London, which had declined in the preceding twelve weeks from 90 to 22, had further fallen to 18 on Saturday last, and but 1 new case was admitted to these hospitals during the week. The Highgate Small-pox Hospital contained 3 patients on Saturday last, one case having been admitted during the week. The deaths referred to diseases of the respiratory organs in London, which had been 534, 477, and 478 in the preceding three weeks, were 479 last week, and were, in spite of the cold weather, as many as 166 below the corrected weekly average. The causes of 85, or 2·2 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Sunderland, Brighton, Bolton, and in five other smaller towns. The largest proportions of uncertified deaths were registered in Oldham, Bradford, and Leicester.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 23·9, 23·1, and 22·4 per 1000 in the preceding three weeks, further declined to 21·3 in the week ending February 6th, and was 0·9 below the mean rate during the same week in the twenty-eight English towns. The rates in the Scotch towns last week ranged from 13·3 and 16·5 in Leith and Paisley, to 20·3 in Aberdeen and 26·1 in Glasgow. The 527 deaths in the eight towns showed a further decline of 26 from the numbers in recent weeks, and included 9 which were referred to whooping-cough, 6 to scarlet fever, 6 to diarrhoea, 5 to diphtheria, 3 to "fever" (typhus, enteric, or simple), 3 to measles, and not one to small-pox; in all, 32 deaths resulted from these principal zymotic diseases, against 40, 36, and 37 in the preceding three weeks. These 32 deaths were equal to an annual rate of 1·3 per 1000, which was 0·9 below the mean rate from the same diseases in the twenty-eight English towns. The deaths referred to whooping-cough, which had been 6 and 13 in the previous two weeks, declined again last week to 9, all of which occurred in Glasgow. The 6 fatal cases of scarlet fever were also all returned in Glasgow, and also showed a decline from the number in the previous week. Of the 5 deaths referred to diphtheria, exceeding the number in the previous week by 2, 3 occurred in Glasgow, 1 in Aberdeen, and 1 in Leith. The fatal cases of "fever," measles, and diarrhoea were considerably below the average numbers for the time of year. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 160 and 156 in the preceding two weeks, further declined last week to 135, and were 54 below the number returned in the corresponding week of last year. The causes of 75, or more than 14 per cent., of the deaths in the eight Scotch towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been equal to 33·3, 29·6, and 31·9 per 1000 in the preceding three weeks, rose to 33·7 in the week ending Feb. 6th, and exceeded by no less than 11·5 the mean rate during the same week in the twenty-eight English towns. During the first five weeks of the current quarter the death-rate in the city averaged 31·5 per 1000; the mean rate during the same period not exceeding 22·6 in London, and 18·4 in Edinburgh. The 228 deaths in Dublin last week showed a further increase of 12 upon the numbers returned in the previous two weeks, and included 26 which were referred to the principal zymotic diseases, against 30, 24, and 15 in the preceding three weeks; 15 resulted from whooping-cough, 6 from "fever" (typhus, enteric, or simple), 3 from scarlet fever, 2 from diarrhoea, and not one either from small-pox, measles, or diphtheria. These 26 deaths were equal to an annual rate of 3·8 per 1000, the rate from the same diseases last week being but 2·6 in London and 0·2 in Edinburgh. The fatal cases of whooping-cough, which had been 19, 17, and 13 in the preceding three weeks, rose again last week to 15. The deaths referred to "fever" and to scarlet fever also showed an increase upon the numbers in recent weeks. Seven inquest cases and 4 deaths from violence were registered; and 59, or more than a quarter of the deaths, were recorded in public institutions. The deaths of infants and of elderly persons showed an increase upon the numbers in the previous week. The causes of 42, or more than 18 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

Surgeon-General Howe, Chief of the Medical Department in the Southern District, has just concluded an exhaustive examination of the sanitary condition of the forts and barracks of Portsmouth. Many defects are pointed out in respect of the water-supply, drainage, and the state of the buildings, and in many cases exception is taken to the character of the dietary of the troops.

A recent communication from Coquimbo, Pacific station, contains news of the sudden death of Staff Surgeon John W. Davis, of the *Heroine*. A post-mortem revealed that he died from fatty degeneration of the heart.

INDIA OFFICE.—Deputy Surgeon-General W. A. Thomson, of the Army Medical Staff, has been appointed Principal Medical Officer of the Bombay Army.

