SIR,—I would also like to record a case of large pleural effusion which came under my notice in August, 1918, whilst doing temporary duty at a prisoners of war hospital at Manchester. A German, who no doubt had been rather overlooked owing to the rush of surgical work, had been in the medical ward some weeks, and was reported by the sister as "not much wrong with him." He was getting up every day, and acting as orderly and generally assisting with cleaning, etc., in the ward. I was almost passing him over as he had been passed over before, for he did not look very ill and hardly complained of any symptoms. But on questioning him he said he felt a very slight pain on the left side of his chest and was rather short of breath on exertion. When he had undressed I immediately noticed obvious bulging on the left side. I aspirated the chest with a Potain's aspirator and withdrew a gallon less three ounces of serous fluid. He felt quite fit and much relieved at the end of the operation and was doing well four days afterwards. After that time I was unable to follow the case, as I was ordered to France again.—I am, etc.,

ALLAN DEWAR,
Captain, late R.A.M.C.

Tuxford, Notts, Nov. 3rd.

## CHRONIC INTESTINAL STASIS AND CANCER.

SIR,—Sir Arbuthnot Lane in his address on chronic intestinal stasis and cancer published in the BRITISH MEDICAL JOURNAL of October 27th, and in a previous letter to the *Times*, seems to imply that cancer has no other cause than chronic intestinal stasis and that all efforts to discover the origin of cancer which are not based upon this view are mere waste of time and money.

That cancer requires a suitable soil for its development is now perhaps generally admitted, but that that soil is provided solely by the action of intestinal toxins is open to question. How, one may ask, do the toxins of intestinal stasis affect the incidence of cancer upon the scar of an old *x*-ray burn, upon an old scar of lupus, or upon an old syphilitic scar? What have intestinal toxins to do with the pre-cancerous conditions of the skin due to arsenical dermatitis or to the prolonged contact with tar?

It might indeed be argued that these pre-cancerous conditions of the skin, induced by various agents, render the affected part more susceptible to those intestinal toxins which prepare the way for cancer. In that case, those whose skins have unfortunately been burnt by *x* rays or damaged by chronic arsenical poisoning should be able to avoid the subsequent development of cancer by adopting a primitive diet and by swallowing liquid paraffin!

But how can one explain the occurrence of kangri cancer of the abdominal walls in natives of Kashmir, among whom the incidence of cancer is above that of other native races, not as the result of a civilized diet, but because they have the habit of wearing next the skin of the abdomen kangri, or vessels containing live charcoal, which by constant burning of the skin produces a pre-cancerous dermatitis?

Without denying the influence of intestinal stasis in producing cancer of the digestive tract, is it not just as reasonable to suppose that cancer in these parts may be secondary to damage resulting from local inflammatory conditions brought about by stasis, as it is to affirm that degenerative changes due to hypothetical toxins prepare the way for cancer not only in the digestive tract but in all other parts of the body also?—I am, etc.,

H. G. ADAMSON.

London, W., Nov. 6th.

## MENSTRUAL DISABILITY.

SIR,—I notice in the JOURNAL for October 13th a letter from Lady Barrett, in which she states: "Now happily the more rational life lived by women to-day has so altered the incidence of pain and malaise during menstruation that, whatever may have been the fact in the past, recent investigation shows that a very small minority of women suffer from any such disability."

My own experience has been the very opposite to this. Since the war I have been very much impressed by the number of girls who are brought to me suffering from great disability during menstruation. Not only that, but the mothers have asked me why so many girls do suffer so much now; because when they were young they hardly ever heard of such a thing.—I am, etc.,

H. FOXTON.

Uttoxeter, Oct. 20th.

## LATE RESULTS OF OPERATION FOR CANCER OF THE BREAST.

SIR,—The Medical Society of London has appointed a committee of surgeons to investigate the later results of operations for cancer of the breast. The scope of the inquiry at present is being limited to cases of patients who are known to be alive not less than ten years after the primary operation for undoubted cancer.

A preliminary inquiry has already brought to light the existence of a number of such cases, and the Society is therefore encouraged to make a wider appeal.

The committee would be obliged if any medical practitioner, who has not already been approached, having personal knowledge of any such cases, would communicate with the Honorary Secretaries of the Society.—We are, etc.,

T. P. LEGG,
F. LANGMEAD,
Honorary Secretaries.

11, Chandos Street, Cavendish Square, W., Oct. 27th.

# Obituary.

## PETER WALLWORK LATHAM, M.A., M.D., F.R.C.P.,

Consulting Physician, Addenbrooke's Hospital, Cambridge; formerly Downing Professor of Medicine.

MANY among the generations of Cambridge medical men during the last sixty years ending 1912 will be reminded by the announcement of Dr. P. W. Latham's death of a once familiar figure in the streets of their Alma Mater, and will feel that a link with the past has gone. For the last ten years he had lived in retirement in London, but still maintained relations with old friends and attended meetings of a social medical club within the last year.

He was born on October 21st, 1832, at Wigan, the eldest son of John Latham, a medical man in that town, but was not related to the famous physicians John and Peter Mere Latham. After serving as apprentice to his father, he continued his medical education at Glasgow, and in 1854 went up to Caius College, Cambridge, where he obtained a scholarship in the following year; in 1858 he was 19th Wrangler in the mathematical tripos, and in 1859 was placed first in the first class of the natural sciences tripos with distinction in no less than five subjects—chemistry, physiology, physics, comparative anatomy, and botany—a record that has never been equalled. He then worked at St. Bartholomew's Hospital, and in a very short time, in 1860, was elected a fellow of Downing College, Cambridge; in the following year he proceeded to the degrees of M.A. and M.B., became a member of the Royal College of Physicians of London, and in April, 1862, was elected assistant physician to the Westminster Hospital.

His professional life in London, however, was short, for in 1863 he returned to Cambridge as physician to Addenbrooke's Hospital and medical lecturer at Downing College. The subject of pulmonary tuberculosis then attracted his attention, and in 1864 he read his M.D. thesis "On the early symptoms of phthisis and the means best adopted to prevent or arrest its development," but unlike his son, who also took up this study at about the same time in his career, he did not make it his life's study. *Nervous or Sick Headache* was the title of a small book, published in 1873, containing two lectures given at Addenbrooke's Hospital, in which he urged the importance of bracing up the bodily and nervous systems in the intervals between the attacks by strychnine, iron, and cod-liver oil. *Quain's Dictionary of Medicine* also contained an article by him on this subject. From 1868 to 1874, when he was elected Downing professor of medicine, he acted as deputy for his predecessor Professor W. W. Fisher, who had held the chair since 1841. Probably realizing that a lengthy tenure of office may have its drawbacks for the University, Latham resigned the chair after twenty years' service in 1894; during this period he played an active part in the medical school of the University