

Correspondence.

"Audi alteram partem."

A DIPLOMA IN TUBERCULOSIS.

To the Editor of THE LANCET.

SIR,—With reference to the annotation in your issue of Feb. 25th (p. 390), with regard to the Tuberculous Diseases Diploma (Wales) and to the letters which have since appeared by Sir Robert Philip and others on the same subject, may I say a few words in support of my reasons for regarding this diploma as desirable? Both the comments in your journal and those of your correspondents, although indicating a critical attitude towards the title selected, agree as to the need for fuller post-graduate instruction in tuberculosis, and I am obliged to the writers for their kindness in setting forth their views upon this subject. It will be generally conceded that men work better when they have some concrete goal in view; the setting up of an object to be attained, a standard to be reached, gives point to human endeavour. Some inducement is needed to make it worth while for medical men to devote time, energy, and money to the advanced study of this disease, and the granting of a diploma, after a course of special study and the passing of a standard examination, should go far to supply the motive required.

The real question, then, is whether this diploma should be called a D.P.H. (Tuberculosis) or a Tuberculous Diseases Diploma. It is here that I part from your correspondents. I cannot imagine why a distinction conferred for proficiency in the study of this intricate disease should be regarded as a diploma in public health. Would it be a great advantage to a general practitioner or surgeon to be able to inscribe the letters D.P.H. (Medicine), or D.P.H. (Surgery) after his name? Obviously, such a description would be meaningless. Why then should the tuberculosis physician or the tuberculosis surgeon desire to be classified as an expert in the hygiene of this disease rather than as a specialist in its diagnosis and treatment? I fully appreciate the important bearing of early and accurate diagnosis of tuberculosis upon successful prevention of the disease, as it is only the efficient clinical help of the tuberculosis specialists that can enable the medical officer of health to be aware of the distribution of this disease in his area; but this applies equally to the diagnosis of all communicable diseases. The Tuberculous Diseases Diploma, which has been initiated in Wales, is not a diploma in hygiene, and its distinctive character would be lost by calling it a D.P.H.

As to the complaint that there are too many diplomas, this depends upon the unfortunate circumstance that there are too many diseases. No medical man can hope to cover the whole field, and specialisation becomes increasingly necessary as our knowledge grows.

In conclusion, may I quote one of the obiter dicta from his book on "Pulmonary Tuberculosis," by Sir J. Kingston Fowler: "A diploma in tuberculosis for those who are to deal with tuberculosis is just as necessary as a diploma in tropical medicine for those who are to treat tropical disease."

I am, Sir, yours faithfully,

S. L. CUMMINS,

Professor of Tuberculosis, University College of South Wales and Monmouthshire.

Cardiff, March 13th, 1922.

THE WOOD-HILL FUND.

To the Editor of THE LANCET.

SIR,—The following is the seventh list of subscriptions to the Wood-Hill Fund. A noteworthy feature of this list and of the previous one which was published on March 4th, is the large number of contributions from medical societies, honorary staffs of hospitals, &c. In the two lists there are no less than 17 contributions of this type. These contributions have been of material assistance to the Fund, and if similar bodies of medical practitioners in other parts of the country will follow

suit, the total amount required to reimburse Dr. Wood-Hill (£2250) will certainly be obtained.

I am, Sir, yours faithfully,

HAMILTON A. BALLANCE,

Hon. Treasurer.

All Saints Green, Norwich, March 18th, 1922.

Seventh List of Subscriptions.

Amount previously acknowledged, £1071 4s. 10d.

