

- (b) A doctor's personal notes on a case may be required by the court as evidence, whether or not the doctor is retained by either side. In such a case the physician is legally entitled to no more than a lay witness.
- (c) A physician may be required to testify as an expert without any legal claim for special recompense, but in such event cannot be forced to read up or prepare the case. Therefore more than his offhand opinion on the case as presented to him in court cannot be required.

DR. COURTNEY:

Adherence to the following rules would improve expert medical testimony 100%

- (a) The witness must have accurate and full knowledge of the patient's history as well as present condition. He is not going to be examined in what he does not know unless it be something directly concerning the case.
- (b) An expert who cannot testify in simple terms will find the effect of his testimony soporific only.
- (c) It is not the province of the medical expert to attempt to fix the blame.
- (d) Witness should take his tone from the court. Flippant self-assurance and spurious ease are easily recognized. Attention should be given at all times to the jury, and the voice and temper must be controlled.

MR. A. D. HILL: *Liability of Practitioners.*

The law will not hold liable a well-equipped careful man of reasonable skill, who makes use of such tests and appliances at his command as are reasonable in the particular situation in which he is placed. It is apparent that in the long run the best of men will at some time or other fall below his usual standard. Nevertheless damage suits are based on other grievances than the occasional human failings of physicians.

The main precautions to be taken are:

- (a) Have full records, including explicit statements made to patient in regard to what you could not undertake to accomplish. Incomplete records are the most frequent cause of disaster. Note that charity patients enjoy liability law.
- (b) Exercise greatest care and circumspection.
- (c) Insist on your orders being obeyed; otherwise it is prudent to refuse any responsibility.
- (d) Insurance.

The medical profession should be clearly aware of the temptation in legal procedures to protect fellow practitioners against justice. This temptation is a very subtle one, but it is not hard to see the eventual wrong that professional protection does in lowering the ethics of the medical profession.

A. COOLIDGE, M.D.  
A. GREGG, A.B.

## MEDICAL MEETING IN THE AMPHITHEATRE OF THE PETER BENT BRIGHAM HOSPITAL, TUESDAY EVENING, NOVEMBER 23, AT 8.15 O'CLOCK.

### EXHIBITION OF CASES.

DR. HARVEY CUSHING: A case of Hodgkin's disease showing a very chronic clinical course.

DRS. A. J. HAMILTON AND J. E. ASH: A case of Hodgkin's disease showing an acute clinical course, with pathological specimens.

Paper of Dr. J. L. YATES, of Milwaukee,—

### HODGKIN'S DISEASE AND CLOSELY RELATED AFFECTIONS: THEIR TREATMENT BASED ON ETIOLOGY AND MORBID PHYSIOLOGY.

Hodgkin's disease must be classified with the infectious diseases. The microorganism responsible for the pathological processes characteristic of this malady may gain entrance to its host through any chronic lesion, either of the skin or of the mucous membranes.

The investigations carried on by Dr. Bunting in the pathological department of the University of Wisconsin and by Dr. Yates in Milwaukee, have shown that there are three diagnostic criteria for this disease: the histological, the hematological and the bacteriological. As yet the histological studies have shown no fully established pathological entity. The blood picture, however, is very characteristic. It constitutes the most reliable single diagnostic measure, and it forms the best guide for treatment. In following the results of therapeutic measures it is invaluable. All of the animals which were injected with the microorganism isolated by Bunting and Yates showed the characteristic blood pictures. The agent responsible for Hodgkin's disease is a diphtheroid organism ubiquitous in nature. It has been recovered in pure culture from certain of their patients on many different occasions. When the histological and hematological findings have been positive Bunting and Yates have never failed to get pure cultures, except where treatment has previously been instituted. This same diphtheroid organism has been isolated from patients representative of seven different disease pictures. From an etiological standpoint, then, the following diseases must be grouped together. The various pathological changes found here represent different stages of the same disease.

- Group I. Type Hodgkin's.
- Group II. Lymphoma—Large cell
- Group III. Lymphoma—Small cell
- Group IV. Banti's Disease
- Group V. Chronic Hypertrophic Arthritis
- Group VI. Elephantiasis
- Group VII. Mycosis Fungoides

The toxin circulating in the tissues in Hodgkin's disease has a specific action on three types of cells: the lymphoblast, the endothelioid cell, and the fibroblast. The clinical course of this disease, which

shows alternating waves of aggression and regression, may be explained by assuming that the patient is never able to produce sufficient antibodies to overcome the infection.

