Government was called to it in the Union Parliament during the present session. In Europe the increase is also marked. In Paris, it is stated, the number of lepers has increased in a few years from 50 to 300. This is also true of Russia. India shows a like tendency, the increase being placed at 10 per cent. for ten years.

In consideration of these facts it would seem that, while not neglecting these various diseases, there may be a better way of directing a nationwide campaign than against cancer, as suggested by Mr. Hoffman—viz., towards the elimination of venereal diseases. With its success one might venture to hope for the disappearance of most of the others to a very marked extent. The only army with which any hope lies of carrying such a campaign to a successful issue requires to be composed of the *children of the nation* who have received a common-sense education in those subjects which concern so nearly their own and the nation's welfare. "The foundation of every nation is the education of its youth."

I am, Sir, yours faithfully,

BENJAMIN G. BROCK.

Germiston, South Africa, April 30th, 1914.

THE CHEMICAL TREATMENT OF CANCER.

To the Editor of THE LANCET.

SIR,—The treatment of inoperable cancer by chemical agents is, in fact, that of the disease itself. If growths of long standing can be safely removed by their use greater success will be obtained when more recent growths are attacked. The basis of such treatment rests upon the fact that the bodily resistance to disease can be increased artificially by the exhibition of such chemical substances as the cinnamate of sodium and the orthocoumarate of sodium, and that an element destructive to the life of cancer cells can be introduced without involving the destruction of healthy cells. The introduction of colloidal copper has placed in my hands the coping-stone for which I have been seeking since 1908.¹ In 1912 D. T. Gaube du Gers published a paper in Paris, "De la Décancérisation," in which he published some cases treated with a colloidal copper solution, and I recognised the fact that the coping-stone for which I had been assiduously looking had been found. The successive steps taken have been published in THE LANCET,² and I claim that they have been taken in an orderly manner, and based upon a sufficient working hypothesis. Dr. Morgan, since 1908, has made various metallic organic compounds such as the coumarate of copper, but none of them have been found to be of practical therapeutic use owing to insolubility or other reasons. Dr. Martindale, of New Cavendish-street, has now made a solution which he is sending out in sterile form and which contains copper in the form of a protalbuminate or lysalbuminate, and he confidently asserts that the copper content is in a colloidal state and chemically very labile and reactive. From the therapeutic aspect there is no doubt that the solution is active, that it is well tolerated, and gives rise to no unpleasant reactions in patients.

I have administered 5 c.c. of this solution subcutaneously twice weekly to a patient suffering from

advanced carcinoma of the liver, and Mr. C. B. Lockwood, who has seen the patient, thinks that there is extensive intestinal involvement in addition. On April 1st this woman, aged 64, was very deeply jaundiced, there was no bile in the motions, and the urine was the colour of mahogany. Vomiting and diarrhoea were incessant. After a fortnight's treatment there was definite improvement in the general condition of the patient, the large masses of growth had much diminished, and the vomiting had disappeared. After eight weeks' treatment the improvement was very marked, vomiting and diarrhoea were absent, the urine was less discoloured, and there was less pigmentation of the skin.

It appears, therefore, that the treatment of cancer can be successfully undertaken with the aid of chemical substances, and it is for this I have contended for many years past. During the last four or five years certainty existed in my mind that my chemical friends, Dr. Morgan and Dr. Martindale, would sooner or later provide me with the copper compound for which I was seeking, and when the latter sent me the colloidal copper solution I recognised the fact that success was secured. So much success had already been obtained with the aid of coumaric acid compounds aided by oleate of copper in the cases where the latter could be applied locally, that the only doubt remaining was as to the toleration of copper in the colloidal form by the patient in doses which would be sufficient for the attack upon large masses. This doubt has now been removed, and it can be asserted that there is no danger to the patient when colloidal copper is exhibited in the dose contained in 5 c.c. of Dr. Martindale's solution.

In conclusion, may I express the hope that no more will be spent upon the exploitation of radium as a cure for this disease? Its use has not been unaccompanied with grave disasters, and, if the truth is told, its therapeutic possibilities are limited to the treatment of easily accessible growths, and always will be. Growths situated even a comparatively short distance from the spot exposed to the rays must be uninfluenced by their action.—I am, Sir, yours faithfully,

June 1st, 1914.

LOVELL DRAGE, M.D. Oxon.

TOUCHING FOR THE KING'S EVIL.

To the Editor of THE LANCET.

SIR,—In the last part of the Proceedings of the Section of the History of Medicine, Royal Society of Medicine (p. 234), Dr. Raymond Crawford added a note referring to the supposed bronze touch-piece of Charles I., for the first public announcement of which he thought we were indebted to Mr. Henry Symonds. I have looked up Dr. Crawford's reference to Mr. Symonds's announcement (*Numismatic Chronicle*, London, fourth series, 1910, vol. x., p. 395), and find that amongst "the accounts of the wardens of the exchange and moneys within the Tower" (1625–1649) Mr. Symonds specially noted an entry (1635–1636) recording the allowance of a payment to the chief graver "for making tokens used for the healing of the king's evil and delivered to William Clowes, sergeant chirurgion, at 2d. the piece; the number being 5500." Mr. Symonds proceeds: "This is an interesting discovery, proving, as it does, that Charles used a touch-piece of base metal when the gold angels had become too valuable to be distributed at such ceremonies." I do

¹ THE LANCET, Nov. 7th, 1908.

