Surgeon-General James Irvine, Bengal Army (retired), on May 3rd, at Clifton, Bristol, in his seventy-sixth year.

THE LATE INDIAN FRONTIER WAR.

Everything remains quiet on the frontier and in the Khyber. Some sickness is reported, however, among the British troops at Jamrud and Bara.

Surgeon-Major-General S. A. Lithgow, M.D. Edin., C.B., D.S.O., has been selected for the appointment of honorary physician to the Queen, rendered vacant by the death of Surgeon-General S. Currie, M.D. Edin., C.B. Surgeon-Major-General Lithgow was appointed to the army in February, 1855, and during his long service has been several times on active service in the field, including the Indian Mutiny, 1857-59. He took part in the Soudan Expedition of 1884-85 on the Nile and was principal medical officer on the lines of communication. He was mentioned in despatches, received the medal and clasp, and was created a C.B. He was again in the Soudan in 1885-86 and was mentioned in despatches and received the Distinguished Service Order. In 1890 he took part in the operations of the Zhoob Field Force in India and was again mentioned in despatches.

Surgeon-Major A. C. A. Alexander, Coldstream Guards, is the Principal Medical Officer in charge of the Royal Military Tournament at the Agricultural Hall, and he is assisted by Surgeon-Captain G. W. Tate, M.B., A.M.S. Veterinary Major Rowe, A.V.D., is in charge of the horses.

Correspondence.

"Audi alteram partem."

THE PROSECUTION OF REGISTERED PRACTITIONERS BY THE GENERAL MEDICAL COUNCIL.

To the Editors of THE LANCET.

SIRS,—The recent prosecution by the General Medical Council of Mr. H. K. Hunter, L.S.A. Lond., of Gamlingay, Cambridgeshire, for assuming the titles "Physician and Surgeon" must have come as a surprise to most members of the profession. It undoubtedly seems strange that the Council should use its funds in prosecuting a registered medical practitioner whilst hosts of unqualified persons are permitted to practise medicine and surgery with impunity. After reading the report of the case of the proceedings in the *Times* of April 8th last I communicated with the Registrar of the General Medical Council, asking for information as to who ordered the prosecutions, as I had no recollection of the facts of the case having been brought before the Council. From him I learnt that the General Medical Council, when *in camera* on Nov. 25th of last year, directed, on the recommendation of the Penal Cases Committee, the prosecution under Section 40 of the Medical Act of 1858 of certain persons, amongst whom was Mr. H. K. Hunter.

I shall feel obliged if you will permit me to state in your columns that I had not the slightest idea that the name of a registered practitioner was among those recommended for prosecution by the Penal Cases Committee. I was under the impression that the persons reported upon by the committee were those only whose names had already been removed from the Medical Register and still continued to practise and use medical titles. Had I known that the name of a registered practitioner was included in the list I should have dissented from the recommendation. I have reason to believe that many of the other members of the Council—the Penal Cases Committee excepted—were likewise ignorant of the fact that Mr. Hunter was a registered practitioner. This, however, I freely confess does not relieve us of our responsibility as being parties to the action. We ought not to have assented to the recommendation of the Penal Cases Committee without having had all the facts of each case before us. That the Council should have been placed in such an unfortunate position indicates that our methods of procedure are faulty. Instead of referring cases reported to the Council for prosecution to a small committee, it would, in my opinion, be far better that the cases should be considered by the Branch Council for the

division of the kingdom in which the persons complained of practise. It is therefore my intention at the forthcoming session of the Council to propose that the Penal Cases Committee be not reappointed, and that penal cases be hereafter referred for consideration and report to the respective Branch Councils. Should this proposal be adopted we may hope that the law officers of the Council may not again be called upon to prosecute a registered practitioner under similar circumstances.

I am, Sirs, yours faithfully,

GEORGE BROWN,

Direct Representative for England and Wales.
Gibson-square, Islington, N., May 17th, 1898.

"A METHOD OF EXPOSING AND OPERATING ON THE KIDNEY WITHOUT DIVISION OF MUSCLES, VESSELS OR NERVES."

To the Editors of THE LANCET.

SIRS,—A few days ago I read in a paper by Joseph Price a quaint sentence which accurately describes a good deal of what is published now: "Frequently some one of our medical or surgical brothers comes running out of the bushes crying, 'I have found something.' It is usually a bug, an antitoxin, or a new method."

