labours perpetuated and his name immortalized. The noble museum which enshrines the fruits of his research has been dignified by the service and improved by the care of men eminent not only in their own country, but throughout Europe; and John Hunter is already a name more revered in this country than that of any other surgeon who has adorned his profession. The reinterment of his remains—so recently saved by Mr. Buckland from careless transport—will be effected with fitting solemnity on Monday next in Westminster Abbey. The ceremonial will take place at four in the afternoon; and the members of the Council of the College of Surgeons, with the other heads of the profession, will meet officially in the Jerusalem Chamber to accompany the body to the place of reinterment. It were a most fitting occasion to recall the great services of the dead, and to pronounce that eulogy on his labours which they so especially merit. The solemnity will hardly be complete without such an *éloge*. The bitterness of death is long since gone: there are none whose feelings will be oppressed by oratorical enlargement on the virtues of him who lies there in the tomb. The dust of such a man as Hunter should not be consigned to a resting-place amongst the illustrious dead without a voice being raised to narrate the lesson which his life taught and which his fame has sealed. With the noble theme of his discourse lying in the silent and solemn majesty of death before the eyes of his hearers, the tamest orator could hardly fail to be impressive. Doubtless, the posthumous honours of reinterment will be paid in the presence of a large assemblage of surgeons, for all will desire to partake in this testimony to the memory of Hunter; and there is not one who will not wish to hear some expression given to that feeling which binds us now to the bones of one long since dead, and urges us to pay a tribute of respect to the insensible remains of a great man.

THE PUBLIC HEALTH.

THE following form of petition is in course of signature at Cheltenham and Gloucester. We should be glad to learn that thousands of them had been presented to the two Houses of Parliament:—

To the Honourable the Commons, &c.

The Petition of the undersigned inhabitants of, &c. &c.,

Humbly sheweth,—That a large amount of preventible sickness, infirmity, and mortality now exists in the several towns and districts of England, even where the rate of mortality is comparatively low.

That such preventible disease inflicts upon the community an immense pecuniary loss, far exceeding the highest estimate of the cost of proper measures of prevention; that it leads to moral and social degradation, to pauperism, and crime; and to the increase of a stunted, ill-developed, and degenerate population; and that its various causes are at present but imperfectly understood, even by those who have paid the most attention to the subject.

Your petitioners therefore pray that your Honourable House will be pleased to re-enact the Public Health Act of 1858, with its essential provisions intact, and with such amendments as shall enable Her Majesty's Government to make searching inquiry into all cases of excessive local sickness and mortality, and to report whether adequate means of prevention are employed by the constituted local authorities.

Your petitioners likewise pray that your Honourable House will be pleased to enact such further measures as shall establish a permanent, universal, and effective system of investigation, with periodical reports, by local scientific officers in independent position, respecting the amount, the nature, and the causes of prevalent diseases, with reference especially to the crowding of population, the condition of dwellings, the adulteration of food, &c., the impurity of water, the effects of various kinds of occupation, the execution of preventive measures, and any other matters which affect the health and physical welfare of the poor, who are the chief sufferers from preventible disease, and whose interests are unrepresented in the local boards constituted for parochial or municipal management.

And your petitioners, &c.

Correspondence.

"Audi alteram partem."

THE STATISTICS OF CANCER.

(LETTER FROM MR. WEEDEN COOKE.)

To the Editor of THE LANCET.

SIR,—“Alterations in any building are easily made while the mortar is wet,” says the learned moralist and logician, Archbishop Whately; and it is with a feeling of concern lest evil result from the superstructure raised with so much skill and labour by Mr. Sibley, and propped by so eminent a surgeon as Mr. Arnott, that I venture, “while the mortar is wet,” to hint a doubt respecting the value of that part of the “Statistics of Cancer collected from the Records of Middlesex Hospital” which touches upon cancer of the breast. It is said in the paper that fifty-three months is the average duration of life in those having cancer of the breast who were operated on; and that thirty-two months and a quarter is the length of life of those in whom the disease “was allowed to run its natural course.” These of course are facts, and facts are stubborn things: but it must be remembered that these numbers are obtained from in-patients who are admitted either for operation, or, on account of the advanced state of their disease, “to remain until released by death.” The former class, we can readily imagine, consists of good cases—i. e., tolerably healthy, and likely to do credit to the surgeon, and live out the four years and a half. The latter class comprises those unhappy cases of cancer—the medullary, it must be remembered, are not excluded—which run a rapid course, hastened perhaps by opiates or dram-drinking; at any rate, specimens of the most acute and destructive forms of the disease. That this is not a fair comparison may be gathered from the fact, that there are thousands of out-patients wandering about from one hospital to another as fancy leads them, carrying with them about the streets this serious disease, and often labouring for their families. I know several to whom this latter description applies: they wash, they mangle, they cook, and live this useful life—of course, frequently in much agony—for many years. The thirty-two months and a quarter of life allowed by Mr. Sibley to those not operated on is increased to fifty-five months in Mr. Paget's calculations, and fifty-four months in those of Dr. Walshe; and in an investigation made by M. Leroy d'Etiolles in all kinds of cancer not operated on, it reached sixty-three months. At the Cancer Hospital, London, taking the average of out- and in-patients, the disease had existed three years before the patients made application for relief. As far as it is possible to ascertain the results, it may be stated, with a tolerable approach to accuracy, that in those not operated on life was prolonged two years at least; thus we obtain five years as the duration when there has been no operative interference.

