

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.