practical point of view, in order to see if anything can be done to prevent the occurrence of diseases of this class.

DEATHS IN THE SERVICES.

Surgeon-General Sir William Guyer Hunter, M.D., K.C.M.G., late I.M.S., suddenly on March 15th at his residence at Norwood in his seventy-fourth year. He was educated at King's College, London, and Aberdeen University, and entered the Indian Medical Service in 1850. He served in the second Burmese war and the Indian Mutiny. Among the various offices which he held in India were those of Professor of Medicine in the Grant Medical College, Bombay, and Vice Chancellor of Bombay University. Sir W. Guyer Hunter represented for seven years the borough of Central Hackney in the House of Commons.

Colonel Robert Coleman Eaton, R.A.M.C., at St. Bartholomew's, Spezia, Italy, in his sixty-first year. He entered the service in 1866, and attained the rank of Colonel in 1896. He served in the Afghan war of 1878 and 1880 (medal).

Surgeon-General John Robert Theobalds, I.M.S., Madras, aged 79 years. He retired from the service in 1880.

PROPOSED FRENCH AMBULANCE.

The Paris correspondent of the *Times* states that Vicomte Christian de Villebois-Mareuil has just despatched an official request to the British War Office for authorisation to organise a French ambulance for the Boers and to be allowed to take charge of the ambulance himself.

Correspondence.

"Audi alteram partem."

THE MIDWIVES BILL.

To the Editors of THE LANCET.

SIRS,—Whatever our views on the subject of legislation to regulate the practice of midwives it is of prime importance that we do not misrepresent the action and the motives of those who differ from us. As one concerned in this controversy and anxious for the real—not spurious—protection of poor lying-in women I shall thank you to insert in THE LANCET the inclosed correspondence which deals with a grave error in Mr. Johnstone's presentation of the subject to Parliament. The responsibility of ignoring conditions insisted on by the General Medical Council is great and not to be minimised by positively erroneous statements. If the tragedies connected with the practice of midwifery by untrained women continue it will not be the General Medical Council that will be to blame.

I am, Sirs, yours faithfully,

Highbury-place, N., March 17th, 1902. JAMES GREY GLOVER.

[INCLOSURE.]

25, Highbury-place, N., March 10th, 1902.

DEAR MR. JOHNSTONE.—In your speech on the Midwives Bill you say that in asking for a penal clause against uncertified women practising for gain the Medical Council was contending for a stepping-stone towards rendering the practice of unqualified medical men absolutely penal (THE LANCET report). Will you allow me with much earnestness and all respect to protest against this statement. I am in a position, though not now in the Council, to say that this statement is absolutely incorrect, and that the clause asking for the penalising of practice by uncertified midwives was urged solely in the interest of lying-in women whose lives are endangered in quite a special way by the practice which it is the object of this legislation to stop.

Of course, all medical men disapprove of irregular and unqualified medical practice, but I think I may challenge you to find in all the records of the General Medical Council a resolution carried by—or even proposed in—that body, asking Parliament to stop unqualified medical practice by penalising it. I need not say that I am no enemy to proper legislation on the subject of midwives. But a measure which omits the principal protection of the poor lying-in women is not legislation but the evasion of it, and is without excuse. At any rate this is the view of the Medical Council in insisting on the clause penalising practice for gain of uncertified midwives, and nothing I am sure is further from your intention than to misrepresent the motives and views of the Medical Council. Poor women do not look at registers and are not guided by titles. So that they will not be protected by merely penalising the use of titles.

Believe me, dear Mr. Johnstone,

Yours very truly,

J. H. Johnstone, Esq., M.P.

J. G. GLOVER.

House of Commons, March 12th, 1902.

DEAR DR. GLOVER,—I am very glad to hear from you, on authority, that the General Medical Council do not seek to penalise the unqualified practice of medicine, and I hope that by the publication of this

correspondence their attitude in this matter may be made clear to the public and to the profession for all time. I owe them an apology if I have, in good faith, misrepresented their aims, but in explanation I may call your attention to the *British Medical Journal* of Feb. 22nd, which in an article dealing with the present Bill states: "It has long been admitted that this omission" (a penal clause) "is a great defect in the Medical Acts, and to obtain their amendment in this direction every effort should be made." However, your letter now makes it clear that the General Medical Council do not wish to penalise the practice of unqualified medical men, while they do wish to penalise the practice of women, of which Sir William Priestley said, and said truly, "it is quite certain that the House of Commons would listen to no such proposal." We have advisedly based our Bill on the principles embodied in the Medical Acts concerning medical practitioners, and beyond that we cannot hope to go at the present time.

Believe me, very truly yours,

J. G. Glover, Esq., M.D.

J. H. JOHNSTONE.

To the Editors of THE LANCET.

