

four deaths from violence were registered; and 70, or nearly two-fifths, of the deaths occurred in public institutions. The causes of eight or more than 4 per cent. of the deaths registered in Dublin last week were not certified.

## THE SERVICES.

### ROYAL NAVY MEDICAL SERVICE.

THE following appointments are notified:—Fleet Surgeons: R. Hardie to the *Vivid* for the *Commonwealth*, and on recommissioning; R. A. Fitch and J. A. Thompson to the *Drake*. Staff Surgeons: W. R. Trythall to the *Diamond* on commissioning; E. S. Miller to the *Vivid*; and R. T. Gilmour to the *Egmont*. Surgeons: H. C. Whiteside to Malta Hospital; A. R. Schofield to the *Vivid* for disposal; E. D. J. O'Malley to the *Pembroke* for Chatham Dockyard; A. F. Fleming to the *Lapwing*; E. R. L. Thomas to the *Sphinx*; A. D. C. Cummins to the *Empress of India*; and W. N. Horsfall to the *Eamouth*.

### ARMY MEDICAL SERVICE.

Surgeon-General W. J. Fawcett, C.B., Army Medical Staff, to be Deputy Director-General, vice Surgeon-General A. Keogh, C.B., appointed Director-General (dated Jan. 20th, 1905).

### ROYAL ARMY MEDICAL CORPS.

The following officers, on arrival in India, will be posted as follows: Major A. Kennedy to the 6th Division; Captain W. E. Hudleston to the Nagpur District; Captain J. G. Berne to the 6th Division; Lieutenant A. A. Meaden to the 5th Division. Major T. B. Beach, now in Bengal, is appointed to the Thames District for duty. Major C. E. Pollock is held in readiness for service in Malta, embarking about March 25th. Lieutenant-Colonel S. F. Freyer, C.M.G., on promotion, is transferred from the Home District to Aldershot for duty at the Cambridge Hospital.

Colonel W. Allan May, C.B., is appointed Principal Medical Officer for Salisbury Plain District.

### ARMY MEDICAL RESERVE OF OFFICERS.

Surgeon-Major S. Linton, having resigned his commission in the Volunteers, ceases to belong to the Army Medical Reserve of Officers (dated Jan. 28th, 1905).

### INDIAN MEDICAL SERVICE.

The following gentlemen were successful at the examination for admission to the Indian Medical Service held on Jan. 24th and four following days:—

	Marks.		Marks.
Hamilton, A. F. ... ..	3572	MacWatters, M. R. C. ...	3143
White, A. D. ... ..	3279	O'Neill, J. S. ... ..	3140
White, R. K. ... ..	3223	Boalth, W. H. ... ..	3215
Reaney, M. F. ... ..	3180	Hamilton, W. H. ... ..	3118
Wilson, N. M. ... ..	3166	Coppinger, C. J. ... ..	3026
Buckley, H. C. ... ..	3150	Cunningham, J. ... ..	3024
Soitau, G. A. ... ..	3149	Falk, H. ... ..	3016

35 candidates (17 of whom had university degrees) competed for the 14 vacancies.

### THE WAR IN THE FAR EAST.

Russia is at present the arena of revolutionary activity and as we have already said the events taking place there have had the effect of rivetting public attention on the internal condition of that country and of almost altogether withdrawing it for the time being from the theatre of war in the Far East. Still, the widespread political unrest in Russia must have been intensified by the news of the failure of General Kuropatkin's recent effort to turn Marshal Oyama's strong position and by the defeat of the Russians who have been driven back into a position nearer Mukden with an estimated loss of 10,000 in killed and wounded as against 5000 on the part of the Japanese. However desirable it may be for the real interest of Russia to make peace and however much the Russian nation may wish it it is hardly likely that its autocratic Government will at present adopt any such policy. As regards the state of civil war now going on in Warsaw there is little to be recorded except the facts that the hospitals are said to be filled with sick and wounded and that a bread famine exists to add to the miseries of the poorest classes of that city.

## Correspondence.

"Audi alteram partem."

### RESEARCHES INTO THE ETIOLOGY OF CARCINOMA.

To the Editors of THE LANCET.

SIRS,—While thanking you for your appreciative annotation upon our paper which appeared in THE LANCET of Jan. 28th, p. 244, we feel obliged in the interests of cancer research to join issue with you in regard to your declaration that there is no analogy between the phenomena of finger-and-toe disease and those of carcinoma, which we are convinced can only have been made under a misapprehension as to the actual facts of the case. Had we thought that the point would be questioned we should certainly have dealt with it. It is one of several that we purposely did not touch upon, chiefly because the mere description of our observations necessitated a paper that we felt would already encroach too largely upon your valuable space.

