Correspondence.

"Audi alteram partem."

LITHOTOMY, LITHOTRITY, AND LITHOLAPAXY.

To the Editors of THE LANCET.

SIRS,—Surgeon-Major Keegan's valuable paper in THE LANCET of Oct. 4th raises again the important question of the nomenclature of the operations at present practised for the removal of stone from the bladder. He is good enough to refer to the proposal I made at the meeting of the Royal Medico-Chirurgical Society on March 11th, that we should avoid much confusion with reference to what really is a stone in the bladder, and at the same increase the value and accuracy of the statistics of stone operations, by classifying them under the heads of "lithotomy," "lithotritry," and "litholapaxy" (by which is meant removal by other means than either knife or lithotrite), and I therefore beg permission to make the following remarks. Before 1824 vesical calculi were removed from the bladder by incision, and the operation was named "lithotomy"—not logically a correct term, but one which has become absolutely fixed by age and usage. After this date the operation of breaking up stones in the bladder came gradually into vogue, and the term "lithotritry" became firmly established. Still later, Crampton and Clover, more particularly the latter (THE LANCET, May, 1866), devoted special attention to the removal of fragments by sucking them out through tubes, but this did not interfere with the term "lithotritry," and all the world understood that lithotritry meant crushing a stone in the bladder, and either allowing the fragments to be naturally expelled or sucking them out by means of tubes and aspirators. In 1878 Bigelow proposed to establish the fact that it was safer to crush a stone and suck out every particle in one operation than by several, as had hitherto, except in the case of small stones, been the settled practice. Many surgeons at once accepted this most valuable teaching, and began to speak of "lithotritry at a single sitting." This was while Bigelow's proposition was *sub judice*. Now, however, when lithotritry at a single sitting has become absolutely established by the consensus of opinion of the whole surgical world, as so superior to the old many-sitting method that under no circumstances should the latter knowingly or of intent be practised, it has become natural to speak simply of lithotritry when it is intended to express the fact that a stone has been crushed and removed. Bigelow, however, in 1878, wishing to distinguish his operation entirely from the many-sitting operation, and which he was by no means certain (only having an experience, by himself and others, of fourteen cases) would so entirely sweep away the older method, named his operation "litholapaxy," which merely means the evacuation or removal of stone. This term might have justified itself in time if his operation had not only cleared away the many-sitting lithotritry, but lithotomy as well; but as lithotomy still lives, and is likely to live, the term "litholapaxy," as distinguished from lithotritry, does not seem to me to be justified. Bigelow, building upon the foundations laid by Clover and Otis, introduced larger tubes and stronger aspirators, and surgeons find that many cases of small single calculi and of multiple small calculi can be treated successfully simply by using the tube and aspirator, neither knife nor lithotrite being necessary. For this operation, which is neither lithotomy nor lithotritry; the term "litholapaxy" seems to me eminently desirable; and, indeed, I see no reason why, as the term "lithotomy" is used generically to include every kind of operation by the knife, we should not use the term "litholapaxy" for all operations by which stones are removed from the bladder without the employment of either knife or lithotrite—that is to say, by suction through tubes, or without tubes, or by forceps, and either through the natural passages or through fistulæ.

I am, Sirs, yours faithfully,

Wimpole-street, W., Oct. 13th, 1890. G. BUCKSTON BROWNE.

REWARDS BY PROMOTION IN THE MILITARY MEDICAL SERVICES.

To the Editors of THE LANCET.

SIRS,—With reference to your suggestion in an annotation in THE LANCET of Aug. 23rd, that Surgeon Parke should be promoted direct to the rank of Surgeon-Major,

allow me to give you an example of how a somewhat similar promotion was followed by serious consequences, apparently little anticipated at the time the promotion was made.

For services rendered in the early part of the late Burmah War, two officers of the Medical Staff and Indian Medical Service were promoted to Brigade Surgeon. In the case of the former the promotion was cancelled, and the officer was granted the distinguished service order; but, in the case of the officer of the Indian Medical Service, the promotion held good, with the result that not long ago he was made a deputy surgeon-general over the heads—I forget how many—of his seniors. I am not one of the number, so that I do not write with a grievance. A system of rewarding an officer at the expense of his fellows who have not had his chances must be a faulty one. As a matter of fact, when war breaks out, nearly every medical officer tries to go on field service. A life of hardship and danger, with the chance of distinguishing himself, has a charm for nearly every officer in the army, whether combatant or non-combatant; and to have served in a campaign is, to most men, its own reward. And in the eyes of the authorities the fact that an officer has served in a campaign is always a point in his favour, so that his future prospects are improved thereby. Those to be pitied, in India at any rate, are those who are left to the dull routine of cantonment life; and it would be somewhat hard if, through a system of reward by promotion, they should be passed over by their more lucky juniors on field service. As I have twice been on field service I trust that my remarks may be considered unprejudiced.

