being more pernicious than polygamy, as being the more "irritative." It accords with the foregoing that cancer, sarcoma, and other mammary neoplasms rarely arise during the lactation period. Among 71 prolific women suffering from breast cancer who were interrogated by me, in the onset of the disease coincided with childbirth, in 2 with miscarriage, and in 4 it occurred during the lactation period. The acute cancers that sometimes arise during pregnancy and lactation are in the highest degree exceptional. It may be inferred from some facts that has been stated that the due discharge of natural functions in no way predisposes to cancer. Of 165 female breast cancer patients consecutively under my observation not a single one, so far as I could ascertain, had ever been addicted to prostitution, and, what is still more remarkable, there was not among them a single individual who presented undoubted signs of having had syphilis. The ensemble of facts relative to the life history of breast-cancer patients shows that they have almost invariably led regular, sober, and industrious lives. Persons of drunken and absolute habits are comparatively seldom thus affected. The facts relating to the origin of uterine and other forms of cancer and pre-existing disease of the past are of similar tenour. In the matter of questions Mr. Lennox Brown has favoured me with rather a large order. In the brief space at my disposal it is impossible adequately to answer them all, especially as in several respects the requisite data are non-existent. I think he will find a sufficient answer to most of his queries in what I have written above. Perused about the following data collected by myself from cancer patients under treatment at the Middlesex Hospital will be serviceable, although as isolated facts I think they are not of much account. To appreciate their real significance they should be considered in connection with other considerations bearing on the subject. The proportion of non-smokers who get epithelioma of the lip is 2 out of 26 cases. The proportion of non-smokers who get epithelioma of the tongue is 6 out of 70 cases. The proportion of those who have syphilis and other chronic lesions of the tongue is 30 out of 70 cases. The proportion of non-syphilitics who get cancer of the tongue is 51 out of 80. I must refer those desirous of purifying their thoughts to my previous publications, where full details of the cases referred to will be found, as well as of many other matters relating to this important subject.

To the Editors of the Lancet.

Sirs.—Dr. Lyon's position, as explained in his last letter, appears somewhat inconsistent, for he accepts the conclusions of Mr. King and Dr. Newsholme and praises their methods while rejecting the data on which the conclusions are based. Moreover, he agrees from the curves, but refuses to consider the figures which they illustrate; but no doubt these apparent inconsistencies and his failure to make his meaning plain are due to the exigencies of space, and as he has admitted the value and the conclusions of the paper, and by his assertions made in Mr. Wright's letter to you, and I must ask your readers to suspend their judgment as to the truth of the allegations for the present.

I am, Sirs, yours truly,

Cadogan-square, S.W., March 10th, 1894.

L. O. R. C. PARKES.

To the Editors of the Lancet.

Sirs,—I trust you will kindly find space for this letter in reference to Dr. Parkes' report upon the Chelsea Hospital for Women. I may say that I have no concern with the affairs of the hospital, but Dr. Parkes' report to the Chelsea Vestry of March 6th, 1894, opens a very wide question and concerns every hospital where operations are performed and everyone who performs them. He suggests that all deaths occurring after operations should, on his signa dictum, be referred to the coroner for inquiry; his reasons being set forth as follows: "It would be different, no doubt, if surgical operations were performed in the hospital, for example, from the reasons of morbidity, resection of joints, varicocele, floating kidneys, laryngeal growths, hernia, &c., whose lives are undependable from these and a hundred like cases, operations for the relief of which are sometimes followed by death; in such cases the normal prospects of a cure are but slender, and many a man from operating, and thus a vast amount of human suffering capable of relief would remain unredeemed. And where, may I venture to inquire, is the "universal specialist" to be found who is capable of judging as to the necessity or otherwise of all the operations performed in every branch of surgery? It seems to me a most ill-judged and dangerous proposal, and if followed to its logical conclusion must affect the realms of medicine as well as those of surgery, and compel every physician to run the gauntlet of a coroner's inquest if, after he has ordered a dose of medicine "to mitigate pain and suffering," the patient should chance to die. I respectfully suggest that some combined representation should be made to the authorities about this matter.

I am, Sirs, yours truly,

GEORGE STOKER, M.R.C.P.,Irel.,
Physician to the London Throat Hospital, Portland-street, Mayfair, March 10th, 1894.

THE ELECTRICAL TREATMENT OF INFANTILE PARALYSIS.

To the Editors of THE LANCET.