The striking parallel that exists between the phenomena of finger-and-toe disease and those of carcinoma has been pointed out by several observers, but particularly by Dr. Gaylord, to whose papers we referred. Briefly, the phenomena of finger-and-toe disease (especially as observed in turnips) that are analogous to those of carcinoma are the following. The morbid changes consist essentially in a rapid, abnormal local proliferation of the cells of the plant, resulting in the formation of large tumour-like excrescences. Such abnormal growth may occur at any period in the life of the plant. We have observed it to be initiated and to proceed to the formation of a considerable local swelling in a previously healthy root which had completed its growth, which had been removed from the ground, and from which the leaves had been cut away. On section the localised tumours attached to the healthy portion have a general appearance which is comparable to that of an epithelioma of the lip. The morbid process very commonly goes on to ulceration, invasion of the tumour mass by putrefactive bacteria, and death of the host. The general health of the plant is always seriously affected from an early period of the disease. Inoculation of a healthy plant with material from an affected one does not result in the transmission of the disease. Tumours may, on the other hand, be grafted upon a normal plant and the subsequent tumour growth is formed exclusively by descendants of the grafted cells. The evidence goes to show that the morbid proliferation commonly begins at only a few points and that by multiplication of a small number of primarily infected cells tumour masses of large size may arise. Whilst the fact that the plasmodiophora brassicæ is the cause of the disease is beyond question, all attempts to cultivate the parasite through its successive phases have hitherto proved futile.

If these facts do not furnish a parallel to those regarding carcinoma it would be interesting to know what phenomena that a plant is capable of manifesting might legitimately be considered to do so. Whilst the existence of this analogy is a striking and incontrovertible fact we would point out that it is not logically necessary for the support of the conclusions we have formulated on the ground of actual observations regarding the etiology of carcinoma. We have not alleged that the plasmodiophora brassicæ is the cause of carcinoma. We have merely maintained that a parasite of the same class is present in carcinomatous tumours. There are grounds for believing that there are several parasitic plasmodiophoræ, just as there are many parasitic bacteria, and it is extremely unlikely that the pathogenic action of each species is exactly the same.

We are, Sirs, yours faithfully,

W. FORD ROBERTSON,  
HENRY WADE.

Laboratory of the Scottish Asylums, Edinburgh, Jan. 30th, 1905.

\* \* \* We are glad to know that Dr. Robertson and Mr. Wade recognise the importance of the omissions to which we drew attention. The letter which we print above implies that the writers have convinced themselves by personal observation and experiment that an analogy exists between the morbid changes of "finger-and-toe" disease in

turnips and carcinoma in man. We have had no opportunity of investigating the nature of the evidence on which their opinions are based and we are therefore debarred from commenting upon it. It is otherwise with the published work of Gaylord, Woronin, Nawaschin, Behla, and Podwysoski whom the writers have quoted. These investigators have not established either that cancer is an infective disease or that an analogy exists between the morbid processes of "finger-and-toe" disease and carcinoma any more than do the contributions of von Leyden and others to the same subject. If the writers have succeeded where earlier workers on the plasmiodiophora have failed it is all the more necessary for them to supply a convincing demonstration of the fact. Until they do so they cannot claim to have done more than to have described and interpreted another cell inclusion in carcinoma and the serious criticisms of von Tubeuf, Lubarsch, and von Hanseemann will still remain unanswered, as will the more general criticisms which have been passed upon the cell inclusions of cancer generally. We trust that workers with such a desire to be objective as Dr. Robertson and Mr. Wade will not only be able to solve the many contradictions in the literature on the relation of the plasmiodiophora to cancer and cell inclusions generally but that they will succeed in establishing their thesis.—ED. L.

### CERTIFICATES FOR MIDWIVES AND THE OBSTETRICAL SOCIETY OF LONDON.

*To the Editors of THE LANCET.*

SIRS,—In your issue of Jan. 28th there is a report of an inquiry held by the Central Midwives Board into a charge against a certified midwife of signing false certificates. As there is a passage in that report which is in danger of creating an impression contrary to fact and detrimental to the reputation of the Obstetrical Society of London, may I, as the witness whose evidence is concerned, be allowed a word or two by way of explanation? The statement that I made was to the effect that the Obstetrical Society of London some ten years ago was in the habit of occasionally accepting a certificate of attendance upon a smaller number of cases than the regulations required on the understanding that a supplementary certificate would be furnished before the day of examination showing that the candidate had by that time completed the required number. This is, of course, a very different thing from conniving at a false certificate, which is what your readers would naturally suppose from your report to be what the Obstetrical Society did.

I am, Sirs, yours faithfully,

A. HANNAM,  
Secretary and Librarian of the Obstetrical  
Society of London.

Jan. 30th, 1905.

