

otomy in England: his has been a great success. I was exceedingly pleased with him."

Professor Simpson, of Edinburgh, writes to me in 1847: "My dear Dr. Clay, the operation is your own; none can rob you of your claim. Call it ovariotomy, not peritoneal section. Your success is brilliant."

T. Bryant, Esq., F.R.C.S., of Guy's Hospital, states in his work on *Ovariotomy*, "Dr. Charles Clay, of Manchester, is the first great apostle of ovariotomy in this country."

The *Edinburgh Medical Journal*, of 1867, states: "Dr. Clay perseveringly continued not only to operate, but, in every other manner within his power, to urge the propriety of the proceeding on his fellow-countrymen. Without his untiring efforts, we do not believe the operation would have now stood in the position which it holds."

I also refer you to Druitt's *Operative Surgery* for his eulogy on the same subject.

Now, sir, these are a few proofs in my favour, and I can furnish you many more, if these are not sufficient. I now come to your second point. You say, "We are informed that Mr. Wells never saw Dr. Clay operate before he operated himself, and only once some years after his (Mr. Wells') first case." In answer to this gross and unpardonable misrepresentation, with Mr. Wells' own admission that his first case was in 1858 (his visit to me was in 1857), will he deny, when confronted with two other gentlemen, also present, who heard him declare how much gratified he was to see the operation for the first time, and who heard the number of inquiries he made concerning it? Will Mr. Wells deny his own letter of thanks to me afterwards?

I now proceed to your third point: "We do not know of any published record of Dr. Clay's cases." Of your reading capacity I am no judge. I shall only observe, the cases were published as they occurred, but being all in private practice, I was not allowed or justified to give names and residences. I never massed my cases, or published them as a whole, for that reason.

In every operation I always took especial care to have at least three or four medical men present, which in the whole would amount to a large number, and all will fully bear me out, that I always made a point of informing them that I always passed the sutures through the peritoneum, unless by mere accident it was missed, which occurred once or twice, and a slight hernial protrusion followed, which required a compress.

Let me remind you, my operations in this country were my own. I had no pilot to guide me, no one to assist me, in my difficult task. Chloroform and ether were unknown. My only assistance was what I could glean from my professional brethren in America, who, to their honour and honesty, fully accord to me what, from some cause or other, which I cannot explain, you refuse.

Allow me, before I conclude, to state that, in my opinion, vivisection has no more to do with advancing the success of ovariotomy than the Pope at Rome.

I agree with what Sir William Fergusson expressed in 1875: That "in surgery he was not aware of any of these experiments on the lower animals having led to the mitigation of pain or to improvement as regards surgical details."

And now, having answered your critical remarks, and referring you to a pamphlet on ovariotomy, published by the Society for the Total Abolition of Vivisection, and sold by Pickering, 196, Piccadilly, London, where you may satisfy your curiosity still further, I have a few questions to ask you on this matter, which you yourself have gratuitously opened, and which many of my friends, members of your associated body, declare must not be closed unsatisfactorily.

1st. Are you prepared to avow yourself the author of the article, called "leading", in the number of the 19th of June, and the following July the 3rd, and to accept the responsibility of the same?

2nd. If not, are you prepared to give up the name of the author of those articles?

3rd. Are you prepared to withdraw the following words? "Dr. Clay had achieved fair success in the provinces, yet somehow he failed to inspire confidence among either provincial or metropolitan surgeons, and thus to really establish ovariotomy as a justifiable operation." No doubt you will have fully perceived by this time that this statement is libellous, and calculated to do a serious injury.

I wait your admission of my defence, and your answers. I see in the *British Association Journal*, of July 3rd, you constitute yourself a judge of equity in professional matters. You ought to be the better able to act fairly in this matter.—I am, &c., CHARLES CLAY, M.D.

THE PETITION AGAINST THE VACCINATION BILL, 1880.

SIR,—Readers of the *Echo*, on Thursday and Friday evenings of last week, must have been somewhat surprised to see that a petition had been presented from the British Medical Association, signed by 2,000

medical men, against vaccination. The facts of the case are, that I had the honour of presenting a petition from the Committee of Council of the British Medical Association against the Vaccination Acts Amendment Bill; that this, having been incorrectly described by the *Echo*, the editor of that paper has ignored my twice-repeated request to make that explanation which I am now glad to have the opportunity of laying before your readers.—Faithfully yours,
House of Commons, July 14th. R. FARQUHARSON.

ASYLUMS AND UNLOCKED DOORS.