Sirs.—Amongst the many points of interest dealt with in a paper read before the Royal Society of London on the 5th inst. and reported in THE LANCET of the 10th inst., on the above subject, there is one which seems to me to merit further consideration. After describing the various forms in which infantile paralysis had presented itself to him, the writer of the paper in question proceeds to lay down "a routine treatment." This seems to consist of testing the muscles, measuring the limb, noting faulty positions, and handing over the case to the mother for electrical applications. He had found that "the success could easily be taught where the electrodes." This, of course, must be conceded, in the same way that mothers can easily be taught where to apply a poultice; but does the question rest here? To me it seems that although that has been done, yet the application of medical electricity from the hands of incompetent persons, and in view of the strides that have been made towards accuracy of application and exactness of electrical "dosage," such a procedure as he advocates deserves even in view of the exigencies of the case, the condemnation of the Department of a general hospital—is distinctly retrograde; and not only retrograde, but what of the risks? Are there not, for example, cases where a little lingering flicker of neuro-muscular excitability may be altogether extinguished by the very slightest amount of over-stimulation and perhaps irreparable mischief caused? This question of self-treatment by patients and treatment by nurses and friends, has been asked and answered by most of those who have a right to be listened to on the subject, and their almost invariably answer is
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"emphatically no." Even in a text-book which bears on its cover the name of the writer of the paper in question there appears the following sentence: "When patients are left to themselves with a battery the results are uniformly unsatisfactory, and the usual consequence is solely to bring medical electricity into disrepute." If this be true of patients, who at least have their own sensations to guide them, how doubly true is it when applied to the case of the little patients in question. In my experience it very frequently happens that a child brought to me for electrical treatment begins to cry or scream at the first sound of the contact-breaker, and can scarcely be prevailed upon to approach the instrument. This is not always childish fear or fancy. It often tells a tale of previous suffering, of pain inflicted by others, of feelings, inflamed by a nurse or mother, and possibly even point to former "vigorous faradisation" at the hands of some practitioner who is "duly qualified"—in everything but to handle an electric current.

I am, Sirs, yours truly,

Brighton, March 12th, 1894.

W. S. HEDLEY.

"THE MUIRHEAD COLLEGE FOR WOMEN, GLASGOW." To the Editors of THE LANCET.

Sirs,—In THE LANCET of March 10th, Dr. J. Lindsay Steven of Glasgow does me the honour to criticise a short article on the above subject which appeared in your columns a week earlier. His letter, which—like everything from Dr. Steven's pen—is both thoughtful and original, earns for him the gratitude of all who are interested in medical education, particularly the medical education of that unimportant person the male student. It is questionable, however, whether it will bring him the thanks of those who are striving to obtain for women a rational share, not only in the world's work, but also in the educational advantages which may qualify her for her proper and legitimate uses. It is a plea against further division of the funds, of money on separate colleges, and his aspirations for "emancipation" in the form of compulsory mixed classes, give no help at all towards the settlement of the existing difficulty between the University and the Muirhead College—difficulty which Dr. Steven himself betrays a genius for predicting and education must in many essential respects be different, while their relation to each other must be marked by a degree of delicacy and consideration which, however attainable in most matters, is scarcely compatible with the association of the sexes throughout the greater part of the medical curriculum. Further, it is my belief that there is no urgent desire on the part of the women students for the enforced association which Dr. Steven calls for. The University authorities as to what seemed a reasonable course to take under the conditions of Dr. Muirhead's will is easy to state. It is stipulated that the Muirhead College shall "be managed as much as practicable by women," and it is further provided that the institution shall be intended "for the education of women by women, as far as that can practically and justly be carried out," opening up thus a prospect of really attainable "emancipation" in one direction at any rate. What would not be given now by those good ladies who did so much for Queen Margaret College in its early and struggling days to have retained in their own hands, when making their bargain with the University, even a shred of influence over the destinies or control over the management of their college? The thoroughness with which these ladies have, perhaps unwittingly, divested themselves of power, and their natural chagrin on discovering this, may all be read in the pages of the Glasgow Medical Journal for January and February last. It may now be suggested to these same ladies that, by way of compensation, they may find in the Muirhead College a most suitable and congenial outlet for their sympathy and influence. Dr. Steven also would probably do more for the cause he has so much at heart by directing his talents and enthusiasm in the same channel, and thus aid in preventing what would be a calamity for the Glasgow school—the establishment of two competing schools for women, where, with a little management and conciliatory negotiation, one strong and financially sound college is easily possible. There is only one other point on which I should like to set Dr. Steven right. Sirs,—In THE LANCET of March 10th, Dr. Steven's article on the Muirhead College contains no "threats," veiled or otherwise, "levelled at the University Court." It reports simply certain facts, and contains a few quite legitimate inferences from these facts, some suggestions (offered with all humility and diffidence) to the University authorities as to what seemed a reasonable course of action, together with some speculation (or prognosis) as to the future of medical education for women. It is scarcely fitting that Dr. Steven, who himself betrays a genius for prophecy, should be challenging himself with the prophets, even with the minor prophets.

I am, Sirs,

Glasgow, March 14th, 1894.

YOUR OWN CORRESPONDENT.

"DARWINISM AND RACE PROGRESS." To the Editors of THE LANCET.

Sirs,—The lectures of Professor Haycraft on "Darwinism and Race Progress" are exceedingly able and suggestive and