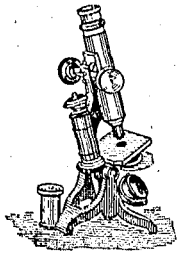
Medical Matters.

IS CANCER CONTAGIOUS?



In his inaugural address, delivered at the opening meeting of the winter session, of the Medical School in Jervis Street Hospital, Dublin, Dr. Austin Meldon, J.P., D.L., F.R.C.S.I., Senior Surgeon to the Hospital, gave a hopeful prognosis, as to the speedy discovery of a cure for cancer. "Recent research has," he says, "caused a bright spot to be at last seen on the dark horizon, which has so long baffled all attempts to solve its mystery and which brings a glitter of hope to the suffering victim. The old theories of irritation, perverted nerve centres, mental strain, or heredity have been proved incorrect." The first point to be settled is whether cancer is a parasitic disease. Parasites undoubtedly exist in cancer cells which are not found in any other disease, they exist moreover only in the growing, and not in the degenerate part, but whether they are the cause or the result of the disease is still uncertain, though it is more than probable that they are its origin.

It is undoubted that cancer has a great analogy to malaria, and shows a preference for marshy soil and Dr. Meldon suggests the possibility that some gnat or fly will be proved to be an efficient host for the parasite, and therefore dangerous to man. Further, there is a strong assumption that cancer is contagious, a fact which would account for so called "cancer houses." As regards hereditary transmission, it is now known that it is not the disease itself, but the tendency to it which is transmitted by parents to their offspring.

The lecturer advocated the establishment of a central laboratory in touch with every hospital in the country and abroad, and that the maintenance of a properly equipped institution should be provided for, if necessary, by levying a rate as in the case of other things essential to the common weal.

METHOD OF PREPARING STERILISED CAT-GUT.

Mr. A. C. Ball, M.B., House-Surgeon to Sir Patrick Dun's Hospital, Dublin, reports in in the *British Medical Journal* a method of sterilising cat-gut which should be noted by nurses, who are usually required to be responsible for the efficient sterilisation of sutures and ligatures. He says: "The impossibility of sterilising any but the finest cat-gut with reasonable certainty has led to the abandonment of this valuable form of suture and ligature material by a number of surgeons. To render the inner layers of thick cat-gut sterile, it is nccessary to subject it to heat, as an antiseptic cannot be relied on to act on more than the outer surface. Before starting to prepare any cat-gut it is advisable to test its strength, as occasionally a strand is found which looks all right but is quite weak and useless for any method of preparation.

The following method of preparation has been employed with success for the last eight months on catgut up to No. 4 (Droncke). A glass reel is used, 1 inch in diameter and 3 in length with a flange at each end, each flange being pierced with a hole (A and B). A reel of lignum vitæ or any wood that sinks in water answers the purpose equally well. One end of the gut is tied through the hole A, and the gut is wound firmly and evenly on the reel in a single layer; the other end is then passed through the hole B, and tied to the free end at A. The winding can easily be done with an ordinary bandage roller by placing a perforated cork in each end of the reel. The knots joining two strands together must be very carefully tied, else they will slip when boiled, and such an accident destroys the whole reel of gut by allowing it to untwist. The reel is now placed in a five per cent. solution of formalin, and left for about 24 hours; it is then thoroughly washed in cold water. It is next dropped into boiling water and left boiling for from five to ten minutes, according to the thickness of the gut. Lastly, it is placed in the following solution:—

Mercury Perchloride	...	1 part.
Boiled Glycerine	...	250 parts.
Methylated Spirit	...	1000 parts.

The gut is now ready, and receives no handling after sterilisation until it is used. . . . Cat-gut prepared in this way is undiminished in strength, and keeps well; it is pliable and knots nicely; it is absorbable (No. 0 is absorbed in about six days) and lastly it is sterile.

LIGHT IN THE TREATMENT OF PULMONARY TUBERCULOSIS.

Dr. George G. Hopkins, of Brooklyn, N. Y., has an interesting article in the Philadelphia *Medical Journal* on the treatment of phthisis by means of light.

He uses an electric lamp with a condensing

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