Lieutenant.—*Rifle*: 2nd Volunteer Battalion, the Norfolk Regiment: John Benjamin Nicholson Vickers, Gent., to be Surgeon-Lieutenant.

THE VOLUNTEER OFFICERS' DECORATION.

This decoration has been conferred upon the under-mentioned officers of the Volunteer Forces: *North-Eastern District: Rifle*: 1st Volunteer Battalion, the Sherwood Foresters (Derbyshire Regiment): Surgeon-Major Thomas L. Gentles. 2nd Volunteer Battalion, the York and Lancaster Regiment: Surgeon-Lieutenant Hubert H. B. Wilkinson.—*North-Western District: Artillery*: 9th Lancashire: Surgeon-Lieutenant-Colonel Robert Patrick, M.D.—*Rifle*: 4th Volunteer Battalion, the King's (Liverpool Regiment): Brigade-Surgeon-Lieutenant-Colonel Thomas Munns Wills.—*Home District: Engineers*: 2nd Volunteer Battalion, the East Surrey Regiment: Brigade-Surgeon-Lieutenant-Colonel E. Pocklington.—*Scottish District: Artillery*: 9th Lanarkshire: Surgeon-Captain Robert James Stewart.

SANITARY PROGRESS IN INDIA.

Among the changes that have taken place in India during the last five years the *Times of India* recently alluded to the sanitary schemes and improvements that have of late been introduced or effected. Towards the close of Lord Dufferin's rule as Viceroy of India a scheme for instituting provincial sanitary boards was put forward as an important feature in the organisation of a superior sanitary administration. The Government of India was subsequently in a position in 1893 to inform the Secretary of State that a sanitary board had been formed in every province. The drainage of large towns and the protection of rivers from crude sewage was the subject of a report by experts in 1892, and the principles therein laid down have been adopted as the sanitary policy of India. It is now, we hope, regarded as a fundamental principle that sewage is to be purified by filtration and otherwise before it is discharged into rivers, and that sewage farms are to be established in connexion with inland towns. Village post-offices and police outposts have been utilised for the distribution of packets of quinine amongst the poor, and opportunities have been taken for encouraging vaccination. Legislation for dealing with lepers, which was under the consideration of the Government during the earlier part of Lord Lansdowne's viceroyalty, has not been carried out, mainly owing to the conclusions of the Leprosy Commission not having afforded a favourable basis for the enactment of any practical scheme of legislation.

Correspondence.

"Audi alteram partem."

"THE CORONER'S COURT."

To the Editors of THE LANCET.

SIRS,—It may be of some consolation to your correspondent Dr. Henry Love, who writes under the above heading, to know that he is not the only sufferer at the hands of a coroner or the police and their superiors. It is just possible that the coroner may not be so much to blame in the matter as are those who get up the case and who leave out the medical practitioner, who, it may be at great inconvenience and sacrifice, responds to the cry for help of those in trouble, though it may be difficult to see how the coroner, supposing the whole case to be laid before him, can overlook the medical man in attendance during the last illness, especially as his name must of necessity, for the case to be complete, be found in the report, unless the ways of police reports, like "the heathen Chinese," are peculiar. I have upon several occasions during the past three years been summoned by the police during the hours "when ghosts walk and churchyards yawn" to attend persons who have met with an accident which had terminated fatally, yet beyond the satisfaction which a good deed gives to the person who does it my reward has been *nil*. On the 3rd inst. I was called upon to visit a person who had been kicked by another. After examining the patient and giving an unfavourable prognosis I was waited upon by the constable in charge of the case, to whom I communicated my opinion. He reported to his "chief," who summoned, in the absence of the police surgeon, his deputy, who saw my patient *in extremis* and learned from the person who

had charge of the house and patient that I had been in attendance. The patient died the same night. An inquest was opened on the following day, when a post-mortem examination was ordered, the inquest being further adjourned, of neither of which facts I received any notice. Now, in all this I do not blame the coroner, than whom I know of none who bears a better name for justice and fair-dealing. I thought, however, that the police surgeon or his deputy, who must have mentioned my name somehow to his chief—and, if not, there was bad management—might have had (in these days when medico-chirurgical societies are as plentiful as mushroom beds, but which lack one thing yet—viz., practical classes attached to them) sufficient courtesy to name the time and place of the post-mortem examination to the last attendant upon the deceased. Your correspondent calls his case a grievance; I used to think so, but not now. There are many things in this life which—though they are wrong and which injure us—we become used to and take as a matter of course. I think that when a police surgeon has a deputy either the one or the other ought to be within call of the police; they are paid for the work, let them do it; else let the general practitioner when summoned by the police refuse to attend unless his fee is assured. If there are fame and money, let them both go to the person who does the work, and let them not be divided between the hardworked general practitioner, whose income is precarious, and the police surgeon, whose salary is assured.