I am, Sirs, yours faithfully,

Sept. 12th, 1890.

SURGEON-MAJOR, INDIAN ARMY.

* * We cannot agree with our correspondent that exceptional and meritorious service by a medical officer should not be rewarded by promotion. It is done in the combatant ranks, and is a legitimate mode of reward. He also seems to have forgotten that all promotions to the rank of Surgeon-General are, in the terms of the Royal Warrant, to be "given for ability and merit upon the selection of Our Commander-in-Chief, with the approval of Our Secretary of State," and not on account of seniority.—ED. L.

POSTHUMOUS LABOUR.

To the Editors of THE LANCET.

SIRS,—In your issue of July 19th there is a notice of a reputed case of posthumous labour occurring at Moglia in the province of Mantua. In February, 1888, I made a post-mortem examination at mid-day on Sunday of the body of a woman who died before noon on the preceding Friday. After her death the friends sent four miles away to a shop for materials for a shroud, made the shroud, and put it on the body. On Saturday they put her into a coffin. On my arrival, in company with the magistrate, they informed me that the deceased died in the sixth or seventh month of pregnancy, and because two or three weeks ago she had been assaulted they had reported the case to the magistrate. I opened the body in the usual way (as it lay in the coffin), and on passing my hand into the abdomen found no pregnant uterus. The astonishment of the relatives was great and evidently genuine. Upon further examination, I found a large uncontracted uterus in the pelvis, and upon ripping open the remainder of the shroud, I discovered, lying under the thighs, a newly born dead child with cord and placenta attached. The friends were positive that the birth had not taken place when they lifted the body into the coffin, as from the way in which this was done two of them would have felt the child and the soiling of the shroud. Moreover, they assured me that at this time, about noon on Saturday, the corpse had an unpleasant odour, and froth was oozing from the nose and mouth. When I had the lid removed in order to make my examination, there was not the least sign of the body having made any movement, ante- or post-mortem. But what struck me as very strange (and the weather for two days had been cold, with drizzling rain) was that the temperature of the interior of the body was rather above than below normal. I could only come to the conclusion that the woman had died with a very high temperature from a fever which was at that time prevalent among the natives, and that the child had been expelled by the uterus certainly six hours, and in all pro-

bability more than twenty-four hours, after its mother's death. As the uterus resists decay longer than any other muscle in the body, so it may retain for a longer period after death its power of contraction. In such cases it is reasonable to suppose that the first and a portion of the second stages of labour are completed before death, and that the foetus and placenta are expelled either before rigor mortis has set in or after it has passed away.

I am, Sirs, yours faithfully,

J. H. NANKIVELL, M.R.C.S.,

Dist. Surg. of the Transkei, South Africa.

Butterworth, Sept. 8th, 1890.

MIDWIVES' REGISTRATION BILL.

To the Editors of THE LANCET.

SIRS,—May I ask you to be good enough to insert an emphatic denial to the statement made by Dr. Rentoul, through "an official," that when the present Bill for Registration of Midwives is passed another Bill is contemplated by the promoters, giving increased professional powers to midwives. It would have been desirable that Dr. Rentoul should have ascertained the accuracy of this assertion from the promoters, who have always taken their stand on the urgent existing need that midwives be qualified to attend *natural cases*. We do not desire to see the issues of so important a question confused in the eyes of the public by the discussion of a perfectly mythical Bill, which has never even been proposed save by the opponents of the present Bill.—I am, Sirs, yours faithfully.

MARGARET R. NICHOL, Secretary.

Midwives' Institute, 12, Buckingham-street,
Strand, W.C., Oct. 14th, 1890.

NORTHERN COUNTIES NOTES.

(FROM OUR OWN CORRESPONDENT.)

The Nitric Acid Disaster in Newcastle.

I REGRET to say that another fireman (the third) died on last Saturday from inhaling the fumes of nitric acid at the late accident at Messrs. Mawson and Swan's chemical establishment. Six assistants are still unable to resume their duties from the results of the accident on the 23rd ult.

Death of Mr. John Hancock.

Mr. John Hancock, the eminent naturalist, died at his residence in this city on Saturday last, in his eighty-fourth year. Mr. Hancock's death did not come as a surprise, for he was known to be in a failing condition, and had been confined to his bed for some months, during which he was kindly attended by his old friend Dr. Embleton, while Mr. F. Page also rendered valuable assistance. Although Mr. Hancock's life was devoted to natural history, he was especially an ornithologist, and his work and studies are well known far and wide. In 1851 Mr. Hancock exhibited a series of groups illustrative of falconry at the Great Exhibition in Hyde Park. These are now in the Natural History Museum, Newcastle. In speaking of these, the late Rev. T. W. Robertson of Brighton remarked in one of his lectures: "I have visited the finest museums in Europe, and spent many a long day in the woods in watching the habits of birds hidden and unseen by them, but I never saw the reproduction of life until I saw these. They are vitalised not by the feeling of the mere bird stuffer, but of the poet who had sympathised with nature, felt the life of the birds as something kindred with his own, and inspired with this sympathy, and labouring to utter it, had thus created life as it were in the very grasp of death." Mr. Hancock belonged to a family of naturalists, his father was a well-known entomologist, and his brother Albany, who died a few years ago, was a distinguished naturalist, and wrote, in conjunction with Dr. Embleton, the well-known monograph on "The Anatomy of the Nudibranchiate Mollusca."

