

time and before the subject of the capture of Port Arthur is finally relegated to things of the past. The *Times* of April 20th gives some very startling facts and figures, extracted by its correspondent at Tokio from the official record of the capture of that fortress. It seems that the number of serviceable guns was 528 and that the stores of ammunition and food-supplies were enormous. The prisoners included 41,641 combatants, of whom some 15,307 were sick or wounded. To a soldier it must appear astounding that Port Arthur surrendered in such circumstances. Looking back on the Boer war Sir George White's garrison at the time of the relief of Ladysmith had only food-supplies (such as these were) for 48 hours, if we remember aright, and the troops bore the unmistakable marks of a more or less chronic state of starvation.

The *Novoye Vremya* has published some interesting impressions gathered from members of the Russian medical staff who were left behind at Mukden and were sent by the Japanese into the Russian lines. The sanitary condition of the Japanese troops was good and the men had stood the cold well. They were all well clad. The Russians found that nearly every Japanese officer knew either their own language or a foreign one, generally English, while the Japanese medical staff were familiar with German.

## Correspondence.

"Audi alteram partem."

### THE CAUSATION OF LEPROSY.

To the Editors of THE LANCET.

SIRS,—I see that in THE LANCET of March 11th Mr. Jonathan Hutchinson is using some remarks of Dr. Armauer Hansen to back up his theory that leprosy is not contagious. I cannot, just at present, obtain the article from which the extracts are taken, but judging from letters I received from Dr. Hansen some time ago, I am under the impression that Mr. Hutchinson is deducing a great deal more from Dr. Hansen's article than was intended by the author. I do not wish to discuss the question of the contagiousness or otherwise of leprosy. I believe it is contagious and Dr. Robert Koch told me a few months ago that in the Baltic provinces of Germany, where lepers are scarce, it was easy to trace infection from case to case. Mr. Hutchinson, believing that leprosy is not contagious, would do away with all leper asylums. He speaks of "those who are responsible for the miseries of Molokai and Robben Island." Of the condition of affairs at Molokai I knew nothing. Of Robben Island I do. I have spent more weeks on that island than Mr. Hutchinson has hours and am in a far better position to offer an opinion on it than he is.

I maintain that, apart from the suffering inevitably caused by the disease, the use of the word "misery" as applied to Robben Island is misleading. Even if Mr. Hutchinson were able to prove conclusively that leprosy is not contagious, that certainty would not do away with the necessity for such places as leper asylums. In the vast majority of cases, especially outside asylums, a time comes when the leper is unable to support himself and, speaking from a wide knowledge of the social and financial position of lepers in South Africa, very few of them possess sufficient means to support themselves. To do away with leper asylums would imply starvation and misery to most of these unfortunate people. Lepers sometimes escape from the Pretoria Asylum, return to their kraals, and after a longer or shorter absence are either captured or, and this is by no means infrequent, return of their own accord. On readmission their condition has always proved to be very much worse than when they left. A fortnight ago a white leper returned to the asylum. He escaped on Nov. 30th, 1904, and went to the farm of a relative in the Spelonken. When he left he was well able to do a good day's work. On his return, after little more than three months' absence, he had altered so much for the worse that at first I could hardly credit it was the same man and he had to be brought to the consulting room in a barrow. Since these poor creatures are unable to provide themselves with food, still less the medical attention so essential to them, it must be provided by the State, and the State can only provide for their wants efficiently and economically by means of asylums.

It must be taken into consideration that those who are able to provide for themselves are not compelled to enter an asylum, at least, not in this colony. I have this morning received a visit from a former patient; the disease in his case has been arrested and as he has means he lives on his own farm. On the other hand, there are several arrested cases in the asylum at this time; I should be glad to get rid of them but I cannot turn them out to starve. They are not dangerous but though in good health are so mutilated that they cannot work. Leper asylums will, I am afraid, be necessary for some time to come, just as lunatic asylums. No one would select either of them as a place of residence, but the comfort of those who are compelled by circumstances to enter them is not enhanced by reckless assertions which imply that they have been needlessly inconvenienced.

I am, Sirs, yours faithfully,

GEORGE TURNER,

Medical Officer of Health of the Transvaal; Resident  
Medical Superintendent of the Pretoria  
Leprosy Asylum.  
Pretoria, April 2nd, 1905.

### THE TENURE OF PUBLIC HEALTH APPOINTMENTS.

To the Editors of THE LANCET.

SIRS,—The accounts which you gave in THE LANCET of April 15th of the treatment of two medical officers of health ought to be enough to convince the strongest opponent of the Public Health Bill (security of tenure of office) of its necessity. Dr. F. T. Bond's treatment is simply a scandal and must surely open the eyes of the public to the need of reform. The Local Government Board has now been placed in an extremely awkward position by the defiant attitude of the Chipping Sodbury district council in electing a local practitioner in opposition to the strongly worded advice of the Board. The officials at Whitehall may be trusted to act justly in the matter but they must see that the recurrence of such incidents may at any time occur unless steps are taken to prevent it by giving us security of tenure of office. If they knew, as I do, of the intolerable position in which many medical officers of health in rural districts and small towns find themselves they would not hesitate for a moment in helping forward our Bill.

I am, Sirs, yours faithfully,

April 22nd, 1905.

HERBERT JONES.

### THE RECENT DISCUSSION ON CANCER IN BERLIN.

To the Editors of THE LANCET.

SIRS,—I shall be greatly indebted to you for your courtesy in permitting me to notice in your pages certain items of the recent discussion on cancer which took place in Berlin on March 8th, 15th, and 22nd.<sup>1</sup> The following remarks will be restricted to the contributions made to the debate by Dr. L. Pick, Professor F. Blumenthal, and Professor D. von Hansemann. Dr. Pick spoke chiefly of chorio-epithelioma and of the comparisons which may be made, and which, indeed, have already been discussed by me in your pages, between ordinary cancer, chorio-epithelioma, and the phenomena which take place in the early history of the trophoblast of normal gestation. He showed the gradual passage from ordinary chorio-epithelioma and he demonstrated that in some cases of the former certain portions of the tumour exhibited the structure of an ordinary carcinoma. In fact, Dr. Pick's researches furnish a new proof, *from the pathological point of view*, of the truth of the statement that cancer is an ir-r-sponsible trophoblast. In reply to Dr. Pick's remarks, Professor von Hansemann again referred to the recent finds of Schmorl.<sup>2</sup> The supposed import of these discoveries is, however, easily disposed of. The objections raised are: (1) That, as Schmorl found in the lungs of women in advanced pregnancy or shortly after birth, "normal" trophoblast or chorion exhibits no powers of indefinite growth, and (2) that these powers are manifested only by "pathological" trophoblast, such as occurs in hydatid mole. But the results of embryological research of the past 15 years, the work of Hubrecht, van Beneden, Hill, Duval, myself, and others,

<sup>1</sup> For full report see Berliner Klinische Wochenschrift, Nos. 12-15, 1905.

<sup>2</sup> Verhandlungen der Deutschen Pathologischen Gesellschaft, Jahrgang 1904, Heft 2, pp. 39-46.