I am, Sirs, yours truly,

Blackburn, Feb. 10th, 1894.

JAMES T. T. RAMSAY.

To the Editors of THE LANCET.

SIRS,—The letter from Dr. Henry Love which you publish in this week's number of THE LANCET recalls to my mind a similar experience which I had last summer. I had then been but two or three months in the district and was ignorant of the peculiarities of the coroner's court. I happened to be called one Sunday morning at 6 A.M. to see a man who had cut his throat. On arriving at the house I found him lying in a pool of blood with a pocket-knife beside him. The body was still warm, but life was extinct. The man had completely severed his larynx and injured his œsophagus, but the carotid arteries were not cut. Thinking I would be called upon to give evidence at the coroner's court, I carefully examined the body and its surroundings. I came to the conclusion that death was due to venous hæmorrhage and that the wound was self-inflicted. As I was leaving the house a police-constable entered. As I could not get a fee from the man who came for me, whose excuse was that the deceased was only his lodger and a stranger, I asked the policeman for a medical aid certificate. He refused on the ground that he had not sent for me. I hoped, however, to have at least the coroner's inquest fee. I did not hear anything of the case after leaving the house until two days later, when I met the coroner's officer. On making inquiries I ascertained that an inquest would be held on the next day, but that I would not be called as a witness, as the coroner dispensed with medical evidence in cases where the cause of death was apparent, as in cases of drowning, cut throats, &c. This statement I have found to be correct. I have also been informed that the medical men of the district who are well acquainted with this peculiarity of our coroner's court find it convenient "not to be in" in such cases. This explained to me the mysterious fact in the above-related case, that I was the fifth practitioner at whose house the messenger had called, as all the others were busy attending to their cases at that early hour (6 A.M.) on Sunday morning.—I am, Sirs, yours faithfully,

EDMUND HAY, M.B.

Victoria Dock-road, West Ham, E., Feb. 13th, 1894.

"SOME POINTS IN THE ETIOLOGY OF CANCER."

To the Editors of THE LANCET.

SIRS,—The interesting but brief article under the above heading that appeared in THE LANCET of Jan. 27th by Professor Rubert Boyce induces me to point out that the theory which I published in 1888¹ has never been contradicted

¹ What is the Cause of Cancerous Infectivity? THE LANCET, Aug. 13th, 1888.

and is not so by any of the points named by Professor Boyce. I regarded the subject in this light. Proliferation may occur in a great variety of tissues; for example, in inorganic muscular tissue, in fatty tissue, and in epithelial tissue. Such proliferation is, however, only malignant when in epithelial tissue. My theory only professes to account for this; it does not say why the proliferation occurs at all. This latter question is, I know, the most important, but it is a distinct one. However this question may in the end be settled, it would still remain to be explained why epithelial proliferation is cancer, and why proliferation of inorganic muscular tissue is not. I believe all proliferation to arise from similar causes, and it must be taken from this broader basis; but I take it that the reason some tissues when proliferating form malignant tumours is the natural qualities of the cell itself—i.e., before it has become diseased. When inorganic muscle cells proliferate their length alone will prevent malignancy, for it causes them to be felt together and to cling into a mass which, as it grows, pushes the cellular tissue in front of it to form a capsule. By this capsule they are bounded, and to some extent by pressure and by limitation in blood-supply their growth is limited. Individual cells cannot separate and invade the surrounding parts. When, however, epithelium, say, originating in a gland duct below the general surface, begins to proliferate the natural properties of the cells allow of their separation—they are small and rounded and hard, with little natural cohesion. These little bullets are pushed through the meshes of the surrounding tissues instead of pushing them before themselves; in this lies the secret of malignancy. Fresh centres form and the same process of invasion, unchecked by encapsulation, causes endless destruction, only terminating with life itself. The same is true of sarcoma with its small rounded cells—the more rounded the more malignant, the more spindle-shaped the less so. The solution of the greater question—why proliferation occurs at all—is more difficult to answer; but this is not part of my theory. If, however, my theory is accepted it will render the solution of this greater question more easy, for it will be looked at from a broader and, I think, truer standpoint.

I am, Sirs, yours truly,

JAMES BRAITHWAITE, M.D. Lond.

Clarendon-road, Leeds, Feb. 12th, 1894.

"THE MORTALITY FROM CANCER."

To the Editors of THE LANCET.

SIRS,—Dr. Lyon, in criticising the paper on cancer mortality by Mr. King and Dr. Newsholme, appears to me to miss the point of some of the arguments and to undervalue some of the evidence. The Frankfort figures are admittedly carefully prepared and are quite sufficient to yield strong presumptive evidence in favour of Mr. King and Dr. Newsholme's theory. The number of female deaths available for the purpose ranges from 236 to 524 per septennium, those of males from 107 to 276, and if these are dealt with in groups, as in the paper, they are amply sufficient to prove the absence in Frankfort of any decided increase in "accessible cancer," together with a steady increase in the record for "inaccessible cancer." The smaller population dealt with is not an unmixed disadvantage, as it is easier to ascertain the real causes of death in a small population.

