

my own evidence as to this, I have been able to bring several reputable witnesses with regard to a positive matter of fact; and with regard to two other matters of fact, I sent you a copy of the report in the *Glasgow Herald* in order to verify my statements with regard to them, and to prove the inaccuracy of Dr. Hadwen's. As all the cards I care to play are on the table, I can do no more than leave you and your readers to judge as to who is accurate.—I am, etc.,

Glasgow, Jan. 25th.

CHARLES WALKER.

#### THE TREATMENT OF CANCER.

SIR,—Under this title you published a review on p. 121 of your issue of January 18th. Kindly allow me space in your pages to note one or two points in the review, and to correct one or two errors. You say that I "first invited a general trial" of the pancreatic enzymes without myself being "very clear as to how it (the method) should be applied." I never "invited" any trial at all. On your invitation I published in the *JOURNAL* (January 20th, 1906) a brief account of some preliminary experiments upon cancerous mice. That sufficed. At once, from all parts of Europe and America, but not from Great Britain, I was overwhelmed by requests from medical men either for preparations of ferments or for addresses where such could be obtained, or for general directions for the use of such preparations in cancer. To these I responded because I wished to help my fellow-men. How could I, or any one else, then, seven years ago, know how such preparations should be used to obtain the best results? Like Lord Lister's method of antiseptic surgery, or tuberculin, or salvarsan, much had to be learnt from actual experience of the method; and, moreover, the manufacturing chemists had to find out how to put up active, strong, and keeping injections of the ferments. In 1879 I often saw Professor Edward Lund and Mr. Sam Bradley perform major operations under Listerian methods as they then were. But if either of those departed surgeons could now witness a major operation, undoubtedly he would recognize little or nothing of the Listerian methods they employed. None the less, you would not venture to suggest that Lord Lister should have waited until his methods were made perfect before giving them to the world. Even his first attempts at antiseptic surgery yielded some instances of success; in the same way the very first preparations of trypsin and amylopsin made "for Dr. Beard," as the makers put it, in 1906 furnished a very few cures. I am hardly responsible for damage done by inert preparations.

The preparations of pancreatic ferments, to which I was obliged to refer medical men in 1906, for instance, had only *one-twentieth part of the potencies* of those I should name to-day, and the latter are put out by the same firm of specialists. Therefore, if Dr. Baetzner, who has just published a paper upon the treatment of surgical tuberculosis by means of trypsin,<sup>1</sup> had had to employ the trypsin of 1906, he would scarcely have got the brilliant results he has recorded. Moreover, any one using such a weak trypsin, or some of the useless, even inert, injections still on sale, would, if endeavouring to test Baetzner's finds, conclude, as so many have done after using weak or inert ferments in cancer, that the method was worthless and the author not what he will turn out to be, a very great surgeon. You refer to an "army officer," now in Burma, who cured 3 out of 4 cases of cancer treated by him. If my account of the treatment be puzzling, in his own words his own procedure is recorded in the book reviewed. But, although the book was published nearly fifteen months ago, and although preparations of pancreatic ferments, which appear to fulfil every scientific requirement, that is, the ones Dr. Baetzner employed, have been on sale in London since April, 1912, at this moment I do not know of a single case of cancer in this or any other country which has had a full course of treatment on the lines laid down by this army officer, with such powerful preparations, and in the doses he employs. Indeed, one might imagine cancer had ceased to be the curse of the human race, but for such facts as that only a day or two ago in the weekly summary of deaths it was stated that last week there were eleven deaths from malignant disease in this city. Probably it would not be too much to assert, that not one

<sup>1</sup> *Practitioner*, January, 1913, p. 203.

of these cases was treated with pancreatic ferments after my methods.

In examining any scientific find, or supposed find, experimentally, nothing is easier than to get a negative result, especially if inert reagents be employed. But in the chemical experiment the observer must satisfy himself as to the true nature of his reagents, and, as the late Professor D. J. Cunningham once remarked to me, "Negative results never prove anything in science." There are many members of the medical profession still living and treating cases of cancer who had declared that the pancreatic ferments were "useless" or "futile" in cancer, and who had in good faith drawn this conclusion after using preparations which were inert, and without even knowing that they were inert. In fact, in the use of inert ferment preparations, in the lack of knowledge of the inert nature of their reagents, and in the erroneous conclusions drawn from such vitiated experiments these medical men agreed with the official researchers.

Any "disappointment" I may feel is in a recognition that mankind would rather die than believe the truth. I have never once spoken, or written, or even thought of "the greatness of his (my) achievement"; on the contrary, I have described the whole thing as merely a side-issue, which it is. Shortly now, for it is in the printer's hands, you will be given an opportunity of reading an account of a small piece of experimental work of mine. This does not deal directly with cancer, and its title is the very simple one, "On the Occurrence of Dextro-rotatory Albumins in Organic Nature." To use a phrase which in a similar connexion has been employed by a distinguished living investigator, in this small paper "*the unchallengeable proof*" is given, not only that dextro-rotatory albumins similar to those of cancer do occur in organic nature, but that they are widely represented. Incidentally, the paper confirms once more my statement, first made some years ago, that the cancer conclusions were merely a side-issue.