Bedfordshire Division of the British Medical Association (per Dr. E. R. Fasnacht, Hon. Sec.), £1 1s. from each of the following: Dr. K. B. Bellwood, Bedford; Dr. G. T. Birks, Bedford; Dr. M. F. Bliss, Luton; Dr. A. Chillingworth, Bedford; Dr. A. J. Chillingworth, Bedford; Dr. R. Coates, Great Barford; Dr. E. R. Fasnacht, Bedford; Dr. R. F. M. Fawcett, Toddington; Dr. F. Garratt, Luton; Dr. B. Glendining, Apsley Guise; Dr. C. I. Harmar, Luton; Dr. H. N. Little, Dunstable; Dr. F. S. Lloyd, Luton; Dr. W. G. Nash, Bedford; Dr. W. K. Parbury, Sharnbrook; Dr. Kilham Roberts, Shillington; Dr. E. C. Roberts, Bedford; Dr. Colby Sharpin, Bedford; Dr. W. A. Sharpin, Bedford; Dr. A. E. Street, Cranfield; Dr. C. G. Welch, Bedford; 10s. from Dr. C. K. Toland, Dunstable	22	11	0
Members of Derby Medical Society (per Dr. Charles E. Potter, Hon. Sec.)	21	15	0
Kensington Division of B.M.A. (per Mr. Howard M. Stratford, Hon. Sec.)	21	0	0
Hon. Staff of Sheffield Royal Infirmary (per Dr. A. G. Yates, Hon. Sec.)	20	0	0
Sir Charles Ryall, C.B.E., London (second donation); Medical Board of David Lewis Northern Hospital, Liverpool (per Dr. J. Murray Bligh, Hon. Treas.); Nottingham Panel Committee (per Dr. G. S. O'Rorke, Clerk to Committee); Medical Staff of Oldham Royal Infirmary (per Mr. W. R. Cammock, Hon. Sec.)	10	10	0
Hampstead Division of B.M.A. (per Mr. Sidney Boyd, Hon. Sec.)	7	13	0
Rugby and District Medical Society (per Mr. H. E. Powell, Hon. Treas.)	6	10	0
Mr. James Berry, London	5	5	0
Drs. F. P. Bush and W. Burton Marshall, Norwich; Mr. W. E. Ranson, Needham Market; Dr. A. Alan Forty, Shenington; Dr. T. Cuming Askin, M.B.E., Alderton; Dr. Gerald H. Davy, O.B.E., Hull	2	2	0
Dr. C. Colgate Holman, Northampton; Dr. Arthur Perigal, New Barnet; Dr. Emily S. Cooke, Sutton; Dr. J. J. Johnstone, Tillicoultry; Dr. H. W. Teague, Sheringham; Dr. David Ferrier, Luton; Dr. Allan Porter, Gorleston-on-Sea; Dr. Robert Stirling, Perth; Dr. C. C. Scott, Twickenham	1	1	0
Late subscription from Fife Branch of B.M.A. (see list published March 4th) (per Dr. D. Elliot Dickson, Hon. Sec.); Mr. H. W. Webber, Tasmania	1	0	0

COMBINED METHODS IN THE TREATMENT OF CANCER.

To the Editor of THE LANCET.

SIR,—Dr. J. C. Mottram's criticisms of the Erlangen technique in its original form, contained in his letter in THE LANCET of March 4th, would appear to be in some respects justified. He rightly states that the resistance of tumours microscopically similar may vary enormously, and that to speak of a "lethal dose for cancer" as being 90–110 per cent. of the erythema dose in all cases cannot be accurate.

I notice, however, that in Dr. R. Morton's article in your issue of Feb. 25th there is no mention of lethal doses; on the other hand, there is a recognition of the fact that healthy tissues may be stirred up to attack cancer cells by appropriate doses of X rays. More important still, it is admitted that the general health of the patient must be such as to permit him to "react." We also find the very important statements that after a dose of X rays healthy cells recover more quickly than cancer cells; and "second doses" are also mentioned. Although he says nothing about the power of X rays in suitable doses to raise immunity, or conversely about their capacity to reduce it if the dosage be too heavy, he admits that Erlangen methods, unmodified, are unsuitable when there is metastasis, and that cases which have been operated on do not do well. In general, this latest paper shows what may be called, to use a political analogy, a movement towards the right; to appreciate the extent of this movement, a comparison should be made with the claims advanced a year ago in which the phrase "single lethal dose" was of frequent occurrence, and between 70 and 80 per cent. of clinical cures were claimed both in breast and uterine carcinoma.

When will it be realised that there is no such thing as "cancer," but only "cancers?" The disease is protean, polymorphic, hydra-headed—what you will. No one treatment can "cure" it, even in the clinical sense. The Erlangen reputation has been largely won in the treatment of carcinoma of the uterus in that type of patient which in this country would be looked on as a good surgical risk. The Erlangen people themselves are very non-committal as to results in any other form of the disease—e.g., carcinoma of the breast and stomach. So far as the early uterine case is concerned, if it is to be dealt with by X rays alone the Erlangen technique should be strictly followed until some better method is worked out. For all else, those of us who have been dealing with cancer by X rays for the last dozen years may be permitted to use high-voltage apparatus in our own way.

The manifesto issued by the British Association for the Advancement of Radiology and Physiotherapy (the "B.A.R.P.") in August last stated that the principal credit due to the Erlangen school was that they had perfected apparatus for the sustained production of X rays at a higher potential than it had hitherto been customary to use, and that they had carefully systematised already known means of measuring dosage. Nothing has happened since then to make it necessary either to add to or take from this statement. The manifesto also stated that "combined treatment offers best prospect of cure." A case of breast cancer sent to the present writer as inoperable on account of fixation responded remarkably to repeated doses of X rays, in that the lump was reduced in a few weeks to half its former size, and became movable. Pain, however, remained. A consultation was held with a surgeon, and it was decided to remove the lump without attempting any extensive operation. This was done and the pain disappeared. This patient is at the moment free from discomfort and able to go about her daily affairs. She was very ill when first seen, and an application of penetrating X rays on the single dose principle would almost certainly have killed her. She is in all probability already the victim of metastatic deposits, which, however, may remain inactive for some time, whereas an intensive X ray dosage would have stirred them into activity by lowering the general resistance.

