

the first rank in South America, and Cuba in Central America. The problem has been dealt with in both these countries in a very practical manner, by the creation of antituberculous dispensaries, sanatoria, vacation colonies, seaside hospitals, and promotion of popular education through an active propaganda. Moreover, the authorities have issued decrees concerning prophylactic measures of the greatest importance. Contrary to the conditions obtaining in Europe in relation to tuberculosis, where private initiative plays a large part, Latin America is obliged to depend almost exclusively upon public co-operation in its campaign against tuberculosis, the latter having, as it were, a semi-official character. The better classes have failed to respond to the appeal made to them, and even the medical profession in general exhibits the greatest indifference to the noble but arduous task undertaken. Brazil, Chile, Uruguay, Ecuador, Peru, and Cuba have planned, or have in course of construction, sanatoria in localities which leave nothing to be desired. The Argentine Republic has, for two years, possessed a sanatorium in the province of Cordoba, to which the Argentine Parliament has granted a subsidy of about £16,800. The Argentine League has, in the fifteen months of its existence, distributed more than 600,000 pamphlets dealing with antituberculous education. It has extended its instructions concerning tuberculosis and alcoholism to the most remote sections of the Republic. Finally, it has promulgated useful prophylactic knowledge through printed instructions upon match-boxes. In Brazil the initiative in the work was taken by Dr. Clemente Ferreira of Sao Paulo as early as 1898, when he outlined a plan for the purpose of combating tuberculosis through instruction in prophylaxis and the hygienic education of the people, as well as by the establishment of sanatoria for indigent tuberculous patients. The Paulist Society of Public Sanatoriums was founded under the patronage of the Medical and Surgical Society, and constitutes in itself an antituberculous league. Other cities of Brazil which have followed the example of Sao Paulo are: Rio de Janeiro, Bahia, Pernambuco, Juiz de Fora, Curitiba, Campos, etc. The Municipal Council of Rio de Janeiro in 1901 issued regulations concerning the prophylaxis of tuberculosis. The Chilean League, having its headquarters in Santiago, was founded May 26th, 1901. It has done some important work, and disseminates instructions through booklets, notices attached to walls, etc. At present it is occupied in the creation of a hospital and dispensary, the latter of which is to be opened in the course of the present year. At the Institute of Hygiene, the league has established a bacteriological service for the gratuitous examination of sputum. An antituberculous league was founded at Montevideo, the capital of Uruguay, in July, 1902. The first dispensary is now in operation in the quarters occupied by the league. The Institute of Hygiene offers gratuitous examination of sputum. The Cuban League has published, since June, 1902, a monthly report of its work. It has sent missions to the interior of the island, and has obtained the formation of a commission for the special study of questions pertaining to tuberculosis. The provisional Government, desirous of establishing a sanatorium for tuberculous patients, submitted the project to the league. The committee named for this purpose has selected the property of Asuncion, which has been acquired by the Government. Fernandez de Castro has ceded to the league land at the mouth of Jaruco river as a site for a hospital for the treatment of tuberculous children. The first antituberculous dispensary in Latin America was established in Rio de Janeiro, January 26th, 1902, by the President of the Brazilian League, Dr. Azevedo Lima. The second was established in Havana in February, 1902, by the Cuban League against tuberculosis. Two others in Latin America are situated in Buenos Aires. The first was opened on July 1st, 1902, the second in September of the same year.

SUGAR, SALT, AND CANCER.

CAPTAIN E. R. ROST, I.M.S., attributes the rise in cancer mortality to an increased consumption of sugar, in the form of sweetmeats and other delicacies of modern confectionery, and a corresponding diminution in the use of salt-preserved articles of diet. His theory is¹ that malignant disease is parasitic in origin, and is due to the invasion of the body by a saccharomycete, the growth of which is favoured by glucose, but inhibited by chlorine-containing substances, and only admissible when the amount of chlorine in the body falls below normal. Some of his experiments, which he

records in support of this view, are rather remarkable. He has cultivated saccharomycetes from a variety of tumours on sterile cane sugar, and has also prepared what he describes as "a kind of tumour jam," by preserving portions of tumours in the same medium. Sections of this "jam" show "the tumour cells as usual, but the saccharomycetes abounding in and between them." He passed chlorine gas through his cultures of saccharomycetes, and found that it "rapidly killed the organisms, and it is evidently the chlorine that is the active agent." We do not find a record of any control experiments to show that chlorine gas when passed into cultures of organisms which have no connexion with cancer leaves their vitality unimpaired.

According to Captain Rost, the guiding principle in the treatment of cancer should be to diminish the amount of glucose in the body and increase the amount of chlorine, thereby rendering the patient's body an unfavourable culture medium for the specific micro-organisms. He has put this theory into practice upon ten patients, his treatment consisting, "first, of a strict diabetic diet; and, secondly, of piling in sodium chloride into the body, and preventing its excretion as much as possible." The results are said to have been most successful, but, unfortunately, the patients themselves do not appear to have been unanimous as to the advantages of the treatment they were receiving, since four out of their number ran away. Experiments were also tried upon animals, cancerous material and "saccharomycetes" obtained by culture from cancers being used for inoculation; various lesions were produced, and in some instances the influence of a salt diet upon the affected animals was studied. We are told that "one guinea-pig and one cat absconded," apparently before the benefits of sodium chloride had been accorded to them. If a prescience of the treatment which might have been in store for them had anything to do with their "absconding," we must regard this as one of the most remarkable instances of animal sagacity which has ever been placed on record.

Malignant disease is such a terribly serious subject, and we are so completely in the dark as to its etiology, that any endeavour to elucidate the problem deserves to be appreciated for the excellence of its intentions rather than reproached for the inconclusiveness of its results. But there is the danger in the premature publication of scientific work that popular reports of it, written by irresponsible persons who betray no evidence of scientific knowledge, may appear in the daily press and prove misleading to the general public. Not that any serious harm is likely to arise in this instance. The announcement that sweetmeats predispose to cancer, if it finds its way into the cheaper sensational journalism, may prove alarming to sundry juvenile and feminine readers; but if it checks their appetite for confectionery it will at least improve their digestion; and although the use of sodium chloride as an antidote would engender a thirst which might be slaked unwisely, there is little fear of so unpalatable a remedy becoming popular. Still, we think that Captain Rost would have been wise in deferring the publication of his theories until he had established them on a somewhat broader scientific basis; in the meantime, we wish him every success in his experiments, and hope, in the interests of science, that in future he will secure both experimental animals and patients who are not afflicted with that irritating propensity to "abscond."

GENERAL MEDICAL COUNCIL.

DISCIPLINARY CASES.

WE have received a letter from Mr. H. Varley, complaining of a passage in the report of the proceedings before the General Medical Council on May 25th, published in the SUPPLEMENT to the BRITISH MEDICAL JOURNAL of May 30th, page lxxii. It was there stated that the representative of the London and Counties Medical Protection Society, in addressing the Council, described the pamphlets to which he was directing the attention of the Council as obscene. Mr. H. Varley indignantly denies that his pamphlet is obscene. Our report of the proceedings before the Council was, we believe, accurate; and while we do not question the excellence of Mr. Varley's motives we doubt the wisdom of allowing such pamphlets to be sold to the general public.

THE annual dinner of the Association of British Postal Medical Officers will be held at the Hôtel Métropole, London, on July 17th. Among those who have accepted invitations to be present is Postmaster-General Mr. Austen Chamberlain.

¹ *Indian Medical Gazette*, April, 1903.