

continue ostentatiously to disport themselves in the livery of the sect of which he was the founder.

I am, Sir, yours faithfully,
Harley-street, W., Dec. 26th, 1910. C. O. HAWTHORNE.

RE MEDICAL REFEREES UNDER THE WORKMEN'S COMPENSATION ACT.

To the Editor of THE LANCET.

SIR,—Having received from the Home Office a printed circular addressed to medical referees, containing, *inter alia*, the attached quotation, I had no alternative but to resign at once my appointments to Circuits 40 and 42, including the Bow, Shoreditch, Bloomsbury, and Whitechapel county courts.

The matter is of great interest to the profession and others, as it is clear that no medical referee appointed by the Secretary of State under the Workmen's Compensation Act can in future examine any workman on behalf of either employer or employed. The position can therefore be only held by those having no practice in accident examination.

I am, Sir, yours faithfully,
ALBERT BENTHALL.

Fellows-road, S. Hampstead, N.W., Dec. 30th, 1910.

Extract from Home Office Circular to Medical Referees.

It is particularly undesirable that they should act on behalf either of the employer or insurance company, or of the workman in cases in which weekly payments are actually being made; and apart from any emergency, or other quite exceptional circumstances, they should decline to act in such cases.

The Secretary of State desires to impress on referees the necessity of their paying particular attention to these directions.

THE "WHOLE-TIME" MEDICAL OFFICER OF HEALTH.

To the Editor of THE LANCET.

SIR,—May I venture to point out the slightly ambiguous use of the descriptive term "whole-time," as applied to medical officers of health, which occurs in your most valuable review of the *Annus Medicus 1910*? A medical officer of health who is debarred from private practice is not necessarily a whole-time officer, and if he holds other public appointments he most certainly is a part-time officer. The recent Order of the Local Government Board hardly encourages whole-time appointments; it gives security to the whole-timer and the part-timer alike, but it discourages the part-timer from private practice, and offers him instead certain clinical public appointments such as those alluded to in your retrospect. The real effect of the Order will be to establish the part-timer on an impregnable basis of official pluralism.

I am, Sir, yours faithfully,

Barnes, S.W., Dec. 30th, 1910. F. G. CROOKSHANK.

A LATIN TREATISE.

To the Editor of THE LANCET.

SIR,—In examining the Irish medical MSS. in the library of Trinity College, Dublin, I find three copies (more or less imperfect) of a translation of a Latin treatise which begins: "Cum humanae vitae brevitae, teste Hippocrate, ad immensae (sic) artis longitudinem vix sufficiat." If any of your readers could help me to identify this treatise I should be very grateful. It deals largely with eruptive diseases, boils, &c., and, to judge from the number of copies, was probably a standard work in, say, the sixteenth century.

I am, Sir, yours faithfully,

Dublin, Dec. 30th, 1910. T. K. ABBOTT.

THE ASSOCIATION OF FELLOWS OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

To the Editor of THE LANCET.

SIR,—The report of the inaugural dinner of this association appears in your issue of Dec. 17th last. We would be much obliged if you will correct the erroneous statements therein contained—viz., "Irish hospitals, excluding the F.R.C.S.I.," and "that Fellows only of the College should be examiners."

The protestation which the association made was against the system adopted by certain English hospitals of excluding from their staff those possessing the Fellowship of the Royal College of Surgeons, Ireland. The resolution passed at the special meeting on Dec. 10th of the Fellows of the College of Surgeons, Ireland, was:—

That the Examiners shall be selected from amongst the Fellows and the Professors of the College

We are, Sir, yours faithfully,

ANDREW CHARLES } Hon. Secretaries.
R. P. McDONNELL }

A SPECULATION ON THE ORIGIN OF CANCER.

To the Editor of THE LANCET.

SIR,—I read with great interest and pleasure the Bradshaw lecture on cancer by Sir Alfred Pearce Gould. He gives all facts known at present about cancer and these are well arranged. All I will say about them is—all honour to the workers and more power to their elbows, Sir Alfred Pearce Gould himself included. If I understood him right, he concludes that certain organs (such as the uterus and the breast), on account of frequently repeated periods of great cellular activity, followed by periods of decline and atrophy, get prematurely old ("before the rest of the woman ages") and therefore are specially prone to cancer.

