the continuous supervision of an instructor, as can be obtained in the gymnasiums, while home exercises are apt to be neglected.—I am, etc.,

London, W.1, Dec. 31st, 1925. CHARTERS J. SYMONDS.

THE TREATMENT OF ACUTE INTESTINAL OBSTRUCTION.

SIR,—I am glad to see that the remarks of Sir William Taylor, at the last Annual Meeting of the British Medical Association, on the delinquencies of practitioners with regard to the recognition of intestinal obstruction, have received the adverse criticism they deserve, as I regard them as unjust. It is gratifying to note that subsequent speakers did something to soften their asperity.

It is beyond dispute that the diagnosis of obstruction may be a matter of great difficulty in the early stages. It is to be regretted that a leader of surgical thought and practice should indulge in strictures of this nature which appear to be used either for rhetorical effect or as the result of unbalanced enthusiasm. Let me give another example of a similar nature. A few years ago—I am speaking from memory—there appeared an article on the operative treatment of simple fractures, from the pen of another leader of surgical thought, the purport of which was that unless a bone was restored to anatomical alignment the practitioner might deservedly be condemned in damages in an action at law. I am under the impression that the words used were of a more forcible nature.

No doubt in both instances the intention was good, and in both good may result: in the one, by the surgeon being called at an earlier date, and in the other, by more care being exercised in endeavouring to obtain a higher standard of results by the non-operative methods; yet both I regard as damaging to the profession and dangerous in these days when the public is always so ready to blame the doctor and to start actions for negligent treatment on the flimsiest of evidence.

Let us for a moment suppose that every case of threatened obstruction reached the surgeon's hand at the earliest stage before the fatal symptoms are manifest. What would be the result of such an ideal condition? I agree with Sir William Taylor that the results of operation would probably greatly improve, but one hesitates to think what a large percentage of cases would have an abdominal section performed unnecessarily, as doubtless we have all met with cases in which no obstruction has been present at the operation, and on the other hand, cases in which we felt almost certain that obstruction existed that have cleared up to the satisfaction of all concerned without operation. No doubt the surgeon would be satisfied by saying, "Better open a dozen abdomens than fail to recognize one case"; but what about the opinion of the patient and his friends if they were aware of the facts? I rather think that an action might be brought against the surgeon with perhaps more justification than against a general practitioner for not recognizing the serious nature of the case in the early stages, as it would be said, "We sought the advice of the highest in the profession and an operation was performed which was not necessary, and which he as a leading man ought to have recognized was not necessary."

To borrow Dr. Gordon Taylor's words, the moral of the story to my mind is: rhetorical effect should not be indulged in the discussion of a scientific subject, nor should enthusiasm be permitted to obliterate all sense of proportion.—I am, etc.,

London, W.1, Dec. 31st, 1925. DOUGLAS DREW.

RECENT INVESTIGATIONS INTO THE CAUSE AND TREATMENT OF CANCER.

SIR,—In the *Canada Lancet and Practitioner*, November, 1925, Loudon and McCormack claim to have confirmed the view that the immediate causal factor in carcinoma is the "pleomorphic micro-organism isolated by Glover and Young." They have succeeded in isolating this microbe from a large number of different kinds of cancerous growths. Their investigations have led them to the conclusion that the filterable micrococcus of Nuzum and the filterable elements described by Barnard and Gye are probably identical with the corresponding forms of the Glover and Young micro-organism, and in this respect their views coincide with the contention which I have urged in the columns of the BRITISH MEDICAL JOURNAL (January 10th, 1925, p. 63, and August 8th, p. 271) and in the *Journal of the Royal Sanitary Institute* (December, 1925). My general views on the cancer microbe were set out in the paper published in the BRITISH MEDICAL JOURNAL of January 10th, 1925 (p. 60). My former papers appeared in the *Edinburgh Medical Journal* and date from 1921. The investigations therein recorded have convinced me that, whilst this microbe possesses as alternative phases coccal, bacillary, yeast, and hyphal forms, it lives ordinarily in the cancerous tissue as a dispersed element which is so minute as to be invisible. At about the same time as I was carrying out my early investigations in Edinburgh, Glover (in Toronto, as the result of an independent piece of research) was arriving at similar conclusions, which do not seem, however, to have been published till 1924.

Further confirmation of these views is found in two papers by M. J. Scott in the American journal, *Northwest Medicine*, of April and October, 1925. Scott claims to have isolated the Young-Glover microbe from cancerous growths and, in lower animals, to have produced malignant epithelial tumours experimentally at the point of inoculation of the micro-organism. Four monkeys with such experimental growths are illustrated. Furthermore, in his latter paper, Scott claims to have cured a considerable number of cases of cancer with a serum obtained from young horses immunized against an antigen prepared from the Glover-Young microbe. He first commenced the use of the serum over three years ago. The record includes twelve cases, some of which were very advanced.

Case 1, for example, was a woman, aged 39, who in June, 1921, at the Mayo Clinic had a radical removal of the right breast for adenocarcinoma. In May, 1922, she was admitted to St. James Hospital, Butte, with secondary growths in the right axilla and supraclavicular region, involvement of the skin and swelling of the right hand, forearm, and arm. A gland was excised from the axilla and adenocarcinoma recognized microscopically. The treatment was begun in July, 1922, and lasted till May, 1923. "By January, 1923, patient was entirely free from all evidences of carcinoma and free from all swelling and soreness of hand, forearm, and arm, and has remained so to date. Since August, 1922, patient has worked regularly as stenographer, weighs 108 lb., appears perfectly well and states her health was never better."

Case 2 was a woman, aged 50, who had a microscopically diagnosed squamous carcinoma involving part of the face, entire nose, septum, roof of mouth and upper lip, with enlarged cervical glands. The patient was very emaciated and weak; weight 125 lb.; Wassermann negative. The first treatment was given in October, 1923, the last in December, 1924. "By April, 1924, all evidences of carcinoma had disappeared, and by two months later all ulcerated and eroded surfaces had completely healed and have remained healed to date. Present weight 190 lb., colour good; patient appears to be in perfect health, doing own house work and says she never felt better."

Nine other cases are recorded with cancer at varying stages and exhibiting the same improvement under treatment.

In one further case considerable improvement took place, but the patient was subsequently found to have died in another State; Scott says there is no knowledge as to whether or not a *post-mortem* examination was made.

Scott states that with the experience gained in the treatment of the early cases and the improvement in the preparation of the serum better results are now to be expected, and believes that many of the earlier cases which died under treatment might now be saved. These results of Scott, in my belief, constitute the most important contribution to the non-operative treatment of cancer so far published, but while this new remedy is still in the experimental stage and its full possibilities have yet to be explored it would be unwise to lead the public to imagine that a proved "cancer cure" has been discovered.

The investigations of these various workers are thus seen to confirm in a very complete manner my views on the cancer parasite first published in 1921, and they encourage us in the hope that the knowledge of this parasite which we now possess may be applied with success to the problems of treatment. I have advanced evidence (BRITISH MEDICAL JOURNAL, October 27th, 1923, p. 765) suggesting that vaccination with the dead microbe can protect animals in a considerable degree against experimental cancer, and it remains for us to determine how far this procedure can be utilized for prevention in man.—I am, etc.,

Edinburgh, Dec. 19th. JAMES YOUNG.