in Portsmouth, Norwich, Birkenhead, Halifax, or Sunderland, whereas they caused the greatest mortality in Huddersfield, Cardiff, and Preston. The greatest mortality from whooping-cough occurred in Wolverhampton, Bolton, Manchester, and Huddersfield; and from scarlet fever in Cardiff. The 31 deaths from diphtheria included 22 in London, 2 in Liverpool, and 2 in Birmingham. Small-pox caused 6 deaths in Sheffield, 4 in Preston, and 1 in Bristol, but not one in London, or in any of the twenty-four other large provincial towns. The Metropolitan Asylum Hospitals and the Highgate Small-pox Hospital contained no small-pox patients at the end of last week. The number of scarlet-fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital was 928 on Saturday last, against 958 and 947 on the preceding two Saturdays; the 102 cases admitted to these hospitals during the week showed a further increase upon the numbers in recent weeks. The deaths referred to diseases of the respiratory organs in London, which had been 228 and 237 in the preceding two weeks, declined last week to 185, and were 77 below the corrected average. The causes of 59, or 20 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 Portsmouth, Norwich, Leicester, Plymouth, and in four other smaller towns; the largest proportions of uncertified deaths were registered in Salford and Liverpool.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 20.9 and 19.3 per 1000 in the preceding two weeks, further declined to 18.5 in the week ending June 9th, but exceeded by 2.3 the mean rate during the same week in the twenty-eight large English towns. The rates in the Scotch towns ranged from 12.6 in Leith and 13.9 in Dundee to 21.8 in Aberdeen and 22.4 in Perth. The 468 deaths in the eight towns showed a decline of 21 from the number returned in the previous week; they included 18 which were referred to whooping-cough, 8 to diarrhoea, 6 to measles, 5 to diphtheria, 4 to "fever," 3 to scarlet fever, and not one to small-pox. Thus, 44 deaths resulted from these principal zymotic diseases, against 51 and 52 in the preceding two weeks. These 44 deaths were equal to an annual rate of 1.7 per 1000, which slightly exceeded the mean rate last week from the same diseases in the twenty-eight English towns. The fatal cases of whooping-cough, which had been 11 and 14 in the previous two weeks, further rose to 18 last week, of which 14 occurred in Glasgow and 2 in Aberdeen. The deaths from measles, which had been 13 and 11 in the preceding two weeks, further declined last week to 6, of which 5 were recorded in Glasgow. The 8 fatal cases of diarrhoea showed a slight increase upon the number in the preceding week, but were below those recorded in the corresponding week of last year. The 5 deaths referred to diphtheria showed a further increase upon the numbers in the preceding two weeks, and included 2 in Glasgow and 2 in Edinburgh. The 4 fatal cases of "fever" were below those returned in any recent week, and included 2 in Leith. The 3 deaths from scarlet fever occurred in Glasgow. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 104 and 81 in the preceding two weeks, rose again last week to 103, but were 10 below the number in the corresponding week of last year. The causes of 53, or more than 11 per cent., of the deaths registered in the eight towns during the week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been 24.4 and 23.5 per 1000 in the preceding two weeks, further declined to 21.7 in the week ending June 9th. During the first ten weeks of the current quarter the death-rate in the city has averaged 25.0 per 1000, the mean rate during the same period being 17.6 in London and 19.8 in Edinburgh. The 147 deaths in Dublin showed a further decline of 12 upon the numbers in recent weeks; they included 11 which were referred to whooping-cough, 3 to scarlet fever, 3 to "fever," 1 to measles, 1 to diarrhoea, and not one either to small-pox or diphtheria; in all, 19 deaths resulted from these principal zymotic diseases, against 17 and 20 in the preceding two weeks. The annual death-rate from these zymotic diseases was equal to 2.8 per 1000, the rate from the same diseases being 1.6 in London and 1.4 in Edinburgh. The fatal cases of whooping-cough, which had

been 7 and 9 in the preceding two weeks, further rose to 11 last week; while the deaths referred to scarlet fever and to different forms of "fever" showed a slight decline. The deaths of infants slightly exceeded those recorded in recent weeks, and those of elderly persons showed a decline. Two inquest cases and 3 deaths from violence were registered; and 43, or nearly one third, of the deaths occurred in public institutions. The causes of 16, or nearly 11 per cent., of the deaths in the city were not certified.

POPULATION STATISTICS OF RUSSIA.