With all these facts before us, the statement that operation in cancer of the breast prolongs life two years, or even one, must not be allowed to disseminate amongst the profession without its being well aware of the obverse picture. It is quite true, no doubt, that persons operated on live fifty-three months, although even that average is reduced by Mr. Paget's calculations to forty-three months; but those not operated on live as a rule very much longer—according to Mr. Paget's letter to THE LANCET, June 19th, 1852, just twelve months longer. There are remarkable cases of the disease not recurring after operation for twelve, fifteen, twenty years, and there are a great many more women who have had cancer of the breast for an equal number of years, in whom it has remained an inert mass, not troubling the health or comfort in any way. The disease returns, according to my observation in 200 cases of operation, in fifteen months, and the recurrence is nearly always in an aggravated form. If, then, taking the whole mass of cases, those operated on live, according to Mr. Sibley, fifty-three months, according to Mr. Paget forty-three months, and a recurrence of the disease is certain in a shorter or longer period, and if without operation life is even equally long, but in truth is much longer, is it philosophical, is it wise, is it doing the very best for our patients, to operate knowing the certain result? With some rare exceptions, as when the patient's hope is fixed on the removal, and when, the operation being possible, exhausting discharges of blood or pus are killing the

patient, this source of dyscrasia should surely be avoided. But at the same time the disease is not to be "allowed to run its natural course." It is our business to control nature in all disease, and why not in this? Make the body healthy in all its doings. We can. We have alteratives and tonics of various kinds, adaptable to each want in each case; we have good food and good wine to supply the wear and tear; and if to the mind we can give hope and a cheerful confidence in the means employed, we *shall* control the natural progress of the disease, and obtain, as in numerous instances at the Cancer Hospital, an inert atrophied tumour, which shall have lost all its baneful influence. As a consequence life shall be prolonged, and its duties be performed, as well as if the patient had passed through an attack of gout or pleurisy.

I remain, Sir, very faithfully yours,

WEEDEN COOKE, M.R.C.S.,
Surgeon to the Royal Free Hospital, and
the Cancer Hospital.

Upper Berkeley-street, Portman-
square, March, 1859.

THE MEDICAL SERVICE OF THE ROYAL AND INDIAN ARMIES.

To the Editor of THE LANCET.

SIR,—The letter of "An Assistant-Surgeon of the Royal Army," in your number of the 19th instant, contains several mis-statements. The India House does not grant £100 to assistant-surgeons going to India. Your correspondent does not appear to be aware that the pay and time of service of Indian officers commence only on their arrival in India, and that by going round the Cape, as he suggests, for the sake of saving £50, they lose three months' pay and three months' time of service. Detachment duty is found by every officer in the service to be anything but remunerative; pay, full batta, and head money, all taken together, being barely sufficient to cover the expenses of travelling, &c., and in many cases failing to do so. The pay of an assistant-surgeon in charge of a native infantry regiment is not £540, but £500, or £470, according to the station; subscription to the funds, about £40, to be deducted. No assistant-surgeon is ever allowed to hold a civil appointment, and at the same time to have permanent charge of a regiment. Should a young assistant-surgeon have a wife and family, and nothing but his pay to live on, although "happiness has dictated the choice and wisdom guided the act," poverty is sure to be the inevitable result. It certainly is strange that, amidst his praises of the Indian army, "An Assistant-Surgeon of the Royal Army" appears to be of opinion that the greatest calamity that happened to him in India was his being posted to a sepoy regiment.

I am, Sir, yours most obediently,

AN ASSISTANT-SURGEON, INDIAN ARMY.

London, March, 1859.

To the Editor of THE LANCET.

SIR,—I have noticed with satisfaction several letters in the late numbers of THE LANCET, calling attention to some of the numerous grievances under which the Indian medical service groans. In the hope that you, Sir, will take up the matter, and compel the recognition of the claims of the Indian medical officer (as you have already done as regards the Queen's Army and the Royal Navy), I venture to ask a small portion of the space of your powerful journal to make known another grievance which none of your correspondents have hitherto touched upon.