Now, throughout the whole animal world we find that the older the tissue the less is its cellular activity. Cancer is increased cellular activity. If Sir Alfred Pearce Gould is right, this increased cellular activity takes place in tissue that has grown prematurely old ("before the rest of the woman ages"). It is admitted at once that this increased cellular activity results in disorderly growth; but that is a matter of secondary importance. Thus Sir Alfred Pearce Gould has (1) not stated how cancer originates; and (2) has brought in the field a still more difficult problem—viz., increased cellular activity in tissues prematurely old (thus going against the universal law stated above). But taking the facts thus far known and putting aside for the time being the parasitic theory (and appearances are against it) I humbly beg to state that another explanation is possible.

To begin with, then, the statement often made—that the human body is a machine, timed to go for a certain number of years, after which it gets worn out and thus dies—is not in accordance with facts. Arrangements are made in the body for a constant supply of nutrition to all parts, more than making up for any wear and tear that might take place. Arrangements also are made for immediate removal of all waste materials. Now, if wear and tear had anything to do with old age and death, we ought to have some signs of this during the period of greatest activity. The child is always on the go; the youth is always about and active; but they show no signs of wear and tear. The heart and respiratory muscles do more work than any other part of the body, but we find no signs of extra wear and tear in them. Conclusion: There is nothing to show that old age is brought on by wear and tear of tissues.

Wear and tear of tissues not being able to account for old age, we are obliged to fall back on nutrition. Failure of suitable nutrition can be the only other cause. Now, it appears that the tissues, very soon after first coming into existence, begin slowly to change (proteins are unstable). All the time the tissue is changing the nutrition is, comparatively speaking, at a standstill. Thus, what was perfect nutrition at one time becomes less and less perfect as time goes on; and thus is brought about the gradual failure of nutrition. The make of the body is perfect, but no arrangement exists to modify the nutrition in accordance with the changing tissues. Under normal conditions all the tissues march together (change) in regular order. But under certain circumstances this regularity of the march is broken, and certain tissues fall back (particularly the epithelial tissue). Now, this retarded tissue finds the nutrition provided more suitable than the rest of the tissues, and thus comes into activity. Conclusion: It is the tissue which has aged less than the rest of the body which is specially prone to cancer.

Sir Alfred Pearce Gould has very ably pointed out the difference between the orderly growth of the embryo and the

disorderly growth of cancer. Now there is one important difference in the structure of the two which I do not remember reading in the lecture, and which may account for the disorderly growth in cancer. In the embryo, side by side with the ordinary tissue, and in due proportion, there exists an organising tissue—viz., the nervous tissue—which is absent in cancer. On rare occasions this organising element is absent also in the impregnated ovum, and the result is the same disorderly growth that we find in cancer. Do we know of any such instances? I think we do—molar pregnancy. Conclusion: Absence of nerve tissue is probably the cause of disorderly growth in cancer.

I am, Sir, yours faithfully,

H. D. MASANI,

Caterham, Dec. 29th, 1910.

Lieut.-Col., I.M.S. (Retired).

A DISCLAIMER.

To the Editor of THE LANCET.

SIR,—With reference to the letter by Professor Harvey-Gibson and others in your issue of Dec. 31st will you permit me to say that there appears to be nothing in my book which attempts to involve them in any responsibility for my statements. I mentioned these gentlemen merely to acknowledge (properly, I hope) the help and encouragement which I have received from them. I alone am responsible for all the statements contained in my book.

These statements depend upon what I believe to be observed facts. If your correspondents will do me the honour to point out exactly where I have been mistaken I shall be glad either to admit my mistakes or to discuss the matter further with them.

I am, Sir, yours faithfully,

Liverpool, Dec. 31st, 1910.

H. C. ROSS.

AN INNOVATION IN THE INDIAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—In making some inquiries about the Indian Medical Service from a friend in that service, I have received the following information which my correspondent has no objection to my sending to you.

The papers in India have recently published the fact that a board is sitting at Simla to discuss the changing of the present military medical system for native regiments by withdrawing the I.M.S. officers from their regiments and starting a station hospital system. That the authorities are in favour of this change is shown by the published speeches of the Director-General and Commander-in-Chief at a recent dinner held at Simla. To discuss the *pros* and *cons* of this question would be extremely lengthy; suffice to say that the majority of I.M.S. officers and officers commanding native regiments, if they were asked their opinions, would register them against the new proposals. The only persons who would seem likely to gain would be the senior I.M.S. officers—men of 20 years' service—who would command the "station hospitals" and draw an extra allowance, saved no doubt at the expense of the juniors, for the Government will allow no extra money for the new system. It is improbable that the scale of pay, entered in the prospectus of the I.M.S. as consolidated pay for an officer in charge of a native regiment, would be diminished. But it is quite common under present conditions for such an officer to have charge of another regiment in addition to his own at an extra salary averaging Rs. 50 per month throughout the year. This allowance would, under the new conditions, be lost, and therefore the consolidated pay should be increased by a corresponding amount.