Both the highly penetrating ray and the intensive dose have their place in the treatment of cancer—are, in fact, nowadays indispensable. But to suppose that in themselves they form the only useful method of radiotherapy in cancer is a dangerous delusion. The radiologist has reached a point when he may justly claim equality with the surgeon in the treatment of cancer. But this equality is general, not particular—in dealing with some types the surgeon will remain, in others the radiologist will become, predominant; but, for the most part, X rays, radium, and electricity—not to speak of hormones and vitamins—will need to be combined with surgery in order that the best results may be obtained. Nature does not recognise specialties.

I am, Sir, yours faithfully,

F. HERMAN-JOHNSON.

Harley-street, W., March 16th, 1922.

PS.—Since returning the proof of this letter I have read Dr. Douglas Webster's communication in THE LANCET of March 18th. It will be seen by anyone reading the two letters that they agree in many ways to an extent which might almost suggest collaboration. I was, however, quite ignorant of the contents of Dr. Webster's letter, and he of mine. The fact is that men who look at these various developments with a level gaze cannot fail to see that no one method can hold the field in the treatment of cancer. Not only may histologically similar tumours differ in response, but the same tumours may vary in susceptibility from time to time. The response of the healthy surrounding tissues and of the body as a whole varies in accordance with many factors, not all of them known; but hormones and vitamins certainly play a part. I was glad to see that, according to Dr. Webster, the Erlangen School are now paying great attention to the conservation of the blood; but I

fear that not all their would-be followers take equal precautions. "Penny-in-the-slot" methods may succeed at times, but are bound ultimately to fall into discredit. Every case of cancer presents a problem for careful individual study, often calling for more knowledge than can be stored in any single human mind.—F. H.-J.

MOLLUSCUM CONTAGIOSUM.

To the Editor of THE LANCET.

SIR,—My notice has been drawn to a paper on human and avian molluscum by M. Borrel¹ published last year. The article concludes: "The tumour of molluscum contagiosum so benign and so modest in human pathology has nevertheless a theoretic interest of the first order." In my own experience the biopathology of molluscum explains the cell-inclusions of cancer, syphilis, small-pox, &c., on the one hand, and also the filtrable organisms on the other hand. Borrel found avian molluscum easy to study experimentally. He comes to one conclusion that I know to be incorrect: that the molluscum body is a symbiotic cell. As a matter of fact, the simplest water-cultures in a few days afford proof that the whole molluscum body is a parasite. It is the most typical of the group of protists for which last year² I suggested the name "Plassomyxineæ," and I would name it *Plassomyxa contagiosa*.

In making new names in biology, the rule is to define their application in Latin of some sort, hence I submit the diagnosis: *Plassomyxineæ, nomen novum, applicandum quædam ad protista parasitica et pathogenica, genus Synchytrium affinia, quæ interdum in statu plasson dicto sunt*. All biology is viewed in relation to the cell-theory, which, true as it may be for metazoa and the higher plants, is false in relation to some phases of protists; for instance, in the genus *Synchytrium* such as that species which causes wart disease of potatoes new cells (zoospores) are produced in one kind of spore from a plasson plasmodium, in other words by free cell-formation. This term, rightly discarded for higher organisms, has proved to be prophetic for some protists.

This flaw in the cell-theory has sterilised official search for the causal agent in cancer, &c., for 70 years, and so it must be as long as "*Omnis cellula e cellula*" is not generally recognised to be too wide a generalisation.—I am, Sir, yours faithfully,

J. JACKSON CLARKE.

Portland-place, W., March 18th.

COLLOIDAL ANTIMONY: A CORRECTION.

To the Editor of THE LANCET.

SIR,—By an unfortunate inadvertence a letter from Dr. F. G. Cawston of Durban, S. Africa, intended by him as a purely personal one to ourselves, was reproduced in extenso under "Oscol" Stibium in the 1922 edition of our "Ephemeris Pharmacologica." We feel it only just to Dr. Cawston to acquaint you with this unintentional misuse of what was intended to be a confidential communication. Unfortunately, in addition, a printer's error gave "*microscopic* parasites in man" where "*macroscopic*" was meant in the original. We think it only right to point out that through our own error Dr. Cawston's expression of opinion, given to us privately, has been published as a statement of fact, and we have duly expressed to him our apologies.

We are, Sir, yours faithfully,

OPPENHEIMER, SON & Co., LTD.

179, Queen Victoria-street, London, E.C. 4, March 14th.

* * In a private letter to us Dr. Cawston also disclaims a statement attributed to him in the medical press that "doses up to 12 c.cm. of oscol stibium, when injected *intramuscularly*, produced no local reaction and no general toxic effects."—ED. L.

¹ M. Borrel: Bulletin de la Soc. Française de Dermatol. et Syphiligraphie, 1921, No. 6, Réun. de Strasbourg.

² J. Jackson Clarke: THE LANCET, 1921, ii, 495.