Correspondence.

"Audi alteram partem."

THE ELECTION AT THE COLLEGE OF SURGEONS.

To the Editors of THE LANCET.

SIRS,—In offering myself as a candidate for a seat in the Council of the Royal College of Surgeons of England, I do so as an independent Fellow, aware that there is a strong feeling in the profession that the provincial Members of the Council are too few, and not one of those few lives in this part of the country. I consider that both Fellows and Members need to have a bond of interest in and of union with the College, beyond the fact of their possessing diplomas, and that this would be obtained if the Council were to submit their annual report to a general meeting for consideration before adoption, and if they also convened a meeting of Fellows and Members to consider any heavy expenditure or other matter of great importance. The College of Physicians and the College of Surgeons are working together, and I think it would be well if, as is the custom at the former, the President were elected by the annual meeting of Fellows at the latter. The question of admission of Members to the Council I have read, conversed and thought much about, and conscientiously feel, had I remained a Member, I should not have had any claim to the position. I believe that many Members do not desire it, and I am satisfied that any who aspire to the Fellowship, now that admission to it is practically reduced to passing a good examination and paying a moderate fee, can well, even if in heavy practice, prepare and pass by energy. This I say from experience, as I, when in hard work, passed both examinations in one week. The Fellows were created to be the electors and Council of the College. Those first elected without examination were prominent surgeons to large hospitals, having been raised to that position by their professional brethren and fellow-citizens. The rest have the guarantee of possessing the highest surgical qualification in the world. All Fellows are Members, therefore have the welfare of the Members at heart, and it is well that all advantages of Fellowship should be upheld as an inducement to many who are now Members, and, we regret, do not join us, to take the higher qualification. Also I am opposed to both the Draft Bills for Parliament. The first seeks to throw the Council, with the offices of president and vice-president, open to Fellows and Members as one body. The second, by its wording, "not less than six shall be Members," practically does the same.

If I am honoured by being elected to a seat on the Council, as representing my brethren in the provinces, and having their and all other Fellows' interest at heart, I shall feel it alike a pleasure and a duty to attend the meetings regularly.

I am, Sirs, yours faithfully,

CHARLES STEELE,

Late Surgeon and Consulting Surgeon to the Bristol Hospital for Sick Children; late Senior Surgeon to the Bristol Royal Infirmary; late Lecturer at the Bristol Medical School.

Clifton, June, 1889.

* * The above letter arrived too late for insertion in our last week's issue.—ED. L.

FATAL AFFRAY AT LIVERPOOL.

To the Editors of THE LANCET.

SIRS,—I am much obliged for the fair and candid review of this case which appeared in THE LANCET of June 1st. I must express regret that in my own interest a consultation was not called, but I at the time only considered the interests of the patient and the prisoner, and, the case in my opinion being an urgent one, I acted as your article says a hospital surgeon is justified in doing in such cases. I must also express regret that Mr. Clarke was not summoned in time to attend the post-mortem examination from its commencement; but, upon being referred to, I immediately wrote to the hospital saying that I should be delighted for Mr. Clarke to be present. I was not, however, present, so that as between Mr. Clarke and myself I gave him every opportunity of assuming a hostile attitude if he chose to do so.

But the question of consultation and the presence of Mr. Clarke at the post-mortem examination have nothing to do with the case. The judge laid down the law that if a man injures another, and if the injured man is treated by a surgeon who is acting in good faith, and who is guilty of no gross carelessness or dereliction of duty in what he does, then the assailant must stand by the consequence of the surgical treatment, whether successful or not. After hearing my evidence, Mr. Justice Stephen stated that this was what he was going to say to the jury, and the way in which he silenced Mr. Clarke requires no comment. As he very justly remarked, the statements of Mr. Clarke were not subject matter for evidence in a court of justice, but for criticism among medical men.

The remaining points in Mr. Clarke's letter to which reference may be made are: 1. The opinion expressed that there might be fracture is of no moment, as this did not make any difference as to doing the operation or not. 2. Mr. Clarke's statement as to the trephine showed a want of knowledge of the instrument, and his further statement respecting the use of the gouge would not have been made if he had taken the trouble to make himself acquainted with the literature upon this subject. 3. Mr. W. Mitchell Banks, one of the best-known surgeons in this part of the country, testified to the fitness of the instruments, and this makes it very difficult to understand the peculiar mental attitude upon matters of fact that Mr. Clarke has displayed. 4. I stated clearly before the court that the lateral sinus was opened, but I gave my reasons for this occurrence—an occurrence which, in the opinion of the greatest living authority upon this operation, is unavoidable in similar cases. Mr. Clarke asserts that this was the cause of death, but does not attempt to explain how. There was no loss of blood, and the lateral sinus has been opened without any fatal result. From the testimony of Professor Barron this could have had nothing to do with the death, the cause of death being septic suppurative meningitis. But in spite of this testimony as to fact, Mr. Clarke still continues to state the pathological condition as that of inflammation, without reference to its suppurative and septic character. Why does not Mr. Clarke stand by his original statement as expressed at the post-mortem examination—namely, that the brain was a healthy one—by now acknowledging the presence of inflammation? He admits the inaccuracy of his original statement, and is therefore bound to accept the evidence of such a specially skilled witness as Professor Barron. Mr. Clarke has loudly protested that the line he has adopted was solely taken in the interests of justice. If this is so, Mr. Clarke's action with regard to this matter still remains enigmatical.

I am, Sirs, yours truly,

June, 1889.

DAMER HARRISON, F.R.C.S. ED.

ON PERFORATING THE "MASTOID ANTRUM."

To the Editors of THE LANCET.

SIRS,—The above is so strongly recommended in suitable cases, both as a means of directly combating grave symptoms supervening on otitis media, and also as advocated by Mr. Barker, for the purpose of rendering the tympanum and its mastoid ramifications aseptic as a preliminary to trephining for intra-cranial pus secondary to ear disease, that, in spite of having little that is new to say concerning it, I trust these few remarks may prove of some slight service. To Schwartz we are indebted for a scientific description of how the operation should be performed. After exposing the surface of the mastoid immediately behind the auricle, the chisel is recommended to be used so as to gradually remove the outer shell of bone at a precise spot—viz., immediately below and behind the roof of the bony external auditory meatus—and to penetrate in a direction inwards and slightly forwards and downwards, but never more than five-eighths of an inch for fear of wounding the facial nerve. Operating under these precise limitations the "mastoid antrum" may be perforated, while the danger of opening an extra deep middle fossa of the base of the skull is avoided on the one hand, and that of wounding an unusually advanced lateral sinus is prevented on the other. Hartmann says in 41 per cent. of the skulls he examined the groove for the lateral sinus reached to nearly three-eighths of an inch of the posterior wall of the external auditory canal (see "Manual of Diseases of the Ear," by Dr. Barr, to which I am indebted for these references). In my last case I perforated the bone as close to the external