The Central Statistical Commission in St. Petersburg has recently published a statistical year-book for the Russian Empire, dealing specially with the years 1884 and 1885, which contains much useful statistical information concerning this vast agglomeration. It appears that the population in 1885 of Russia proper in Europe was 81,725,185, the sex proportion of which was 101 females to 100 males. The governments of the Vistula, or, in other words, Russian Poland, had a population of 7,960,304, the sex proportion being 104 females to 100 males. The Grand Duchy of Finland had a population of 2,176,421, with a sex proportion of 104 females to 100 males. Thus, in the whole of Russia in Europe the population was very little short of 92 millions, in which the numbers of the two sexes were practically equal, or 101 females to 100 males. Russia in Asia forms three distinct governments: the Caucasus, with a population of 7,284,547; Siberia, with a population of 4,313,680; and Central Asia, with 5,327,098. Thus, the whole of Russia in Asia is credited with a population of 16,925,325, the sex-proportion of which differs materially from that prevailing in Russia in Europe, as there appear to be only 90 females in Asiatic Russia to 100 males; a marked excess of males prevails in each of the three divisions, the largest proportional excess occurring in the Caucasus. The population of the whole of Russia is given as 108,787,235 persons, in the proportion of 1003 males to 1000 females. The density of population in Russia is naturally very small, averaging only 5.7 persons per square verst in the entire empire; in Russia in Europe the density was 19.8 per verst, while in the Asiatic portion it was only 1.2. In European Russia, the density was 19.3 in Russia proper, 71.4 in Russian Poland or the governments of the Vistula, and 19.8 in the Grand Duchy of Finland.

Correspondence.

"Audi alteram partem."

THE PRESIDENCY OF THE COLLEGE OF SURGEONS.

To the Editors of THE LANCET.

SIRS,—The announcement that Sir Joseph Lister has decided not to offer himself for re-election at the forthcoming election of members of the Council of the Royal College of Surgeons must have been read by many persons with divided feelings: of regret, that the influence and prestige of the most eminent surgeon of this age will be withdrawn from the governing body of the College; of qualified satisfaction that his withdrawal must make obvious to the dullest sense the faults, defects, and anomalies of the present constitution of the Council. It is humiliating to reflect that while the office of President of the Royal College of Surgeons of England has in the not very remote past been bestowed upon a notorious advertiser, upon surgical handicraftsmen, and word-craftsmen, the peculiar fitness of Sir Joseph Lister, the one English surgeon of supreme cosmopolitan reputation, has, for a period of eight years, been persistently disregarded by his colleagues in the Council. Nor is there at present any direct way by which the Fellows can rectify the effects of the blundering policy of their representatives. Either Sir Joseph Lister must consent to be re-elected, and thereby waste on an unregenerate Council time and talents happily designed for the service of science and humanity, or the College must forego the benefits which would accrue from his acceptance of the office of President. These alternatives furnish one more illustration of the unenlightened spirit in which the small but compact majority which

rules the Council has met attempts to put the College into harmony with the requirements of the time. In November, 1884, the Association of Fellows submitted to the Council of the College a scheme of reform; and, among other things, recommended that the President of the College should, on the nomination of the Council, be elected by the Fellows from *past* or present members of the Council, at the time and in the manner that members of the Council should be elected. And, in order to mark its sense of the difference which should be drawn between the presidency of the College and a chairmanship of the Council, the Association suggested that the President should, if he so desired, be excused from attendance on ordinary meetings of the Council and meetings of its committees. These recommendations were deliberately rejected. It is, however, worthy of note that those who framed the recommendations four years ago had in view the possibility of the identical contingency by which we are now confronted; and, if rumour be true, it is not less noteworthy that those who were chiefly instrumental in securing the rejection of the proposals made by the Association of Fellows in the year 1884 have during the past week been equally active in endeavouring to prevail upon Sir Joseph Lister to reconsider his decision in order that he might be made President of the College. The collapse of this negotiation ought, on the one hand, to disturb the dull complacency of those who pretend to believe that the existing constitution of the College cannot be improved; and, on the other, to determine the waverers to throw in their lot with those who are known to be striving to obtain a reasonable measure of reform. When this is accomplished it is certain that Sir Joseph Lister will be one of the first whom the Fellows will delight to honour.

I am, Sirs, yours truly,

June 11th, 1888.

JOHN TWEEDY.

THE TREATMENT OF EARLY EXTRA-UTERINE GESTATION.

To the Editors of THE LANCET.

SIRS,—I have read with the greatest interest Dr. Herman's paper "On the Treatment of Early Extra-uterine Gestation," recently published in THE LANCET, and, as I know the opinions of so careful an observer and skilful gynaecologist will have great weight with your readers, I venture to ask you to be good enough to allow me to make a few remarks upon this important subject. Before proceeding, I would explain that by early extra-uterine gestation I mean misplaced pregnancy in its pre-rupture stage. Dr. Herman says: "Supposing that the diagnosis has been made with the greatest probability, what is the course to follow? It seems to me that the choice lies between two alternatives—expectancy and abdominal section." I would suggest, in place of these last words, "electricity and abdominal section." If by expectancy is meant leaving these cases to nature, we know that this means only the recovery of 52 per cent.—a method of treatment not encouraging, and, in the present state of our knowledge, unjustifiable.

