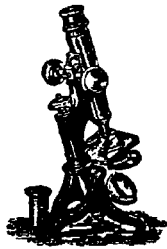


Medical Matters.

IS CANCER INCREASING?



FROM the figures given in the Registrar-General's Report showing the mortality from cancer in England and Wales, it would appear that for five deaths due to this disease annually, in the decade 1851-60, there were eleven in 1891. Up to 1889, the number of deaths had been growing year by year, but the Registrar-General's Department took the view, expressed in their Reports time after time, that the increase was only apparent and not real—for increased medical skill resulted in improved diagnosis and more careful statement as to the cause of death. In support of this view they cited the facts that there had been a great diminution in the number of deaths ascribed to such causes as "abdominal disease," etc., and also that the increase in deaths from cancer appeared more marked in the case of males than females, although the latter class had always been to a larger extent afflicted with cancer; this appeared to show that the increased mortality was apparent rather than real, because, in the case of males, the seat of disease is more frequently internal, and, therefore, inaccessible, and diagnosis is difficult.

In the early part of the present year, the Royal Society received a paper on the alleged increase of cancer, which was read in May, and has just been published in the *Proceedings* of the Society. The paper is the result of laborious research by two investigators eminently qualified to undertake such work—a distinguished physician, Dr. News-holme, Medical Officer of Health for Brighton; and a distinguished actuary, Mr. Geo. King, Honorary Secretary of the Institute of Actuaries. For details and statistics the reader must consult the *Proceedings*, but it is highly satisfactory to record their conclusion:—

"The increase in cancer is only apparent and not real, and is due to improvement in diagnosis and more certification of the causes of death. This is shown by the fact that the whole of the increase has taken place in inaccessible cancer difficult of diagnosis, while accessible cancer easily diagnosed has remained practically stationary."

MEDICAL MEN ON HOSPITAL BOARDS.

It is one of the strangest anomalies in Hospital management that, in the great majority of Institutions, the members of the medical staff are not represented upon the governing body. It might have been expected that with their technical knowledge, and considering the special professional matters which constantly arise for consideration and decision, the medical element would almost have preponderated on Hospital committees. It is, however, generally argued that the chief work of these bodies is to manage the financial affairs of the

charity, and that medical men, as a rule, have not the business ability which is necessary, even if they would accept the grave responsibility of, and could afford to devote the necessary time to, such details. The result has been that the medical and lay management is totally separated in most Hospitals, and we cannot believe that this has been invariably beneficial. In many instances it has, undoubtedly, led to much delay in the settlement of urgent and important questions, and in some cases where the Committee of Management have acted without the advice of their medical staff, the results have certainly been gravely detrimental to the interests of the patients, and even of the Institution itself. The General Hospital, Nottingham, has recently initiated a new departure, the consequences of which will be watched with much curiosity and interest. It has recently been determined that the medical staff of that Institution, together with 21 elected Governors, shall in future form its monthly Board. As we observe, that there are twelve physicians and surgeons, it is manifest that, to a large extent, the management of the Hospital will in future be in the hands of these gentlemen. We believe that Nottingham has, in this matter, set an excellent example, and one which other General and Special Hospitals would do well to follow.

THE PATIENTS' STRIKE.

THE latest thing in strikes is that of the patients at an Edinburgh, Hospital who are reported to have rebelled *en masse* against the custom, which appears to have prevailed in that Institution, of stethoscopic examination by the students being conducted at all hours of the evening. If this be so, it says much for the scientific enthusiasm of these young gentlemen, but it is, perhaps, explainable by the well-known fact, that there is a great dearth of clinical material in comparison with the large number of students. At any rate, it does not redound to the credit of the management, because, after all, the patients are, or should be, the first consideration; and it cannot be for the advantage or conducive to the rapid recovery of those suffering from pulmonary or cardiac diseases, that they should thus be subjected to repeated and prolonged examinations. The patients appear to have acted with a considerable sense of the fitness of times and seasons in the ultimatum at which they have arrived. "No stethoscopes after 7 p.m." Thermometers and sphygmographs, perhaps, they will not object to, but against stethoscopes and the accompanying disrobing they have set their faces like a flint. It is needless to say that we cordially agree with them, because, not only would the evening work of the ward be rendered impossible if clinical classes were conducted at such hours, but we hold also that the consequent noise and bustle would be very detrimental to those amongst the patients to whom rest and quiet are essential.

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