

of Gloucester, the honorary secretary of the Jenner Society, she will get every information. The society does a most valuable work and is worthy of every support.—ED. L.

To the Editors of THE LANCET.

SIRS,—Referring to the excellent annotation in your issue of Jan. 11th (p. 104) on the Relation of the Church to Sanitary Reform may I say that for the last 25 years in the administration of the cup at Holy Communion I and my colleagues have invariably used a small linen cloth to cleanse the lip of the cup after each communicant has participated? There are more reasons than one for so doing, and I have received the thanks of many for observing a precaution which unfortunately is not universally adopted. And at the communion of the sick I always request the sick person, who, of course, communicates last, to finish what little wine remains in the cup, and this is in strict accordance with the sixth rubric at the end of the Office for the Administration of Holy Communion.

My experience extends to some thousands of communicants per year, and, so far as I can trace, not one instance of mischief has resulted from the passing on of the sacred cup with the simple precaution above named.

I am, Sirs, yours faithfully,

VICAR.

Jan. 11th, 1902.

## CANCER IN INDIA AND IN CHINA.

To the Editors of THE LANCET.

SIRS,—As a correspondence on this subject is going on in your columns, it has occurred to me that your readers might like to hear the results of inquiries made by me in this direction.

In the absence of statistical reports as to the prevalence of cancer and other diseases in India, all estimates hitherto made must be regarded as tentative and conjectural. The great extent of the country and the teeming millions of its population, make it very difficult even for those who have been long resident there in a professional capacity to arrive at correct conclusions. The few hospitals in India draw their patients from immense multitudes and vast areas, so that although many cases of cancer may be constantly under treatment, the proportionate prevalence of the disease in the general population, may be much less than the medical officers of these institutions are apt to believe. It is, however, certain that neither the rice-eating Hindoos nor the flesh-eating Mahomedans are exempt. Nearly all those who have specially studied this subject believe that cancer is comparatively rare in India—much rarer, for instance, than in England. This was Walshe's opinion, and he supported it by reference to the annual report of the Bengal Medical College (1844-45), which showed that of 4080 male patients under treatment there, during a period of three years, only three were affected with cancer; and of 701 female patients, only two were cancerous, the uterus being the organ affected in both cases.

Among recent authors Davidson is of the same opinion and in support he mentions the fact that of 2657 operations at the Afzulung Hospital at Hyderabad in 1886 only two were for cancer, while in Bombay only one per 1000 of the total deaths were due to it.

On the other hand, McLeod states<sup>1</sup> that malignant tumours are common among the natives of Bengal, both in hospital and private practice; in females the breast is the part chiefly affected, and in males the cutaneous system, oral cavity, and especially the penis. Hendley's experience at the Jeypore Hospital accords with this, for during the period 1880-88—when the hospital was under his charge—102 major operations were undertaken for the treatment of malignant disease. As further information seemed desirable I wrote to Surgeon-Lieutenant-Colonel Lawrie of Hyderabad calling his attention to the foregoing statement. He kindly replied as follows: "My experience of cancer is that it is as frequent in India as in England, and I have formed this opinion from observations in Calcutta, Lahore, and Hyderabad. The Afzulung Hospital was under my charge in 1886, and that year was no exception to the rule. The small number of operations for cancer shows nothing, except that the people are averse to operation for most diseases other than stone and cataract."

With regard to the prevalence of malignant tumours in the vast North-Western Provinces and the Punjab I am indebted to Mr. Freyer for the following information. He writes: "The general impression on my mind, after 17 years of active surgical work among the poor and rich of this part of India, is that tumours of all kinds—including cancer and sarcoma—are extremely common. Epithelioma of the tongue and penis and scirrhus of the breast are particularly common." Four-fifths of the inhabitants of these provinces are Hindoos who, with few exceptions, in accordance with the precepts of their religion, never eat meat. The other fifth—being Mahomedans—may eat meat, but they are practically vegetarians, as they can seldom afford the luxury of animal food. Among these people stone also is very common.

In Kashmir, Orissa, Madras, Anam, and Cochin cancer is said to be more prevalent than in adjacent communities. The report of the Kashmir Mission Hospital for 1898, by Dr. Neve, shows that 195 operations for tumours were done in the course of the year, 70 for cancer (including 11 of the female breast), and 16 for sarcoma (including a very large one of the lower jaw and another of the abdominal wall).

