Correspondence.

"Audi alteram partem."

LITHOTRITY COMBINED WITH LITHOTOMY.

To the Editor of THE LANCET.

SIR,—With reference to a case reported in THE LANCET of the 22nd inst. (p. 901), in which lithotritry combined with lithotomy was performed at one sitting, Mr. Teevan remarks that this case was "probably unique; the special combination which he effected in the present instance, of designedly reducing the entire stone to small fragments at one sitting, per penum, and then immediately extracting them through the median perineal incision, was, he believed, quite novel."

At a meeting of the Royal Medical and Chirurgical Society, held on the 12th March last, I stated that for some years I had been in the habit of operating for removal of stone in the bladder by crushing the calculus and then and there performing the usual operation for lithotomy. Mr. Teevan was, I think, present, and addressed the meeting. Mr. J. Wood and Mr. Christopher Heath subsequently spoke to me on the subject, and, I believe, clearly understood the nature of the operation I had referred to and the difficulties sometimes attending it. Mr. H. Smith, writing to me since on this matter, asked the question, "Did I not understand you to say, at Thompson's paper, that you were in the habit of breaking a stone with a lithotrite, and performing lithotomy at one sitting?" To which I answered in the affirmative.

It always seemed to me that, having only a limited space to cut in for the extraction of a stone from the bladder, it was evidently impossible to remove a large calculus through a small hole without bruising and tearing the tissues the calculus had to pass, and from my own observations I formed the conclusion, some fifteen years ago, that the success of my stone cases, especially among old people, depended greatly upon the absence of force used in extracting the stone. I insisted strongly on this point to my class at the Westminster Hospital a few weeks ago, trying to impress on the students the fact, with reference to a case of stone, that the surgeon who could remove the whole of a stone from the bladder, or an opaque lens from the eye, without cutting important structures or bruising the surrounding tissues, might be considered a *perfect operator*, but that the entire force of this remark depended upon the words "whole" and "bruise." With convictions such as these, it was obviously desirable to enforce the principle inculcated long ago by Andreas à Cruce, of crushing a stone before attempting to remove it from the bladder; and, as I stated, I believed clearly and distinctly, at the meeting above referred to, I had in a large number of cases followed this practice, employing, of course, our more modern and improved instruments, with the most favourable results. The difficulty, however, remains to discover the lithotrite that will crush large stones; so far as my experience goes, there are many cases of calculus of the bladder in which the power of resistance on the part of the calculus is greater than that of the attacking force.

I am, Sir, yours, &c.,

Grosvenor-street, June 25th, 1878.

C. MACNAMARA.

"ON A MODIFICATION IN GRADUATED STAFFS."

To the Editor of THE LANCET.

SIR,—The instrument figured by Mr. Bartleet in the above communication to your journal of Saturday last is the "bougie conique à ventrè," which was delineated and described by me at p. 255 (fig. 6) of THE LANCET for August 24th, 1872. Mr. Bartleet is doubtless not aware of this fact. The instrument is a very valuable one, and has for the last ten years been made in metal by Messrs. Mayer and Meltzer. A faithful representation of the bougie, with an olive-tipped point (which increases its value), is to be seen at p. 23 of Mr. Lund's work on Internal Urethrotomy.

I remain, Sir, your obedient servant,

Portman-square, W., June 24th, 1878.

W. F. TEEVAN.

THE TREATMENT OF ASPHYXIA.

To the Editor of THE LANCET.

SIR,—Will you kindly allow me space to say a few words on this important matter, and which is now occupying the attention of your readers. First, as to the treatment of the stillborn, I may mention that, as I have attended more than 1000 midwifery cases with my own hands, I have necessarily seen many cases requiring treatment. I have always used the Marshall Hall method, but must confess I have not abandoned it after *five minutes'* trial, as recommended a few years since. I have still full faith in it, and, until a better can be devised and receive the sanction of the profession, shall continue to adopt it. I must, however, express my opinion that it will be next to impossible to make a fair comparison of the merits of any system of treatment for asphyxia with stillborn subjects. Stillbirth presents so many varying conditions of vitality that the operator would find it difficult, if not impossible, to give a correct estimate and an impartial judgment. In the submersion of the adult and healthy subject you have, however, more constant and definite conditions to deal with, and I therefore believe that in the treatment of the drowned, and particularly in experiments on the lower animals, will be found a state of things more capable of being compared, tested, and judged. As an illustration of my meaning, how often does a practitioner, most anxious as to the condition of the mother, give the stillborn infant to the nurse, under whose washing manipulations respiration becomes fully established. Yet it would be unwise in all cases to substitute the rough treatment of the nurse for the Marshall Hall method. It is much to be desired that some day this question may become finally settled. Nothing is more likely to confuse the operator, and to lead to loss of time and life, than the thought that perhaps he is not using the best method for the recovery of his patient. In 1868 I had the honour of originating the movement for the establishment of the Marshall Hall Memorial prize, and have the great satisfaction of knowing that the object had been accomplished, thanks to the early and sustained aid of THE LANCET, and I hope I may not be considered intrusive in wishing that the next adjudication may be awarded for original researches on the nature and treatment of asphyxia.

I remain, Sir, your obedient servant,

RICHARD ELLIS.

Ryehill, Newcastle-on-Tyne, June 24th, 1878.

ROYAL MEDICAL BENEVOLENT COLLEGE.

To the Editor of THE LANCET.

SIR,—Epsom College election over again! Yes, it is over, and after the same fashion, but with what results? Exhibiting firstly, more and more, the indigence and penury of our hard-worked profession, as seen by the long list of candidates; and, secondly, more than ever, the unjust, imperfect, and unreasonable carrying out of charity-voting elections.

If anyone will take the trouble to analyse this list (even though he may know *no more* than I do, which is *nothing*, personally of the candidates), what conclusion can he come to but that the present system of voting is *rotten*.

To begin with, here is a list of thirty-nine candidates: eleven elected—that is to say, *one*, on "*first application*"; three, second; four, third; one, fourth; and two, fifth. The one at the head of the poll has polled between 2000 and 3000 more votes than two others respectively, who have stood five elections (though truly on this fifth they are returned with him). But what has become of the third who has now *unsuccessfully* stood five elections? Poor rogue, still left out in the cold, even though it be summer, being so short of advocates that in the five elections he managed (each year's numbers, mind, being carried accumulatively) 3981, as against the head or *first* applicant, and the only son (child) of his father, or mother, if you will, viz., 8319! Now, who can question the hardship upon these remaining applicants? especially those who have stood four, five, and even, some years, six elections? Seeing that each election, at the lowest average computation, must cost from £20 to £30. Hard, indeed, it must be upon the poor