SIR,—*Apropos* of your article on the Woodilee Asylum, I beg to mention that Dr. Rutherford conducted another associate, Dr. Neil Carmichael, of Glasgow, and myself, through the asylum on May 15th last, and I can testify to the practice of having the doors unlocked during the day. We entered by the open main door of the building, and passed through many rooms and corridors, every door of which was opened by a common handle, like the room-door of a private house. The patients, who were then inside, in place of looking upon the superintendent as a jailor, were amusing sometimes in their demonstrations of esteem for him.

Outside, in the ample estate and farm grounds were seen, as can be seen every day, gangs of lunatics, under the charge of attendants who are distinguished by a high cap, working cheerfully in excavating and banking earth, and in draining and other field and garden operations. In and around the asylum buildings everything is done to occupy the attention of both male and female patients with varieties of work and healthful entertainments, to divert the shattered mind from introspection and suspicion, and to prepare the body, by useful exercise, for balmy sleep at night. Patients treated in this way, who do not moon away their hours in dreary locked corridors and high-walled airing gardens, have little inducement to run away—the dignity of labour being associated with their comparative freedom. To quote a sentence in one of Dr. Arthur Mitchell's publications, "It may be accepted as always true, that that which is best for the insane poor is best in the end also for the pockets out of which they are supported".

Doors without locks would be attended with danger in the treatment of bad isolated cases, and would not afford the protection *ab extra*, which the humblest workman's house has.

My copy of the Woodilee report has been sent to a friend; but it recurs to me that, in addition to the general absence of confinement and unnecessary restraint, the work done by the patients of both sexes in this asylum, and the limited use of alcoholic drink in it, are features worthy of commendation.—Yours respectfully, WM. WHITELAW, M.D.
Wellington Place, Kirkintilloch, July 5th.

MILITARY AND NAVAL MEDICAL SERVICES.

PROMOTIONS AND CHANGES.—The following promotions and changes among the officers of the Army Medical Department were published in the *London Gazette* of the 6th inst.:—Temporary Surgeon-General Sir Anthony Dickson Home, V.C., K.C.B., to be Surgeon-General, vice Hampden Hugh Massy, M.D., C.B., granted retired pay; Brigade-Surgeon John Lyster Jameson to be Deputy-Surgeon General, vice A. D. Home, V.C., K.C.B.; Brigade Surgeon John Phillips Cunningham, M.D., to be Deputy-Surgeon-General, vice G. Pain, granted retired pay. The local rank of Surgeon-General conferred upon Deputy Surgeon-General John Andrew Woolfryes, M.D., C.B., C.M.G., in the *Gazette* of the 28th of January, 1879, is converted into temporary rank, but without pay or allowances. Surgeon-Major John Meane to be Brigade-Surgeon, vice Augustus Patrick Meyers Corbett, M.D., deceased; Surgeon-Major Charles Carroll Dempster to be Brigade-Surgeon, vice H. T. Reade, V.C., promoted; Surgeon-Major William Henry Corbett, M.D., to be Brigade-Surgeon, vice E. Y. Kellet, whose promotion has been cancelled; Surgeon-Major Richard John William Orton, from half-pay, to be Surgeon-Major; Surgeon-Major George Simon, M.D., has been granted retired pay, with the honorary rank of Brigade-Surgeon; Surgeon-Major William Largworthy Baker has been granted retired pay, with the honorary rank of Brigade-Surgeon; Surgeon-Major Alexander Campbell McTavish is granted retired pay, with the honorary rank of Brigade-Surgeon; Surgeon-Major Edward Denham Tomlinson is granted retired pay, with the honorary rank of Brigade-Surgeon; Surgeon-Major James Barry, M.D., retires from the service, receiving a gratuity.

THE NAVAL MEDICAL SERVICE.

SIR,—There appeared, in the *JOURNAL* of May 1st, a reply from "Mentor" to a letter of mine in the *JOURNAL* of the preceding week. As I have been abroad, it has only recently come to my notice.

I am challenged to name any ships in which the sick are seen under the circumstances described. I refer to the six gun sloops named after seabirds. In those vessels there is an option offered between seeing the patients in a small darkened chamber, within which four men might perhaps be packed upright like herrings in a cask, and some such place as I mentioned. That place is employed in certain of those ships; but I decline to particularise further.