I can neither confirm nor correct Mr. Mayo Robson's statement that Mr. Greig Smith approved of the principle of exposing the kidney without cutting muscular fibres, but as I taught him to open the abdomen by splitting open the muscular sheath and separating the fibres of the *rectus* I have no doubt he also approved of and practised what I also taught him, to open the loin similarly, whether operating on the kidney or the colon, by what Mr. Mayo Robson believes is a new method. If its history is a matter of importance then I ought to put it on record that I was taught it in Edinburgh by the late McKenzie Edwards as the best way to imitate a sphincter in colotomy thirty-five years ago and that I have practised it uniformly ever since, with an incision, I should say, about one-third the size indicated by Mr. Mayo Robson.

I am, Sirs, yours faithfully,

Birmingham, May 14th, 1898.

LAWSON TAIT.

"THE DANGER OF ASPIRATING THE LIVER."

To the Editors of THE LANCET.

SIRS,—Surgeon-Lieutenant-Colonel Hatch, I.M.S., has done well in drawing attention in the *Indian Medical Gazette* for April, 1898, to the possibility of aspiration of the liver producing a fatal hæmorrhage into the cavity of the peritoneum. This important fact is but little known and has been seldom referred to in writings on the treatment of liver abscess. Surgeon-Lieutenant-Colonel Hatch recommends caution in the operation of aspiration of the liver for diagnosis of abscess; but you go further and state that "the operation offers no advantages to compensate for its undoubted risk" and recommend its total disuse.¹ This view will not, I believe, commend itself to the majority of surgeons and, if adopted, will result in patients dying from liver abscess unrelieved because their condition remains undiagnosed. The advantages of the operation are the certainty of diagnosis as to the presence of an abscess and its position if a positive result be obtained, and its almost certain absence if pus be not reached on the insertion of the needle at three or four situations. The books notwithstanding, there are no symptoms or physical signs on which the surgeon can depend for indicating the necessity of operation in cases of suspected abscess of the liver; perhaps of the latter œdema of the skin is the most valuable, but it is very seldom apparent, not oftener than in 4 or 5 per cent. of the cases—a sense of fluctuation may be left out of consideration, as it is hardly ever perceptible. I have discovered by means of aspiration liver abscess in cases where the classical symptoms of this complaint were all absent, and where only pain over the liver and the patient's history warranted a bare suspicion of its presence, and I have found it on post-mortem examination in cases which during life exhibited no sign of it. Probably no disease presents cases in which diagnosis is more difficult than it is in some

¹ THE LANCET, May 14th, 1898, p. 1343.

cases of liver abscess, and in these "prospecting" the organ with an aspirator affords the only certain data on which to form an opinion. I have treated a large number of cases (over 150) in which abscess of the liver was present or suspected, and my routine plan has been to aspirate first at one or more points and then to operate on a positive result being obtained. In those cases in which pus was not reached no evil effect was ever perceived, the only result being a very considerable decrease of the pain previously felt, and this whether the amount of blood removed was great or small. The needle employed should no doubt be small, and that it be too narrow to permit the pus to flow freely, through it in some cases is hardly an objection, because even under these circumstances sufficient for merely diagnostic purposes may be obtained on separating the needle from the india-rubber tube and blowing its contents on to the palm of the hand.

In the face of the cases related by Surgeon-Lieutenant-Colonel Hatch and of others one must admit a certain amount of risk from aspiration of the liver, but the ratio of fatal cases to the total number treated is almost infinitesimal and should be disregarded. The fact that THE LANCET is read all over the world by medical officers who are likely to have these cases to treat must be my excuse for asking you to give space to this letter.

I am, Sirs, yours faithfully,

W. F. STEVENSON, Surgeon-Colonel A.M.S.,
Professor of Surgery, Army Medical School.

Netley, May 15th, 1898.

THE POLICE AND THEIR AMBULANCE ARRANGEMENTS.

To the Editors of THE LANCET.

SIRS,—The Home Secretary's reply in the House of Commons to a question about first aid in London, as reported in THE LANCET of May 14th, seems to me to deserve more attention than it has yet met with at the hands of the press, since it affects in a marked degree the safety of all those who daily pass along our thoroughfares. With reference to the ambulance work rendered by the police on the occasion of the collapse of a building in Westminster on April 21st the following undisputed facts may be noted. No first aid was rendered on account of "the presence of a great and excited crowd" (springing up, I suppose, instantaneously); cabs were used to convey the injured to the hospital, for there could be no time to get any other means of conveyance, as they were removed to the hospital and under treatment within four minutes of the accident. Out of the 70 constables present who, we are told, were competent to render first aid not one was called upon to treat a single case.

