

with or without diarrhoea, with a fatal end in a few days, and no typhoid ulcerations in the intestines, which, perhaps, might have been developed, however, if those tender patients had resisted the disease a longer time.

Concerning the hypersthenic and asthenic stages of continued fever, described in my last lectures, it is obvious, of course, that I do not consider them as *species* of fever; I only described in them real *objective* features, with some correspondent indications and management, as they occur sometimes, and destroy life, before a satisfactory, clear, specific character could be developed.

I beg, at the same time, to return my sincere thanks, for the Editorial remarks concerning my lectures. I could not have said to any one that I was willing to publish a separate work; for I sincerely confess that, as yet, I do not even feel the suitable disposition of mind to do so. I only think I shall, by-and-by, re-issue, in one volume, certain sections of the lectures you have the kindness to publish, with some corrections and supplements, which are very much required for their better comprehension; because the difficulties I had with the language itself caused very considerable faults in the first six or seven lectures, causing me in some places to write just the reverse of what I wished to say. In the series which are going on just now, I hope I have been able to avoid such great mistakes.

I am, Sir, your obedient Servant,
S. MEREI.

[We were informed by a friend of Dr. Meriei of his intentions, and requested to announce the fact. We regret that the announcement was premature.—Ed. J.]

MR. PAUL ON OUR REMARKS UPON HIS
CASE OF SCIRRHOUS PYLORUS.

To the Editor of the Provincial Medical and Surgical
Journal.

SIR,—You have either mistaken the facts, or my language has misled you, in Higginson's case, reported by me in your last, and commented upon by yourself. From the phalanx of drugs detailed, my treatment was, as you may guess, *tout-a-fait*, gastric, regardless of liver. I suspected the pylorus all through; yet, in the face of authorities, both University and oppidan, so omnipotent, I confess I did lose somewhat of self-confidence. Farre's or Bright's was, I concluded, the disease, if any, of the liver. And we know that people live long enough with such a state of things. The head and front of his symptoms were, obstinate vomiting, pre-existent tympanitis, partial dropsy, and intense nocturnal pain.

With the infirmary staff, medical and surgical, I did not have in this, nor do I have in other cases, any communication, save in one recently, which I may possibly bring before your readers, as an instance of surgery's triumph. All my information was from the man himself, and after his death from his widow. "They all," said he, "told me my disease was the liver and the dropsy."

Mr. Briscoe does not prescribe save in a physician's

absence or in emergencies. To him, on the day of the *post-mortem* I wrote, as in courtesy I should, offering to show him the morbid specimen ere I immersed it in spirit. That was upon the 7th. The 12th is the date of my report; and on the 30th ultimo Mr. B. honoured me with a visit. He then told me "that a tumour was thought to be pressing upon the porta."

And this leads me, in conclusion, to a fact—incredible, no doubt, it will be to yourself and your readers—viz., that a law exists in the Radcliffe Infirmary, to the effect that the staff, medical and surgical, are not to divulge to their unattached *confères* their treatment of intern patients. Nor, by the same law, are we permitted to witness operations. Will it be credited, Sir, that in this century—the nineteenth—of universal onward sciences, those of medicine and surgery, in this seat of learning, should be swayed by old Solon's law—"What is said or done, Sir, within these walls, passes not out through yonder door." What will our Associates, yourself among them, who flocked here from far and near, think of this, when they recal to mind all you and they saw and heard under the noble dome of another of Oxford's Radcliffe Memorials? In my *entrée* upon Oxford practice I observed a shyness in talking upon infirmary cases; coming as I did from London practice, it then excited my *surprise*, but now it only does my pity.

I am, Sir, your obedient Servant,
ANDREW PAUL.

September 20, 1852.

[It is a pity that Mr. Paul should place such reliance upon the reports of his non-medical patients as to make statements of the existence of disease, founded upon them. Nothing is so likely to lead to error in judging of our fellow-practitioners; and had we known that there was no other foundation, we should not have inserted that portion of Mr. Paul's letter.—Ed. J.]

Foreign Department.

GERMANY.

Amputation of the Cervix Uteri.

THE following has been abridged from *Fränkel's Handwörterbuch der Frauenkrankheiten*:—

The position of the patient for this operation is the same as that adopted in lithotomy. A bivalve speculum is to be introduced into the vagina, and then opened by pressure upon the handles. The advantage of this kind of speculum is, that it surrounds the tumour better, reaches completely the upper portion of the vagina, and removes the circular folds which must otherwise obscure the mouth of the uterus. The cervix uteri is then to be cleaned with a sponge, or bits of charpie, or by an injection. A pair of Museux's forceps, with long blades, is to be introduced closed into the speculum, opened at the cervix uteri, and fastened upon it as high up as possible before and behind; the branches are then to be pressed together, that the teeth may enter as deep as possible, so as to secure the deeper as well as the superficial structures. By moderate, slow, and continued traction, the vaginal portion of the uterus is to