Max Krüger: "Die Nachbehandlung operierter Carcinome mit homogener Bestrahlung" (*Berliner Klinische Wochenschrift*, No. 11, 1908). Besides these there are various smaller communications.

I am, Sir, yours faithfully.

Bad Nauheim.

PAUL C. FRANZE, M.D.,

TREATMENT BY FERMENTED MILK.

To the Editor of THE LANCET.

SIR,—It would seem that many practitioners are using fermented milk in the treatment of patients and reports that are published up to the present time deal only with those cases in which a greater or less amount of success has been obtained. Mr. Tubby in his paper dealing with some successful cases in THE LANCET of Dec. 26th, 1908, p. 1865, says: "It is curious that while one of the by-products of bacillus coli is lactic acid yet milk fermented either with bacillus of Massol or bacillus acidilactici is inimical to colon bacillus." I am writing you to draw the attention of those working at this subject to a little point which may have a bearing upon the matter. From questions I have asked of other medical men and chemists it does not seem to be generally known that there is more than one lactic acid—viz., a dextro-rotary, a lævo-rotary, and a neutral form according to its action on polarised light, and I suggest it is possible that these different forms are produced by the different milk ferments and, again, that the bacillus coli is adversely affected by one form and not by another. For "the mere fact that penicillium glaucum is capable of destroying one form in preference to another—d-lactic, for instance, compared with l-lactic acid—is an indication that molecules of one type have a closer connexion with the cells of that particular form of life than the other." The quotation is from pp. 6 and 7 of "The Chemical Basis of Pharmacology," by Professor F. Francis and Dr. J. M. Fortescue-Brickdale, which is the only source of information at my disposal. I believe that the explanation given of the action of the fermented milk in the human intestine is that the harmless bacillus introduced grows apace and crowds out the putrefactive bacillus; if that be correct the rôle of the lactic acid produced may seem to be of minor importance, yet it is a drug which some of us have been in the habit of using for many years and have imagined, perhaps, that our patients benefited thereby, though also it has frequently disappointed us. However, I am not capable of either discussing questions of stereochemistry or of investigating the point for myself, but I hope that some of those who have laboratories at their command and time to work in them will go into the matter. I might perhaps add, though apart from the precise object of this note, that I am informed that commercial lactic acid is neutral in its action on polarised light.

I am, Sir, yours faithfully,

LEWIS G. GLOVER.

Belsize-park, Hampstead, N.W., Dec. 26th, 1908.

THE CLINICAL AND POST-MORTEM ASPECTS OF THE STATUS LYMPHATICUS.

To the Editor of THE LANCET.

SIR,—Since the publication of my paper on this subject in THE LANCET of Dec. 26th, 1908, it has occurred to me that the word "properly" on p. 1873, line 49, might be misconstrued as a "covering proviso." In view of such a possible misunderstanding may I be allowed to state my reasons? The adjective is inserted for the purpose of eliminating all such sources of trouble as those due to (a) non-recognition or non-observation of the quickly approaching fourth stage; (b) the administration of a sudden overdose during the first and second stages; (c) asphyxial catastrophes—caused by the obstruction of any foreign body in the larynx, the regurgitation of vomited matter or blood *viâ* the trachea and bronchi, or any other of the various mechanical impedimenta to respiration. When it is ostensibly realised that a patient's general condition is *in extremis*, and yet nevertheless an immediate operation holds out the only possible, though very slender, chance of recovery, under such circumstances as these if a fatality does occur while under the influence of a general anæsthetic,

though usually it does not, the disaster cannot fairly be in any way attributed to the anæsthetic. In a case of this kind probably chloroform is much safer than ether, as it is the "heart" primarily that is failing to go on with its work, and the former diminishes the amount of work it has to do by lowering the general blood pressure, and does not, like the latter, stimulate it (a mistake, since the heart is temporarily, at all events, in an analogous position to a tired-out horse). There are occasions, too, where the general condition is manifestly very bad, and yet the full gravity of the situation is scarcely recognised and an exploratory laparotomy is attempted with a view to investigating some obscure, ? malignant, tumour. Here a small amount of shock might, in the lighter stages of anæsthesia, give rise to a fatal termination. Again in diphtheria a well-marked acute fatty degeneration of the heart is often found, and a sudden fatal syncope has not infrequently been known to occur in consequence; hence it is conceivable that a child, while slightly struggling in the initial stage of chloroform anæsthesia, might succumb from this cause—the chloroform being administered for the purpose of performing tracheotomy on account of laryngeal implication. Here the chloroform is instrumental by being the exciting cause of the struggling. The coincident rupture of the heart, or of an aneurysm, under similar circumstances is perhaps too rare to require consideration. Some authorities agree that death can take place during the administration of anæsthetics in certain rare hysterical or closely allied conditions. Lastly, there is without doubt such a thing as "a chloroform idiosyncrasy," but this must be uncommon, and very little mention is ever made of it. Cases of delayed chloroform poisoning, with excess of acetone in the system, seem to be directly due to the narcotic, but death, if it occurs at all, does not happen at the time of the administration.

I am, Sir, yours faithfully,

Reading, Dec. 24th, 1908.

R. ERNEST HUMPHRY.

THE TRYPSIN TREATMENT OF CANCER.

To the Editor of THE LANCET.

SIR,—In the review of work during the past year under the heading of Cancer in THE LANCET of Dec. 26th, 1908, p. 1892, it is stated in the report of Dr. J. E. Weinstein on the trypsin treatment of ten cases of malignant disease of the abdominal organs that "amylopsin was injected also as advised by the introducers of the trypsin treatment. The amylopsin is used on the theory that the trypsin, in acting on the cancer proteins, produces poisonous substances which the amylopsin digests." Apart from the fact that the treatment of inoperable cancer by trypsin injections and pancreatic preparations, oral and local, was introduced by myself in the columns of THE LANCET, independently based and commenced on a pancreatic and nutritional theory,¹ I would ask you to permit me to point out that the importance attached subsequently to amylopsin by others (in opposition to my suggestion that trypsin acted on the proteid-carbohydrate, glycogen) and the additional recommendations of amylopsin injections are not mine, any more than the theory of its action given in the above.

So far from suggesting any action of amylopsin on the poisonous products of trypsin on cancer proteins, on the contrary, I drew attention to the associated action of the pancreatic, intestinal, and liver secretions, and more especially to the ferment, erepsin,² chiefly contained in the intestinal mucosa (Cohnheim), but common to all organs and tissues (Vernon), a ferment which especially acts on peptones, the product of trypsin and pepsin on native proteins.

I am, Sir, yours faithfully,

Dec. 30th, 1908.

J. A. SHAW-MACKENZIE, M.D. Lond.

¹ THE LANCET, Feb. 11th, 1905, and Jan. 14th, 1905.

² Brit. Med. Jour., March 24th, 1906.

HOSPITAL FOR SICK CHILDREN.—The course of lectures and demonstrations at the Hospital for Sick Children, Great Ormond-street, will commence on Thursday, Jan. 14th, at 4 P.M., when Mr. W. Arbuthnot Lane will lecture on Fractures in Children. Weekly lectures and demonstrations will be given on Thursdays at 4 P.M. Dr. G. F. Still will lecture on Jan. 21st on Some Morbid Habits in Children. The lectures are free to all qualified medical practitioners.