

CRITICISM OF THE REVIEW OF DR. BULKLEY'S BOOK.

Mr. Editor:

Dr. Bulkley's letter published in the April 27th issue of the JOURNAL failed to be as "caustic" as it might well have been (speaking of "burned at the stake").

Regardless of Dr. Bulkley and all his works, the most burning point in the cancer holocaust, in my opinion, is focussed, as it were, in the sentence which closes the *anonymous* review of Dr. Bulkley's recent book on Cancer, the review in the Jan. 26 JOURNAL, which called forth the letter above referred to.

"Anonymous" (even after Dr. Bulkley's letter) is characteristic in this connection. The one devastating, deadly blight which is delaying progress in advancing our knowledge of cancer is condensed and expressed in the brief sentence alluded to.

As the reviewer states, Dr. Bulkley advocates, and teaches the superiority of his method of treating cancer over the method of treating cancer by surgical removal of cancers. Without further ado the reviewer simply states as a fact that Dr. Bulkley is "wrong" in this respect; that "*His teaching in this respect is heresy; his book should be burned at the stake*"—and neglects to sign his name!

Dr. Bulkley is "wrong"; his teaching is heresy"; his book "should be burned at the stake." This is all true because the weight of medical authority on cancer says it is true, and for no other known reason. It may be true, but no man's say-so, nor the say-so of any group of men, makes it true.

Disregard Dr. Bulkley altogether. "Cancer at first is a purely local disease" for the sole reason that "authority" says it is. There is no other known evidence of the truth of that dictum; there is ample proof that the dictum is not true. It may be true, but it isn't true because the American Society for the Control of Cancer says it is true, and calls it an axiom!

Obviously, if that statement is a proven truthful statement, not only should Dr. Bulkley's book, but Doctor Bulkley himself, along with a goodly number of other doctors (including the writer), should be burned at the stake. Better burn a few books and doctors at the stake than put at stake the lives of hundreds of thousands of victims of cancer by allowing them to die an unorthodox death from cancer. Undeniably there would be a dreadful death toll if at present all cancer patients were treated on the basis that cancer is from beginning to end a constitutional disease; but it would be very difficult to equal the frightfulness of the cancer death toll as it is at present on the "purely local disease" basis, by treating it on any other basis whatsoever, including not treating it at all. The latest official cancer death rate in this country (1920) is the highest on record: 83.4 per 100,000.

If anybody on earth can demonstrate that cancer at first is a purely local disease, in all solemnity say: "For God's sake, let him do it." If nobody can or will do that thing, then I claim that "the weight of medical authority on cancer" is the greatest obstacle in the way of learning the truth about cancer. It is of no importance whatsoever in which direction the unknown truth lies; the important things are that it remains unknown; that we have sought it in one direction for hundreds of years; that search in any other direction is discouraged as much as possible by those who assume to speak with authority, who are encouraged so to do by an easy-going profession, and who ignore or who denounce (anonymously) as heretics all searchers in prohibited directions; and that more truth must be uncovered before we can make headway against cancer.

Such, in my opinion, is the one phase of the cancer muddle that must be dragged out into the light

where we can take a look at it before we can accept as true the say-so of anyone who poses as an authority upon cancer, be he orthodox standpatter or heretical candidate for stake-burning.

S. W. LITTLE.

Rochester, N. Y.

CURABILITY OF PROGRESSIVE MUSCULAR ATROPHY.

Boston, April 29, 1922.

Mr. Editor:

In your issue of April 27th you published an article by Dr. Joel E. Goldthwait entitled, "A Case of General Progressive Muscular Atrophy with Recovery." The importance of this paper is so great and the conclusions drawn so radical that comment from the neurological standpoint is, perhaps, justifiable. It has long been accepted that certain diseases of the central nervous system, notably those which are characterized by primary degeneration of nerve elements, are progressive in course, and do not yield to treatment. That this has been recognized in the past is, however, no reason why it should not be modified in the future, if sufficient evidence is brought to bear to justify a change of opinion. This evidence Dr. Goldthwait tentatively offers in the publication of his case. Before such evidence is accepted, however, it should be definitely established that the disease which improved under his treatment to the point of practical recovery was, in fact, progressive muscular atrophy in the technical sense in which the term is used by neurologists. This evidence appears not to be forthcoming. If he refers to progressive muscular atrophy of the spinal type, the onset and whole course of the disease would preclude such a diagnosis.

If he refers to the so-called peroneal type of progressive muscular atrophy, here again the sequence of muscular involvement and the mode of onset would remove it from this category. If, in the third place, he refers to a general atrophy, irrespective of spinal cord involvement, he confuses the issue by using the term "progressive muscular atrophy" which, clinically, for the sake of clearness, should be confined to a disturbance with organic basis. The point at issue, therefore, before any deductions can be drawn as to treatment, is whether we are in this case dealing with a progressive muscular atrophy as that term is clinically used. The evidence given in the history and examination does not substantiate this idea. There is no detailed statement of the muscles involved, for example, the condition of the small muscles of the hand, of importance in the diagnosis of the spinal type of progressive muscular atrophy, nor is there a statement regarding the electrical conditions, or the reflexes, beyond the general statement that they are diminished, or the presence or absence of fibrillation.

It is, perhaps, more probable that the patient was suffering from one of the dystrophies in which the primary disturbance is muscular rather than neural, but here again the examination as given is not sufficient to justify a definite diagnosis. The most probable diagnosis which is not mentioned as a possibility is a generalized neuritis—using that term in a broad sense—of unknown etiology. In view of the outcome and the result of treatment, this diagnosis should be most seriously considered.