A year and a half back, the Marquis of Dalhousie, on resigning the Governor-Generalship of India, expressed his opinions of the medical service in these words:—"It is impossible to conceive how such a system can have been maintained so long on the strength that it has been, and therefore it ought to be—a system which treats a member of a learned profession—a man of ability, skill, and experience—as inferior in position to an ensign or cornet just entering on the study of the pay and audit regulations."

This liberal-minded nobleman then proposed some changes in the service; one of which was that an assistant-surgeon, after seven years' service, being in charge of a regiment, should receive the charge pay of full surgeon (not, however, the regimental pay). The *ci-devant* Court of Directors thought it sufficient that the assistant-surgeon should receive this extra pay after ten years' service instead of seven; and although forced into this stretch of liberality, they could not avoid accompanying the concession with an order extremely galling to the service generally, and especially to the junior members

thereof. They divided the assistant-surgeons into two divisions—styled those who had served ten years 1st Class assistant-surgeons, and those who had not served that time 2nd Class assistant-surgeons!

"What's in a name?" In this name is implied inferiority. The M.D. of any university, the fellow or member of any college, the man who has passed the most difficult professional examination in the world, the "Colossal" of the Indian Army Board, the man of science and professional skill, the accomplished physician or surgeon, must now, if he enters the Indian army, be content to be designated 2nd Class assistant-surgeon for ten long years!

Why should this be? Why, if there must be a difference, is not the junior called staff assistant-surgeon, as is the case in the Queen's home army? Nay, why should the term assistant-surgeon be retained at all? Why should the medical officer be, as is the case in the Indian service, a subaltern after sixteen years' service? If he enters the service at the average age of twenty-four or twenty-five, he is a subaltern at forty, and has subaltern pay and allowances.

I am, Sir, your obedient servant,

THREE DIPLOMAS, YET A 2ND CLASS
ASSISTANT-SURGEON.

Derby, March, 1859.

GRAY'S "DESCRIPTIVE AND SURGICAL ANATOMY."

To the Editor of THE LANCET.

SIR,—I wish briefly to call the attention of your readers to the review of Gray's "Anatomy" in the *Medical Times and Gazette* of March 5th, 1859. I feel sure that, after comparing the book with the review, they will be ashamed that such a review should appear in any medical paper. I will leave Mr. Gray to answer the charges there brought against him of dishonesty; probably he may do this in the next edition,—*en attendant*, let us give him his due. I have carefully examined his work, and have come to the conclusion (which I do not state anonymously) that the book is especially adapted to the medical student who has to complete his study of anatomy by the end of the second winter session—the minimum required by the Royal College of Surgeons. It is illustrated in such a manner as to command unqualified praise, and I feel sure that those conversant with the teaching of anatomy and the requirements of the student will say that Mr. Gray has done good work by showing us the style of book needed at the present day.

By all means let a student possess his Quain, and work with his Ellis, Holden, or "Dublin Dissector;" but, preach as you will, the majority of men will do neither: hitherto they have got on better with Wilson, and henceforth I predict they will get on faster and better with Gray.

I am, Sir, yours respectfully,

GEORGE B. HALFORD,

Lecturer on Anatomy, Grosvenor-place School
of Medicine.

March, 1859.

NOVEL SUBSTITUTE FOR A FEMALE CATHETER.

To the Editor of THE LANCET.

SIR,—The letters of Dr. Duke and Mr. Park in THE LANCET of the 12th and 19th instant, have brought to my remembrance a case which occurred in my practice many years since, in which I made use of a "novel substitute." Visiting one day a female patient suffering with paralysis, at the distance of six or seven miles from my residence, I found her labouring under retention of urine. Unfortunately, I had no female catheter in my pocket, and so, under the stimulus of necessity, I adopted the following expedient:—Whilst reflecting on what was to be done, I perceived in one corner of the bed-chamber a bundle of gleaned corn, and the thought suggested itself, cannot I extemporize a catheter in one of those stalks of wheat straw? So selecting a well-adapted specimen, I reduced it to a proper length, and having shielded the sharp edge with a coating of sealing-wax, introduced it without any difficulty, and, to my great satisfaction, relieved the bladder.

The moral I would draw from these substitutions would be in the shape of a bit of advice to my younger professional brethren: never in country practice go without your case of pocket instruments, for the want of them may sometimes put you to great inconvenience.

I am, Sir, your obedient servant,

March, 1859.

T. W. W. SMART, M.R.C.S.