It is superfluous on my part to comment upon the curious reason given by the police for not rendering first aid or upon the hasty method of getting these poor injured men to the hospital, as both are exactly upon all fours with the ordinary manner adopted by the police in treating the everyday accidents in our streets. They only bring out in strong relief the main fact that no ambulance work of any consequence is carried out by the police in the case of street accidents. If ever there was a case in which first aid ought to have been promptly rendered the catastrophe at Westminster was the one and it is not creditable to this city that the police ambulance arrangements should turn out to be such a failure.

I am very much afraid that the remarks of the Home Secretary were not thoroughly understood by the House of Commons or the Members would never have cheered the admission that no first aid was rendered in a case where it was so essentially required. Surely the time has now arrived when the Government should make some attempt by inquiry or otherwise to discover what is wrong and why we cannot have some more efficient system of first aid employed in our streets. During this year, judging from previous statistics, I estimate there will be 12,000 accidents in the streets of London (including the City), and, as you have stated elsewhere,¹ these only form a small portion of the cases which would require assistance and I ask, therefore, in the name of humanity, the suffering humanity that is before our eyes, whether you cannot do something to draw the

attention of the Government to this crying want. Your power is great and could hardly be used in a better cause.

I am, Sirs, yours faithfully,

HEATON C. HOWARD.

THE VICE-PRESIDENCY OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

To the Editors of THE LANCET.

SIRS,—I desire to intimate through the columns of THE LANCET that I have relinquished the intention which I had formed to seek the Vice-Presidency of the Royal College of Surgeons in Ireland at the approaching election in June next. When I expressed to the Fellows my determination to offer myself for that office I felt that my long service to the school and College as an examiner and Councillor and my seniority as a surgical teacher and as a hospital surgeon might reasonably deserve recognition by the Fellows and that I might hope to be honoured with election to the office which I seek. Unhappily, personal and domestic circumstances prevented me from giving prominence to my candidature until others had occupied the ground in some degree, and as a contest is extremely distasteful to me and in my opinion is not to the advantage of the College I have thought it best to refrain from presenting myself for the vice-chair until the next vacancy may occur. I desire, however, to assure the Fellows that under any circumstances I shall do so when that time arrives and that meanwhile I shall hope to retain my seat on the Council, for re-election to which I now offer myself. With this assurance before them I trust that my friends and supporters will not be induced to pledge their votes to any other candidate for a succeeding vice-presidency.—I am, Sirs, yours faithfully,

L. HEPENSTAL ORMSBY, M.D. Dub., F.R.C.S. Irel.

Merrion-square, Dublin, May 16th, 1898.

'THE DIPLOMA OF THE APOTHECARIES' SOCIETY.'

To the Editors of THE LANCET.

SIRS,—Whilst agreeing with Dr. Bateman that Mr. Victor Horsley is an admirable Direct Representative, and likewise agreeing in some degree with his remark as to the "unwisdom of the prosecution" of the L.S.A. London for assuming the title "Physician and Surgeon"—as after all said there is scarcely more than a technical distinction between the L.S.A. and multitudes of others who adopt the same title—be it said to the credit of the General Medical Council, however, that they have got on the right scent, as an intolerable amount of snobbism exists at the present day with regard to the use, or rather abuse, of this title. Until a comparatively recent date this kind of braggadocio was confined to the slums, whereas now the infection has spread to innumerable refined and suburban localities. One of these I happen to know where three medical men, respectively graduates of a university, have in addition to the ordinary plate representing their qualification another plate underneath especially limited to the title, "Physician and Surgeon"; and as to another instance I know an M.R.C.S. and L.R.C.P. Edin. who, in giving a testimonial in a local paper, inserted "Physician" after his name, ignoring altogether the "Surgeon."

I am, Sirs, yours faithfully,

London, May 15th, 1898.

M.R.C.S., L.R.C.P. EDIN.

THE MILITARY HOSPITAL AND SANITATION AT CADIZ.

(FROM OUR SPECIAL CORRESPONDENT.)

IN face of the trouble which is besetting the whole Spanish nation it is hard to criticise severely the shortcomings which unfortunately are but too evident. As Cadiz is the nearest Spanish port to Cuba and America I naturally imagined that the town would be in a state of feverish activity. I have nothing to do with the military aspect of the question, but from the sanitary point of view Cadiz is the natural landing place for the sick and

¹ Hospital Sunday Fund Supplement, May, 1895.