That this latter number is wholly unnecessary is true; but the difference between what is and what might have been, but for JENNER, is another laurel for his centenary next year.

CORRESPONDENCE.

The Erysipelas Toxins—A Reply to the Editorial of Dec. 15, 1894.

NEW YORK, Dec. 20, 1894.

To the Editor:—My attention has been called to your recent editorial upon the "Failure of the Erysipelas Toxins." Coming so soon after a previous editorial upon the *success* of the toxins, I am somewhat surprised, not so much at the radical change of views, as at the change having been allowed to take place without a more careful inquiry as to the present status of the treatment and a more critical analysis of the evidence presented.

The statement is made in your editorial: "There is no longer much question of the entire failure of the toxin injections as a cure for sarcomata and malignant growths. During the past six months the alleged remedy has been faithfully tried by many surgeons, but so far not a single well authenticated case of recovery has been reported, so far as our reading has extended, and the personal experience of surgeons of our acquaintance with whom we have conversed, demonstrates that in all cases in which they have tried the erysipelas toxin the result was no improvement." It is further stated: "We should not accept as conclusive, reported cures by any investigator, no matter how prominent. We should demand that these cases be corroborated by other observers making investigations independently."

Fortunately, there is no issue between the editor and myself as to this latter statement; and only such evidence as will stand the rigid tests of scientific demonstration will be considered. This whole dispute, then, resolves itself into the simple question of fact, *Does or does not* such evidence exist? I presume the writer of the editorial used the term, "erysipelas toxins," in short for the toxins of erysipelas and bacillus prodigiosus. As I was the first to propose and to carry out this method of treatment for sarcoma, and as I am the only one who has used this method in any large series of cases, it would seem that my experience, stretching over a period of more than three years, ought to have as much weight in determining its value, as the "personal experience of surgeons of the editor's acquaintance," whose observations cover a period of less than six months.

In my paper on this subject presented before the American Surgical Association at Washington, May 31, 1894, I reported the results of twenty-five cases of inoperable sarcoma treated with the mixed toxins. Of these cases, six were successful up to that time. Since that time I have treated thirteen other cases of inoperable sarcoma, with the result of now having ten cases out of a total of less than forty in which there is good reason to hope for permanent cure. These results were reported in a recent paper before the New York Academy of Medicine, Nov. 15, 1894, and will soon be published in detail in the *New York Medical Record*. None of the six successful cases reported at Washington, six months ago, have shown any tendency to relapse. One of my cases has gone three and one-half years. This was a twice recurrent sarcoma of the neck and tonsil, with the patient in a most desperate condition, with no chance of living more than a few months. He had been operated upon by Professor Duranti, of Rome, and Dr. Bull, of New York. The microscopic examination was made by

Dr. Farquhar Ferguson, Pathologist to the New York Hospital, and he was frequently seen during the treatment by Dr. Wm. T. Bull, Professor of Surgery of Columbia College.

Two other very extensive inoperable cases have now gone nearly two years without recurrence. Both cases were treated at the New York Cancer Hospital, and the diagnosis confirmed not only by Dr. Bull and other surgeons but by careful microscopic examination by the leading pathologists of this city. Both of these cases were presented Nov. 15, 1894, at the Academy of Medicine, in perfect health. Another case that has now gone more than one year, a large inoperable sarcoma of the abdominal wall, was sent to me by Dr. Maurice H. Richardson, of Boston. I will quote Dr. Richardson's own words taken from the discussion and found in the *Transactions of the American Surgical Association*, 1894: "In this case there was no doubt, according to accepted methods of diagnosis, that the woman had a malignant and necessarily fatal disease. The mass filled the right lower quadrant of the abdomen. When I operated I first incised in the median line and came down on the tumor. I then made an incision in the lateral region with the same result. There was nothing to be done surgically. I took out a section and had it examined. It was pronounced sarcoma. The patient was sent to New York in October. In May there was not the slightest sign that could be detected. Unless the diagnosis was entirely wrong; unless the history, gross appearances and microscopic examination were entirely wrong, there was a case that would have died sooner or later." I will add that the microscopic examination was made by Dr. Whitney, Professor at the Harvard Medical School, whose reputation as a pathologist and microscopist ought to be sufficient guarantee of the accuracy of the diagnosis.

Space will not permit me to go further into detail, but in all of my cases the diagnosis was not only established by eminent surgeons, but confirmed by microscopic examinations of competent pathologists. Such evidence as this I claim to be *scientific*, in the strictest sense, and it can not be lightly dismissed as inconclusive because reported by a "single investigator."

In closing, I will say that the editor's demand that "these cures be corroborated by other observers" has already been completely met. The report of a very extensive sarcoma of the palate and pharynx, successfully treated by Dr. Walter B. Johnson, of Paterson, N. J., may be found in the *New York Medical Record* of Nov. 15, 1894, and four other successful cases in the hands of different surgeons throughout the country who used the mixed toxins, prepared and made under my direction (from cultures originally obtained from a fatal case) will shortly appear, with the publication of my paper.

In my previous paper (*loc. cit.*) I stated that cultures obtained from any but a very virulent case of erysipelas were of little value, and furthermore that all of my successful cases had been treated with toxins made from cultures obtained from a fatal case of erysipelas. Fully recognizing the importance of caution and conservatism in a matter of such grave import, I refrained from publishing my results, not only until I had a sufficient number of cases, the diagnosis of which was beyond question, but until sufficient time had elapsed to prove the permanency of the cure.

That a few physicians, in a very limited number of cases, with indifferent preparations of the toxins, have failed to obtain good results will not, I am sure, have great weight in the minds of the scientific portion of the profession, in determining the failure or success of this method of treatment of sarcoma.

Very truly yours,

WILLIAM B. COLEY, M.D.