from "fever," on the other hand, showed a decline, and included 4 in Paisley, 2 in Glasgow, and 2 in Edinburgh. Four of the 5 deaths from diphtheria were returned in Glasgow. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 107, 144, and 156 in the preceding three weeks, further rose last week to 165, and were 23 above the number returned in the corresponding week of last year. The causes of 81, or nearly 13 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 34.6 and 33.8 per 1000 in the preceding three weeks, further rose to 35.0 in the week ending December 3rd. During the first nine weeks of the current quarter the death-rate in the city averaged 30.5 per 1000, the mean rate during the same period being but 19.8 in London and 19.5 in Edinburgh. The 237 deaths in Dublin last week showed an increase of 8 upon the number returned in the previous week; they included 13 which resulted from scarlet fever, 8 from measles, 4 from whooping-cough, 3 from "fever" (typhus, enteric, or simple), 2 from diarrhoea, 1 from diphtheria, and not one from small-pox. Thus the deaths resulting from these principal zymotic diseases, which had been 45, 29, and 33 in the preceding three weeks, were 31 last week; they were equal to an annual rate of 4.6 per 1000, the rate from the same diseases being 2.6 in London and 2.0 in Edinburgh. The fatal cases of scarlet fever, which had been 20, 8, and 11 in the previous three weeks, rose again last week to 13, while those of whooping-cough showed a decline. The deaths referred to measles, "fever," and diarrhoea corresponded with the numbers in the previous week. The deaths of infants corresponded with the number in the previous week, while those of elderly persons showed a further increase upon recent weekly numbers. Seven inquest cases and 5 deaths from violence were registered within the city; and 65, or more than a fourth, of the deaths occurred in public institutions. The causes of 36, or more than 15 per cent., of the deaths in the week were not certified.

FRENCH URBAN MORTALITY STATISTICS.

Since the beginning of the present year an official monthly return has been issued by the Bureau de l'Hygiène Publique in Paris, entitled "Statistique Sanitaire des Villes de France et d'Algérie." This return is a most valuable and welcome contribution to the various official returns dealing with the vital statistics of European cities, and gives, with considerable detail, the statistics of all French cities having a population of 30,000 persons and upwards. It is not without interest to note from this return that France contains fifty-one towns, with populations exceeding this limit, and that the aggregate population of these fifty-one towns slightly exceeds six and a quarter millions. In England and Wales at the last census enumeration in 1881, there were forty-seven towns with a population exceeding 50,000 persons, and containing an aggregate population of nine and a half millions. Therefore at the time of the last census considerably more than a third of the population of England and Wales resided in forty-seven towns having a population exceeding 50,000 persons; whereas in France only one-sixth of the population resides in thirty towns of the same minimum population. Even these figures only imperfectly indicate the marked excess of urban population in England and Wales; for while England has twenty-two towns having a population exceeding 100,000, France has only eleven towns exceeding this limit. In any comparison of the mortality statistics of the two countries, it is necessary to take full account of this wide difference between their proportions of urban population. The new French return, valuable as it is, and abundant as is the statistical material it contains, has one marked defect: no totals are given for the aggregate of the towns, and, moreover, only the bare facts are given, without any calculated proportions to population, which are necessary to make the figures intelligible and useful for comparative purposes. Having incurred the labour of casting the facts for the aggregate of the fifty-one French towns, it appears that the mean annual death-rate was equal to 26.1 per 1000 in August and to 21.4 in September, or to 23.8 in the two months. In the twenty-eight English towns (having a minimum population of nearly 80,000, instead of 30,000 as in the French towns) the annual

rate during the months of August and September last did not exceed 20.0 per 1000. Thus in the smaller French towns the mortality during these two months showed an excess of 19 per cent. upon that which prevailed in the English towns. It is noteworthy that of the four largest French cities—Paris, Lyons, Marseilles, and Bordeaux—Marseilles is the only one showing a rate (29.1) exceeding the mean rate in the fifty-one towns, while the mean rate in these four largest cities did not exceed 21.7, against 23.8, the mean rate in the fifty-one towns. It is evident, therefore, that the largest excess of mortality in the French towns during August and September last occurred in the smaller towns.

THE SERVICES.

WAR OFFICE.—Army Medical Staff: Surgeon Samuel Arthur Crick, M.B., has been placed upon temporary half-pay on account of ill-health (dated Nov. 27th, 1887).

VOLUNTEER MEDICAL ASSOCIATION.—Ambulance Department: The appointment of Acting Surgeon Walter Pearce, M.D., as Instructor to the Ambulance Department of the Volunteer Medical Association, has been cancelled.

