

B.S. 1876.—“Describe in the order of their frequency the several growths which affect the testis, and mention the signs on which you would chiefly rely in the diagnosis of each.”

Second M.B., 1875 (Honours).—“What constitutes rape. Mention the lesions which may result from rape (a) in the case of adults, and (b) in the case of children, pointing out the local affections of the genital organs which may simulate the effect of rape, &c.”

Is it surprising that the great majority of the medical graduates view with “destestation” the proposal that women should be admitted to the same degrees as men; the possibility that young women and young men should be subjected to a precisely similar examination, at the same time, and in the same testing-room, upon the topics dealt with in the above quoted questions, and that they should similarly undergo the necessary anatomical and clinical training to fit them for passing such an examination; and, lastly, that women should be encouraged and actively aided to enter the list in honours, in competition with young men at the same table, and, if possible, to carry off the palm for a more intimate acquaintance and superior knowledge upon such subjects as diseases of the testicles, rape, and the like. To my mind the thing is revolting in the extreme, and I believe that when the real facts of the case are known to them, very few non-medical graduates would countenance, in its present form, the proposal to admit women to medical degrees in the University.

EXCISION OF THE SUPERIOR MAXILLARY BONE.

—M Létéviant gives details of a case of very large fibrous nasal polypus, for which he excised the upper jaw. The patient was a young adult, and the tumor protruded into the pharynx, filled up the antrum, and had caused absorption of the hard palate. The operation was one of great difficulty, the bleeding being very profuse, and the danger of asphyxia great. At one time M. Létéviant says he was doubtful if he should be able to complete his operation, “but thinking of a new instrument, the *pince à résection* of Farabœuf, I applied it to the tumor, and making by its aid a violent effort, tore out, at length, *en bloc*, the whole morbid mass together with the osseous plates to which it was attached.” The patient made a good recovery, healing taking place with the rapidity usually noticed in this operation. While the case thus detailed is in itself instructive, the chief interest of the paper lies in the modifications which the surgeon put in practice in the resection of the bone, and which he offers for the acceptance of surgeons. His aim has been,—1st, the conservation of the infra-orbital nerve; and 2nd, the preservation of three spicules of bones intended to form a sort of tripod for the support of the cheek. He accomplishes the first of

these ends by cutting out a triangular portion of the bone, just over the infra-orbital canal, by means of a mallet and chisel, the rest of the canal he lays open with bone forceps, and then lifts the nerve out of its resting-place, and keeps it lying on the deep surface of the flap. The three processes of bone he obtains in the following manner:—1st. On the inner lip of the notch made in the separation of the infra-orbital nerve he cuts, by means of forceps, an osseous slip, consisting of the orbital border of the bone and its connection with the nasal process, which latter he also separates from the body of the jaw. 2nd. On the outer lip of the same notch he cuts a second osseous band, which consists of the malar portion of the orbital border and its continuation into the body of the malar bone; then he cuts the malar away from the maxilla. 3rd. The gum and mucous membrane is scraped from the vault of the palate and alveolar process on the diseased side, and with the cutting forceps or chisel a section is made commencing behind the lateral incisor tooth, running into the anterior palatine canal (taking, indeed, the line of separation of the pre-maxilla and maxilla proper); from thence it is carried directly backwards in the middle line, so as to sunder the two palate process as far as the affected border of the soft palate. M. Létéviant quotes Longet in proof of the loss of muscular power which results from section of the sensory nerves of the face, and draws the following conclusion: “It is then evident that it is not enough to save the facial nerve in order to preserve to the facial muscles their muscular irritability after the operation of resection of the superior maxilla, but that it is necessary to preserve also the infra-orbital nerve. The preservation of this moreover, while it retains the motor power, retains also the sensibility, which is a point not to be disregarded.”—*Lyon Médicale*, 16th and 23rd Sept., 1877.—*Glasgow Med. Journal*

BATTEY'S OPERATION.—Dr. J Marion Sims, now in Paris, writes to the *Medical Times and Gazette* an account of Battey's first case of so-called normal ovariectomy, and concludes as follows: “I would like to see this operation recognized by the profession as ‘Battey's operation.’ I think he is entitled to that honor. He was the first to grasp, in its widest range, the influence and effects upon the general system of what he calls an ‘unrelieved menstrual molen.’ He was the first to suggest a method of cure. He was the first to carry out his own suggestion, and to perform an operation for the cure of a disease that had never been cured before. He performed the operation on his own responsibility, without the co-operative aid of a single member of the profession. He has demonstrated the correctness of the principles upon which it was based, and proved its success in practice. He has established a precedent that may now be