

will sometimes crack and bleed when stretched by the gag, and this objection to the instrument must be admitted.

Some of the methods described by your other contributors I have practised, and, for various reasons, abandoned. One of these is feeding while the patient is held or tied in a chair, the food being injected by a complicated pump.

Attempts are now being made to treat acute mental cases in private dwellings. The practitioner of general medicine who attends such cases may at any time have to feed forcibly without having had an opportunity of seeing the operation performed. My object was to give such a description of a good method of feeding as would be useful in such circumstances.—I am, etc.,

Warneford Asylum, April 14th.

JAMES NEIL.

#### SICKNESS AND MORTALITY IN THE MERCANTILE MARINE.

SIR,—As I had noticed an article in the BRITISH MEDICAL JOURNAL respecting the sickness and mortality on board mercantile ships, and their undermanning more especially, I beg to draw the attention of your readers to another serious defect in vessels of even modern construction. This is the inadequate provision made for the housing of the crews, which I have observed many times in cargo as well as passenger ships, even of first-class rated boats, sailing or steam.

I take as standards troopships and battleships of the day, and one sees the Mercantile Marine is much behind them in this respect, though the cubic space of the Navy is being now gradually reduced as the crews get crushed out by machinery.

The forepeak berth for the crews of the cargo ship looks more like a guard room or police room, as the light and air are frequently deficient, and the men have wooden bunks to sleep in, without mattress or pillow. You will see no pegs to hang up wet clothes to dry, no lockers to keep their dry things in, and no table to sit at, to read or write letters, often no lamps.

There may be no lavatory to wash in with basins and taps, and the men (seamen and firemen) may have to wash their hands and faces in a swill tub on the open deck outside in all weathers.

This slaver-like deck contrasts painfully with the luxurious fittings of the first class passenger a few yards off on the same vessel, and reminds one that traces may still be found in modern ships of the old press-gang life.

The seamen and firemen of first-class liners are now of a superior order of men than used to prevail formerly, as they are now educated and of better conduct, and may likely be skilled workmen.

They are entitled to better accommodation, then, than that given to the victims of the press-gang of old times, who were mostly British natives, unable to read or write, or do any handicraft, and probably gaol birds.

The greatly improved accommodation given now to the British soldier in modern barracks, over the barracoons of old times, points an example of progress in military life which the marine might well take to heart, by improving theirs in turn.—I am, etc.,

Edinburgh, April 17th.

W. G. BLACK, F.R.C.S.E.,  
Member Sanitary Institute.

#### CANCER AND SENILITY.

SIR,—In Dr. Bramwell's remarks on the conceivable possibility of curing cancer by thyroid extract he says: "Cancer is essentially a disease of old age. The reason why cancerous growths chiefly occur in old people is probably this, that the tissues of the old are unable to resist and withstand the invading organism."

What I wish to point out with regard to this statement is that it is one of those myths which, by dint of continual repetition, has gained widespread credence, without there being a particle of truth in it. In no sense whatever can cancer possibly be regarded as a senile disease, nor does the liability to it increase with old age.

The proportionate death-rate from cancer during the age period 45 to 55 is 1 in 14; whereas during the age period 65 to 75 it is only 1 in 21; and after 75 it only amounts to 1 in 48. On investigating the mortality from cancer of centenarians and

aged persons of 80 years upwards, I have found that cancer seldom originates in old age.<sup>1</sup> Of 797 centenarians only 5 died of cancer; of these 208 were males, of whom 2 died of this disease; and 589 were females, of whom 3 died of it.

Humphry's report<sup>2</sup> on the Maladies of Old People is of similar import. Among 202 persons 90 years of age and upwards there was not a single instance of malignant disease; and of 622 persons between 80 and 90 there were only 14 instances of it. Thus, of these 824 aged persons cancer was met with in the ratio of only 1 in 58.8.

These facts show that cancer is not a senile disease; and that senility *per se* plays no part in its development.—I am, etc.,

Preston, April 14th.

W. ROGER WILLIAMS.

#### GENERAL INSPECTORS OF THE LOCAL GOVERNMENT BOARD.

SIR,—I beg to protest against the sweeping though veiled accusation of "F.R.C.P." against the general inspectors of the Local Government Board. Of course there are doubtless inspectors and inspectors. Still, even granted that the inspector in the Devonshire district has been at fault, this does not justify your correspondent in indiscriminately abusing all. It has been my pleasure to come in contact with a general inspector in the North of England who was most energetic, able, and devoted to his work, and many were the improvements he effected for the benefit of the poor and sick.

With the recollection of this conscientious, thorough, and withal kind-hearted and gentlemanly official, "F.R.C.P.'s" remarks appear to me as uncalled for, as they would most certainly be untrue, if applied to the general inspector I now refer to.—I am etc.,

April, 1894.

M.B., D.P.H.

#### ASSISTANT MEDICAL OFFICERS IN ASYLUMS.

SIR,—There is another side to the woeful picture drawn by various assistant medical officers which may be in turn presented to their vision. Asylums, like hospitals, are institutions for the cure or alleviation of the suffering inmates, and those medical officers who are put in charge of the same are in conscience bound to use every means to remedy their unfortunate condition. As medical men and not legislators, their duty lies merely in the investigation of disease and its cure, be the cause ever so preventable, but this duty is manifestly urged upon everyone who takes a position in an asylum; otherwise, in plain words, he occupies it under false pretences. How should we regard the members of a hospital staff who paid only routine visits to their patients, and made no attempt at an entire investigation? And some reasonable hope for the better treatment of the insane in their asylums should stimulate medical officers to imitate the efforts of their hospital colleagues. Fortunately, less inertia is now being shown by assistant medical officers in the matter of work than formerly, but out of the entire list what proportion contribute a quota to scientific research? Surely the number who remain unheard-of are not so apathetic or unfitted for any investigatory work that they need be ciphers in their speciality.

I think that if most superintendents gave voice to their feelings, they would be heard to say that they want men of energy as their officers, who will prove themselves workers in the advance of the treatment of their patients, and that when they secure such colleagues, they will do their best to obtain a suitable recompense for the efforts put forth.

I do not believe there is any superintendent who will discourage scientific research by his staff, and very few, if any, who are not sufficiently medical men to be proud of any advance proceeding from their asylum. And I can quite imagine many putting slight value on officers who move amongst their patients as mere routine prescribers and note-takers. I myself too well understand and regret the influence of the pessimistic atmosphere of an asylum, but I confidently assert that the most gloomy and discontented asylum officer is he who counts his duty finished when

<sup>1</sup> Medical Chronicle, September, 1892.

<sup>2</sup> BRITISH MEDICAL JOURNAL, March 5th, 1887.