Typhoid Fever in Durham County.

Every day we hear of alarming outbreaks of typhoid fever in the county of Durham. At Bishop Auckland the guardians sat specially on Thursday as a sanitary authority, and reports of eight deaths in the neighbourhood of Crook were sent in, and there are at present twenty-four cases in that town. At Westgate, a colliery village in the Castle Eden district, the disease is said to be rife, many of the inhabitants of all ages being down, likewise the resident

and neighbouring police. Westgate stands high, and I think lies on the magnesium limestone formation, from which, doubtless, it has its water-supply, being of the same fine character as that supplied to Sunderland and South Shields.

Fever at Whitehaven.—Death of Mr. James Ross Irwin.

I deeply regret to announce the death of Mr. J. R. Irwin, medical officer to the Whitehaven Union. In the performance of his duties in connexion with the outbreak of typhus fever at Whitehaven, of which there are now some forty cases, Mr. Irwin was struck down some eight or nine days ago, and died on Monday last. Previously to coming to Whitehaven, some five or six years ago, Mr. Irwin acted as assistant to Dr. Speirs in the Frizington district. He was very popular in the district, and on every hand, the Carlisle press says, sorrow is felt at his death. Mr. Irwin was L.R.C.P. and L.R.C.S. Edin. (1882), having studied at Queen's Colleges, Belfast and Galway, and was one of the elders of the English Presbyterian Church in Whitehaven. He leaves a widow, but no family. The *Whitehaven News* says, in reference to Mr. Irwin's death, "that he contracted the disease from a patient, and Dr. Kitchen contracted it from Mr. Irwin. Dr. Kitchen is doing as well as could be expected, and it is remarkable that the last Dr. Irwin in Whitehaven died of fever, and that there is scarcely ever a fever epidemic that does not make holes in the ranks of medical men."

Bequests to Northern Charities and Institutions.

The late Mr. Wm. Aldam, of Frickley Hall, Yorkshire, and Healey Hall, Northumberland, M.P. for Leeds from 1841 to 1847, who died on July 27th last, aged seventy-seven, amongst other bequests, left to the Yorkshire College £500, in addition to a subscription of £200 promised by the testator; to the Leeds General Infirmary and to the Newcastle Royal Infirmary, £100 each; to the Yorkshire Institution for Deaf and Dumb Girls, £200.—The late Mrs. Elizabeth Porteous, Appleby, has by will directed the residue of her personal estate to be divided into two moieties, one to go to the Cumberland Infirmary, and the other to the Church Missionary Society.

Shields and Jarrow Medical Officership.

A special meeting of the South Shields Town Council has been called to receive the resignation of Dr. Campbell Munro, medical officer of health, who has by a unanimous vote of the County Council been appointed medical officer for Renfrewshire. Dr. Munro has held the appointments of medical officer to the corporations of Shields and Jarrow for over eight years.

Dr. Murphy of Sunderland performed the operation of prostatectomy the other day on a patient aged seventy-six. The patient is, I believe, doing well.

Newcastle-on-Tyne, Oct. 15th.

SCOTLAND.

(FROM OUR OWN CORRESPONDENTS.)

Appointments to the Royal Infirmary, Edinburgh.

AT their weekly meeting on Monday, the Managers of the Royal Infirmary appointed Dr. G. A. Gibson, Dr. Alexander Bruce, and Dr. R. W. Philip to be assistant physicians. These, as already stated, are additions to the staff, and were not caused by vacancies. The appointments have given general satisfaction, and the staff is materially strengthened by them. They are all three lecturers in the School of Medicine.

The Scottish Universities' Commission.

The Commission has had a week of quite unusual activity. It has met almost daily, and has received representations from various teaching and other bodies.

The Royal Scottish Veterinary Medical Society.

This Society met last week in the Royal Veterinary College. Mr. Reid of Auchtermuchty was reappointed president for the ensuing year. Principal Walley showed two lambs which had been infected by an old sheep with foot-and-mouth disease, and also referred to some cases of influenza or pink-eye in horses which he had recently seen in Newcastle. The latter disease was of a very virulent type, and was causing great mortality. The lesions closely resembled those of septic poisoning. The subject of bone softening in horses was introduced by one of the members, who re-