

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