Correspondence.

"Audi alteram partem."

SUPRA-PUBIC LITHOTOMY.

To the Editors of THE LANCET.

SIRS,—I am compelled to trouble you with a note relating to the history of supra-pubic lithotomy given by Dr. Dulles in your issue of last week. The reference which Dr. Dulles does me the honour to make is, however, not accurate, and I am sure he has no desire that it should remain so. It is in these words: "And lastly, the conversion of Sir Henry Thompson, who, after long denying its claims, has become one of its most enthusiastic propagandists."

There are two forms of the operation: the old one before Petersen made his modification, and that which has been employed since. I have never denied the claims of either. The old operation I had occasion to perform twice only—once in University College Hospital, and once in private. I always regarded it as a rare and occasional resource for very large calculi, seldom necessary, but certainly had no prejudice against it whatever. The new operation I advocated on the ground of reports respecting it which I had confidence in, even before I had tried it, at my lectures at the Royal College of Surgeons in June, 1884. I stated that Petersen's modification had given "a new and improved position to the high operation," adding that "in the next case for which the knife is required I shall perform the operation on his method." A week after such a case occurred, and I did so, and so introduced the proceeding into this country. I have followed it by twenty-four other cases since, selecting the most formidable cases for the purpose, and am as satisfied with it now as I was at the outset.—I am, Sirs, yours truly,

Wimpole-street, W., Dec. 6, 1887.

HENRY THOMPSON.

THE COMPULSORY NOTIFICATION OF INFECTIOUS DISEASES.

To the Editors of THE LANCET.

SIRS,—Now that the question of compulsory notification of infectious diseases is prominent, it appears opportune to call attention to a Society which is quietly at work in the parishes of St. Margaret and St. John, Westminster. About five years ago Mrs. Johnson, at a meeting held at the house of Archdeacon Farrar, called attention to a Society she had started in Hastings for the notification and prompt discovery of infectious disease, and for dealing with the infected area on scientific principles. She advocated the extension of the system to the metropolis, and forthwith the Westminster Sanitary Aid Association was started in the joint parishes of St. Margaret and St. John. Now, I desire to call the attention of the medical profession

at large to the objects of this Association, and, further to observe that while in nearly every other part of London a serious epidemic of scarlet fever has been raging, in these two parishes, which contain a population of 60,000, the number of cases notified to the Society have barely exceeded the average of the last four years; and, as far as the above parishes are concerned, there has been really no epidemic of scarlet fever or other infectious disease.

In the last six months of 1886 thirty-three cases of infectious disease came under the notice of the Society's officers, and in the five months from June 29th up to date the number has been thirty-nine. Now, in the absence of all compulsory notification, these figures may appear to have little value; but really the success of the Society has been so great, and has so enlisted the sympathy and co-operation of the medical men resident in the district, that practically the notification of all infectious diseases is immediately communicated to the Society.

We have also the cordial co-operation of the medical officer of health and his sanitary officers, who inform us of every case that comes under their official cognisance; and in return we take immediate steps for disinfecting the infected house, removing in the meantime, if necessary, the healthy occupants to our sanitary house, at 1, Edward-street, Vincent-square, while the process of disinfection is being carried out. This is done effectively by our nurse and indefatigable lady manager, Miss Stevenson, who seal up the infected house or dwelling room for at least twelve hours and burn sulphur cakes. All the bedding and clothing, of course, is opened and exposed to the fumes. As a matter of fact, in almost every case Miss Stevenson, by judicious reasoning and persuasion, induces the parents or friends to consent to the removal of the sufferer to the fever hospital, and I am happy to say that, mainly owing to the good work of this Society, the opposition to the Bill for the Compulsory Notification of Infectious Disease has practically died out amongst the tradesmen and shopkeepers in this district, so much so that last week the Sanitary Committee of the Westminster District Board of Works, on the invitation of the Medical Officers of Health Association and the vestry of Kensington, decided to petition the Government to bring in this Bill. It appears certain that in the next Parliamentary session this question will be effectually dealt with, and I cannot but feel proud that in this district we have, so to speak, inserted the thin edge of the wedge, and taken the first step in practically testing the machinery which must be set in motion when this Bill becomes law.

I am, Sirs, your obedient servant,

THOS. BOND, F.R.C.S.,

Member of the Sanitary Committee of the Westminster Board of Works.

The Sanctuary, Westminster, Nov. 28th, 1887.

