

## Correspondence.

### X-RAY INTERPRETATION.

SIR,—I think Sir Thomas Horder is to be congratulated on his letter in the *JOURNAL* of August 23rd (p. 344).

There seems to be an idea prevalent amongst some radiologists that when the clinician has exhausted all his skill he refers his difficulties to the x-ray department for a final solution, and that therefore a definite diagnosis must be given. Personally I am very happy to be quite sure of a simple fracture.

Surely the function of the radiologist is to give one more clue to the clinician who correlates all the evidence of his own senses, together with special departmental reports, and arrives, at any rate, some way towards a diagnosis. Such, at any rate, is my teaching to students with whom I come in contact, and only in this way can we be of real value to the science, and take our proper place in the scheme of things.—I am, etc.,

London, S.E.1, Aug. 23rd.

GEOFFREY FILDES.

### NON-OPERATIVE TREATMENT OF TUBERCULOUS CERVICAL GLANDS.

SIR,—“Quite Well” has given us what is perhaps an unexampled record of such data and experience as people in the Middle Ages used to pin their faith on the touch of a regal hand for the cure of scrofula in its various manifestations. The touch confirmed the faith and the faith got what it needed—*time*—for the body to gain the upper hand over its enemy, the tubercle parasite. Time, however, is of but little value unless there be a period of body growth to run. He has also prompted an interesting question—namely, What would, in all probability, have been the record of his life if when the cervical glands were first judged to be tuberculous in their nature they were at that time completely removed by operation? I conjecture, from experience, that the record would be blank from 9½ to 44 years, apart from accidents, and that robust health would have replaced an existence that a youth may and does tolerate and a survivor considers as *all right*.—I am, etc.,

Cambridge, Aug. 25th.

JOSEPH GRIFFITHS.

### SOME OPINIONS ON CANCER.

SIR,—In your issue of August 23rd you reviewed my book, *Cancer: How it is Caused and How it can be Prevented*, under the heading “Some opinions on cancer,” and you state in it that, according to my opinion, cancer “is caused by intestinal stasis, and this in turn is due to chronic vitamin starvation.” I am afraid that phrase does not quite correctly summarize the doctrine of my book. I have stated in my volume dozens of times that in my opinion cancer is caused by chronic poisoning and vitamin starvation. Among the chronic poisons are not merely bowel poisons, due to stasis, but chemical poisons, such as arsenic, aniline, etc., and other chemical poisons which we are entitled to suspect as cancer producers, such as poisonous chemical preservatives and colouring matters, many of which are derived from coal tar, which in itself is a cancer poison. Besides, I mentioned chronic poisoning in the form of chronic burns, burns having an action equivalent to poison, and I gave details about x-ray and radium burns, concluding that chronic burning by over-hot drink produces the equivalent of kangri cancer in the human oesophagus and stomach. I trust that, in common fairness, you will allow me to make this correction. I attribute the very greatest importance to chronic burns due to over-hot drink. We take our tea and coffee at 150°, whereas the hot bath has 105° or so; and many cases of cancer of the stomach or of the oesophagus which have come under my notice were undoubtedly due to this dangerous habit.

I note with regret some disparaging remarks due to the fact that I am not a medical man. The *BRITISH MEDICAL JOURNAL* is distinguished for its broad-mindedness and fairness, and I am sure that you will agree with me that the most important medical and surgical discoveries were made, not by qualified medical men, but by outsiders, savages, and

animals. Modern surgery and medicine are based upon the observations of illiterate milkers, who discovered that cow-pox protected against small-pox, observations which Jenner made use of and published, and upon the discoveries of Pasteur and Metchnikoff, who were non-doctors. My cancer theory may be useful or it may be useless. I think it will prove useful. At all events, my book has been received with enthusiasm by a great many eminent medical men and writers, among them some cancer specialists. Besides, I am receiving every day, from medical men and others, most valuable confirmatory evidence in support of my theory that cancer is a disease of civilization, and that it is due to chronic poisoning and vitamin starvation. Some of the evidence will be published in the September issue of the *Fortnightly Review*, and other material will appear in the *Spectator*.—I am, etc.,

London, N.2, Aug. 25th.

J. ELLIS BARKER.

SIR,—With respect to your review “Some opinions on cancer” in your issue of August 23rd (p. 324), I should like to make a suggestion or two, purely as an ordinary general practitioner of many years’ experience.

Is it possible that intestinal stasis (termed in the vulgar tongue, constipation), given as a cause, is merely one of the early symptoms of cancer? In many cases of intestinal carcinoma, constipation is one of the most insistent of the early symptoms; later, and especially where the growth is low down, alternating with or replaced by diarrhoea.

What strikes one in general practice is the infinitesimal proportion of people suffering from chronic constipation for many years who ever develop carcinoma. One might almost as logically formulate a theory that chronic constipation is a great safeguard against carcinoma, as so small a proportion of people chronically suffering from the former ever develop the latter!

Secondly, as regards deficiency of vitamins as a cause of carcinoma (leaving, as Mr. Ellis Barker does, sarcoma out of the question), may I suggest that, from all one has observed, heard, and read about carcinoma, all the facts seem to point to its being an excess disease (like gout, etc.), rather than a deficiency disease (like rickets, etc.)?—I am, etc.,

Flackwell Heath, Bucks, Aug. 25th.

G. D. PARKER.

### POOR LAW PATIENTS AND FREE CHOICE OF DOCTOR.

SIR,—The motion urging “free choice of doctor for Poor Law patients,” presented by the Dartford Division at the Annual Representative Meeting at Bradford, was carried by general consent, limited, however, in the resolution to “domiciliary attendance,” which, in fact, was the intention of the Dartford Division.

A number of inquiries have been made since as to how the principle is intended to be applied in the Dartford Union. The practitioners agreed with the Dartford Board of Guardians to attend—

(a) *ordinary outdoor patients* for a capitation payment of 17s. 6d. per case; (b) *recipients of temporary relief* at the rate of 7s. 6d. per quarter, such being classed as ordinary after the expiry of three months.

The number of practitioners attending the sick poor will be increased sixfold, which means improvement in the service, with economy in time spent and mileage covered.

The high sickness incidence among the poor is balanced by the provision of a prompt system of admission with ambulance service to a well equipped hospital adequately elastic in accommodation, so that there is no “waiting list” blocking admissions at any hour, the attendance on difficult and complicated cases being thus greatly relieved.

I will not succumb to the temptation to discuss “hospital policy” in relation to “national health and private” practice, my intention being to reply to the inquiries from Derbyshire and elsewhere.—I am, etc.,

M. W. RENTON,  
Representative, Dartford Division,  
British Medical Association.

August 23rd.