Possibly, as you say, "many workers . . . hold that his (my) views are entirely erroneous." If so, they are very careful to avoid pointing this out in places where a reply from me would also be published. Their silent "arguments" and "evidences" cannot be very convincing, otherwise you would scarcely add, that possibly one day these "erroneous" views may turn out to have contained the germ of the final solution of the cancer problem. Again, the successful case of sarcoma you mention is not by any means the only case of cure, and scientifically it is not at all clear why "erroneous" views should lead to successful results. Even one cure is a new fact, and Pasteur held, rightly, that erroneous theories never produced new facts. Pardon me for insisting that we are not dealing with the question of the number of swallows which makes a summer, but with the problem of what is a *crucial scientific test*. "If a doctrine be challenged," said Pasteur, "it happens seldom that its truth or falsity cannot be decided by some crucial test. Even a single experiment will often suffice either to refute or to consolidate the doctrine." An instance of this kind, where a *single scientific experiment* suffices to establish the truth of my doctrines, is the case of the pancreatic ferments, trypsin and amylopsin, *versus* cancer. Finally, permit me to express complete agreement with the following, written by a modern author: "'And,' he added, 'speaking of gratitude, those who lead the way do not expect gratitude. It is enough for them to have led the way.'"—I am, etc.,

Edinburgh, Jan. 22nd.

J. BEARD.

#### BOVINE AND HUMAN TUBERCULOSIS.

SIR,—I do not know whether the omission was the printer's fault or mine, but the part of my letter relating to the geographical distribution of tuberculosis should have been inverted commas. I got the information from Green's *Encyclopaedia and Dictionary of Medicine and Surgery*. I am sorry to say I have forgotten the name of the writer, but he evidently knew what he was talking about. It is a pity Dr. Fisher did not deal with the portion of my letter referring to the condition of affairs as to tuberculosis in Guernsey, where Dr. Bishop tells us that "only  $\frac{1}{2}$  per cent. of the cattle are tuberculous, and consequently that cases of bovine tuberculosis in human beings are extremely rare." On the other hand, may I repeat that in 1909, 10,000 children died in England and Wales from

tuberculosis (other than from pulmonary tuberculosis) and that 70 per cent. of our dairy cattle are tuberculous.

These facts alone form a strong argument against the acceptance of the Italian axiom that where there is much tuberculosis in man there is little tuberculosis in animals, and where there is much tuberculosis in animals there is little tuberculosis in man.—I am, etc.,

Beverly, Jan. 20th.

T. READMAN.

TO ESPERANTISTS.

SIR,—At a meeting of the Universal Medical Esperanto Association (Tutmonda Esperantista Rinacista Asocio) held in Cracow last August a committee was appointed to organize an Esperanto section, similar to that which was held during the last International Congress at Budapest, in connexion with the forthcoming International Medical Congress. A considerable number of Russians, Poles, Hungarians, and others stated that they would go to London if hopes could be held out of forming such a section. Will any Esperanto medical men or others willing to help kindly communicate with me?—I am, etc.,

G. JAMESON JOHNSTON, F.R.C.S.I.

13, Lower Fitzwilliam Street, Dublin,  
Jan. 20th.

CERVICAL RIB.

SIR,—On February 14th the meeting of the Clinical Section of the Royal Society of Medicine will be devoted largely to the subject of cervical rib—particularly the results of operative treatment. We should like very much to have: (1) Cases showing the results of the removal of the rib; (2) cases showing neuro-muscular features; (3) cases with vascular features. Gentlemen wishing to show cases will please communicate with the Secretaries, Chas. H. Fagge, M.S., 3, Devonshire Place, W.; W. Essex Wynter, M.D., 27, Wimpole Street, W.—I am, etc.,

Oxford, Jan. 13th.

WILLIAM OSLER.

The Services.

INDIAN MEDICAL SERVICE.

THE result of the January examination was announced on January 25th. There were 28 candidates, the first 12 being admitted as lieutenants on probation with effect from January 25th.