* * * The objects of the Westminster Sanitary Aid Association are to provide female sanitary visitors to teach the practice of disinfection, to promote the removal of infectious cases to hospital, to assist, when local circumstances permit, in the isolation of the sick in their own homes, and, further, to watch over houses in which infectious disease has recently appeared. The Association also aids in the nursing of the sick, in the prevention of attendance at school of children likely to convey infection, in procuring the sanitary improvement of houses in which are found conditions prejudicial to health, and, finally, in enlisting the co-operation of all existing sanitary agencies in the prevention of infectious disease.—ED. L.

SIR JAMES PAGET'S "MORTON LECTURE" ON CANCER AND CANCEROUS DISEASE.

To the Editors of THE LANCET.

SIRS,—In the discussion on Cancer at the Pathological Society in 1873 Sir James Paget stated that since his practice had become exclusively, or almost exclusively private, one in every three was the proportion of instances in which it was possible to discover a history of cancer in the family of his cancerous patients.

The report of the Collective Investigation Committee on Cancer of the Breast shows that 210 returns contained

definite statements as to the heredity of cancer. Of these 116 were to the effect that there was no family history of cancer, while in 68 cancer had occurred in other members of the patient's family; the proportion is therefore more than one in three.¹

From a large number of cases of cancer which I have collected in hospital and private practice, I find the proportion of cases with a family history of cancer is slightly below one in four cases, and in several cases several members in the same family were affected with the disease. Of two of the most striking cases, one was that of a man aged sixty-one, who died of cancer of the tongue, in which the lymphatic glands in the neck were extensively involved. His father died of cancer of the penis, aged sixty-three; his uncle (father's brother) died of cancer of the tongue, aged sixty-three; his father's sister died of cancer of the breast, aged sixty-five; his mother also died of cancer of the uterus. The other case was that of a gentleman who died of a malignant nasal growth; one sister died of cancer of the breast, and another of cancer of the stomach; these three died within a period of fourteen weeks.

The further experience of Sir James Paget evidently has not shaken his belief in the constitutional origin of cancer, or that it is a blood disease and probably of micro-parasitic origin. I have always contended, and the results of my investigation, so far as they have gone, support my contention, that to satisfactorily account for the occurrence of cancer in any individual two factors must be present: the one, as Sir James Paget describes it, general or diffused in a morbid material in the blood; the other local, in some part with which the material produces disease.

No surgeon doubts that the development of malignant disease is nearly always due to local irritation of the part affected; but to prove that the local irritation is the actual cause of the malignant growth, I submit that the same irritation existing in another individual of similar age &c. should produce the same result in the majority, if not in all, cases. This we know is not the fact. What explanation can we give, then, to account for the disease developing in one case and not in the other? I contend there can be but one reasonable explanation, and that is: in the one case the soil is adapted to the growth of cancer—i.e., that there is some morbid condition of the blood which renders the individual liable to the disease; while in the other case there is no such condition of the blood.

The case reported by Mr. Jennings in your last week's issue, in my opinion, illustrates this in a peculiar manner, as it is most rare to find cancer existing symmetrically as he has depicted in any one individual; and while the same cause of irritation might have caused the disease on either side of his patient's face, yet I doubt if such would have occurred had there not been some marked condition of the blood existing.

One word with regard to the treatment of cancer with Chian turpentine. I have given this drug an extensive trial in numerous cases of cancer of the breast, tongue, and uterus. Notwithstanding the patients took this drug on exactly the same lines as laid down by Mr. Clay, I have not seen the slightest good effect in any case of cancer of either the breast or tongue. In some of the cases of cancer of the uterus the patients have expressed themselves as free from pain, and the offensive smell has been lessened; but in no case have I seen the disease cured or otherwise improved. I hope, however, to report on the cases treated by me at the Cancer Hospital by this drug more fully at a future date.

I am, Sirs, yours faithfully,

F. BOWREMAN JESSETT, F.R.C.S. Eng.

Upper Wimpole-street, W.

THE TREATMENT OF CANCER.

To the Editors of THE LANCET.

SIRS,—In your issue of the 3rd inst., Dr. Elder of Nottingham, referring to the treatment of cancer by Chian turpentine, says that "seven years ago Professor Clay gave to the profession the welcome intelligence that at last a specific cure for cancer had been found in Chian turpentine." He proceeds to assert that "no remedy has had a fairer trial at the hands of his *confrères*, or [has] more grievously disappointed them." As a mere matter of justice I am bound to

¹ Vide Report, Brit. Med. Jour., ol. i., p. 37. 1887.