tion of an account of the operation referred to till I read it in print.

If necessary to vindicate myself, I am prepared to prove that I neither wrote, dictated, nor even remotely suggested it. I attributed its authorship at the time to the editor who has studied medicine, but did not ascertain who the writer was till after reading your criticism. The use of the expressions quoted can be satisfactorily explained, but I should have thought "bungling" and absurdities were sufficiently evident throughout the article, as given in full to convince any one, that a novice, and not a "member of our own craft" was its author. 1 can quite understand and approve of your desire to maintain a due regard for the code of medical ethics, but the imputation of unprofessional conduct was in this instance hasty and undeserved.

Yours truly,

JOHN A. LANGRILL.

Jarvis, February 16th, 1880.

[We have great pleasure in publishing Dr. Langrill's letter which fully exone ates him from all complicity in the matter referred to. We have but one object in view, in thus holding up to professional censure all cases of presumed violation of the code of ethics, and that is the general good of the profession at large. It may occasionally happen, as is apparent in this instance and much to guilty.]-ED. LANCEI.

Selected Articles.

LISTERS'S STATISTICS.

Prof. Lister, has often been challenged to produce his statistics, and his opponents have been generally thought to consider his failure to do so as an evidence of a disinclination to let them bear the light. At last, however, we have them :--

" The great Royal Infirmary of Edinburgh, while it is the metropolitan hospital for Scotland for surgical disease, is not a hospital to which very many injuries come, and the great majority of injuries are treated as out-patients, and hence I have only seventy-two cases of injuries to speak of in those Nevertheless, they five years and three-quarters. were somewhat severe injuries ; thirty-three compound fractures, seven wounded joints, thirty-five other severe wounds. In seventy-two cases of in-

of injuries died of blood poiosning. Then we come to operations. All the operations that I had that have been recorded in the case-book are 845; of these thirty-seven died, or 4.4 per cent. Now Mr. Savory includes in his operations only the major operations. It is a very vague matter what we are to call the major operations and what are minor operations. I thought it would be better, therefore, to put down all my cases of operations, without excluding, as Mr. Savory has done, any group for any reason whatsoever. But, going over the operations as Mr Chevne has done, there were 120 that can be fairly called minor operations. great number of minor operations have been treated as out-patients. I may remark that with antiseptic management, you are justified in treating as out-patients a large number of cases which, without antiseptic treatment, I consider you would be bound to take into a hospital. Now, substracting these 120 minor operations, I have 725 major operations; of 120 minor operations, not one died. I, therefore, by substracting the minor operations, increase my death-rate. There were thirty-seven deaths in the 725 major operations, and these give 5.1 per cent. The St. Bartholomew's statistics give 5.2 per cent., somewhat greater, not very much greater, I confess. I cannot help remarking how easy it would have been for me to manipulate the statistics a little, to make the thing look much better for myself. For example I have had several operations, which I have included among the major operations, which have been very minor. There were three cases of spina bifida treated antiseptically. The operation consisted of introducing with be regretted, that the innocent suffers with the a needle two or three, as the case might be, horsehairs; and one case of hydrocephalus was treated in the same manner; most minor operations, certainly; but each one of these was followed by death. And, considering the consequences, and the greatness of the interests involved, it was only right to regard these as major operations; and every case in which I have had a death I have included in my major operations. If I had chosen to say those were minor operations although they were fatal, the result would have looked different ; and I could have reduced very much the per centtage. But I prefer to do as I have done; and my mortality is 5.1 per cent. of major operations, against 5.8 on the St. Bartholomew statistics. Now, as to the deaths, we come to the great question of bloodpoisoning. I had six deaths from blood-poisoning in my 725 operations, or 4.82 per cent. The St. Bartholomew's per centage was 1.44 per cent. of blood poisining. The cases of blood poisoning were two of pyæmia in those five years and threequarters, two of septicæmia, and two of erysipelas. The cases of blood-poisoning require to be weighed. juries there were four deaths, which gives 5. 7 per There is a very weighty statement attributed to cent. ; whereas the St. Bartholomew statistics are, Morgangi to the effect-"Perpendu non numerandic 7.7 per cent.; and none of those seventy-two cases 'observationes." That is to say, as we may render