principle determined the remuneration of the medical man. If such were the case, there could be no objection to an exclusive standard. But we know this is not so, either in public appointments or in private practice; and the necessary consequence of such a standard would be to starve the public service, and to deny to our teeming population a sufficient supply of qualified medical men.

(To be concluded.)

OBSTETRIC MEMORANDA.

[UNDER this head, we shall, from time to time, as materials come to hand from correspondents, publish records of cases remarkable in themselves, or illustrating points of interest in obstetric practice, therapeutic or manipulative. We shall probably in this way preserve from oblivion the notes of very many useful and instructive occurrences in private practice; for the great obstetric experience is that—for the most part hitherto unwritten—of the great body of general practitioners throughout Great Britain. We will only ask those who may forward cases for record, to relate them with the utmost brevity, and equally to condense any appended remarks.]

HEAD AND HAND PRESENTATION.

By E. T. R. TENISON, M.D., Keith Terrace, Shepherd's Bush, W.

MRS. F., aged 21, was in her first labour at the full period. The membranes ruptured five hours from the commencement of the pains. On examination two hours afterwards, I discovered the presentation to be head and right hand, the fingers of which reached to the border of the posterior fontanelle. I made several attempts to push the hand and arm upwards, but all my efforts were fruitless. As the uterine action was not immoderate, and the pelvis roomy and well developed, I determined to leave the case to nature. The labour progressed favourably, and a healthy male child was expelled twenty-two hours after the membranes ruptured. The suffering was not more than usual in first cases, with the exception of the last half hour. The patient made a good and rapid recovery.

Head and hand presentations are excessively rare. Churchill states that no example is mentioned by Drs. J. Clarke, Collins, or Jansen; and only three (in 75,903 cases) by Mesdames Lachapelle and Boivin.

CELLULAR INFLAMMATION OF MAMMA.

By JOSHUA PARSONS, Esq., Frome.

MRS. J., aged 43, was confined on December 17th, 1862. The labour was tedious, owing to malposition of the child, the vertex presenting; but the case did well for twelve days, when rigor and great general debility, with much pain of the right breast, were complained of. Poulitices and a supporting, but not stimulating regimen, were resorted to, and as soon as a red point was perceived an incision was made. Nothing but sanious watery fluid was discharged; and on enlarging the opening the interior of the swelling was seen to be filled with a dark coloured, brawny slough. In spite of energetic treatment, the patient sank rapidly, and died on the twenty-first day after delivery. The whole organ was found converted into an undistinguishable gangrenous mass.

On the 5th of March in the present year I attended in the same house Mrs. K., aged 23, who was delivered of her first child after an easy labour. On the seventh day she complained of rigors with pain and swelling of the left breast. Poulitices were applied for several days, but the general symptoms becoming serious, a deep puncture of the breast was made in the most painful part, and some pus discharged with temporary relief. The pain and febrile symptoms repeatedly returned for more than two months, attended by a succession of small abscesses in all parts of the organ, which, after discharging streaky pus for a few days, closed up, leaving a deep sulcus where each occurred. During the whole of the time healthy milk exuded from the nipple, and the glandular tissue appears to be left untouched, though the organ is reduced to a singularly shrunken and distorted condition.

The above cases appear to me to record a rare form of disease, as well as a curious coincidence. The structure attacked seems to have been the cellular, rather than the glandular, textures of the part, and the inflammation to have been of a furuncular type, as characterised by the great pain and constitutional disturbance, in contrast with the small amount of swelling and discharge, and the nature of that discharge in the latter case.

NOTES ON THE OPERATIVE SURGERY OF THE FACE.

By FURNEAUX JORDAN, F.R.C.S.,

Surgeon to the Queen's Hospital, Birmingham; Professor of Surgery at the Queen's College; etc.

I.—THE RESTORATION OF THE LIP, LOWER OR UPPER, AFTER COMPLETE REMOVAL.

CIRCUMSTANCES may arise which require the complete removal of either the upper or the lower lip. Not long ago, I was required to remove the whole of the upper lip, an operation which I performed in the manner indicated in the third and fourth diagrams. I have several times removed the whole of the lower lip as seen in figs. 1 and 2. I am, therefore, able to say, unhesitatingly, that a mouth may be made from one lip. The lower can be made into lower and upper lips; the upper can be made into upper and lower. The cut margins (of cheek) can be brought together with certainty of union. Any one may bring the angles of his mouth together over the closed jaws. The cut parts are to be brought together (this is very important) with thick silver wire. Wire as thick as an ordinary brass pin causes no irritation; it does not cut, and very powerful traction can be made with it. The simple suture should be used, and should include a great amount of tissue. The cheek should be separated freely from the jaw, so that the deep parts may come together easily as well as the skin.

With intentional brevity, all other details are left to be told by the

also show the best method of operating on severe hare-lip—not forgetting the thick wire.

Advantages.—The incisions are the simplest and the least extensive