

SYPHILIS AND CANCER OF THE TONGUE.

SIR,—As a letter by Dr. Renshaw in your issue of May 10th affects Mr. Ryall and myself, I may be allowed a reply for both. In endeavouring to establish the thesis that syphilis is an important factor in the production of cancer of the tongue, the limitations of inductive logic were quite well appreciated, but the argument is none the less cogent. The following facts were put forward by Mr. Ryall: (1) The history of syphilis in 80 per cent. of cases, (2) the accompanying evidences of lingual syphilis in most, (3) the observation of syphilitic tongues in which cancer afterwards supervened, (4) the marked local improvement that frequently results from the administration of antisiphilitic remedies in cases proved to be cancer of the tongue, and (5) the indication of a syphilitic taint given by the Wassermann reaction. There is probably not much weight in the contention that the oral administration of mercurial salts is a factor in the production of cancer of the tongue, nor are there any statistical data available to us which alone would enable it to be said whether the disease is more or less frequent in this country than on the Continent. The statement quoted in this respect is one of those unsupported assertions regarding cancer that are scarcely worth the trouble of refuting.

The main point with regard to the employment of the Wassermann reaction in cases of lingual lesions is that it is quite useless as a means of discriminating between cancer and syphilis. This is just what one would expect. In cases of cancer in other situations a positive Wassermann reaction, provided a reliable method is adopted, is very rare, and when it is found, as it has been by several other workers besides myself, a preceding syphilis is either known or cannot be excluded. Many of the reactions that pass under the name of "Wassermann reactions" are far from being reliable, and Dr. Renshaw was quite entitled to ask what technique was adopted and to reject the conclusions if the method used was, in his opinion, slipshod. A comprehensive reply to the request for precise information regarding percentages and methods could not be given, for the reason that the reports of others were not available for critical examination, but a definite statement could be made in respect of seven cases of lingual cancer investigated, amongst many other things, by a well-known quantitative method. This method and its rationale are, perhaps, unknown to Dr. Renshaw, for he would have spared me a little lecture on elementary principles, which I trust are as clearly understood as they were pontifically expressed by him. I would quite appreciate the criticism that my chance sample might be abnormal and capable of correction by more extended experience, but in view of the general strength of the case for syphilis as an etiological factor, in my opinion unsailable, such a research would be comparatively profitless endeavour.

I am sorry I have not the time, much as I have the desire, to be of service to Dr. Renshaw in controlling his results by the Browning-Mackenzie method, and I am regretfully precluded—for the present—from furnishing him with cancerous serum by the fact that my own serum investigations of another nature are only limited by the available supply of material, on which several friends have already a heavy mortgage.—I am, etc.,

Cancer Hospital, S.W., May 16th.

ARCHIBALD LEITCH.

WHOLE-MILK DIET FOR INFANTS.

SIR,—Dr. Cameron evidently believes¹ that the vast majority of digestive disturbances are due to excess of either sugar or fat in the diet. An excess of protein he believes will not cause dyspepsia, and in support of his hypothesis he refers to the great success of whole-milk feeding. The good results he attributes to the low percentage of sugar in cow's milk rather than to any means which may be employed to prevent the clotting of casein in the stomach. I have had considerable experience in giving undiluted cow's milk at my infant consultations during the last five years, and I can fully confirm Dr. Cameron's opinion as to the success of this method, but I fail to see why excess of protein should never cause dyspepsia, or that the clot which is formed in the stomach should have no effect on digestion. It is surely reasonable to assume that the gastric and intestinal juices find it

harder to battle with a solid substance than if the food is present in a fluid form. I have found the addition of sodium citrate of the greatest value in whole-milk feeding. I use 1 grain to each ounce of milk.

Later on in his article Dr. Cameron draws rather a gloomy picture of the child who is fed entirely on pure cow's milk. He says that "the want of sugar often leads to constipation, to want of growth, and to backward development generally." He writes of the pale, undersized pure-milk infants, and compares this with the larger and fatter infant who has some additional sugar in the diet. Now, I venture to say that this description gives an entirely false view of the pure-milk baby. No doubt at Guy's Hospital the infants are only brought when they are ill, so that Dr. Cameron would come in touch with the failures due to whole-milk feeding. On the other hand, at our infant consultations the object is to prevent illness, and so we are able to exercise some supervision every week with regard to the amount and quality of food. We certainly do not see these small, puny, backward children which we can definitely ascribe to whole-milk feeding and to no other cause. On the contrary, the vast majority are active and have hard muscles, and are better developed than those fed on milk mixtures. The growth of an infant is surely more dependent on the protein constituents of the food than on any other.

Dr. Cameron says, in referring to pure milk feeding, that he "has seen infants who for months showed no gain in weight, although they were daily taking enormous amount of milk of good quality." These cases, I should say, were suffering from dilated stomachs due to overfeeding. It is essential that the child should not be given more milk than it can digest; the small feeds which even breast-fed infants obtain, as shown by the "test feed,"² should put us on our guard in ordering cow's milk. I have repeatedly found the child puts on weight if the amount of milk is reduced. I cannot agree with Dr. Cameron that whole-milk feeding causes constipation. I find that the commonest cause of constipation is starvation, and that if the quantity of food is cautiously increased the bowels will act regularly. It stands to reason that if there is not sufficient residue in the bowel there can be no stimulation of the centre in the spinal cord. I have never found it necessary to give drugs or sugar to cure constipation.

I think proprietary foods should be prohibited amongst the poor because of their expense. Carbohydrate can be given in the form of bread jelly to infants of 6 months and over, and amongst the very young ones I order bread soaked in boiling water, and then squeezed through muslin; the portion which passes through the muslin can be added to the milk in the bottle.—I am, etc.,

RONALD CARTER, M.D., M.R.C.S., L.R.C.P.

Kensington, May 14th.

EXISTING UNSATISFACTORY CONDITION OF THE SCHOOL MEDICAL SERVICE.

SIR,—The success of any particular service—that is, its usefulness to the community—will be strictly in proportion to the talent and energy of those engaged in it. There are two ways of securing this talent and energy. You may arrange to have a good sprinkling of big plums in the way of remuneration and a host of comparatively inadequately paid minor positions. This is the traditional method of the church, the bar, the legal, and the medical professions, and it keeps up a steady stream of the most energetic and ambitious heads. Or you may offer a host of modestly satisfying positions, each sufficient to make a man able to maintain a status that the world will think dignified, with a slow but sure scale of increment. This is the method of the civil services; it is not perhaps so attractive as the other to our most enterprising youth, but it serves.

It must be admitted that the school medical service has neither big plums nor a steady if modest competency to offer. It is, indeed, fed at present by the enthusiasm which a new subject begets, the thrill and pride of pioneering. But this cannot, of course, last; and it is evident that, unless the school service can be put on the same footing of self-sufficiency as the public health and other services, it will be starved of its most energetic men and women.

¹ BRITISH MEDICAL JOURNAL, April 26th, 1913, p. 872.

² *Lancet*, September 2nd, 1911.