SIRS,—As one of the candidates referred to by Dr. A. McCook Weir in THE LANCET of March 8th, p. 697, as having failed to see that a Nursing Bill was introduced into Parliament at the commencement of the present session I can only plead with regret that during December and January last my state of health was such that I was quite unable to undertake the task of preparing a Bill and getting it introduced into Parliament; indeed, it was only with great difficulty that I could attend to the more pressing of my professional engagements. At my suggestion the council of the Incorporated Medical Practitioners' Association appointed a committee in December to consider the Nursing Bill drafted by Dr. McCook Weir, the suggestions of the Manchester Medical Guild, and the Bill drafted by the Parliamentary Bills Committee of the British Medical Association, but that committee failed to report in time for any action to be taken before Parliament met.

I am, Sirs, yours faithfully,

Gibson-square, N., March 12th, 1902.

GEORGE BROWN.

HIGH FREQUENCY CURRENTS IN THE TREATMENT OF CANCER.

To the Editors of THE LANCET.

SIRS,—As an announcement has been recently made that currents of high frequency were about to be tried in the treatment of cancer at one of our London hospitals it is exceedingly probable that medical men who are now in possession of the apparatus necessary to their production will be inclined to do likewise, either in their hospital or private practice. Since I first pointed out this "prospect of cure"¹ at least one other has adopted this treatment, and I am glad to have had a favourable report from him upon its effects in malignant disease. Hence the following remarks, the outcome of six months' experience in this method, may not be amiss. Amongst other preliminary measures the estimation of the percentage of urea should never be neglected. This in cases of cancer is always extraordinarily low (in the last case that has come under my care only 0.46 per cent.), but this improves as treatment continues and gives us useful guidance in the progress of the case.

The treatment is both general and local, and it will be found advantageous to commence with the former by placing the patient within the large solenoid for half an hour daily for the first three days. This is generally called "auto-conduction," but as the currents thus set up within the body are entirely induced, it seems to me that "auto-induction" is the better term. Recourse to this will be had from time to time whenever it is necessary to suspend the local treatment. General treatment can also be applied by auto-condensation, but this method is best used in conjunction with local treatment, which may be either uni-polar or bi-polar. It will be convenient to call that electrode which is on the end of the solenoid which is connected to earth "the kathode," and that which is fixed to the distal end of the solenoid, or resonator (if that is used), "the anode." For auto-condensation the kathode may be a sheet of metal beneath the mattress on the couch; for bi-polar treatment it may be of nickel of a convenient shape for the hand or ending in a plaque either of metal or wet clay when applied to the abdomen at such times as the anode is inserted into the vagina or rectum. The best and most manageable plaque can be improvised from thick lead foil. A similar plaque is a very useful means of applying the anode over any considerable surface; the great point

¹ THE LANCET, Sept. 28th, 1901, p. 845.

is to make it fit so closely that no sparking takes place on to the patient. In other cases the anode may be of the ordinary cylindrical shape. For cavities—vagina, rectum, &c.—the most efficacious form of anode is that of a highly-exhausted glass cylinder, of a size suited to the locality, provided with a single pole; this gives good efflorescence and is quite harmless when used with d'Arsonval's apparatus or Oudin's resonator. It is of importance that the skin around the orifices should be well dried and even powdered with starch before inserting the electrode, as a precaution against the spark jumping from the electrode on to the moist skin; also, the electrode should be in position before the current is turned on. The local application will be needed for from 10 to 20 minutes. For broken surfaces the best results are first obtained by the anodic spray.

Any improvement must necessarily be slow and too much must not be expected at first. The earliest signs will be shown in the general condition, in the cessation of pain, the lessening of the cachectic appearance, the increase of urea, the renewed vigour, and interest in life. How far these results will be permanent is as yet too early to decide, and I think that it would be wise not to estimate a case as cured until some considerable time has elapsed. We must not be disappointed if very little change is found in the size of the cancerous masses. They appear to shrink somewhat and this I take to be due to the cessation of action in the growing edge. Apostoli has remarked that in the electric treatment of uterine fibroids, devised by him, the tumours do not disappear although they cease to grow and give no further trouble to the patient. Quite recently it has been shown that several tumours which have been treated in this manner have become polypoid and have come within the reach of easy removal. The treatment by high frequency currents has the advantage of being painless and easy of application.

I am, Sirs, yours faithfully,

Bentinck-street, March 15th, 1902.

HORACE MANDERS.

THE DISSEMINATION OF KNOWLEDGE CONCERNING VACCINATION.

To the Editors of THE LANCET.

SIRS,—I was unaware that the Jenner Society is taking steps for giving popular lectures on vaccination. I feel sure that they will be useful. It is possible that anti-vaccinationists will attend to challenge the facts, and for such contingencies the lecturer ought to be prepared. Lectures, illustrated by lantern-slides, on "The Germs of Disease" would probably be well received. The bacillus tuberculosis, bacillus diphtheriæ, and bacillus typhosus could be shown, and interesting facts mentioned as to their mode of growth, manner of infection, and the proper steps to be taken for their destruction. Small-pox and vaccinia can be illustrated by slides exhibiting the germs identified by Klein and other observers as peculiar to these affections; and, as already suggested by me, coloured slides could also be used to prove what a case of genuine small-pox really is.