### OVARICTOMY IN A COTTAGE.

*To the Editors of THE LANCET.*

SIRS,—The unusually early age of the patient, who was only 11½ years old, impels me to report this case. I was called in to see the patient, a little girl, by Dr. R. McCandless of Rathfriland. She had a temperature of 101° F. and was suffering from colicky pains in the lower part of the abdomen with gastro-intestinal disturbance. These symptoms she had complained of more or less for the previous five months, but they had become much aggravated during the last few days with the elevation of the temperature. There was an obvious fulness of the hypogastrium and a tumour was plainly felt extending above the umbilicus, dull, fluctuating, very tense, and with clearly defined outlines. There was no dulness in the flanks and the tumour was unaltered on evacuating the bladder. There was a tuberculous family history and it was only this fact, coupled with the youth of the patient, who had shown no signs of early puberty, that cast any doubt upon the diagnosis of a frank ovarian cyst. I urged an immediate operation as the patient was in a serious condition but it was impossible to secure an experienced surgeon as her people were of very humble means and lived far away from any hospital, so that I had to undertake it myself. I did so with some diffidence, as neither the surroundings nor our equipment were ideal, but I

had the advantage of valuable assistance from my friend Dr. J. A. D. Radcliffe and Dr. McCandless chloroformed the patient for us two days later. On opening the abdomen the tumour was found beneath the omentum with smooth surface, very tense, and filling the lower half of the abdominal cavity. On puncturing with trocar about one and a half pints of slightly blood-stained fluid escaped. The cyst was then found to spring from the left ovary, a few recent adhesions to the intestines being easily separated by the fingers. The appendages on the left side were removed along with the tumour. The right ovary appeared healthy and was left. On opening the tumour a mass of hair presented, revealing a dermoid cyst, and thus, I suppose, accounting for its development at so early an age. I would be glad to know, however, if such cases are at all common. The patient stood the operation well, although it was rather prolonged (one and a half hours), and made a good recovery. I removed the stitches ten days later and the wound was quite healed. The little girl is now running about and seems perfectly well.

I am, Sirs, yours faithfully,

J. HOPE REFORM, M.D. R.U.I.

Banbridge, co. Down, Jan. 26th, 1905.

### SUNSHINE IN GUERNSEY.

*To the Editors of THE LANCET.*

SIRS,—It does not seem to be as widely known as it should be that this island is a highly favoured place as regards the large amount of sunshine it enjoys. A reference to the table given beneath will show that in 1904 Guernsey holds the record by 211 hours over Hastings, the sunniest town in England for that year:—

	Hours.		Hours.
Guernsey ... ..	1926	Cornwall ... ..	1660
Jersey ... ..	1866	Devonshire ... ..	1634
Hastings ... ..	1715	London ... ..	1328
Hurst Castle ... ..	1671	South of Ireland ...	1282

I am, Sirs, yours faithfully,

HY. DRAPER BISHOP,

Jan. 28th, 1905.

Medical Officer of Health, States of Guernsey.

### ATMOSPHERIC CONDITIONS AND THE OCCURRENCE OF CEREBRAL HÆMORRHAGE.

*To the Editors of THE LANCET.*

SIRS,—I am much interested in Dr. J. W. Russell's contribution on the above subject in THE LANCET of Jan. 28th, p. 222, as since Dr. R. Hensleigh Walter and others so strongly suggested the influence of climatic conditions in deciding the onset of an attack of cerebral hæmorrhage I have been endeavouring to ascertain if any statistical proof could be obtained in favour of the belief which exists in the minds of many practitioners. The material at my disposal consists of a large number of death certificates and meteorological observations taken by myself. Only about 15 per cent. of death certificates give the duration of illness or date of attack. I thought it might be interesting to see if deaths from apoplexy were more common under high or low pressure. Dealing first with the returns for Bath for three years—121 deaths—I found that 64 per cent. of the deaths took place when the atmospheric pressure was above the average of the three years, 29·84 inches, but the pressure was above the average on 57 per cent. of the days of these three years.

Dr. Russell takes the average pressure of 12 years as 29·376 inches; this, I suppose, is the uncorrected reading of the barometer, otherwise it seems low. He says that a larger number of cases occurred on days on which the barometric pressure was above the average than on those when a pressure below the average was recorded, the proportion in the total number of cases being almost exactly as 5 to 4. Singularly enough in the three years 1901-03, the days on which the pressure was above the average compared with days on which the pressure was below the average were almost exactly as 5 to 4. If the same ratio obtained during the 12 years 1891-1902, Dr. Russell's cases must have been fairly evenly distributed, but days of high pressure being more frequent than days of low pressure attacks of cerebral hæmorrhage are apparently more common on days of high pressure. Anyone wishing to confirm these figures can