ADMIRALTY.—The following appointments have been made:—Fleet Surgeon John Horrocks, M.D., to the *Alexandria*; Fleet Surgeon William J. Wordsworth, to the *Devastation*; Surgeons Christopher Pearson, M.D., and Henry L. Crocker, to the *Excellent*; Surgeons Herbert E. Marsh and W. E. Home, to the *Alexandria*; and Surgeon Edward W. Luther, to the *Hyacinth*.

RIFLE VOLUNTEERS.—2nd Wiltshire: Surgeon George Waylen resigns his commission; also is granted the honorary rank of Surgeon-Major, and permitted to continue to wear the uniform of the corps on his retirement.

Correspondence.

"Audi alteram partem."

THE ROYAL COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—Mr. Macnamara's sympathies are so obviously with those who are striving to bring about a readjustment of the relations existing between the Council of the College of Surgeons and the other constituent members of the body corporate and politic, that it is perhaps somewhat ungracious to quarrel with the means which he employs to carry those sympathies into effect. But I cannot help thinking that both the proposal which he made at the last meeting of the Council, and the letter which he has addressed to yourself, are calculated rather to hinder than to help a speedy and satisfactory termination of the present controversy. He would solve a constitutional problem by an appeal to the possible prejudices of a small and privileged class. Two large general meetings of Fellows and Members have recently affirmed, by overwhelming majorities, that it is desirable, first, that Fellows and Members should participate more largely in the management and affairs of the College; and, second, that no alteration should be made in the constitution or in the relations of the College, or in any of its bye-laws, without the consent of the Fellows and Members; and, at the meeting held on Dec. 17th it was suggested, in accordance with a resolution adopted by the Association of Fellows and accepted by the Association of Members, that *Members* of the College should be directly represented in the Council. To the first and second of these resolutions the Council, as is well known, has replied by a loose and inconsequential negative; to the third it has, as yet, returned no official answer.

Meanwhile, apparently with the excellent intention of expediting matters, Mr. Macnamara moved at the meeting of the Council held on the 14th ult., that the opinion of the Fellows should be ascertained as to "the advisability of Members being allowed to vote for the election of Fellows as members of the Council"; but a majority of the Council declined to consider Mr. Macnamara's motion "until after the report of the Committee on the Conditions of Admission to the Fellowship has been received." It would be difficult for an ordinary mind to discover any connexion between these two propositions; but no great harm need come of the delay, especially if it should be found that the Council was only trying to gain time and opportunity to give an effectual *coup de grâce* to the outrageous proposal

currently ascribed to one of its members to elect fifty Members of the College annually to the Fellowship, and without examination. The collocation of these two events does, however, serve to illustrate the bipartite character of the Fellowship—namely, its academical and its political side. Only the latter is properly concerned in the resolution passed at the general meetings. Viewed from this standpoint, it is certain that, except on the principle "Whatever is, is right," the Fellows have, neither in equity nor in ethics, a greater claim to be consulted than the Members. It is true, the Charter of 1843 gives to the Fellows a presumptive right to consider themselves the sole electoral body; but the abstract justice of this right has always been impugned. This Charter was obtained in violation of every canon of political honour and probity, and when granted provoked almost universal condemnation and disgust, as contemporary records abundantly testify. Nevertheless, the Fellows do at present monopolise the power of electing the Council, and so far as those who have acquired the Fellowship *by examination* are concerned, it cannot be denied that the monopoly has been obtained by fair and honourable means. But the constitutional rights of the Members, dating back to the foundation of the College, have, and must have, precedence over those acquired, long afterwards, by the Fellows. In morals this is so, notwithstanding the fact that the selfish and self-seeking founders of the College did by misrepresentation succeed in excluding the Members (there were no Fellows then) from exercising any control over the management of the College. To believe that the College was established in order "to promote the study and practice of the science and art of surgery" is a pleasant myth, and, like many other pleasant myths, has no solid foundation. The College was established in order to repair the fortunes and restore the discredited prestige of the Court of Assistants of the defunct Corporation of Surgeons. The evils under which we now suffer are the results of the corrupt constitution transmitted to us by the original Court of Assistants. These evils have at length become intolerable, and cannot any longer be silently endured. The most sweeping reform is necessary, and, as a preliminary to this, it is desirable, and, I believe, indispensable, that the Members should be directly represented in the Council. Apart from the reasonableness and justice of this contention, there are many other considerations which tell against the present dispensation. The order of Fellows is a small and diminishing one, while that of Members is a large and increasing one, the present proportion being nearly sixteen Members to every Fellow. And when in the fulness of time the authorities of medical schools, hospitals, and other public institutions come to realise that the Fellowship of the College is no longer the only criterion of high surgical attainments, and when it is decided to select candidates for public offices upon personal and professional grounds alone, one of the chief inducements to take the Fellowship will be withdrawn, and the numbers will still more seriously decline. Nor need this result be deplored if the Council persist in the policy lately pursued with respect to regulations relating to the admission to the Fellowship. But sooner or later the reduction of the number of Fellows will bring us to that point in the vicious circle from which we originally started, and the Council will become again wholly independent and self-propagating. As it is, the Council is a much less representative body than is commonly supposed. It is nominally elected by the Fellows, who number 1100, but the regulations and conditions of voting are so restricted and prohibitive that the election is practically in the hands of less than one-tenth of this number. For example, twenty of the twenty-four present members of the Council were elected by less than a total of 160 votes each, one member being elected by 101 and another by 103 votes. Surely this is tantamount to being elected by personal and private friends. So also is it with the condition of eligibility to be members of Council; these are so exclusive that even under the most liberal provisions of the most liberal Charter barely 100 Fellows can reasonably be said to be eligible. Not only must the candidate be a Fellow, but he must be a Fellow of fourteen years' standing, be in the *bona-fide* practice of his profession of a surgeon, and *not be engaged in general practice*. This reduces the area of selection to a few old or middle-aged surgeons connected with the metropolitan hospitals, and one or two rich or enthusiastic provincial surgeons. And yet a body so unrepresentative, and so out of touch with the bulk of the profession, so ignorant of its wants and aspirations or indifferent to them, arrogates to itself the right to speak and act in the name of the Royal

