

## Clinical Department.

### NOTE ON THE TREATMENT OF EPIDERMOID CANCER BY THE RÖNTGEN RAYS.

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RECENTLY I have had the opportunity in this JOURNAL of directing attention to the value of the x-rays in the treatment of lupus and since that time further experience has confirmed my belief in it as a therapeutic agent in lupus vulgaris.

I desire now to state my conviction that the x-rays are of value in the treatment of certain forms of cancer. Their usefulness in relieving pain in cancerous growths was demonstrated in Germany some time since, and in the *Philadelphia Medical Journal* of December 8 and 15, 1900, Drs. Wallace Johnson and Walter H. Merrill have presented an excellent article on the x-rays in the treatment of cancer. My experience differs from theirs in some respects, but before referring to it I will consider one or two points relating to face cancer. It is well known that this form of cancer may yield to treatment with caustics and as they insist on the importance of causing a burn, it would seem quite possible that the good results they have obtained might have been due to the caustic action which they state it is essential to excite. They produce a mild inflammation, gradually increasing its severity till there is a burn of such depth that it would require six weeks to heal on a healthy skin.

My experience at the Boston City Hospital indicates that we have either in the x-rays themselves or in some other form of radiation from an excited Crookes' tube a valuable therapeutic agent in epithelioma and that the beneficent action of the x-rays can be brought about without causing a burn. The patients to which I chiefly refer entered the Boston City Hospital in the service of Dr. H. L. Burrell, who at my suggestion had a small piece of the growth taken out and submitted to Dr. Mallory; the latter reported that the growths were epidermoid carcinoma. Then Dr. Burrell most kindly had the patients transferred to my care. I have convinced myself that without causing any pain and without the delay or inconvenience to the patient of an x-ray burn we can accomplish excellent results with this new method of treatment. Foul and nearly unbearable odors cease, the discharge becomes less and the growth steadily diminishes in size.

The earlier this treatment is undertaken the better. It is not improbable that we shall find its curative action limited to superficial growths, though as a means of relieving the painful features of the disease in other forms it may be of some use.

The delay in seeking medical advice for the treatment of a new growth in its earliest stages has been caused in many cases by the dread of the knife, but there is nothing to be feared in the use of the x-rays if they are properly applied; that is to say if the apparatus, especially the Crookes' tube, is suitable, the distance of the patient and the duration of the exposure are properly chosen and other necessary precautions are taken.

Later on I shall present in more detail the results of the use of the x-rays in the treatment of cancer.

## Medical Progress.

### REPORT ON THE DISEASES OF CHILDREN.

BY T. M. ROTCH, M.D., BOSTON.

KOPLIK'S SIGN IN MEASLES.

WIDOWITCH<sup>1</sup> has studied the diagnostic value of Koplik's spots in a recent epidemic of measles at Gratz. He examined 158 cases. The spots were found in 140 of the cases, 88.6%, and were absent in 18, 11.4%. Other prodromal symptoms which confirm the diagnosis were found in 115 of the cases in which the spots were present. In the other 25 cases it was the only prodromal symptom present.

He concludes, therefore, that Koplik's sign is not pathognomonic since it was wanting in one-tenth of the cases, and most often was associated with other prodromal symptoms. He also found it 10 times in 135 cases of rubella, in 1 case of follicular angina, and in another of stridulous laryngitis. He thinks this occurrence in other diseases diminishes its value. [Even if not pathognomonic, a sign which is found in nearly 90% of the cases of measles, not infrequently without the presence of other prodromal symptoms, is certainly of the greatest diagnostic value. Too much reliance, moreover, cannot be placed on the observation of the spots in 10 cases of rubella, for the diagnosis between measles and rubella is notoriously difficult.]

Rolly<sup>2</sup> found the sign from four days to six hours before the eruption in 24 of 78 cases of measles. In 11 cases in which it was not observed the examination was not made until from twenty-four hours before the eruption to four days after, too late a period from which to form definite conclusions as to the presence or absence of the sign at an earlier stage of the disease. He never found the spots in scarlatina, bronchitis, diphtheria, aphthous stomatitis, or numerous other diseases.

Hirsh<sup>3</sup> concludes that Koplik's sign is always present in the beginning of measles. The spots are present from twelve hours to five days before the cutaneous outbreak. The number of these spots bears no relation to the severity of the attack. They are found in no other condition of health or disease.

Maroney<sup>4</sup> studied 140 cases of measles, and concludes that Koplik's spots are an absolutely pathognomonic sign of measles from which a positive diagnosis can be made at an early stage of the disease. In the great majority of cases they appear before the skin eruption, and in almost one-half the cases before coryza or conjunctivitis. Their recognition allows early isolation, and provides a means of limiting epidemics in hospitals and institutions.

Ross<sup>5</sup> concludes from the study of 15 cases that Koplik's sign is most valuable, rendering an early diagnosis possible before the appearance of the exanthem. It is of assistance in differentiating true measles from röteln, erythema and scarlet fever, and also from diseases which simulate measles in their early stages, such as influenza and simple colds.

<sup>1</sup> Wien. klin. Woch., 1899, No. 37.

<sup>2</sup> Münch. med. Woch., 1899, No. 38.

<sup>3</sup> Philadelphia Medical Journal, August 25, 1900.

<sup>4</sup> Yale Medical Journal, October, 1900.

<sup>5</sup> Columbus Medical Journal, vol. xxiv, No. 2.