

assistant assay master of the Madras Mint, and was subsequently appointed to the Bombay Mint in a similar capacity. In 1872 he was appointed assay master at Calcutta and retired in 1886, in which year he received the decoration of C.I.E. While at Calcutta he collected the materials for "Echoes of Calcutta," a well-known standard work on the history of Calcutta.

Sir J. Porter, Director-General of the Medical Department of the Navy, inspected the medical establishment of Plymouth Naval Station on Jan. 31st.

Fleet-Surgeon Robert Hill, M.V.O., of the *Medina*, has on the return of the King and Queen from India been advanced to C.V.O.

Correspondence.

"Audi alteram partem."

GUARDIANS AND DISSECTION.

To the Editor of THE LANCET.

SIR,—The report of the meeting of the Southwark board of guardians which you publish has greatly interested me. My letter to the chairman seems to have been fairly quoted, and I have nothing to withdraw or excuse in it. The point is that we cannot treat the human body without knowing its structure, and we cannot learn its structure without examining the dead. Put in another way, we cannot learn to operate for the prolongation of life and the relief of suffering without practising on the dead, unless we are to practise on the living. I view the action of the important board of Southwark guardians with the greatest apprehension, since it is sure to be followed, as Mr. Hills hopes it will, by other boards. It now becomes our duty to decide whether we shall continue to keep in the background and watch our supply diminishing year by year, as it is doing, or whether we should not rather ask every thinking man to consider whether it is right to sacrifice lives and relief from suffering to a kindly sentimentalism.

Is the benefit gained by allowing unclaimed dead bodies to decompose naturally instead of being permanently embalmed and reverently dissected before being buried with due religious rites enough to set against the loss of the surgeon's skill when an instant operation is necessary in order to save some valuable life? I submit that we have no moral right to allow a single breadwinner to die or a single child to suffer unrelieved even if the alternative is the examination after death of every man who dies in the kingdom, be he duke, anatomist, Poor-law guardian, or pauper.

I can already feel that, while we are trying to educate those who have the charge of the poor in these elementary facts of medical knowledge, anatomists will have a very bad time of it, but we must face all that and hope for the help of those who are alive to the great responsibility which a guardianship of the poor entails. I have said nothing about the scientific side of the question. Of course we want to know not only where all the parts of the body are, but why they are as they are. It is quite arguable that a sentimental objection to dissection might be fairly set against this, but I have never yet heard any attempt to justify a refusal to allow the surgeon, who willingly gives his best skill to the poor in their need, to use the only means on earth to gain that skill.

I am, Sir, yours faithfully,

F. G. PARSONS, F.R.C.S. Eng.,

Lecturer on Anatomy at St. Thomas's Hospital and at the School of Medicine for Women.

St. Thomas's Hospital Medical School, S.E., Feb. 2nd, 1912.

* * The paragraph to which Mr. Parsons refers will be found on p. 408 of this issue of THE LANCET. We drew Mr. Parsons's attention to it.—ED. L.

THE EXTRACTION OF CATARACT.

To the Editor of THE LANCET.

SIR,—In THE LANCET of July 29th, 1911, appears an article by Mr. H. L. Eason on the Extraction of Cataract. What directly concerns me in that article I here explain. On the basis of the rest of his article I hope to contribute matter of interest to the profession at a later date.

In Mr. Eason's article he, like a number of others in the British medical press, reviews 23 cataract operations

performed by me in February, 1909, in Major Kilkelly's hospital, Bombay, as published in the *Indian Medical Gazette*, May, 1910, as if I had never questioned those results. By some peculiar accident ophthalmic writers in the British medical press seem only to have read the above-quoted number of the *Indian Medical Gazette* and the number of the *Ophthalmic Record* in which the same paper by Major Kilkelly appeared, and seem not to have read the remainder of the controversy in both journals. In fairness to your readers I ask you to publish the following *résumé* of that controversy. (The whole of the controversy can be seen in full by anyone who consults the *Indian Medical Gazettes* of 1910 and 1911, or the April number of the *Ophthalmic Record* of Chicago, 1911).

While at the Bombay Medical Congress in February, 1909, at the urgent request of Major P. P. Kilkelly, I.M.S., I performed 23 intracapsular extractions in his hospital and left by the next train. At the time of operation I entered the details of the operation on the bed-head tickets of these patients. I heard no more of the cases until I saw them reported by Major Kilkelly in the May number of the *Indian Medical Gazette* of 1910. My permission was not asked before the publication of these cases, nor was any information given me concerning them before the publication of the results. I was not invited down to Bombay to see and report on them myself. About the same time Dr. Pontius published notes of these same cases in *North-West Medicine*, U.S.A. In a succeeding number of the *Indian Medical Gazette* as a part of this controversy Major Kilkelly reported one side of a purely private case of mine done at Amritsar, Punjab, without consulting me and reported it incorrectly. The case was a failure, and he reported it as of "general interest," implying that it was in harmony with the Bombay cases—that such was the usual result of my cases, and that I knew nothing of the after-result of my cases. However, I was able to publish the whole of the case, putting a very different construction on the result. Dr. Pontius, with Major Kilkelly's permission (not having asked mine), examined the famous Bombay cases. When I put Dr. Pontius's facts as regards gross lesions alongside with Major Kilkelly's facts as regards the same lesions they very much disagreed in nearly every detail, even to the number of cases purporting to be mine (Dr. Pontius reported on 24 cases; I had operated on 23). I asked Major Kilkelly for the loan of the bed-head tickets to see my own entries on them, as both these surgeons had recorded more capsules left behind than were entered on the bed-head tickets. He declined to lend them to me, stating that he did not see "what useful purpose it would serve."

The results in themselves were utterly unintelligible to me, and when I put the facts of Dr. Pontius and of Major Kilkelly alongside of one another the only conclusion I could draw from the discrepancies was that these two surgeons could not have examined the same cases, but that the failures of Major Kilkelly's hospital had been paraded for him and for Dr. Pontius and been put to my charge. This charge I made in the controversy and no attempt has been made to meet it, and no attempt can be made to meet it while Major Kilkelly's facts and Dr. Pontius's facts stand. I consequently cannot understand how any fair-minded man can quote the results published by Major Kilkelly as having any bearing on intracapsular extraction.

I am, Sir, yours faithfully,

HENRY SMITH, M.D., M.Ch.,

Amritsar, Jan. 15th, 1912.

Lieutenant-Colonel, I.M.S.

THE COMBINED WHOLE-TIME MEDICAL OFFICER.

To the Editor of THE LANCET.

SIR,—Recently the *Western Daily Mercury* reported the proceedings of a joint meeting of the St. Austell board of guardians and the rural district council to consider the appointment of a medical gentleman to carry out the combined duties of medical officer of health, medical officer to the union workhouse, and also No. 7 District. A suggestion was also made that the office of public vaccinator should be included as well. After a discussion the matter was adjourned for a month, a committee being appointed to discuss the various suggested schemes.

It is proposed to pay a salary of £400 per annum to a medical gentleman, who presumably will have to devote th