

The normal skin reaction after Roentgenization in a manner described consists of a definite faint blush, which appears in from one-half hour to six days after irradiation, usually lasting from one to two weeks, gradually fading away, followed by a slight pigmentation, which by the end of three weeks has also entirely disappeared.

#### **Tuberculosis: The Home Hospital Experiment.**

By Donald B. Armstrong, M.D., New York, N. Y.  
U. S. Public Health Reports, Jan. 1, 1915.

The Home Hospital experiment was established by the Association for Improving the Condition of the Poor on March 19, 1912:

1. To prevent spread of tuberculosis from sick to well members of family, and particularly to protect children from infection.

2. To cure any of family who are in early stages of disease.

3. Improved health and larger earning capacity to patients whose cases are moderately advanced.

4. To complete the rehabilitation of the family, physically, economically and socially.

Since the beginning, of a total of thirty-six positive patients and ten suspects discharged during the two years only two cases have relapsed. In no instance has a well member of a family developed symptoms of tuberculosis, either while at the Home Hospital or since discharge. Further, the excellent results obtained with the infants and children indicate, we believe, the real value of the experiment.

Briefly, what can be said regarding the effect of the Home Hospital treatment upon the earning power of the family? Of the families discharged in the last year, their average weekly income on admission was \$6.34; on discharge it had increased to \$11.17.

The cost per patient is 66 cents. The average per capita cost of seventeen New York State tuberculosis institutions giving individual treatment is \$1.40.

Such a work aims at causes; seeks not only the cure of the individual, but the protection of society; is concerned with the patient, his family and environment, and deals with fundamental questions of livelihood and of life.

#### **X-Rays and Their Use in Treatment of Cancer.**

By John D. MacRae, Tampa, Fla. *Journal of the Florida Medical Association*, February, 1915, pp. 225-228.

X-rays vary in power to penetrate tissues. Tissues vary widely in sensibility to X-rays. Cells having great reproductive activity, i. e., epithelial cells, are extremely radio-sensitive. Highly specialized cells, such as nerve cells, are practically immune to therapeutic doses.

The Coolidge tube can be regulated so that its output may be varied at will or maintained at a given intensity for long periods.

Cancer cells are radio-sensitive, and success in treatment depends on this fact and on our ability to deliver right dose to pathological tissue while at same time we protect adjacent parts.

The use of radiochrometers makes possible measurement of doses.

Filters of aluminum to stop soft rays, and lead shields to limit area to be irradiated, are indispensable.

Deep therapy is made practical by use of tubes which are unfluctuating in output and capable of being accurately regulated.

Superficial cancer can be treated without pain and with good cosmetic results. Deeper seated cancer should be surgically extirpated and the X-rays used to limit the possibility of metastasis or recurrence. Inoperable cases may be relieved of pain in large measure by X-radiation, and in some cases may be cured or so changed in character that surgical treatment may be successfully applied.

#### **The History of Medical Ethics.**

By George Wythe Cook, Washington, D. C., April 3, 1915. *New York Medical Journal*, Jan. 23, 1915, pp. 141-146.

There being no associated treatise in the English language on medical ethics, the writer has sought to bring together in as succinct a manner as is compatible with fidelity a narrative of the conceptions of wise and noble men of the profession of medicine of standard of character that they should avow and maintain. While the essence and spirit of the whole matter is contained in the Hippocratic oath, it is interesting to observe how the views of great medical men of all ages harmonize in this particular. The Vedic and Unani medical oaths are similar to the Hippocratic. Until after the seventeenth century medical ethics and forensic medicine were classed together, and legal enactments governing medical practitioners contained such drastic and unmerciful penalties it is amazing that anyone had temerity to engage in the practice of medicine at all.

Medieval law for regulation of practice of medicine, promulgated by Emperor Frederick II in 1240, contained requirements of a high grade and creditable character. Lanfranc, the founder of French surgery, delineates the requisites necessary in a surgeon.

John Arderne, a distinguished English surgeon, celebrated for his treatise on fistula in ano, gives wholesome suggestions as to essential qualities desirable in a good surgeon.

Thomas Linacre, in 1518, founded the College of Physicians of London in order that its members might be "improved in learning, in practice of medicine, and in the morals of their profession."

In reviewing the whole history one must see that fine, high ideals were held in common by all great medical men.