Gravel...	...	...	is the foundation or subsoil of about	125
Sandstone	...	...	"	57
Loose soil, made up, etc.,	"	"	"	3
Clay	...	...	"	86
Unascertained	...	...	"	105

As regards the drainage of the various houses in which cancer has terminated fatally, I regret I have been unable to obtain returns for the first half of the period (of these 427 cases), but I have collected drainage statistics for the last 175 cases, and I find that defective drainage has been reported at the office of the sanitary authority in 45, which gives a percentage of 25.7; a very large proportion, considering that it is the exception rather than the rule to call upon the services of the sanitary inspector, particularly in the larger and better class houses, as these occupants usually call in their own sanitary engineer, and so no record comes to the notice of the Health Department. Out of these 175 cases, deducting 1 in which a case has occurred twice, I find that 117 of these houses are upwards of thirty years old and 57 are less than thirty years old, that is 67 per cent. of these cases occurred in the older houses. All these observations seem to point to the conclusion that whatever the ultimate cause may be, cancer will be found to be due to some germ whose habitat is a sewage-contaminated subsoil, and that its entrance into the organism is through one of the mucous-membrane-lined apertures of the body. If this be admitted then all the following statements will be readily accounted for:

1. That the cancer death-rate has increased during the last sixty years—a time synchronous with the development and extension of the watercloset system of drainage, bearing in mind that the first style of the w.c. system was simply unglazed drain-pipes, laid end to end, sometimes joined with clay and sometimes without. I have even seen in old cancer houses drains made up of one brick laid flat, with two placed edgewise, and covered with slate running beneath the dwelling-house.

2. That the infection of the alimentary system is as high as 55 per cent. For in those houses in which the drains are in such a faulty condition as to contaminate the subsoil, the food, which is often kept in the cellars, would be the first to become infected by any germ that might be existing in the subsoil, considering there is always an upward current of air out of the subsoil into any building upon which it is built.

3. That people over 40 years of age are more subject to it, as they become more confined to their dwelling as age advances.

4. That females are more subject to it than males, possibly on account of their domestic duties keeping them longer exposed to any poisonous influences that may thus arise. (Even the shape of the female garments would favour infection of the generative organs.)

5. That consecutive houses in the same street are found often to be cancer houses. As many of these houses were built at the same time and have a common drain and if it has been badly laid or for any reason it becomes faulty the subsoil of several houses may become sewage contaminated. (A great many of the cancer houses enumerated in this paper have been found to have old disused cesspools, old contaminated wells, or decayed brick sewers lying forgotten in the soil beneath the house).

6. That a large percentage of these cancer houses (17 per cent.) are end houses of rows, corner houses of streets, or houses on either side of court entrances, as these are places where any defect in a drain would be most likely to be severely affected by sewage.

7. That the older houses are more subject to become cancerous than the modern ones, as the drains in the earlier days were not laid with the care they now are, that glazed pipes were not known and brick drains were often used and the drains were often run under the dwellings, which would after a time decay, become leaky, and thus contaminate the subsoil.

8. That the houses which are built on a porous subsoil, such as sandstone, gravel, etc., are more likely to become cancerous than those built on clay, though the latter in time will become saturated with sewage matter.

For a great amount of the statistical information I have to thank the registrar, the medical officer of health, and sanitary inspectors for their courtesy in giving me every facility in the above investigations.

TWO CASES IN WHICH THE ACTIVITY OF PHTHISIS WAS EXCITED BY OPERATIONS FOR LOCAL TUBERCULOSIS..

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THAT phthisis may be rendered active, or general tuberculosis excited by an operation upon strictly localised tuberculous disease, such, for example, as fistula in ano, is a fact well known but not, perhaps, sufficiently insisted upon. The two cases here reported illustrate this danger in a striking fashion.

The first case was that of a man, aged 40, who presented himself with extensive disease of the metatarso-phalangeal joint. He had previously suffered from some strumous disease about the lower jaw but this was now healed. He also suffered from cough but there were no physical signs of phthisis in the chest. He was admitted an in-patient, and treatment was directed towards improving his general and local condition. He was then sent to a convalescent hospital, and on his return, being then in much better health but still unable to walk owing to the painful condition of the toe, an operation was undertaken on May 21st, and the diseased bone freely gouged away. Subsequently the toe became gangrenous and separated. The resulting wound granulated healthily. In spite of the local improvement the cough became much worse, signs of rapidly spreading phthisis appeared, and he died exhausted on July 15th, 1901.

The second case was that of a man, aged 22. He had a large mass of glands in the right groin and a smaller mass in the left. He also suffered from cough, but the sputum was examined for tubercle bacilli with negative results. There were, however, present physical signs of apical phthisis. An attempt was made in the first place to reduce the glands by potassium iodide liniment, together with rest and general measures of increasing nutrition. As, however, it became evident that suppuration had commenced in the glands, it was decided to excise them. This was done on September 13th, 1901. The smaller mass on the left side was easily dissected out, and the wound healed subsequently by first intention. On the right side operation was rendered difficult by the old adhesions present, and in the course of the dissection several large veins were wounded. Three days later the temperature rose, and subsequently remained at 102° to 103° F. A temporary improvement was brought about by the injection of antistreptococcus serum, and the wound appeared to granulate healthily. On the other hand, the disease in the chest made rapid progress, and vomiting also setting in, the patient died exhausted on October 18th. Shortly before death an examination of the sputum showed the presence of tubercle bacilli.

The question naturally arises whether the treatment adopted was the best for the patients, and whether the operations were justifiable. It was with some reluctance and at the special desire of the patients that I was induced to operate. Had they been in a station of life which would have permitted them to spend several months in idleness at a healthy seaside place no operation would have been undertaken; but as each patient was the breadwinner of a poor family I felt justified in attempting a cure by radical means, even at some risk, knowing that the local condition prevented him from attempting any work, and that a refusal would have condemned the patient to a lingering death in either a poor cottage or a city workhouse.

PROPOSED MEDICAL INFORMATION BUREAU IN PARIS.—The Council of the Paris Faculty of Medicine has under consideration a proposal to establish within the precincts of the Faculty an information bureau for the benefit of medical visitors, native and foreign, to the French capital. All necessary information as to lectures and courses of instruction, public and private, hours of hospital attendance, etc., will be supplied by an official on the premises, and the foreign visitor will even be able to obtain a list of any fellow countrymen who may be resident in Paris. The suggestion is due to Dr. Blondel, Secretary-General of the International Association of the Medical Press.