The names of the successful candidates with the marks obtained by each out of a possible total of 5,100 are given below, together with their degrees and medical schools:

Name.	Degrees, etc.	Medical School.	Marks.
R. R. M. Porter ...	M.B., Ch.B. Aber., M.A. Aber.	Aberdeen University, Aberdeen Royal Infirmary, and Aberdeen Eye Institute	3,707
B. Sweet ...	M.B., Ch.B. Glasg.	Glasgow University	3,489
E. Calvert ...	M.R.C.S., L.R.C.P., B.A. Cantab.	St Bartholomew's Hospital and Cambridge University College,	3,320
P. J. Walsby ...	M.B., Ch.B., B.A.O.(N.U.I.)	Cork, North Charitable Infirmary, Cork, and Cork District Hospital	3,308
J. R. D. Webb ...	M.R.C.S., L.R.C.P.,	Liverpool University, and University College Hospital	3,301
F. Phelan ...	L. and L.M., R.C.P. and S. Irel.	University College, Cork	3,203
A. H. C. Hill ...	M.R.C.S., L.R.C.P.	Middlesex Hospital and Vienna General Hospital	3,130
N. C. Kapur ...	M.R.C.S., L.R.C.P., B.A. Punjab	Lahore Medical College and University College Hospital	3,086
J. F. Holmes ...	M.R.C.S., L.R.C.P.	Medical Hospital, Calcutta, and Charing Cross Hospital	3,062
A. C. Macrae ...	M.B., Ch.B. Aberd.	Aberdeen University	3,057
H. S. G. Haji ...	L.M. and S. Bombay, M.R.C.S., L.R.C.P.	Grant Medical College, Bombay, London Hospital, and Cambridge University	3,011
N. K. Bal ...	L.M. and S. Bombay, M.R.C.S., L.R.C.P.	Grant Medical College, Bombay, and Middlesex Hospital	3,008

Obituary.

WILLIAM LIVESAY, M.D. EDIN.,

FORMERLY OF SUDBURY, DERBYSHIRE.

WE regret to have to record the death, in his 68th year, on January 24th, at the Pines, Bembridge, I.W., of Dr. William Livesay, who practised for nearly forty years at Sudbury, Derbyshire.

He was born at Ventnor, and received his medical education at the University of Edinburgh, where he graduated M.B., C.M., in 1871, and took the M.D. degree in 1875. He interrupted his medical studies in 1869 in order to accompany Mr. (now Sir James) Lamont on a voyage of sport and discovery to Spitzbergen and Novaja Zemlja, acting as artist to the expedition. He afterwards edited the account of the voyage (*Yachting in the Arctic Sea*. London: Chatto and Windus. 1876), the book being profusely illustrated by woodcuts from his beautiful drawings in black-and-white and water colour. In those days photography was not the convenient process for travellers that it is now, and even water colour drawing was not easy where, as he has told the writer, his washes often froze on the paper. In 1871-2 he was successively resident surgeon to Mr. (afterwards Professor) Annandale and resident physician to Dr. Haldane, while he also received the distinction of being one of the Presidents of the Royal Medical Society.

As a student he took great interest in botany, obtaining a prize for a herbarium, and on his return from the Arctic he read a paper to the Edinburgh Botanical Society on the plants he had collected on that voyage. His interest in botany had an important influence on his life, for it was at the house of Professor John Hutton Balfour that he became engaged to a daughter of the late Dr. Thomas Shapter, of Exeter. He married and settled at Sudbury in Derbyshire, where he remained for the rest of his professional life. To his friends it was somewhat of a disappointment that he aimed no higher, but he was fond of the country and possessed private means which made earning a large income no special object. He enjoyed his life, and generally managed to get a month in Scotland every autumn, while he frequently travelled in the spring. He was an accomplished etcher, and an associate of the Society of English Etchers; but he published few plates. He designed book plates for his friends, and for many years sent them an etched Christmas card. About three years ago his heart began to fail; this was possibly connected with an attack of acute rheumatism in 1872; on the advice of his friends he retired from practice and went to live in the Isle of Wight, but last autumn his condition grew much worse and left no hope of his recovery. He possessed the gift of making friends and will be missed by a wide circle who appreciated his sterling goodness of heart, his love of fun, his ready wit and his genial sympathy.

He lost his wife many years ago, but two daughters survive who have devoted themselves to the work of the Wantage and East Grinstead Anglican Sisterhoods.

THE OBITUARY NOTICES OF DR. G. A. GIBSON AND OF DR. J. E. GARNER.

SIR JAMES BARR writes to us as follows:

The deaths of these two friends, whose obituary notices appear in your issue of January 25th, has cast a gloom over my household, as well as over many others. I should like to take this public opportunity of adding my meed of praise to the character and work of the deceased, and to add my sympathy, which has already been privately expressed, with the sorrowing relatives. Both men lunched together here at the annual meeting of the British Medical Association, both were in exuberant spirits and without the slightest apprehension of their premature decease. I say premature, though both were in the neighbourhood of 60 years, as neither had finished his life's work. Both had a fund of energy and capacity for work, which might have carried them at full steam ahead for many years. Both were hard-headed, industrious, intellectual Scotsmen, though cast in different moulds. Dr. Garner had the solidity and the tenacity of the Aberdonian, while Dr. Gibson possessed all the fire of the