Medical officers are required to carry such superfluities as a dozen lancets, two trephines, etc. For dentistry—an art that might well be encouraged—they carry only forceps for incisors, a key, a punch, and a gum lancet. There is no apparatus for so important a matter as the administration of chloroform. Stethoscopes and clinical thermometers are only carried optionally and without official sanction, so that no remark need be made on the absence of laryngoscopes, specula, ophthalmoscopes, etc. The medicine-chests contain no chloral-hydrate, bromide of potassium, iodoform, or salicin. Of the drugs supplied, the amounts are very small. Thus one patient alone often consumes all the iodide of potassium; and the same occurs with other drugs.

"Mentor" charges me with frivolity. There is nothing frivolous in my complaints, nor is there any self-seeking. He advises me to seek elsewhere a field for my talents. I distinctly affirmed that surgeons are not permitted to resign, and could name more than one whose application has been refused, even on home service, were it not likely to be prejudicial to them.—I am, sir, yours obediently,

A NAVAL SURGEON.

MEDICO-PARLIAMENTARY.

HOUSE OF LORDS.—Monday, July 12th.

The Census.—Viscount ENFIELD presented a Bill for taking the census of England. The noble Viscount pointed out that the census would be taken on April 3rd, 1881, and there would be no delay that could possibly be avoided in its completion, and the expenses would be borne by Parliament. Numerous scientific bodies recommended that it should be extended to other heads or subjects, eight in number, in addition to those hitherto comprised in the returns; but that course would involve both delay and considerable expense. Neither was it suggested that it should comprise a religious census. That was attempted in 1851, but the result was most unsatisfactory. The difficulties in the way of such a plan were almost insurmountable, and would not be provided for by the Bill. It was also suggested that a return of the weekly and daily wages earned by the labouring-classes would be desirable; but, with regard to such a suggestion, it was sufficient to say that such a return would be received with suspicion by the labouring-classes as laying the foundation for new taxation. The Bill was founded on the principles of the Act of 1870, and he trusted that it would meet with the approval of the House.—The Bill was read a first time.

HOUSE OF COMMONS.—Monday, July 12th.

Calf Vaccine.—Mr. DODSON stated, in answer to Mr. HASTINGS, that the Local Government Board were making inquiries as to the best arrangements to secure a constant supply of vaccine lymph. As the Board would be answerable for the quality of the lymph, great care was required. There was every desire to push the matter on as fast as possible, but he feared some time must elapse before they were in a position to begin to supply it.

The Fever in Ireland.—Mr. FORSTER, in reply to questions of Mr. PARNELL and Mr. O'CONNOR POWER, said he should lay on the table that evening the report of Dr. Nixon, a medical inspector, who had been sent down to inquire into the condition of the districts in Ireland where fever existed. So far as he was informed, the fever prevailed chiefly in the Swinford Union, and he believed it was now on the decline. The last report showed that, out of 96 persons in the infirmary, 41 were suffering from fever. Some difficulty was experienced in obtaining a second doctor, but that difficulty was overcome; and steps had also been taken to obtain the services of extra trained nurses, and a comfortable ambulance had been provided. The sanitary condition of the district was deplorable, and he could understand when fever once arose how difficult it was to check it. The vice-guardians were taking steps to remove the sources of disease, as well as to prevent it spreading; but the difficulties were much increased by the fear of the disease, and the unwillingness of the people to acknowledge it existed in their houses. The guardians were doing their best, and were told they were not to spare money or their efforts.—In reply to further questions from Mr. O'CONNOR POWER and Mr. PARNELL, Mr. FORSTER said the sanitary conditions which he complained of was the overcrowding of the cabins. The guardians were doing what they could to prevent the spread of the disease; but it was not a matter that could be dealt with in a month or two. The bad condition of the cabins made them fever-beds as soon as fever appeared. The Local Government Board were doing their best to prepare for any future outbreak.

The Sanitary Condition of the War Office.—In Committee of Supply, Mr. A. O'CONNOR complained that the War Offices in Pall Mall were in a very bad sanitary condition.—Lord F. CAVENDISH begged mem-

bers not to press too much upon the Government in this matter. The necessity of more being done for the public offices would not be lost sight of.—Lord R. CHURCHILL dwelt on the manner in which the Treasury Bench had attempted to shelve the subject of the sanitary improvement of the War Office.—Mr. ADAM replied that the sanitary state of the War Office had been considered by a committee, presided over by Sir William Jenner. That committee had made certain recommendations, which had been carried out; and although he was far from saying that the whole of the War Office was as it should be, the great sanitary defects had been removed.