I hope that by such methods those that "came to scoff" might be induced to be vaccinated; and the society of which Dr. F. T. Bond is the honorary secretary will no doubt do most valuable work in furthering this good cause.

I am, Sirs, yours faithfully,

HERBERT W. G. MACLEOD, M.D. Edin., D.P.H. Cantab.
Streatham, S.W., March 11th, 1902.

CANCER IN INDIA AND IN CHINA.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Jan. 18th, p. 192, Mr. C. B. Keetley inquires in the course of his letter on the subject of cancer whether Mahomedans practise circumcision or not. Possibly long before this letter can reach you some one else will have given Mr. Keetley the information which he seeks, but in case no other person has supplied the want I beg to bring forward the following note on the subject. The subject is an interesting one, and the facts regarding it cannot very well be condensed without obscurity, so that I must apologise if my communication is rather lengthy.

All Mahomedans practise circumcision, though there is absolutely no reference to the rite in the Koran. There is also no authentic account of the circumcision of the Prophet

Mahomed himself, but certain authors assert that he was born circumcised. This allegation is, however, denied by the most eminent scholars. The rite is held to be *Sunnah*—that is to say, founded upon the practice of the Prophet. It is directed to be performed between the ages of seven and 14 years, though it is stated in the *Sahih ul Bukhari* that Abraham was circumcised at the age of 80 years with an axe. He is further said to have been the first to have received the injunction to submit himself to the rite, which is there stated to be one of the five duties appertaining to *Fitrâh* or observance of the acts of the Prophet, the others "being shaving of the pubes, plucking the hair from the armpits, clipping the beard and whiskers, and paring the nails. It is clear from this association that circumcision (*Khitân*) was regarded as purificatory rather than ceremonial. An account of the ceremonies attending the rite of circumcision among Moslems will be found at page 30 of Herklots, "On the Manners and Customs of Muhammadans of India." Consult also Hughes, "Dictionary of Islâm," article "Circumcision." I hope that this note may be of some service to Mr. Keetley.

I am, Sirs, yours faithfully,

GEORGE S. A. RANKING, M.D. Cantab.,
Calcutta, Feb. 26th, 1902. Lieutenant-Colonel, I.M.S.

To the Editors of THE LANCET.

SIRS,—I regret to see from Mr. C. B. Keetley's letter in THE LANCET of Jan. 18th, p. 192, that he has taken umbrage at my attempt to assist him in his inquiries regarding cancer. My desire was to point out what I believe to be a misapprehension regarding the comparative immunity of Hindoos to cancer. To say, as Mr. Keetley does, that I alone am responsible for all the medical and surgical wants of 30,000,000 Hindoos in Southern India is as absurd as it would be to say that Mr. Keetley was responsible for the whole population of London. I have only 90 beds under my charge, the average daily sick occupying those beds being something under that number. These are all males and all surgical cases. Amongst this small number of cases I almost always have one or two Hindoos suffering from cancer, and this fact is, as I stated in my former letter, strong evidence to the effect that cancer is common amongst these people. My belief is shared by every medical man, both native and European, with whom I have conversed upon the subject. I regret for Mr. Keetley's sake that I am unable to give any statistics regarding the question, but my colleague, Captain W. J. Niblock, is at present engaged in collecting information of this nature and no doubt will publish the results of his investigation. The answer to Mr. Keetley's query regarding circumcision is that all Mahomedans undergo this rite. It is as obligatory upon the Mahomedan as baptism is upon the orthodox Christian.

I am, Sirs, yours faithfully,

J. MAITLAND, M.D. Edin.,
General Hospital, Madras, Feb. 26th, 1902. Lieutenant-Colonel, I.M.S.

THE NOVEMBER PRIMARY F.R.C.S. ENG, EXAMINATION.

To the Editors of THE LANCET.

SIRS,—Shortly after the primary Fellowship examination last November I was informed that a slanderous rumour was being actively propagated to the effect that I had prematurely divulged to the members of my class the nature of the questions which had been set for the written part of that examination. This slander was set in motion by a letter written by a medical practitioner to a demonstrator of physiology in one of the London medical schools. The writer was an entire stranger to me. The letter was, without my knowledge, passed on to the President of the Royal College of Surgeons of England who summoned a meeting to consider the matter. I was invited to be present at this meeting. The result of the inquiry will be gathered from the following letter which I subsequently received from the Secretary of the College:—

DEAR SIR,—I am directed to inform you that at a meeting of the Nomination Committee on Dec. 19th, 1901, the following resolution was adopted—viz.: "That the evidence taken by the President and Vice-President be submitted to the Council, and that the Council be informed that after careful consideration of it the Nomination Committee conclude that there is no evidence that Dr. Halliburton either intentionally or unintentionally supplied information on the subject of the questions at the last Primary Fellowship examination."

I am to add that a report of the evidence given before the President