capitalization of income.

I trust, Sir, that you will use your powerful pen in asserting our right to fair consideration in any modification of the income-tax, or a pretended boon may in reality prove a more oppressive burden.

In contemplation of change, would it not be advisable to collect evidence as to the *real practical* value of the incomes of medical men, and to embody this evidence in a petition for real, not theoretical, justice, to be signed by medical men?

I am, Sir, obediently yours,

Brighton, Feb. 1853.

WILLIAM BAYES, M.D.

INADEQUATE REMUNERATION OF MEDICAL ASSISTANTS BY PUBLIC BODIES.

To the Editor of THE LANCET.

SIR,—While the attention of the profession is directed to the inefficient remuneration of medical assistants, perhaps you will allow me a little space to show how shamefully they are remunerated by public bodies.

A short time since, I inserted an advertisement in your columns for a situation as medical assistant; and among the various replies I received one from the guardians of the Cleobury-Mortimer Union, offering a salary of £40 per annum for an assistant to dispense and vaccinate, &c. Of course, for such a sum, I supposed my board, residence, &c., was found, but wrote, however, to satisfy myself fully on the subject, and received an answer that that, and that only, was the remuneration offered.

Supposing, Sir, I was able (which I very much doubt) to obtain board, residence, and every accommodation at £30 per annum, I should have just £10 for my services, besides incurring the expense of going to a place so far distant as Cleobury-Mortimer, which would be little short of £2.

And this, Sir, is the remuneration the Board of Guardians think sufficient for gentlemen of a liberal education. I immediately declined the situation, and expressed my astonishment that the Board of Guardians could ever think of offering such a very niggardly sum. I do not know whether they have been able to get any one to accept it, but this I know—that if medical assistants were but true to themselves, we should soon hear no more of such shameful offers. The Board of Guardians would