

shall determine the conditions under which Laboratory accommodation at the Examination Hall, or elsewhere, may be provided.

10. The Executive Committee may appoint a Secretary or other official to conduct the correspondence, summon and attend the Meetings, keep the accounts, write the minutes, etc.

11. The Executive Committee may make contributions towards the development of the Cancer Research Department of the Middlesex Hospital, or a similar Department of any other Hospital, if established.

12. And generally the Executive Committee shall make such arrangements as shall seem to them best for the thorough investigation of this disease in all its aspects.

V.—WORKING AND CONSULTATIVE STAFF.

1. The Working staff shall consist of:

(a) A general Superintendent of the investigation who may be the Director of the Central Laboratory.

(b) Assistants to the General Superintendent and Director.

(c) Any other persons who may be appointed to make special investigations.

2. The Consultative Staff shall consist of persons skilled in Scientific investigations, Representatives of various Home and Colonial Government Departments, Physicians and Surgeons attached to Hospitals, Statistical Experts, and others appointed by the Executive Committee.

3. The Consultative Staff may receive fees for attendance at Meetings, and may be remunerated for any services performed in connection with the objects of the Fund, on such conditions as the Executive Committee may determine.

It will be noted that the scheme is in its general features identical with the outline which we were enabled to lay before our readers in the BRITISH MEDICAL JOURNAL of January 25th. Certain alterations have been made in the details of the administrative machinery. The governing bodies are made more representative in character. The Royal Colleges of Edinburgh and Dublin are to be represented on the General Committee, and the Colonial Office and the Royal Society are each given the right to nominate a member. We note with special satisfaction that the Veterinary Colleges are represented both on the General and on the Executive Committee. When we published the outline scheme, we pointed out that, although several promises of substantial contributions to the capital sum of £100,000 required to carry the scheme into effect had been received, at that time not even the nucleus of a fund was in actual existence. Since then, as has already been announced in the JOURNAL, the Goldsmiths Company has resolved to make a special grant of £5,000 to the fund in commemoration of the Coronation; Mr. H. L. Bischoffsheim has offered to give £5,000, and another donation of the same amount and several of smaller sums have been promised. An account for the Cancer Research Fund has been opened at the London and Westminster Bank, Marylebone Branch, 1, Stratford Place, Oxford Street. The scheme may therefore now be regarded as definitely "in being." The money will doubtless be forthcoming; there could be no more useful method of celebrating the occasion of the King's Coronation, and we hope that other City Companies may be moved to follow the lead of the Goldsmiths Company. His Majesty's patronage is, we believe, assured. But if private benevolence does not suffice, we think the State may fairly be called upon to help in a matter which closely concerns the public weal. The German Government has made a grant of 53,000 marks for the furtherance of research in cancer, and an appropriation of 15,000 dollars has just been made by the New York State Senate for the same purpose. Why should not Great Britain show an equally enlightened liberality?

There is every prospect, therefore, that before very long the pressing problems of the causation, treatment, and prevention of cancer will be seriously grappled with in this country by the systematic and co-ordinated efforts of a body of specially skilled investigators. Hitherto research on cancer, as on other subjects, has been left, so to speak, to private enterprise. The work, therefore, has been intermittent, and sometimes misdirected, owing to ignorance on the part of the workers of what has been done elsewhere. The want of co-

ordination has led to great waste of power. The scheme, by placing research on a co-operative basis, will prevent this, and will make it possible to collect the scattered rays of research, and focus them on a given point.

The widely representative character of the Committees to which the direction of the scheme is entrusted is a guarantee that it will be carried out in the most catholic spirit. The largest possible scope must be given to the investigation; no line of research that promises the smallest addition to knowledge must be neglected. The results obtained in the laboratory must be controlled by clinical observation, and we therefore note with satisfaction that in addition to the research staff there is a consultative staff consisting, among other experts, of various kinds, of physicians and surgeons attached to hospitals.

An excellent point in the scheme is the provision made for the establishment of a system of intercommunication with workers in other countries. Pathological research would be greatly helped if the observations made in every recognized laboratory were regularly communicated to others all over the world, just as the astronomer notifies fellow workers in other observatories when a new planet swims into his ken. At the present time a collective investigation of cancer is being made in Germany under the direction of Professor von Leyden, and an effort to organize an international Commission on the subject is being made in the United States by Professor Roswell Park, of Buffalo, and others. Would it not be possible to co-ordinate these movements with the one now set on foot among ourselves? As Mr. Balfour once said, combination is one of the characteristics of our time, and it is a power that has never yet been fully utilised in scientific research. The problem of cancer is one to which the combined power of the scientific world might most profitably be applied.

It is to be hoped that the glory of solving the problem may fall to our own country. But the scourge affects all mankind, and we should hail with joy the discovery of a means of protection of it wherever it may come from.

THE PLAGUE.

PREVALENCE OF THE DISEASE.

INDIA.

The plague returns for the week ending March 15th shows 25,655 deaths from the disease, against 23,715 in the week preceding. The Punjab is again the most seriously affected district, no fewer than 15,000 deaths from plague having occurred in this province alone during the week ending March 15th, against 12,544 during the week ending March 8th, and 10,525 during the week ending March 1st. In the Punjab the districts most seriously affected by plague are: Jullundur, 988 deaths during the week ending March 15th; Hoshiarpur, 698 deaths; Sialkot, 1,356; Ludhiana, 3,112; Umballa, 1,918; Patiala, 1,904; Nabha, 778.

In other towns and districts of India the returns for the week ending March 15th were: Bombay City, 856, against 888 during the previous week; Bombay districts, 4,779, against 4,806; Calcutta, 501, against 462; Bengal, 1,289, against 1,235; the North-West Provinces and Oudh, 2,335, against 2,187; Mysore State, 304, against 414.

It will be observed that in all districts south of the Punjab and North-West Provinces plague is declining. The improvement began in the most southerly parts of the Indian peninsula, and is gradually extending northward.

We hope at an early date to hear that as the warm weather increases to the north the death-rate from plague in these districts will soon show a decrease.

EGYPT.

The Director-General Sanitary Department reports that in Egypt during the week ending March 23rd, 7 cases of plague and 2 deaths from the disease were reported. All the cases and deaths occurred amongst the native population, and were distributed as follows: Kom-el-Nour, 1 case; Dehneh, 3 cases and 1 death; in nomadic camps near Benha, 3 cases and 1 death. In a Reuter's telegram dated Cairo, April 7th, it is stated that since the plague reappeared in Egypt in April, 1901, just twelve months ago, there have been 382 cases and 228 deaths from plague; 17 cases only remained on April 7th, 1902, under treatment; 13 of the deaths were reported from Upper Egypt; the remainder occurred in Lower Egypt. This limitation of the disease is greatly to the credit of the Sanitary Department of Egypt.

MAURITIUS.

No case of plague was reported in Mauritius during the week ending April 3rd. This is satisfactory news; it will be noted that it is now the late autumn in Mauritius, and as season and temperature seem to exercise a direct influence on plague, the future behaviour of the disease in Mauritius will be observed with interest.

CAPE OF GOOD HOPE.

The Medical Officer of Health for Cape Colony reports that there remained in Cape Colony but 1 case of plague under treatment on March 15th. No fresh case of plague and no death from the disease has been reported in the Cape for six weeks.