

hominis, giving all the stages of its development. This is a question which, in the light of recent researches, throwing doubt altogether upon the text-book descriptions, I say, cannot at present be accurately answered. The question further goes on to ask how the candidate would diagnose this disease when present in the abdomen, and to describe the methods of surgical treatment which he would employ for it in this situation. No clue is given as to whether this is meant to include the separate diagnosis and treatment of hydatid disease of liver, kidney, spleen, broad ligament, Fallopian tube, &c., and the peritoneum, or whether it means the peritoneum only. If the latter is meant, then I say no diagnosis is at all possible. I have seen and operated upon as many cases of this kind, I am perfectly certain, as any living surgeon, and the only position within the abdomen in which I have ever seen a diagnosis even guessed at by practitioners of all shades of opinion, rank, and experience, from the President of the Royal College of Physicians downwards, has been the liver. The text-book statement that hydatid disease of the peritoneum may be diagnosed by hydatid *fremitus* is one which is totally irreconcilable with my own experience, and my views upon this question have received a remarkable confirmation by the fact that one of the members of the Court of Examiners responsible for it was called into consultation to a case of hydatid disease of the abdomen, and signally failed to make any diagnosis whatever. The fact is recorded in a recent number of your own journal, and I now ask this particular examiner specifically how he would have answered his own question. Again, if this question is to mean that surgical treatment is to be described for hydatid disease of all the organs in which it might occur within the abdomen, the candidate would have needed the whole time allowed for the whole four questions in which to give descriptions of eight or ten totally different operations. On the other hand, if it meant only hydatid disease of the peritoneum, then I confess that, with an exceptional experience, the question would have floored me, and therefore I am reasonably complaining of the gross injustice of it to less experienced candidates. The fourth question contains the extraordinary clause which asks the candidate to indicate the cause of the great mortality formerly prevailing after fracture of the base of the skull. I have discussed this point with twelve hospital surgeons of large experience, with one exception all Fellows of the College of Surgeons by examination. With one accord they deny that there is any diminution within their experience of the mortality of this injury. They say that it is as fatal as it has ever been, and no amount of research which we have been able to give to the subject has unearthed any statistical proof to the contrary. We have an uneasy feeling that this question is an antiseptic riddle, and we have discovered a passage in Erichsen (9th edition, vol. i., page 737), which seems to be the only solution to the conundrum. There it is inferred that the employment of antiseptic measures (syringing out the external ear with a solution of carbolic acid, and plugging it with iodoform) will contribute to the recovery of a fracture of the base of the skull, which is compound when the membrane is torn. But no precautions are recommended for the Eustachian tube. Some curious facts indicate that this extraordinary question was put for the purpose of getting this still more extraordinary reply. If it be so, then I say that, if a single candidate has failed by a single mark on this account, the examiners need to be hauled over the coals; for it is simply intolerable that, while we in the provinces are teaching our students to laugh at all such crotchety nonsense as this, the examiners in London should be enabled to pluck our students for want of belief. The alternative is that, if this question was not put for the purpose of getting this crotchety answer, it is altogether meaningless.

I am, Sirs, yours, &c.,

Birmingham, Dec. 17th, 1888.

LAWSON TAIT.

"ARE WE DEGENERATING PHYSICALLY?"

To the Editors of THE LANCET.

SIRS,—In a leading article of Dec. 1st, you seem to attach considerable importance to the opinions of many members of the profession on the above subject, elicited by an energetic "northern lay contemporary." The subject is no doubt of vast importance, and therefore all the more is it necessary to receive with much caution and scepticism

the opinions of medical men, no matter of what eminence, unless they are based on patient and accurate observations, and not merely on personal impression formed more or less haphazardly. Before receiving their opinions, I would like to know what methods they adopted in order to honestly come at the facts. I have before me the carefully drawn up report of the Anthropometric Committee of the British Association. The author, Charles Roberts, F.R.C.S., has devoted long and careful consideration to the subject, and his statistics have been methodically and laboriously worked out, and are therefore worthy of the highest regard. From this report I see that the physique of the inhabitants of these islands varies very considerably according to social standing and environments, the professional classes being the highest in the scale, and the artisans in the towns being the lowest, the intermediate position being occupied by the country labourers, farmers, &c. I also find that living in towns exercises a deleterious effect, especially upon the poorer populations in the crowded districts. In the case of London the ill effects have naturally been more widespread, and the physical standard of the home counties has sensibly depreciated, owing to the constant drain of all the best manhood to supply the ever-increasing demand for stout artisans and labourers for the heavy trades in the metropolis. Granted, then, that town life does exercise a prejudicial effect upon the physique, how are we warranted in indulging in optimistic views of the future of the physique of the inhabitants of these islands, when we see year by year the exodus from the country and the crowding into large towns in a continuous ever-increasing stream? Civilisation has a general tendency to improve the physique, and the question should not be, "Are we degenerating?" but "Are we improving?" The physique of the town populations probably is better than it was thirty years ago owing to improved sanitary surroundings, and still more to the immigration from the country; but I ask, are we to be content and indulge in optimistic felicitations while the social changes going on around us are gradually attracting the country populations into the vortex of the big towns, and as surely reducing the physical type to the dead level of the artisan classes?

I am, Sirs, your obedient servant,

Sheffield, Dec. 10th, 1888.

C. N. GWYNNE, B.A., M.D.

"THE ALLEGED INCREASE OF CANCER."

To the Editors of THE LANCET.

SIRS,—In the annotation in your issue of Dec. 15th upon the above subject you remark that improved diagnosis of malignant disease and greater accuracy in making returns do not suffice to explain the rise in the death-rate from cancer, but that more detailed statistical returns, especially as to the organs primarily affected, the ages and sexes of the subjects, and the districts in which the various forms of cancer most prevail, are required. Herewith I enclose a copy of a paper read by me at the Royal Medical and Chirurgical Society on April 29th, 1884, by which you will see I drew attention to this subject and produced detailed accounts. I compared the number of deaths which occurred in England and Wales in the years 1850, 1861, 1872, and 1881, by which I showed that mortality had increased from 4966 in 1850 to 13,542 in 1881, and that the death-rate in the 1,000,000 had increased from 320 in the former year to 520 in the year 1881. I further contrasted the increase in the mortality from cancer in each division and county in England and Wales, and then analysed the death-rate of each county separately, and finally drew attention to certain factors existing in the different counties to which might be attributed to a greater or less extent the increase observed. I analysed the deaths at different ages and of different sexes. As you remark, a careful study of this is very suggestive. In one of the concluding passages I said: "I do not wish to be an alarmist, but because it is incontestably proved that cancer is becoming more and more common, is it a reason that we should shirk the subject? On the contrary, I contend it is all the more reason why we should face the fact boldly, and endeavour if possible to discover the cause of the increase, and, having discovered the cause, to apply ourselves to find a remedy."

I am, Sirs, your obedient servant,

FREDK. BOWREMAN JESSETT.

Upper Wimpole-street, W., Dec. 17th, 1888.