In the past the patients have always been treated symptomatically. Yates now bases his treatment on an hypothesis which accords with the pathological and clinical aspects of the patients. The portal of entry is first excised. This, in the great majority of cases, is the tonsil. An attempt is then made to throw the balance of power on the side of resistance by excising as much of the diseased tissue as possible, thereby removing the greatest quantity of toxin in the shortest time. To prevent recurrences the wound is thoroughly bathed in iodine, and x-ray treatment is started within a few hours. Later immune serum is administered and proper hygienic measures are instituted. In the treatment the toxin must be neutralized. Unless this be done, whether the glands enlarge or not, the patient is doomed. (Lantern slides were shown to illustrate the cases.)

The presence or absence of periadenitis is of great moment in gauging the therapeutic measures. Great periadenitis points to an unfavorable stage. Excision, accordingly, is not carried out at such a time. To remove an individual gland in Hodgkin's disease for microscopical study should be censured as severely as a similar course in the presence of carcinoma.

Yates and Bunting regard only such patients as cured as have shown no recurrence within five years. In a series of ten cases under observation for from one to eight years: one died from the operation, three succumbed to the disease, four are living and well with excellent chances for cures, and two are absolutely cured—one after six and one after five years.

#### DISCUSSION.

DR. MALLORY: The diseases mentioned in the first three groups of Drs. Yates and Bunting should be regarded as different expressions of one process—the lymphoblastoma, Hodgkin's disease and the lymphomata, then, are the clinical expressions of a new growth and are not infectious diseases. (Lantern slides were shown to illustrate the reaction of different tissues to the lymphoblastoma.)

DR. WRIGHT: A natural flora of organisms exists in the lymph nodes in smaller or larger numbers. It is conceivable that a tumor might arise from a pleomorphic organism in the nodes. There is still considerable skepticism regarding this, however, since nothing like Hodgkin's disease or lymphoma has been produced by inoculating animals.

DR. WOLBACH: The bacteriological work done by workers in general on Hodgkin's disease is very poor. The papers published on this disease give no satisfactory account of the characteristics of the organism supposed to be responsible for the pathological changes. It is absolutely essential that the properties of these microorganisms be adequately laid down. In view of the meagre bacteriological reports at present, and the wide distribution of the diphtheroids in the body, the speaker is skeptical regarding the organisms held responsible for Hodgkin's disease.

DR. GREENOUGH: The most important point from the clinical side is that the mortality from this disease under the usual conditions is close to 100%. Yet Dr. Yates points to a small proportion of his

cases which appear to have been definitely benefited by his measures.

DR. YATES: There is no known type of neoplasm which has constantly a temperature such as is seen in Hodgkin's disease. The tissues from some of Yates' and Bunting's experimental animals show a type of reaction which is very suggestive of the changes found in Hodgkin's disease. A perfectly characteristic blood picture appeared in the animals injected with this organism.

ERNEST GREY, M.D., *Secretary.*

#### Book Reviews.

*The Medical Record Visiting List* or Physicians' Diary for 1916. Newly Revised. New York: William Wood and Company. 1915.

*The Physician's Visiting List* for 1916. Philadelphia: P. Blakiston's Son and Company. 1915.

*The Practitioner's Visiting List* for 1916. Philadelphia and New York: Lea and Febiger. 1915.

The approach of a new year brings the annual editions of the standard visiting lists for physicians. These are as convenient as they are necessary, and the possession of one is essential to the practitioner who aims at efficiency and preparedness. Which one he shall select for his own use depends largely on his personal taste and habit, since all are suitable to the purpose for which they are designed.

*The Etiology of Typhus Exanthematicus.* By HARRY PLOTZ, PETER K. OLITSKY AND GEORGE BAEHR. 1915.

This monograph, reprinted from the *Journal of Infectious Diseases* of July, 1915, represents the original researches of the authors in the pathological laboratory of the Mount Sinai Hospital of New York, as a result of which they were enabled to determine the etiology of exanthematic typhus and to prepare an antitoxic and prophylactic serum therefor. In this important piece of investigation the bacteriologic studies were made by Dr. Plotz and the serologic studies by Dr. Olitsky. The book is illustrated with a number of charts and tables and one full-page colored plate. It closes with a valuable alphabetic bibliography of 136 titles. The volume is of peculiar interest as presenting the primary record of a piece of medical research whose practical value received such prompt contemporary demonstration in the European War.