Another allowance likely to be lost under the proposed system is that for the keep of horses for cavalry officers. Under present conditions an officer below the rank of major receives an allowance of Rs. 60 a month for two horses, or above the rank of major Rs. 90 for the upkeep of three horses. These will, however, be just as necessary under the new system. It would be much fairer in the service as it is now if, instead of some officers being allowed three, some two, some one horse, and some none, all drew Rs. 30 per month for one horse, like all other officers with native infantry; for when one is moved from a cavalry to an infantry regiment, or *vice versa*, a warrant in many cases

cannot be drawn for the carriage of horse by train on the grounds that at one end or the other of the journey he is not entitled to a charger. This is a very severe hardship in the frequent changes of the early years of service.

Another change that it would be desirable to make is the allowance of gratuities or bonuses to officers on retiring after the completion of short periods of service. These bonuses are allowed to officers in the R.A.M.C., £1000 being given on retirement at the end of eight years' service and larger sums for different periods in proportion. Similar proportionate allowances should be made for I.M.S. officers, so that they may retire if they so desire at the end of eight or more years with as little loss as possible. Many I.M.S. officers have elected to stay in military employment; indeed, many must have entered the service because they like the life regimental, with its pleasant good-fellowship and fair certainty of a home settled for four or five years at the time. It is likely that many such would not care to stay under the new system, in which they will no longer "run their own show," but be liable to have for their commanding officer—who writes their yearly confidential reports—a native of India. To such, if the new system be introduced, the possibility of retiring after short periods of service should be allowed without greater loss than can be helped.

Lastly, the improvement in the R.A.M.C. of recent years referred to by the Director-General in his speech can hardly be attributed to the station hospital system of itself, but rather to such factors as the efforts of an eminent civil advisory board who have obtained money which has enabled them to make and equip such splendid modern hospitals as the Millbank, the Connaught, the Cambridge, and the Herbert, and provide a first-class nursing system the members of which are drawn from the best nurses of the London hospitals. The hospitals to be erected in India as part of the I.M.S., if the new system be introduced, are to be run without further Government grants.

The above remarks of my correspondent appear to me to be based with fairness upon a common-sense knowledge, and I recommend their consideration to those thinking of entering the service.

I am, Sir, yours faithfully,

London, Dec. 20th, 1910.

X. Y. D.

WHY?

To the Editor of THE LANCET.

SIR,—It is said that the report of Admiral Sir John Durnford's Committee on the Naval Medical Department is only kept back till the Treasury has given its sanction to the financial proposals therein. From this we might conclude that the Admiralty proposed to give costly benefits to its medical officers. Yet it does not seem eager to give them benefits which cost it nothing. Another Honours List has appeared without any decoration for any officer of the Naval Medical Department. These honours cost the Admiralty and the country nothing, but exalt the lucky recipient and his brother officers. Unless it is just this encouragement the Admiralty fears, why can it not secure the same marks of appreciation for its officers that the War Office and India Office can get for theirs? Is the Admiralty careless of its medical officers, or is it jealous of them? In either case the Admiralty had better note that the other Services which deal more considerately with their medical officers have competition for the commissions they offer.

I am, Sir, yours faithfully,

Jan. 2nd, 1911.

PUZZLED.

THE REBATE TO PRACTITIONERS ON THE PETROL TAX.

To the Editor of THE LANCET.

SIR,—Medical men using cars for their work are entitled to a rebate of 3d. per gallon on petrol used for that purpose up to December, 1909. After that date half this rebate is due to them. In December, 1909, I began to apply for my rebate. There was considerable delay, so I wrote to Somerset House. Then the excise officer called upon me and I got a form to fill up. After further letters I was told that I must get certificates from the dealers that the duty had been paid by them. About April I was informed that all was in order.

After another interval I was told that I must begin all over again, with a fresh form and certificates. About the middle