Before resorting to abdominal section, I wish to put in a plea for the trial of electricity, a plan of treatment which has now been before the profession for thirty-five years, and which has to my knowledge been employed in forty-four cases, with only three deaths. Dr. Herman's objections to the electrical treatment are: 1. "It is wasting time and exposing the patient to dangers which might be avoided by more effective treatment." This is a groundless objection, for as soon as ectopic gestation is diagnosed electricity should be immediately employed. The action of the faradic current is prompt, the tetanic contraction it produces causing the immediate death of the foetus and cessation of the further development of the extra-uterine tumour. 2. "It is not free from danger, for there have been deaths accredited to electrical treatment of abdominal tumours." This is a poor argument. It would be as logical to say the knife is not safe because it has proved fatal in hysterectomy. As a matter of fact, however, it is certain that the proper use of electricity in early extra-uterine gestation is perfectly free from danger, not a death having taken place when the galvano-puncture has been avoided. 3. "Electricity cannot be relied upon to kill extra-uterine gestation." There can be no doubt about the foeticidal effect of electricity. In the forty-four cases I have alluded to, death of the foetus was caused by electricity in forty-two. It would be difficult to find any agent more reliable

in its action. A moderate faradic current is found sufficient, one electrode being placed against the tumour through the vagina or rectum and the other on the abdomen. 4. "If electricity be successful in killing the foetus, the patient is not put beyond danger, for the presence of a dead foetus and its placenta may be a source of many accidents." There are no grounds for anticipating this source of trouble, for in all the cases which have been treated by electricity the extra-uterine tumour has either completely disappeared, or has been reduced to a small, inert mass, giving no trouble to the patient.

The advantages of the electrical treatment are many. It is *perfectly safe*; and, if an error of diagnosis has been made, no harm has been done by its employment. Patients will submit to this treatment when they offer insuperable objections to the major operation of abdominal section. It is *easily used*. Any general practitioner can, unaided, employ the battery and apply the electrodes; no special skill or prior manipulative experience is required as in abdominal section and the detection and removal of tissues deep in the pelvic cavity. It is *efficacious*, causing prompt shrinkage of the tumour, and abatement of the pain and concomitant disorders. These facts, together with the large amount of favourable clinical evidence now rapidly accumulating, must, I think, make the general adoption of the electrical method of treatment by gynaecologists a necessity.

Dr. Herman, speaking of abdominal section in these cases, says, "*If*" (the italic is mine) "successful, the cure is beyond doubt final and complete. The objection to it is the risk of life." This is true, and I doubt whether anyone is justified in advising such a dangerous mode of treatment before giving a trial of electricity, which a considerable accumulation of evidence and a large number of distinguished gynaecologists inform us has been safely and successfully employed in so great a number of cases.

I am, Sirs, yours faithfully,

Upper Wimpole-street, June 4th, 1888. JAMES H. AVELING.

REMOVAL OF DISEASED OVARIES.

To the Editors of THE LANCET.

SIRS,—In the admirable paper by Dr. Bedford Fenwick concluded in your issue of the 2nd inst., with the tenour of which I am in entire accord, the following words occur: "We ought most strongly to advise the early removal" (of intra-abdominal cysts); "and I would the more earnestly insist upon this point because *abdominal surgeons*, I believe, *prefer postponing an operation as long as they possibly can.*" (The words which specially arrested my attention are printed in italics.) In support of his belief Dr. Fenwick quotes the views of Dr. Barnes, Sir Spencer Wells, and Dr. Keith. Dr. Barnes has already, in your last issue (9th inst.), declared that Dr. Fenwick's quotation no longer expresses his views, and one object of this communication is to give prominence to what I believe to be the fact—viz., that no operator of any experience in the present day acts upon the advice laid down in the writings of the authors from whom Dr. Fenwick has quoted. I may also be allowed to point out that as long ago as the year 1881, and just before the publication of Sir Spencer Wells's second edition, I published a paper entitled "A Plea for Early Ovariectomy." In that paper my second proposition was this—viz., "The presence of the tumour is the cause of structural disease in other organs"; and the conclusion I arrived at was expressed in these words: "I would urge, then, with all the force which the strongest conviction imparts, that ovariectomy should be performed as soon as we can be sure of the diagnosis," &c. What I meant by being "sure of the diagnosis" was not an accurate diagnosis of the *nature* of the tumour, but a certainty that there was a tumour which resisted all treatment and was the cause of the patient's symptoms. I have the satisfaction of knowing that that teaching is now openly accepted, at least by the younger race of abdominal surgeons, and is, I believe, acted upon by all. Hence the general results are now much better than formerly (because patients are operated upon sooner), and I am thus confirmed in the belief then expressed that "were this rule followed in only a majority of the cases, the success would be much greater than we are even now (1881) able to boast of." I have, therefore, great pleasure in endorsing Dr. Fenwick's recommendation.

I am, Sirs, your obedient servant,

GEO. GRANVILLE BANTOCK.

Granville-place, W., June 9th, 1888.