

## Medical Matters.

### INTERNATIONAL CONFERENCE ON CANCER RESEARCH.

The official report of Dr. Bashford, General Superintendent of Research, and Director of the Laboratory of the Imperial Cancer Research Fund, who attended the second International Conference on Cancer Research in Paris last October as the representative of the British Government, has now been issued as a Parliamentary paper. Dr. Bashford reports:—

The delegates were divided upon such fundamental matters as the etiology of cancer, and on what is, and what is not, a legitimate application of statistical methods to the investigation of the frequency of cancer. Whilst some delegates of high standing advocated its parasitic or infectious nature, others of equal authority strongly opposed such a view.

No progress was made towards compiling comparable international statistics of the incidence of cancer; nevertheless, in my opinion, the discussion of the plan proposed was a pressing need, of which the importance is but emphasised by the failure of the project to secure the approval of the delegates. Only good can result from discarding those fallacious methods by which attempts have been made to arrive at a speedy elucidation of the significance attaching to variations in the numbers of the deaths recorded from cancer in different countries at the same time, and in the same geographical area—large or small—at different times. These methods have been widely adopted in various European countries, and consist in taking a "cancer census" or enumeration of persons ill of cancer on a particular date. The decision was arrived at in 1902-3 to recommend that such a method of investigation should not be adopted in this country. The wisdom of that decision would appear to have been endorsed by the attitude of the Conference towards the compilation of international data of a similar kind.

The attitude of the Conference towards the statistical investigation of cancer marks a distinct advance towards what accurate statisticians have long recognised as the only sound lines of investigation; but a "cancer census" may possess advantages for special purposes.

So long as so much divergence of opinion due to continued ignorance prevails, it is obviously hopeless to attempt to devise rational measures and futile to promote an international crusade for the prevention or reduction of the ravages of cancer along the lines which are meeting with world-wide acceptance in the case of tuberculosis and leprosy.

## Clinical Notes on Some Common Ailments.

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### FITS.

Not long ago I was asked by a nurse who had attended a course of lectures at her own hospital and had done very well in the subsequent examination, this question: "What really is a fit?" This did not, of course, mean that she had never seen anyone in a fit, but that she did not know what was happening inside the patient when he was so afflicted. It occurred to me at the time that this would form a good text for a paper in this series, so I will now endeavour to explain, as far as it can be explained at all, what happens during a fit, and will then describe briefly the chief varieties of fits, and lastly say a few words about the treatment of them.

Firstly, what is a fit? Well, it is a violent irregular motion of the whole body, or parts of it, due to involuntary contractions and relaxations of the voluntary muscles; that is to say, the patient cannot help moving these muscles; he has no control over himself, and he often, though not always, loses consciousness during the attack. Sometimes a fit is called an attack of convulsions and the two terms are for our purposes synonymous.

Now the laity and the medical profession look upon a fit in very different ways. To the uninitiated, a fit is a very terrible thing, and most people think that unless the convulsive movements can be stopped the attack will be fatal, whereas the physician knows that, roughly speaking, very few people die in a fit, and that what matters is, not whether the patient is having convulsions, but what is the nature of the underlying condition to which the fits are due. When a patient dies in a fit he does not as a rule die of the fit but of the disease of which the fit is only a symptom. It is necessary that we should bear this point in mind as it will enable us to understand the treatment of the patient, and will perhaps save the nurse, to whom a fit is a strange occurrence, some mental perturbation.

We will, however, leave the underlying disease alone for the present, and consider what happens when a patient has convulsions, or in other words why the muscles are moving so violently and without purpose.

Well, muscles only move when impulses come down their nerves telling them to move, so we must go back to the nervous system as the prime factor, and we will return to our former analogy of the telephone. Let us first imagine a sensible even tempered person sitting:

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