

practical point of view, in order to see if anything can be done to prevent the occurrence of diseases of this class.

DEATHS IN THE SERVICES.

Surgeon-General Sir William Guyer Hunter, M.D., K.C.M.G., late I.M.S., suddenly on March 15th at his residence at Norwood in his seventy-fourth year. He was educated at King's College, London, and Aberdeen University, and entered the Indian Medical Service in 1850. He served in the second Burmese war and the Indian Mutiny. Among the various offices which he held in India were those of Professor of Medicine in the Grant Medical College, Bombay, and Vice Chancellor of Bombay University. Sir W. Guyer Hunter represented for seven years the borough of Central Hackney in the House of Commons.

Colonel Robert Coleman Eaton, R.A.M.C., at St. Bartholomew's, Spezia, Italy, in his sixty-first year. He entered the service in 1866, and attained the rank of Colonel in 1896. He served in the Afghan war of 1878 and 1880 (medal).

Surgeon-General John Robert Theobalds, I.M.S., Madras, aged 79 years. He retired from the service in 1880.

PROPOSED FRENCH AMBULANCE.

The Paris correspondent of the *Times* states that Vicomte Christian de Villebois-Mareuil has just despatched an official request to the British War Office for authorisation to organise a French ambulance for the Boers and to be allowed to take charge of the ambulance himself.

Correspondence.

"Audi alteram partem."

THE MIDWIVES BILL.

To the Editors of THE LANCET.

SIRS,—Whatever our views on the subject of legislation to regulate the practice of midwives it is of prime importance that we do not misrepresent the action and the motives of those who differ from us. As one concerned in this controversy and anxious for the real—not spurious—protection of poor lying-in women I shall thank you to insert in THE LANCET the inclosed correspondence which deals with a grave error in Mr. Johnstone's presentation of the subject to Parliament. The responsibility of ignoring conditions insisted on by the General Medical Council is great and not to be minimised by positively erroneous statements. If the tragedies connected with the practice of midwifery by untrained women continue it will not be the General Medical Council that will be to blame.

I am, Sirs, yours faithfully,

Highbury-place, N., March 17th, 1902. JAMES GREY GLOVER.

[INCLOSURE.]

25, Highbury-place, N., March 10th, 1902.

DEAR MR. JOHNSTONE.—In your speech on the Midwives Bill you say that in asking for a penal clause against uncertified women practising for gain the Medical Council was contending for a stepping-stone towards rendering the practice of unqualified medical men absolutely penal (THE LANCET report). Will you allow me with much earnestness and all respect to protest against this statement. I am in a position, though not now in the Council, to say that this statement is absolutely incorrect, and that the clause asking for the penalising of practice by uncertified midwives was urged solely in the interest of lying-in women whose lives are endangered in quite a special way by the practice which it is the object of this legislation to stop.

Of course, all medical men disapprove of irregular and unqualified medical practice, but I think I may challenge you to find in all the records of the General Medical Council a resolution carried by—or even proposed in—that body, asking Parliament to stop unqualified medical practice by penalising it. I need not say that I am no enemy to proper legislation on the subject of midwives. But a measure which omits the principal protection of the poor lying-in women is not legislation but the evasion of it, and is without excuse. At any rate this is the view of the Medical Council in insisting on the clause penalising practice for gain of uncertified midwives, and nothing I am sure is further from your intention than to misrepresent the motives and views of the Medical Council. Poor women do not look at registers and are not guided by titles. So that they will not be protected by merely penalising the use of titles.

Believe me, dear Mr. Johnstone,

Yours very truly,

J. H. Johnstone, Esq., M.P.

J. G. GLOVER.

House of Commons, March 12th, 1902.

DEAR DR. GLOVER,—I am very glad to hear from you, on authority, that the General Medical Council do not seek to penalise the unqualified practice of medicine, and I hope that by the publication of this

correspondence their attitude in this matter may be made clear to the public and to the profession for all time. I owe them an apology if I have, in good faith, misrepresented their aims, but in explanation I may call your attention to the *British Medical Journal* of Feb. 22nd, which in an article dealing with the present Bill states: "It has long been admitted that this omission" (a penal clause) "is a great defect in the Medical Acts, and to obtain their amendment in this direction every effort should be made." However, your letter now makes it clear that the General Medical Council do not wish to penalise the practice of unqualified medical men, while they do wish to penalise the practice of women, of which Sir William Priestley said, and said truly, "it is quite certain that the House of Commons would listen to no such proposal." We have advisedly based our Bill on the principles embodied in the Medical Acts concerning medical practitioners, and beyond that we cannot hope to go at the present time.

Believe me, very truly yours,

J. G. Glover, Esq., M.D.

J. H. JOHNSTONE.

To the Editors of THE LANCET.

SIRS,—As one of the candidates referred to by Dr. A. McCook Weir in THE LANCET of March 8th, p. 697, as having failed to see that a Nursing Bill was introduced into Parliament at the commencement of the present session I can only plead with regret that during December and January last my state of health was such that I was quite unable to undertake the task of preparing a Bill and getting it introduced into Parliament; indeed, it was only with great difficulty that I could attend to the more pressing of my professional engagements. At my suggestion the council of the Incorporated Medical Practitioners' Association appointed a committee in December to consider the Nursing Bill drafted by Dr. McCook Weir, the suggestions of the Manchester Medical Guild, and the Bill drafted by the Parliamentary Bills Committee of the British Medical Association, but that committee failed to report in time for any action to be taken before Parliament met.

I am, Sirs, yours faithfully,

Gibson-square, N., March 12th, 1902.

GEORGE BROWN.

HIGH FREQUENCY CURRENTS IN THE TREATMENT OF CANCER.

To the Editors of THE LANCET.

SIRS,—As an announcement has been recently made that currents of high frequency were about to be tried in the treatment of cancer at one of our London hospitals it is exceedingly probable that medical men who are now in possession of the apparatus necessary to their production will be inclined to do likewise, either in their hospital or private practice. Since I first pointed out this "prospect of cure"¹ at least one other has adopted this treatment, and I am glad to have had a favourable report from him upon its effects in malignant disease. Hence the following remarks, the outcome of six months' experience in this method, may not be amiss. Amongst other preliminary measures the estimation of the percentage of urea should never be neglected. This in cases of cancer is always extraordinarily low (in the last case that has come under my care only 0.46 per cent.), but this improves as treatment continues and gives us useful guidance in the progress of the case.

The treatment is both general and local, and it will be found advantageous to commence with the former by placing the patient within the large solenoid for half an hour daily for the first three days. This is generally called "auto-conduction," but as the currents thus set up within the body are entirely induced, it seems to me that "auto-induction" is the better term. Recourse to this will be had from time to time whenever it is necessary to suspend the local treatment. General treatment can also be applied by auto-condensation, but this method is best used in conjunction with local treatment, which may be either uni-polar or bi-polar. It will be convenient to call that electrode which is on the end of the solenoid which is connected to earth "the kathode," and that which is fixed to the distal end of the solenoid, or resonator (if that is used), "the anode." For auto-condensation the kathode may be a sheet of metal beneath the mattress on the couch; for bi-polar treatment it may be of nickel of a convenient shape for the hand or ending in a plaque either of metal or wet clay when applied to the abdomen at such times as the anode is inserted into the vagina or rectum. The best and most manageable plaque can be improvised from thick lead foil. A similar plaque is a very useful means of applying the anode over any considerable surface; the great point

¹ THE LANCET, Sept. 28th, 1901, p. 845.