Nearly all the older writers on the geographical distribution of cancer agree in stating that cancer is more prevalent in China than in any other Asiatic country. Desiring to obtain recent information on this subject I wrote to Mr. Cantlie who was then Government surgeon at Hong-Kong. He very obligingly replied as follows: "I do not think I have been without a case of malignant disease under my care ever since I came to China six years ago." Of 3608 consecutive Chinese hospital in-patients under his care 114 had cancer, or 3.1 per cent. This proportion is almost identical with that met with in large London general hospitals, like St. Bartholomew's, where I have ascertained that 3.5 per cent. of the in-patients have cancer. Of Mr. Cantlie's 114 Chinese cancer patients the primary seats of the disease were as follows: female breast, 38; upper jaw, 25; lower jaw, 14; penis, 9; uterus, 8; parotid, 5; hip, 5; tongue, 4; lip, 3; and thigh, 3. At Dr. Kerr's hospital in Canton during the year 1887 30 cases of malignant tumours were operated on, including 11 amputations of the female breast. Strange to relate Mr. Cantlie has never met with cancer of the stomach among the Chinese. With regard to their diet he says: "All Chinamen eat fish and pork at morning and evening meals. Fowls and ducks are always on the table of all but the most humble of the coolie class, and they do not have them because they cannot afford them. I hope this will be a sufficient answer to those who maintain that Chinamen live on rice. It is not nearly so true as that the Scotch live on porridge." Dr. Elizabeth Reifsnyder of Shanghai (1895) says that cancer of the uterus and female breast is very common in that part of China, where ovarian cystomata are also often met with.

I am, Sirs, yours faithfully,

Clifton, Bristol, Jan. 10th, 1902.

W. ROGER WILLIAMS.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Dec. 21st, 1901, p. 1763, your readers are told by Lieutenant-Colonel J. Maitland, I.M.S., that "Mr. C. B. Keetley, writing upon the subject of cancer, states that he had been informed by Dr. C. N. Saldanha that 'Hindoos suffer comparatively little from cancer.' Upon this statement of the comparative immunity of Hindoos from cancer both Dr. Saldanha and Mr. Keetley base certain arguments regarding the prophylaxis of the disease." Now, my hypotheses as to *carcinoma* were published in THE LANCET of August 31st (p. 584), the abstract of Dr. Saldanha's letter not until Oct. 5th (p. 939), and my comment on this letter was simply that my hypotheses "seemed to receive a certain small measure of support from some of the facts stated—e.g., the freedom of the Hindoos from cancer and their carefulness to cleanse their skins." I no more made myself responsible for Dr. Saldanha's statements than I am going to for Lieutenant-Colonel Maitland's; and my hypothesis is no more based on them than Somerset House is based on Waterloo Bridge. Again, in THE LANCET of Jan. 4th Captain C. Donovan, I.M.S., intervened, writing that "it was a pity Mr. Keetley did not refer to the annual reports of the medical institutions of India, obtainable at three or four accredited booksellers in London, before accepting the *ipse dixit* of Dr. Saldanha." I am much obliged to Captain Donovan for telling me about these reports and these booksellers, and should be more

obliged if he had added the address of one of the accredited persons.

I will now deal with Lieutenant-Colonel Maitland and Captain Donovan exactly on the same principles as those which I applied in dealing with Dr. Saldanha, and Captain Donovan will find the process quite different from a mere acceptance of *ipse dixit*. Lieutenant-Colonel Maitland says that in Madras "cancer is very prevalent amongst Hindoos." Captain Donovan says that "Colonel Maitland speaks for the Madras General Hospital where cases from all over the Madras Presidency come for operation." Lieutenant-Colonel Maitland I myself may add, occupies the high position of senior surgeon to that hospital and professor of surgery in the university. The population of the Madras Presidency is 40,000,000 and that of the city 500,000, of whom nearly four-fifths are Hindoos. What does Lieutenant-Colonel Maitland write when he comes to figures? He says: "In the wards of the Madras General Hospital cases of cancer affecting Hindoos are almost always to be found. At the time that I write I have three Hindoos in my wards suffering from the disease." The italics are mine, "almost always." "Three." And they come from among 40,000,000 of people, 30,000,000 of whom are Hindoos!

No one has said that the Hindoos never suffer from cancer. What I said in my paper of August 31st was that they rarely suffered from cancer of the stomach. Neither Lieutenant-Colonel Maitland nor Captain Donovan mention the stomach, although they refer to cancer of "the penis, the jaws, throat, cervix uteri, and breasts, &c." Unless the reference is somewhere concealed in this "&c." I am at a loss to know what bearing Captain Donovan's letter really has on the substance of my paper, or why he should plunge into the discussion at all, especially in a manner so reckless that, even in correcting the form "Hindoo," his reproof falls as heavily on Colonel Maitland and on the dictionaries as on me. He goes on to say, "Of course, the word 'Hindoos' is employed by Mr. Keetley in a very loose sense and might have passed muster 50 years ago as of sufficient scientific accuracy, but in this more enlightened twentieth century," &c., in the same style. The term "Hindoos" is employed by me as referring to Hindoos only. It is not used by me at all except in reference to Dr. Saldanha's letter. In my original paper I asked gentlemen for facts bearing on my hypothesis, and particularly requested (1) that the distinction between carcinoma and sarcoma should be carefully observed, and (2) for exact references to published sources of information. In spite of this "enlightened twentieth century" and its "scientific accuracy," neither Captain Donovan nor any of the other gentlemen who have responded has paid the slightest attention to these reasonable requests. Each flings his general impressions at my head as if they were half-bricks. But each gentleman, whether gentle or otherwise, remains responsible for his own statements so long as I refer to him when referring to them.