The Canal Boats Act.—Mr. DODSON, in replying to Mr. JOSEPH COWEN, said that the Local Government Board had made regulations to prevent overcrowding in canal boats, and it rested with the local authorities to see that those regulations were observed. The Government had at present no intention to propose further legislation on the subject.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in anatomy and physiology at a meeting of the Board of Examiners on the 5th instant, and, when eligible, will be admitted to the pass-examination.

Messrs. George D. Mackintosh, Laurence I. Ruck, David R. Paul, and James T. Carter, students of the Edinburgh School; Alexander Cowley, Gray Hassell, and John R. Stuart, of the Aberdeen School; Harman Visger and Henry H. Parsloe, of the Bristol School; Robert B. Carruthers and John T. Smith, of the Manchester School; George W. Ridley, of the Newcastle School; J. R. Lucas Dixon, of the Liverpool School; David W. Whitfield, of the Dublin School; Thomas G. C. Hesk, of the Sheffield School; Ignacio Gutierrez-Ponce, of the New York and Paris Schools; and Frederick W. Hewitt, of the Cambridge School.

Seven candidates were rejected.

The following gentlemen passed on the 6th instant.

Messrs. Edward Kershaw, Alfred E. Liptrot, and John A. Laycock, of the Manchester School; Samuel Brookfield, and Robert Hardie, of the Newcastle School; Alfred Thomas and James F. H. Owen, of the Liverpool School; Alexander Milne, of the Aberdeen School; Arthur H. Hart, of the Birmingham School; Albert E. Foster, of the Leeds School; and Frederick Deighton, of the Cambridge School.

Thirteen candidates were rejected.

The following gentlemen passed on the 7th instant.

Messrs. William Harding and Roger Kirkpatrick, students of the Edinburgh School; Lewis Powell and Thomas Cardwell, of Guy's Hospital; William Dudley, of the Birmingham School; John Yates Bostock, of the Cambridge School; William Heaton Horricks, of the Manchester School; A. H. N. Lewers, of University College; James Robertson, of the Charing Cross Hospital; David Pugh Edwards, of St. Bartholomew's Hospital; and Reginald Whiteside Statham, of St. Thomas's Hospital.

Thirteen candidates, having failed to acquit themselves to the satisfaction of the Board of Examiners, were referred to their anatomical and physiological studies for three months, including one who had an additional three months.

The following gentlemen passed on the 9th instant.

Messrs. Cecil M. Hendriks, Alexander J. Grant, Charles O. Fowler, Harry Harlock, and Henry J. Harries, students of University College; Ernest A. White, Ernest H. Simmons, Henry W. Hooper, and John U. Bolton, of St. Bartholomew's Hospital; William Wilson, Samuel B. A. Edsall, and Albert Green, of Guy's Hospital; George Greenwood and John H. Williams, of the London Hospital; Montagu W. Williams, of the Middlesex Hospital; Thomas E. Rogers, of the Charing Cross Hospital; and Mark Style, of St. Mary's Hospital.

Seven candidates were rejected.

The following gentlemen passed on the 12th instant.

Messrs. Edward H. Tenison, Percy F. Money, Edward O. Croft, and Walter F. Scott, students of University College; William D. Smallpiece, James F. Saunders, Edward S. Tresidder, and Albert S. Topham, of Guy's Hospital; Charles M. Chadwick, and William A. Norry, of the London Hospital; Edward F. Collins, and William Davies, of the Middlesex Hospital; and Sidney Davies, of St. Bartholomew's Hospital.

Eleven candidates were rejected.

The following gentlemen passed on the 13th instant.

Messrs. Edward O. Newland, Arthur L. Fireman, and Edward W. Roberts, students of Guy's Hospital; Charles J. Dabbs, and Bedros Aslamian, of the London Hospital; James E. Kershaw, of St. Thomas's Hospital; Richard H. Botham, of King's College; James W. Draper, of University College; George E. Bloxam, of St. George's Hospital; and Harry A. Francis, of St. Bartholomew's Hospital.

Fourteen candidates were rejected.

The following gentlemen passed on the 14th instant.

Messrs. Mohamed I. Khan, William H. Horsman, Robert W. Watson, Wilmott H. Evans, William H. Tomlins, and Charles L. Ashby, of University College; Alfred M. Sutton, Francis G. F. Chittenden, and John H. Greenway, of Guy's Hospital; John L. Stretton and John H. Harris, of St. Bartholomew's Hospital; Frederick W. S. Stone, of St. Thomas's Hospital; and Charles J. J. Harris, of the Charing Cross Hospital.

Eleven candidates were rejected.