College of Surgeons of England, to approach Parliament, and to interpose in matters of State policy. Nor is this the worst. It tyrannises the profession. At the instigation, chiefly, of an interested group of its members, who, contrary to every maxim of public morals and good government, is allowed, as examiners, to absorb a large proportion of the annual revenue of the College, the Council imposes upon the medical teachers and students of this country regulations and conditions which are too often regardless alike of public convenience and of the interests of medical education and public safety. Further, at this moment the Council is engaged in considering and elaborating a scheme by which, in conjunction with the College of Physicians, it may acquire the powers and privileges of a medical university to grant degrees. And, lastly, the Council has been freely and openly referred to by the managers of the Association for promoting a Teaching University for London as a suitable and proper body to form one of the principal factors of a medical faculty. These contingencies only emphasise the urgent and imperative necessity of a reform of the constitution of the College by a large and intelligent extension of the representative principle, without which the Council can neither secure the confidence of the profession nor the right to speak in its name. It was a consideration of these facts, domestic and foreign, that led me to move the following resolution, which was adopted at a general meeting of the Association of Fellows last May (THE LANCET, May 23rd, p. 963)—namely, "That it would conduce to the welfare of the Royal College of Surgeons, and would tend to promote the interests of medical polity and education, if Members of the College were empowered to take part in the election of members of the Council, provided, first, that no Member shall be eligible to vote until he have been such Member for at least ten years; and second, that the number of members of the Council elected by the Members of the College shall not exceed one-third of the whole Council."

I am, Sir, yours truly,

Harley-street, W., Feb. 1886.

J. TWEEDY.

INJECTION OR IRRIGATION IN THE EXTRACTION OF CATARACT; ANTISEPTICS; THE PRESENT POSITION OF THE QUESTION.

To the Editor of THE LANCET.

SIR,—My attention has been drawn by a *confrère* to an article in the number of November, 1885, of the *Klinische Monatsblätter für Augenheilkunde*, by Dr. B. Wicherkiewicz, entitled "Ueber ein neues Verfahren unreife Staare zu operiren nebst Beitrag zur Augen-antiseptik." The method is practically the same as that introduced by me and advocated in my address on "The Treatment of Immature Cataract" to the Ophthalmological Section of the British Medical Association in Belfast in July, 1884. He removes cortex remaining after expulsion of the nucleus by irrigation with a solution of boracic acid of from 1 to 2 per cent.

strength and of a temperature of 30°C. (86°F.), by means of a bottle with a suitable terminal for introduction within the eye. I used likewise an irrigation bottle with terminal, which I exhibited at the meeting, the fluid I employed being distilled water of about the temperature of the body. He states he has operated on nineteen cases with satisfactory results.

I discarded the irrigation or gravitation bottle, and adopted definitely the method of injection by a scoop-syringe, made for me by Messrs. Mayer and Meltzer, and of which the accompanying woodcut gives a fair representation. This method and its advantages I described in detail at a meeting of the Ophthalmological Society of Great Britain