THE LANCET, July 12th, 1902, and Sept. 7th, 1907.

not think it proves anything of the kind. It is far more likely to my mind that the pieces in question were given as mementos to visitors allowed to watch the ceremony, or were used in some way as "passes" or "tickets" in connexion with the ceremony. There can, however, be no doubt that Mr. Symonds and Mr. Grueber are right in their suggestion that the bronze piece referred to is the one engraved in W. Boyne's "Seventeenth Century Tokens" (first edition, London, 1858, Pl. 36, No. 11), having on the obverse the design of a hand from the clouds over the heads of four men, and on the reverse a rose and thistle under a crown; the legend, partly on the obverse and partly on the reverse, is: HE TOUCHED THEM AND THEY WEARE HEALED. It may be here observed that Dr. T. J. Pettigrew already in 1844 had suggested that the piece in question was a touch-piece. He had it engraved amongst "royal touch-pieces" on the frontispiece to his book "On Superstitions Connected with Medicine and Surgery" (published by J. Churchill, London, 1844). By the style of the piece it must almost certainly belong to the reign of James I. or Charles I., but for the following reasons I think it cannot have been a real "touch-piece": 1. It is hardly ever met with pierced with a hole for suspension, like regular touch-pieces invariably are. 2. It is met with either struck from dies or as a *cast of the period*, like many other medalets of the Stuart sovereigns. 3. It seems very improbable that in 1635-1636 King Charles I. should have taken such a liberty with an ancient and cherished religious ceremony, as would have been the case had he used bronze instead of gold pieces in touching for the king's evil. Even the Stuart "pretenders," James III., Charles III., and Henry IX., during their most adverse times, never used touch-pieces of a metal inferior to silver when they "touched" (as they frequently did) for the king's evil. 4. Had bronze touch-pieces really been used by Charles I. instead of the proper gold pieces, it is almost certain that definite references to the fact would have come down to us in the literature and ordinary records of the time.

On all these grounds, therefore, I maintain that until further information is forthcoming the bronze pieces in question must be regarded as medalets or tickets of some kind connected with the ceremony of touching for the king's evil, but not as actual touch-pieces.

I am, Sir, yours faithfully,

F. PARKES WEBER, M.D. Cantab.

Harley-street, W., May 27th, 1914.

SOCIETY OF TUBERCULOSIS OFFICERS.

To the Editor of THE LANCET.

SIR,—Regarding the suggestion thrown out by Dr. Crowe in a letter in THE LANCET of March 21st that a society of tuberculosis officers should be formed, I am not aware that this has yet been taken up, but possibly the reason is that such officers are engrossed with the details of the organisation and development of their work. For various reasons it appears advisable for such a society to be formed, and it has occurred to me that an opportunity might offer itself during the forthcoming annual conference of the National Association for the Prevention of Consumption and other Forms of Tuberculosis in Leeds. A preliminary meeting might be called for the evening of Wednesday, July 8th, and if a sufficient response

be made to this suggestion a suitable meeting-place could be selected. I shall be glad to learn the views of other tuberculosis officers.

I am, Sir, yours faithfully,

THOMPSON CAMPBELL, M.D. Glasg.

The Limes, Wakefield, June 1st, 1914.

THE STETHOSCOPE IN ENGLAND.

To the Editor of THE LANCET.

SIR,—In the interesting account of the dinner to celebrate the centenary of the Royal Hospital for Diseases of the Chest, City-road, published in your issue of May 16th, it is stated that Dr. Thomas Davies introduced the stethoscope into England in 1862. May I ask you to correct the date, which is misleading? It should be 1825 not 1862. Dr. Thomas Davies died in June 1839.

I am, Sir, yours faithfully,

ARTHUR T. DAVIES,

Senior Physician to the Royal Hospital for Diseases of the Chest, City-road, London.

Tokenhouse-yard, E.C., June 3rd, 1914.

THE NATIONAL INSURANCE ACT.

COMPLAINTS AGAINST LONDON PRACTITIONERS.

IN the monthly report on complaints against practitioners presented on May 28th to the London Insurance Committee was included a case in which the Medical Service Subcommittee found that a doctor wrongfully made a charge for services rendered, and that he refused to issue a death certificate until payment of 3 guineas was forthcoming. The latter allegation was denied by the doctor. Extenuating circumstances in the case appeared to be that the patient had been attended by another practitioner as a private patient, and on moving into another district came under the care of the doctor against whom complaint was made. The patient was in a very grave condition, and a conflict of evidence arose as to whether he was accepted as a private or an insured patient. On the documentary evidence available the subcommittee decided against the doctor on this point. Mr. O. E. Warburg, chairman of the subcommittee, mentioned that in this case the new form of procedure had been recommended of sending the papers to the Insurance Commissioners with a request that they would bring them to the notice of the General Medical Council. The dereliction of which the practitioner was found to have been guilty was not one concerning the efficiency of the medical service, the treatment having been quite satisfactory. A grave breach of professional practice was alleged, and the matter should come before the professional tribunal, which could deal with it adequately. The committee approved this course. In another case, in which a doctor was censured for a breach explainable by illness and had since died, Mr. Evan Jones moved the reference back with a view to the case being expunged from the records, but by a majority the committee rejected the motion.

DISTRIBUTION OF THE UNALLOTTED FUNDS.

The question of the distribution of the moneys accumulated in the Medical Benefit Fund in respect of insured persons who have not chosen a doctor was again before the London Insurance Committee on May 28th, when the special subcommittee,