That the British and Irish curves do not yet approach a horizontal line is to be expected, seeing that the recorded cancer death-rate here is still only about two-thirds that at Frankfort. Probably the number of deaths recorded from ill-defined synonyms for cancer is correspondingly greater here. Dr. Lyon ignores the confirmatory evidence yielded by the Scottish Widows' Fund curve, which starts at a higher and ends at a lower level than the British and Irish ones, corresponding with better diagnosis and the rejection of the markedly predisposed. Then, again, Dr. Lyon fails to grasp the argument from parallelism of the English male and female curves and the convergence, for the most part, in the Scotch and Irish, for if the increase were real the difference between the pairs of curves should be a proportion of the whole and give rise to divergence. That no such divergence is found goes to prove the relatively greater increase in the male record, which consists mainly of "inaccessible cancer," as shown in the Frankfort figures. With Dr. Lyon's concluding remark I am to some extent in agreement, although for a different reason. The cumulative evidence in favour of the writer's

theory appears to me so considerable that we should refuse to give credence to any alarmist statements as to the enormous increase in cancer mortality, and I should not wonder if, on further consideration, Dr. Lyon were to come to a similar conclusion.—I am, Sirs, yours faithfully,

Feb. 12th, 1894.

F. R. WALTERS.

CHRONIC IRRITATION AND CANCER.

To the Editors of THE LANCET.

SIRS,—A great deal has been written about "chronic irritation" and "cancer," but, on critical examination of the subject, what a terrible dearth of facts. According to Broussais,¹ the apostle of this doctrine, there is no such disease as cancer, the morbid condition thus erroneously designated being nothing more than a form of chronic irritation *in excelsis*. In support of this doctrine the only evidence hitherto adduced of any scientific value is Volkmann's.² He collected from many and various sources records of 223 cases of primary cancer of the extremities, and on analysing these he found that in no less than 88 per cent. the cancerous disease originated in connexion with some pre-existing lesion of the part; in only 12 per cent. did it appear to have arisen spontaneously. If the state of things revealed by this analysis could be proved to be really representative of the ordinary mode of development of cancer these data would be valuable evidence in favour of the influence of irritation; but I maintain that it is not so. The cases analysed by Volkmann were not consecutive cases, but most of them had been recorded at various times by different observers with the special object of showing the association between cancer and pre-existing disease, as to the occurrence of which there is no doubt. The fallacy of accepting these data as typical of what takes place in the ordinary development of cutaneous cancer is well seen by comparing Volkmann's results with the following analysis of forty consecutive cases of primary cutaneous cancer recorded by myself,³ in which special attention was directed to the question of pre-existing disease of the part; of these forty cases only eleven, or 27.5 per cent., were associated with pre-existing lesions—viz., old scars in four cases, congenital lesions in two cases, suppurating sebaceous cyst in one case, soot wart in one case, wart of eighteen years' duration in one case, recent wound in one case, and chronic sinus in one case. In other words, the most careful examination, directed expressly to this end, failed to reveal the existence of any pre-existing local disease in 72.5 per cent of all cases. It is evident, therefore, that chronic inflammatory lesions cannot be regarded as the necessary antecedents of cancer; or in the great majority of cases the outbreak of this disease appears to be entirely spontaneous—that is to say, it cannot be attributed to the immediate action of any appreciable extrinsic cause whatever.

I am, Sirs, yours truly,

Preston, Feb. 6th, 1894.

W. ROGER WILLIAMS.

THE GENERAL HOSPITALS AS MEDICAL AGENCIES:

A SIGN OF THE TIMES.

To the Editors of THE LANCET.

SIRS,—I am an old Guy's man, and if there is one thing we used to pride ourselves on more than another it was the way we "stuck together," and our pride and delight in our Alma Mater. If we wanted help we applied to the old hospital. From the days of old Monson Hills up to the present much respected Mr. Wells this was more particularly the case. If we hurriedly or otherwise wanted a locum or a partner the help was always given ungrudgingly and *without cost*. This was a great bond of union between old Guy's men and the present generation of students and, I think, was of great mutual advantage. To-day I received a circular which I must say has grieved me. This mutual help is now to be conducted on strictly business lines: 10s. 6d. if they find you a locum for a week's holiday or illness, 2½ per cent. if you seek a partner from the old school. Now I do not know what the profession generally will think of this action of a great hospital; my plan in the future will certainly be to apply to the usual agencies instead of the hospital, as

¹ Examen des Doctrines Médicales, Paris, 1821, tome ii., p. 700.

² Sammlung Klinischer Vorträge, Nos. 334-5, 1889.

³ Middlesex Hospital Surgical Report, 1888 &c.