

and still less foretell, what are likely to be the nature and the extent of the naval operations nor where they will take place. We know but little about the position of the Russian fleet at the present time and cannot safely conjecture where that of the Japanese lies hidden. A little insight into the condition of the Russian land forces may be obtained from an order recently issued by General Linievitch forbidding the destruction of stores without the express permission of superior authority. It appears to have come to the Russian general's knowledge that commissariat stores had been destroyed at a time when the troops were in urgent need of them and when no food rations and forage had been issued for several days.

In consequence of the recent decision to accept the services of medical men with degrees from foreign universities for service in the Far East, the Russian local papers say that already applications are coming to the Bessarabia and Kherson district councils from both male and female medical practitioners who have graduated in Switzerland, France, and Germany.

A travelling correspondent of THE LANCET, who was present at the retreat from Mukden and who reached Harbin towards the end of March, has written us an interesting letter. He found that in spite of his knowledge of the Russian language and of the scarcity of medical men, which made any medical assistance valuable, his English origin caused him to be always an object of suspicion. He says that he had great difficulty in getting to Mukden, though German and French medical men were allowed to visit the hospitals. Of Harbin he says that on March 28th the city contained 70,000 wounded. It was one large hospital; no less than 27 Red Cross hospitals were trying to cope with the terrible situation, while their efforts were minimised by the fact that the Russian army officers are at loggerheads with the Red Cross organisation.

Correspondence.

"Audi alteram partem."

SECURITY OF TENURE FOR MEDICAL OFFICERS OF HEALTH.

To the Editors of THE LANCET.

SIRS,—I was delighted to see in THE LANCET of April 29th a letter from Mr. Herbert Jones on this vitally important question. In my capacity as secretary for the North-Western Branch of the Incorporated Society of Medical Officers of Health my attention was drawn about a month ago to a case of equally great hardship to those quoted in your annotation. I do not think I am violating any confidence by giving you the particulars of it. The case is that of Mr. N. Hannah, for no less than 30 years medical officer of health for the Abram urban district council, near Wigan, Lancs. Mr. Hannah served this council for half a lifetime without any complaint having been made as to the performance of his duties. The district council concerned had been in the habit, we were informed, of making this appointment annually; on the re-appointment becoming due this year it was made a condition that the officer appointed should reside within a mile radius of the district council offices. Mr. Hannah, who is in private practice and who is also medical officer of health for an adjoining district, found it impossible to comply with this condition and was accordingly passed over when the appointment was made. The matter was reported by some member acquainted with the circumstances to the local branch of the Medical Officers of Health Society and a resolution was passed that the attention of the Local Government Board be drawn to this detrimental system of making annual appointments and particularly to the terms of advertisement for the appointment to which I have alluded. The meeting at which this resolution was unanimously carried was one attended by medical officers of health for counties, county boroughs, municipal boroughs, and urban and rural districts, and I can assure you that the greatest possible sympathy was felt for Mr. Hannah by the branch. I have no doubt whatever that if your readers would take the trouble of putting you in possession of information relating to cases similar

to this the objects of the Bill now before Parliament would be considerably advanced.

I am, Sirs, yours faithfully,
Stockport, April 29th, 1905. MEREDITH YOUNG, M.D. Edin.

GALL-STONES AND CANCER.

To the Editors of THE LANCET.

SIRS,—The interesting paper by Dr. G. R. Slade in THE LANCET of April 22nd, p. 1059, and your annotation thereon are of so remarkable a character as to warrant some discussion. In the main one can have no difficulty in agreeing cordially with Dr. Slade's conclusions—conclusions which have already been accepted by most writers upon the subject—to the effect that the association between gall-stones and cancer is close and that gall-stones are the determining cause of cancer of the gall-bladder. His final conclusion, that cholecystectomy should be performed whenever possible if any thickening of the gall-bladder be found at the time of operation, is one the value of which I have often urged. In two papers published in the *British Medical Journal*, Vol. I., 1903, p. 186, and in THE LANCET of April 30th, 1904, p. 1190, and in my work on "Gall-stones and their Surgical Treatment," I have pressed the claims of cholecystectomy in place of cholecystotomy in many cases. Dr. Slade indeed repeats some of the arguments used by me in those articles. But although I agree with Dr. Slade's conclusions, I cannot admit that his figures are anything but exceptional. It is perfectly clear that the whole series of cases was of an unusual character. 61 operations were performed with 17 deaths, a mortality of 27·8 per cent. That alone shows the serious nature of the cases and I venture to assert that the conditions found on post-mortem examination are as far from the average as is a mortality of 27·8 per cent. from the average mortality of operations performed for gall-stones and the complications caused by them.

So far as concerns the frequency of cancer in association with gall-stones, the evidence afforded by the statistics of the surgeons does not coincide with the experience of Dr. Slade. Carcinoma of the gall-bladder does not occur in 18 per cent. of operations and it certainly cannot be admitted that "over 50 per cent. of all cases of gall-stones end in malignant disease." It is clear, I think, that the earlier stages of gall-stone disease in which operation should be practised, so that these grave complications are avoided, is very sparsely represented in this series. If malignant changes were at all common in thickened gall-bladders we should have more evidence of it in the examination of such gall-bladders after cholecystectomy and we should hear more of troubles subsequent to the performance of cholecystotomy when such conditions were present.

I have performed cholecystectomy over 40 times. In two of these cases the gall-bladder was removed because it was clearly affected with malignant disease. In 18 there was gross thickening of the walls of the gall-bladder; in only one of these specimens was malignant disease found after careful examination. So far as I know only two cases have been recorded of malignant disease of the gall-bladder occurring in patients upon whom cholecystotomy had been performed. Both these cases are mentioned on p. 325 of my book on gall-stones; they occurred in the practices of Mr. R. Lawford Knaggs and Mr. A. W. Mayo Robson. When many surgeons can number their operations for gall-stones by hundreds and a few by thousands, it seems reasonable to suppose that if malignant disease occurred after cholecystotomy we should hear of it occasionally. I submit, therefore, that the gall-bladders, thickened by chronic inflammation, which are removed by operation do not show evidence of malignancy on investigation in anything more than a very small proportion of cases and that such gall-bladders when drained by the operation of cholecystotomy do not suffer from malignancy subsequently except in the rarest circumstances. It is, I am fully aware, often difficult to reconcile post-mortem experience with the experience of the operation table, especially when the material in each case is liable to considerable variations. The number of cases in each class in Dr. Slade's series is so small that it is quite possible that a further investigation will alter the results considerably. So far as concerns the remarks under "Surgical Aspects," I do not hesitate to say that the figures given are opposed to the published experience of all surgeons whose cases are numbered in hundreds—Kehr, the Mayos,