Perhaps some Indian medical officer will kindly tell me whether the Mahomedans circumcise or not. I have asked a number of well-informed and travelled people this question in vain. Of the four parts to which Lieutenant-Colonel Maitland refers as "very common" seats of cancer in Madras two are the penis and the uterus. He also says that cancer is much more common among Hindoos than among Mahomedans. Now, in THE LANCET of Dec. 1st (p. 1764), Dr. H. R. Andrews, quoted by Dr. James Braithwaite, says that "the Jews are much less subject to cancer than we are and that they are especially free from cancer of the uterus." Dr. Braithwaite says that this is because the Jews take so little salt, but on that point Mr. M. Bernstein contradicts him absolutely in the same page (p. 1764). There is one, and perhaps only one, point of difference between Jews and most Christians on which we shall all agree—viz., that the Jews have less foreskin and therefore less accumulation of smegma præputialis than persons with foreskins. Now the first part of my hypothesis, as given on August 31st, is that the "specific cause" of carcinoma "flourishes in either the secretions or the cells of the skin-glands, including the mammary gland—e.g., milk, butter, cheese, sebaceous material, and sweat"; smegma præputialis I specially mention in THE LANCET of Oct. 5th (p. 939). The bearing of this on the occurrence of cancer of the uterus is obvious. Its bearing on the frequency of cancer elsewhere is also clear, though less obvious, and it is important, because if carcinoma is in any way a contagious disease any increase or decrease of cancer in a situation like the penis or the uterus, where it is attended by discharge, is an increase or decrease of

foci of infection, and therefore leads to increased or decreased general frequency of the disease.

There are other ways, I acknowledge, in which circumcision may diminish the frequency of carcinoma—viz., by lessening liability to syphilis and gonorrhœa and to other causes of chronic ulcerations which may lead the way to carcinoma.

Lastly, may I wish success to your efforts to obtain the appointment of a commission to inquire into the causes of cancer?

I am, Sirs, yours faithfully,

Grosvenor-street, W., Jan. 10th, 1902.

C. B. KEETLEY.

## VOLKMAN'S CONTRACTURE.

To the Editors of THE LANCET.

SIRS,—A point of great importance has been omitted from my paper on Volkman's Contracture owing to a mistake of mine during the correction of the proof-sheets. It is to the effect that Professor Oppenheim of Berlin refers briefly to ischæmic paralysis in his "Text-book of Nervous Diseases," 1900. Here he emphasises the importance of normal electrical reactions as the most characteristic feature in the diagnosis of this deformity.

I am, Sirs, yours faithfully,

Jan. 11th, 1902.

LEONARD S. DUDGEON.

To the Editors of THE LANCET.

SIRS,—I have read Mr. Leonard S. Dudgeon's paper on "Volkman's Contracture" in THE LANCET of Jan. 11th, p. 78, with great interest. "Volkman's contracture" appears to me to be so much better a way of naming the deformity than "ischæmic paralysis"; it commits us to no theory as to causation. There is one slight error in the paper which I hope I may be pardoned for correcting. Mr. Dudgeon says, "Tendon lengthening first advised by Mr. Page has since been carried out by Mr. Littlewood, Mr. Barnard, and others, &c." If Mr. Dudgeon will again refer to the cases he has quoted he will see that I performed the operation on Dec. 5th, 1898, and that Mr. Page performed his operation on Dec. 20th, 1898, 15 days later. Since performing the two operations referred to I have operated on a third case, with a very satisfactory result, the inclosed short notes of which I shall be glad if you will insert. A female child, aged three years, was admitted under my care into the Leeds Infirmary on August 12th, 1900. She was suffering from the typical deformity—Volkman's contracture. This had appeared after a fracture of the lower end of the right humerus in May, 1900. The fracture was treated with an anterior rectangular splint, which was kept on for five days; on being removed a large sore was found on the anterior surface of the forearm, near the elbow-joint. At the time of the operation there was a large scar in this position and the contracture was extreme. The operation was performed on August 28th, 1900. All the tendons were lengthened on the front of the forearm. It was a difficult operation, as the tendons were such slender structures. In this case I lengthened them so that I could put up the fingers in the slightly hyper-extended position. The patient made a good recovery. I saw her yesterday (Jan. 12th, 1902). She has now quite an excellent hand, with full use in it.

I am, Sirs, yours faithfully,

Leeds, Jan. 13th, 1902.

H. LITTLEWOOD.

## THE LIVERPOOL PATHOLOGICAL DIAGNOSIS SOCIETY.

To the Editors of THE LANCET.

SIRS,—As clinical pathology is in its infancy and will claim an increasing number of workers the question as to the fees of the above society and of pathologists generally should be now considered by a representative committee. I trust Mr. C. Powell White will initiate such action. I think no one will seriously deny that the work is worthy of consulting fees. Such is the opinion of most London hospital medical staffs. There can only remain the broader question whether medical services are adequately rewarded when compared, say, with the legal profession or trade. The comparison is unfavourable, more especially when we consider the value of our work to the community. It would be to the interests of both the profession and the public to consider fully whether this branch of medicine alone should be underpaid. Public bodies and charitable institutions