

consider whether it should not be made a rule of the profession to tell the patients the truth in all but very exceptional cases in which there may be fair grounds for a presumption that serious harm would be immediately caused by such a course.—I am, etc.,
J. H. T.

CASTRATION FOR ENLARGED PROSTATE.

SIR,—Mr. A. G. Faulds publishes in the BRITISH MEDICAL JOURNAL of May 4th a series of cases of castration for enlarged prostate, with results which are so remarkable that, as he alludes with surprise to my statistics, I cannot refrain from comment. He reports 5 cases of double castration with 4 deaths—a mortality of 80 per cent.! In 3 of the 4 mania preceded death; no other explanation of the fatality is given. In the fourth case hemiplegia, followed by death, occurred on the twenty-seventh day. In 2 other cases Mr. H. E. Clark did a single orchectomy, but both these patients died after showing mental aberration. No mention is made of a necropsy in any case. Mr. Faulds's fifth patient was alive at the end of thirty days, but showed no improvement.

Double castration in prostatics is an operation so recent that an accurate estimate of its mortality is not yet possible. It will, of course, vary greatly with the condition of the patient, especially as regards general atheroma and precedent renal infection. Guyon considers the hypertrophy of the prostate to be the result of a constitutional disorder beginning as arterial sclerosis. While I do not accept this theory of causation, the frequent association of the two conditions is a matter of common observation. It is obvious that, either with or without operation, such patients will often die from hemiplegia, and will still oftener die with symptoms associated with various degrees of cerebral degeneration, or with the mental phenomena of uræmic intoxication.

I have no wish to underrate these risks. If I have suggested an operation which will not stand the test of experience, the sooner that fact is known the better. But I must protest against such communications as the one in question being regarded as valid arguments at this time. Mr. Faulds asks, after referring to my statistics (gathered from various sources), and to the cases of Mr. Fenwick, "would it not be educative and equally important to give the details of non-successful cases?" It undoubtedly would. The details of a few carefully observed and thoroughly studied unsuccessful cases would probably be of more use just now than larger numbers with better results. But Mr. Faulds's "black list" as published does not meet the requirements.

In only two of the seven cases is the age given. In only one is the size of the prostate estimated. In two the urine is said to have contained "pus and blood;" no other urinary examination is alluded to. In only one is the amount of residual urine mentioned. The condition of the patient as to general health is not once described. In other words, nearly all the factors upon which prognosis is based have been omitted. Moreover, it is stated of these patients that "some had been relieved so far of bladder and kidney disturbance by perineal section, all with the object of minimising the immediate and remote effects of the operation." Perineal prostatotomy in such cases has a mortality of its own. It seems to me inconceivable that anyone familiar with the literature of the subject should perform it "with the object of minimising" the effects of castration. It will doubtless often be the operation of choice, and its previous performance need not necessarily prevent a later castration, but the combined operation would certainly have a higher mortality than either prostatotomy or orchectomy alone.

Double castration is one of the oldest known operations, and when performed in average subjects for local disease or injury is now generally regarded as almost without danger. Butlin estimates the proper mortality of single castration in malignant disease at about 2 per cent.

I shall shortly publish a complete statement of all the cases I have been able to collect, both successful and unsuccessful. In the meantime, I would respectfully ask that a mortality of 80 per cent. for double castration and of 100 per cent. for single castration be regarded as unusual and unnecessary even in prostatics.—I am, etc.,

Philadelphia, May 13th.

J. WILLIAM WHITE.

ABUSE OF HOSPITALS.

SIR,—You may remember that in April you inserted a letter in the BRITISH MEDICAL JOURNAL in which I alleged that the percentage of applicants to the out-patient department of the Gloucester Infirmary, found, on inquiry during six months, to be ineligible for free treatment, was 40.65.

It was intimated to me that my reference to the Senior Physician in that letter had held him up in an unfavourable light, so I forthwith wrote that I had no such intention, expressed my extreme regret, and apologised to him for my carelessness, and asked his nominees (Messrs. Ellis and Sumner) to send me (for publication in the JOURNAL if desired) the draft of such a letter as they might think would rectify the wrong which it was thought I had done.

The apology was not accepted, nor was the draft of any letter sent, but Messrs. Ellis and Sumner, at a recent meeting of the Infirmary Committee, proposed the following resolution:

The Committee having considered Mr. George Whitcombe's letter in the BRITISH MEDICAL JOURNAL of April 20th, 1895, resolved: "That the special mention of the Senior Physician, which places him before the medical profession in an unfavourable light, is very unfair and unjust."

The resolution was carried, and directions were given that the same should be forwarded to the BRITISH MEDICAL JOURNAL for publication.

For some reason Messrs. Ellis and Sumner have since requested the secretary to the infirmary not to insert the resolution in your columns, but I think that it is due to all that it should be published, leaving your readers to form their own opinion as to the weight of the words "very unfair and unjust" when used by a managing committee which considers itself attacked.

I hope that you will also allow me to set at rest a misapprehension which apparently exists in the minds of some who think that the sentence in my letter to you, in which I stated that the inquiry clearly proved certain facts, should have been preceded by the words "in my opinion." If the absence of these words have misled any of your readers I regret it, but I should have thought that a perusal of the preceding sentences would have prevented this.

The serious question, however, is: Am I right or am I wrong in the above allegation? If I have given my opinion too decidedly and in an offensive manner, I regret exceedingly that my unpremeditated want of courtesy has annoyed anyone, but the question of abuse still remains—a question, the importance of which is increasingly emphasised by the fact that the gratuitous out-patient medical relief is at Gloucester Infirmary increasing by leaps and bounds: it has increased from 6,160 (the figure on which my report was founded) in 1890 to 7,832 in 1894. This increase is, in my opinion, alarming.—I am, etc.,

Gloucester, July 2nd.

GEORGE WHITCOMBE.

METROPOLITAN PROVIDENT MEDICAL ASSOCIATION.

SIR,—Although the remarks made by your correspondent in the BRITISH MEDICAL JOURNAL, June 22nd, p. 1465, about the Metropolitan Provident Medical Association appear justified by the figures taken from the annual report, I venture to assert that the state of affairs which he discloses is only a fresh illustration of the fact that the chief enemy to the general practitioner's welfare is the general practitioner himself.

The Metropolitan Provident Medical Association was founded on lines laid down by a medical subcommittee, and the medical profession has always been well represented on the Council.

But after all it is in the branches themselves that the points which most affect the interests of the general practitioner are settled. Each branch is allowed to determine what is to be the wage limit and the rate of members' contributions; and it is precisely in the branches that the medical influence is supreme. The medical officers are all *ex officio* members of the Committee of Management, and by themselves constitute in most cases an absolute majority, so that they could carry any point upon which they were agreed.

In face of the overwhelming control which the medical profession could, if they so pleased, exercise over the man-