

knowledge. With many apologies for troubling you on this matter and feeling that if this scheme is feasible it would add to the usefulness of your valuable journal and be a benefit to medicine,

I remain, Sirs, yours faithfully,

W. A. REES, M.B. Lond., F.R.C.S. Eng.,
Registrar and Pathologist to the Bolingbroke
Hospital.

May 18th, 1906.

* * Such collating of cases would be exceedingly valuable to clinicians and pathologists. We should be happy to play something like the part assigned to us, but we fear that our correspondent over-rates the likelihood of the medical profession generally finding time regularly to communicate their observations.—ED. L.

TEA-DRINKING AND IMMUNITY FROM TYPHOID FEVER.

To the Editors of THE LANCET.

SIRS,—As bearing on my recent observations in THE LANCET of Feb. 3rd, p. 337, on tea drinking by the Australasians in the South African Campaign securing the boiling of water as a preventive of enteric fever, the following extract taken from the *British Australasian* may be of interest. Quoting from the *Boston Globe*—

It is said on the high authority of a celebrated American medical journal that, although the Chinese people live in a germ-saturated soil, they are singularly free from typhoid fever and other diseases of which water is the medium of communication. This condition is attributed to the universal custom of copious tea-drinking.

It would be interesting to know if medical men resident in China consider that the comparative immunity of the natives to typhoid fever is to any extent due to the custom of generally drinking water in the form of tea. In Egypt, where the natives are great water drinkers, there is a similar relative immunity as compared to Europeans. Of course, in this country this is ascribed to an acquired immunity from insanitary environment. A similar natural immunity is well illustrated by the evidence of opponents to the introduction of new water supplies in rural villages in England who generally produce "the oldest inhabitant" who has never "himself nor his father before him had any trouble from drinking the water." I remember one resident at Knaresborough who was accustomed to drink from the local river saying, "It's meat and drink to me." Evidently immunity to typhoid fever is sometimes acquired by other means than either anti-typhoid inoculation or a previous attack. At the same time I am afraid that neither the serum of the natives of China, Egypt, nor English rural villages would show "clumping of typhoid bacilli" or stand any other test based on scientific investigation.

I am, Sirs, yours faithfully,

J. S. PURDY, M.D., C.M. Aberd., D.P.H. Camb.

Port Said, Egypt, May 16th, 1906.

THE VALUE OF A SERUM (DOYEN'S) IN CASES OF MALIGNANT DISEASE.

To the Editors of THE LANCET.

SIRS,—I am very much astonished at the late publication of the report of Dr. A. Paine and Dr. D. J. Morgan,¹ considering that this report deals with the treatment given to patients in the early months of 1905 whose treatment had been interrupted after a few weeks. Although the report has thus lost the best part of its value I feel the obligation, in view of the extraordinary severity with which a treatment has been condemned though it has scarcely been studied, to refute its conclusions.

I must state first of all that the Commission from the Cancer Hospital of London, whose visit I had accepted and to whom I had on several occasions submitted a certain number of the patients under treatment in my hospital, ought to have drawn up a report on these patients—viz., on the results of my method of treatment as carried out in my hospital and under my direction. I was given to understand soon after that these gentlemen were not going to report on the cases treated in my hospital which they had examined in Paris but on the cases treated by them at the Cancer Hospital with tubes of vaccines which they had asked me to intrust to them. I then sent them information that I could

in no way accept a report of this kind and that I could not take any responsibility for the treatment of patients whom I had not examined myself and in whose cases I could not determine myself the dose and the interval of the injections. These gentlemen have not thought themselves obliged to pay any attention to my objections, in spite of my letter of Sept. 1st, 1905, to Mr. C. Ryall, worded as follows:—

I was very sorry not to see you in London. I am not at all astonished that you have not obtained the same results with your patients which I am accustomed to obtain, as so far great difficulties have presented themselves in fixing exactly the degree of intensity of the treatment for each individual case. I am making further researches in this direction and will keep you informed of same. It is, therefore, impossible to form a judgment of my method by the cases treated by others than myself, as cases showing negative results do not prove anything.

It is at the present time impossible for me to collect my patients for some weeks yet. I hope to be able to bring them together towards the end of September or beginning of October. I beg, therefore, to ask you whether it will be possible for you to come to Paris at this date with Dr. Paine in order to complete the observations already made by you at my hospital. I shall also show you a new series of much more interesting experiments than those which you already know. Be good enough, my dear colleague, to remember me kindly to Dr. Paine.

Mr. Ryall and Dr. Paine have not thought it necessary to pay any attention to this letter. I need not qualify this procedure. I only wish to state that my apprehensions were justified.

With reference to the report by Dr. Paine and Dr. Morgan, I beg to submit you the following observations:—

I. Clinical Experiments.

The following is a recapitulation of the nine cases treated:—

CASE 1.—Male, aged 54 years. Recurring epithelioma of the neck; 15 injections between March 27th and May 8th. General condition remains good. Weight increases by 4 pounds. The injections are discontinued because the tumour has grown.

CASE 2.—Male, aged 72 years. Recurring epithelioma of the lip; 12 injections between March 27th and April 22nd. Suppuration of the ganglions. Death on June 2nd.

CASE 3.—Female, aged 48 years. Cancer of the breast; eight injections between March 31st and June 8th. Augmentation of tumour; operation.

CASE 4.—Female, aged 63 years. Recurring cancer of breast. General condition bad; five injections between March 29th and April 10th. The patient grows thinner; no change in condition of breast.

CASE 5.—Male, aged 65 years. Epithelioma of tonsil and of the ganglions of neck; nine injections in January, 1905, at the hospital of Dr. Doyen; diminution of pains and slight amelioration. Return to London in February and reception at Cancer Hospital on April 12th; 17 injections between April 14th and June 7th. Momentary amelioration. Aggravation.

CASE 6.—Male, aged 61 years. Recurring epithelioma of the lip and cheek; 16 injections between May 2nd and June 19th. Aggravation.

CASE 7.—Male, aged 58 years. Epithelioma of the ear and neck; eight injections between May 20th and June 17th. Death on August 27th.

CASE 8.—Female, aged 55 years. Cancer of left breast; four injections between May 5th and June 13th. Treatment discontinued.

CASE 9.—Female, aged 52 years. Cancer of neck; six injections. Treatment discontinued.

These patients have received four, five, six, eight, 12, 15, 16, and 17 injections. In Case 8 the four injections have been made in eight days—viz., one injection every other day. In Case 4 five injections have been made in 12 days. In Case 9 the length of time of the treatment has not been stated. In Case 3 the eight injections have been made in 68 days, at average intervals of eight and a half days. In Case 7 the eight injections have been made in 28 days—viz., two per week. In Case 2, 12 injections have been made in 25 days—viz., one injection every other day. In Cases 1, 6, and 5, 15 injections in 41 days, 16 injections in 47 days, and 17 injections in 53 days—viz., approximately, two injections per week.

I am, therefore, obliged to state that these experiments have been too short and have been carried on with a too limited number of patients. Besides that, I was under the impression, as I have mentioned above, that my colleagues of the Cancer Hospital wished to examine the results of the treatment obtained with patients whom I had on several occasions submitted to their examination in Paris. I have already spoken about the difficulties of employing the anti-neoplastic vaccination and I have asked them to observe that the treatment cannot give the same results obtained here if practised by colleagues who, clever as they may be, are experimenting with it for the first time. I am therefore obliged to come to the conclusion that the experiments of anti-neoplastic vaccination made at the London Cancer Hospital must be considered as the negative results of a period of trial experiments.

¹ THE LANCET, April 7th, 1906, p. 970.