That the type of treatment advocated by Dr. Goldthwait is of great value in any chronic disturbance I should not be disposed to question in the slightest degree, but that he has demonstrated, as his title implies, that a case of general progressive muscular atrophy has been cured by his method, is open to doubt until he has conclusively shown that he was

dealing with a case of true muscular atrophy. Lacking that evidence, the conclusion appears unjustified that progressive muscular atrophy is curable by this or any other means as yet known.

Truly yours,

E. W. TAYLOR.

PANCREATIC EXTRACT IN THE TREATMENT OF DIABETES

BOSTON, May 4, 1922.

Mr. Editor:

In accordance with my promise in my letter of last week, I am writing you concerning the further announcements made by Professor Macleod of Toronto and his co-workers upon the results of their work with pancreatic extracts in the treatment of diabetes. He presented his paper yesterday noon before the Association of American Physicians in a clear, simple and so convincing a way that upon its conclusion Dr. Woodyatt of Chicago moved that the members of the Society express to Professor Macleod and his co-workers their appreciation of his epoch-making discovery by a standing vote of thanks. Unless I am in error, this is the first time in twenty years that such action has been taken by the Society.

Insulin, the name given to the new pancreatic extract, has now been obtained from the adult ox pancreas, so that the previous difficult methods described in my letter of last week are no longer necessary. The extract is fat free, nearly protein free, and has a low salt content, and in small quantities produces marked results. So far seven cases of human diabetes have been treated with the extract secured as above. In these cases the blood sugar has been reduced from 0.50 to approximately 0.10 per cent., the urine has been made sugar free, and acidosis has disappeared, which, as I understand it, is one of the earliest effects of the extract.

The entire subject is now being systematically investigated by the workers in Toronto. Professor Macleod said that he could not assert that they had discovered the "whole thing," or that the preparation was safe for all cases, or indeed that it should replace orthodox methods of treatment.

A test of the efficiency of the extract has been made, by its injection into 125 normal rabbits. Following the injection the blood sugar, which in rabbits is about 0.125, is reduced within an hour to 0.065 per cent., and if the blood sugar goes too low, then serious convulsions may appear, but these disappear so soon as 5 grams of dextrose are injected into the animal, recovery taking place in two minutes.

All forms of hyperglycemia artificially produced in rabbits are prevented by this method.

With dogs made diabetic by depancreatization, the respiratory quotient has been shown to rise in three clear experiments when sugar combined with extract has been given the dogs. A control experiment has been made with a diabetic dog and the respiratory quotient was raised nearly to 1.0.

The effect of the extract upon the percentage of glycogen in the liver and fat in the liver and blood has been determined. In a diabetic dog carbohydrate will never raise the glycogen content of the liver to more than 1.0 per cent., but when the carbohydrate plus the extract was given to four such dogs, the percentage of glycogen increased to over 10.0 per cent. In diabetic animals the total fatty acids in the liver amount to 10-14 per cent.; in other words, in diabetic animals the glycogen is absent from the liver, but there is much fat. When sugar plus the extract is given to such animals the fat in the liver is decreased simultaneously with the increase of glycogen, though both exist together at times, thus controverting an old theory. The lipemia of diabetic dogs will amount to 2.0 per cent., but when

sugar plus the extract is given to such dogs, it decreases to 0.5 per cent.

Whereas it was possible to produce the extract on a small scale, it has not yet been possible to satisfactorily produce it in large quantities, and, in fact, the extract has not been available in Toronto for two months. It may be six months or more before the extract is generally available, but it would seem certain that it was simply a question of time until the medical profession would have this new method of treatment of diabetes at its disposal.

Very truly yours,

ELLIOTT P. JOSLIN.

SIMMONS COLLEGE PRE-MEDICAL COURSE.

Mr. Editor:

The Simmons College catalogue announcing courses for 1922-1923 includes a new two-year pre-medical program which is arranged to meet the admission requirements of medical schools of the Class A rating adopted by the American Medical Association. This announcement will be welcome to many women who are planning to go into medicine as a profession as the required arrangement of courses is not ordinarily possible in women's colleges.

Very truly yours,

C. M. HILLIARD,

Professor of Biology and Public Health.

A SECTION OF OBSTETRICS IN THE STATE SOCIETY.

SOMERVILLE, May 3, 1922.

Mr. Editor:

The best way to care for the parturient woman, and the best way to safeguard the new-born, has in the past few years been freely discussed in public and private by the laity. In legislative halls, both state and national, the matter of maternity and infant welfare has received more than ordinary consideration. Strange as it may seem, the medical press and organized medical societies, with some notable exceptions, has not given to the discussion as much space and thought as the subject might seem to demand. The care of the parturient woman and the welfare of the new-born is primarily a medical work and should be exclusively under the supervision and direction of the medical profession. To achieve this end, I am asking through the JOURNAL, Mr. Editor, that there should be established in the Massachusetts Medical Society, consistent with its constitution and by-laws, a Section of Obstetrics.

The formation of such a Section, in my opinion, would be the first step in solving the problem of the best care of the expectant mother and her child. In the Section of Obstetrics, if established, the general practitioner who is in obstetrical work and the expert in obstetrical practice could come together on equal footing to discuss obstetrical problems, and finally to determine what are the best, the safest, and the sanest means by which the expectant mother and child could be safeguarded.

The control of medical public opinion as regards the practice of obstetrics would be in the hands of those trained and competent to guide. By means of such a Section, the public could be instructed and guided in this important matter. There may be in other state medical organizations a Section of Obstetrics, but I have not heard of any. If our Society determines to establish a Section in Obstetrics, it will be the first among state societies to do so, and I think our example would be a powerful incentive to other state societies to make intensive studies in their respective states of their obstetrical conditions.

CHAS. E. MORGAN.

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