

Artillery: Surgeon Burford Norman is granted the honorary rank of Surgeon-Major.—1st North Riding of Yorkshire: Friend Edward Streeten, Gent., to be Acting Surgeon.

ENGINEER VOLUNTEERS.—The Volunteer Submarine Miners (the Humber Division): Edward Furniss Potter, Gent., to be Acting Surgeon.

RIFLE VOLUNTEERS.—1st Volunteer Battalion, Princess Charlotte of Wales's (Royal Berkshire Regiment): James Hopkins Walters, Gent., to be Acting Surgeon; Frederick William Dyce Fraser, M.D., to be Acting Surgeon.—2nd Cambridgeshire (Cambridge University): James Hayward Hough, Gent., to be Acting Surgeon.—4th Cheshire: Kenneth Maclean, Robert Alexander Murray, M.B., and John Keay, to be Acting Surgeons.—1st Midlothian (Leith): James Mill, M.B., to be Acting Surgeon.—2nd Shropshire: Surgeon and Honorary Surgeon-Major F. J. Sandford, M.D., resigns his commission; also is permitted to retain his rank and to continue to wear the uniform of the corps on his retirement.

## Correspondence.

"Audi alteram partem."

### ASPIRATION OF THE URINARY BLADDER.

To the Editors of THE LANCET.

SIRS,—At the meeting of the Medico-Chirurgical Society last Tuesday, Mr. William H. Bennett read a paper on a case of aspiration of the bladder which ended fatally, and in the course of his remarks said that the text-books taught that aspiration of the bladder was a harmless operation. Owing to the discussion on Mr. Morris's important paper, there was no opportunity of replying to Mr. Bennett, and I therefore, with your permission, beg leave to state that in my article on Retention of Urine, in Mr. Christopher Heath's "Dictionary of Practical Surgery" (vol. ii, p. 335), I am careful to say that "fatal extravasation and abscess have been known to follow a second aspiration," and I based this remark upon a case published some years ago by Dr. Macfie Campbell of Liverpool. Other fatal cases of aspiration have been published (e.g., by Mr. Treves, THE LANCET, August, 1880), in all of which I find that over-distension of the bladder was allowed to recur after the relief obtained by aspiration. If, after aspiration, the bladder is kept free from over-distension by the introduction of a catheter—often easy enough when the urgent symptoms have been relieved—or by a second or a third aspiration, the operation is a safe one. I am well aware that a bladder has been aspirated twenty times in immediate succession safely; still, I do not consider such a proceeding good practice, and, in the article above referred to, I advise that in the event of more than two or three aspirations being required, supra-pubic puncture with trocar and cannula should be performed. Mr. Bennett's case furnishes valuable additional evidence that aspiration must not be inconsiderately resorted to, but the operation is such a safe and useful one in certain rare cases of retention where an instrument cannot at the moment be introduced by the urethra, that it is a pity it should in any way be discredited. I make no reference to the treatment of a rotten bladder (the expression used by Mr. Bennett), because I am not aware of the existence of such a condition in acute retention of urine. By the time a bladder deserves to be called rotten Nature has anticipated the surgeon and has relieved herself by rupture, requiring appropriate treatment, which is certainly not aspiration. I am, Sirs, yours truly,

Wimpole-street, W., Feb. 23rd, 1887. G. BUCKSTON BROWNE.

### THE MEMBERS OF THE COLLEGE OF SURGEONS.

To the Editors of THE LANCET.

SIRS,—We trust that you will forgive us for offering a few further details as to the signatures (now over 4600) received to the petition of the Members of the College of Surgeons to the Privy Council. By the end of last year the number was 1430, chiefly obtained by personal solicitation; but we felt then that we might expect a very much larger total than this, and consequently issued about 9000 forms of the petition to Members of the Royal College of Surgeons in the United Kingdom who had not already signed, this number covering all those whose addresses appear in the

Medical Directory. It has been most satisfactory, seeing the usual fate of a circular, that over one-third of this number have been returned to us, and that we have what may fairly be called almost half of the Members resident in the United Kingdom, whose present addresses are *discoverable*, as signatories to the petition. We make no manner of doubt that by a "house-to-house visitation," as you suggested a few weeks ago, the overwhelming majority would be in our favour. But we do not think the expenditure of energy and money at all necessary, the more especially as the probable result of such a measure is clearly shown by the following statistics:—Out of 503 Members of the Royal College of Surgeons placed on the local list of the Medical Directory for 1887 as resident in the following eighteen provincial towns—viz., Bath, Bolton, Bradford, Bristol (and Clifton), Cardiff, Chichester, Great Malvern, Middlesbrough, Ramsgate, Scarborough, Shrewsbury, Southampton, Swansea, Wigan, Windsor, Worthing, Yarmouth, and York—359 have signed, which, allowing for about 23 of the 503 being either marked as "retired," or with an asterisk, as of *uncertain* address, gives a proportion of three-fourths who have signed—75 per cent. We instance these places, as in them our local hon. secretaries have been very active in getting the question ventilated; and it is far more just to argue from such localities than from very large, unwieldy cities or country districts, where our circular is the only intimation Members have had that such a movement was on foot, and where, consequently, their interest has not yet been aroused in it. Of the towns mentioned above, we would especially lay stress on Bristol, from which and from Clifton our local hon. secretary, Mr. Samuel Smith, sent us the petition, signed by sixty Members—i.e., by *half* of the Members residing there,—twenty-four of the remaining half sending their signatures later on our circular forms. The Council of the College are really responsible for this widespread expression of opinion; for, had they moved forward more quickly with their application for a new Charter, we should not have had the time to get our aims so widely known. Shall we call this generosity on their part? As to any feeling contrary to our proposals existing among the Members, we may inform you that we have had only fourteen expressions of objection to the memorial—fourteen against 4600.—We are, Sirs, your obedient servants,

WARWICK C. STEELE, } Hon. Secs., Assoc.  
WM. ASHTON ELLIS, } of M.R.C.S.

Western Dispensary, Westminster, S.W., Feb. 16th, 1887.

### LUNACY ACTS AMENDMENT BILL, 1887.

To the Editors of THE LANCET.

SIRS,—Permit me to draw the attention of workhouse medical officers to the injustice which it is proposed in the Lord Chancellor's Lunacy Act Amendment Bill to perpetrate on them by the provisions contained in Clause 14, Sections 5, 6, 7, 8, page 13, whereby it is arranged that they shall be debarred by statute from receiving any remuneration whatever for the examination and certification of a lunatic received into the workhouse of which they are the medical officers, and that they shall be subjected to a fine of £10 for any day or part of a day they neglect to supply a certificate for nothing. Some forty-five to fifty years ago a similar proviso was made, but, the great injustice implied therein having been made manifest, the restriction was removed, and guardians were permitted—nay, encouraged—by the Commissioners in Lunacy to allow the workhouse medical officer to perform this duty and to pay him a fee varying from 10s. 6d. to 21s. The reason given for the prohibition in the first instance and for its repetition now is the feeling entertained by certain persons in the medical and legal professions that the workhouse medical officer would abuse his position for the sake of the fees above named in certifying that all and sundry of the inmates of the house were of unsound mind, wholly oblivious of the fact that when certified to they at once pass under the skilled superintendence of the principal medical officer of the asylum to which they may be sent, who would speedily report upon any abuse of authority by the workhouse medical officer or by his substitute. Before concluding, I should like your readers to understand that, with the rare exception where an inmate becomes insane, all persons admitted to a workhouse alleged to be of unsound mind go there with a certificate from the district medical officer, the divisional surgeon of police, or by the order of a