

Medical Matters.

ULCERATIVE COLITIS.

Sir Patrick Manson, speaking at a meeting of the Royal Society of Medicine, as reported in the *Lancet*, said that he disliked the use of the term "ulcerative colitis," so far as it suggested the name for a disease. He believed ulcerative colitis to be merely a name for a phase of a class of diseases which hitherto had been included under the term "dysentery." His objection to the use of the term as the name for the disease was because it gave rise to the impression that ulceration was a feature more or less peculiar to the condition, and that ulcerative colitis represented something new which had not thus far been recognised in pathology. Moreover, it had the disadvantage of causing the exclusion of important phases of the disease of which it was only one feature, and that a temporary feature. The proper basis for the classification of any disease was the etiology of that disease, and unless medical men applied that principle to the classification of dysenteries they would be likely to be misled. Dysentery itself was not a disease; it was merely a word describing a group of symptoms indicative of an inflamed condition of the bowel as the common cause. Indeed, the word had little more significance so far as disease of the bowel was concerned than was possessed by the word "cough" as indicative of disease of the lung. He divided dysenteries into three categories according to the assumed causes:—(1) the bacterial form of dysentery; (2) the protozoal form of dysentery; and (3) the verminous form of dysentery produced by various parasitic worms. Speaking of the application of surgery to the cure of dysentery, Sir Patrick Manson said that in most cases he deprecated the idea of an operation. As soon as the word "operation" was pronounced some patients were never satisfied until it was performed. In the class of cases under discussion he believed that if operative procedure became popularised it would in the long run kill more than it would cure. In the hands of competent surgeons the operation could do good, but in the hands of general surgeons, particularly in those of unpractised surgeons, attempts at operation would prove to be disastrous. In his own experience he had only seen two or three cases in which an operation was required. In one case the patient was passing masses of organised tissue, evidently polypoid excrescences, and was suffering intense pain. In that case the surgeon opened the bowel, rather with the idea of mitigating the pain than of effecting a cure. Another case was that of an elderly man suffering from

chronic dysentery, which had been neglected for many years. When the man came to him he was evidently in the last throes of chronic dysentery, and as the case went from bad to worse the bowel was opened and the patient eventually recovered. In another case the patient, who at first demurred to the operation and at last consented, died before it could be performed. In the treatment of cases of dysentery imported into this country—as distinct from dysentery arising in this country—proper food and rest, combined with systematic and persistent administration of ipecacuanha—given as mercury was given over a long period in cases of syphilis—would in the majority of instances render an operation unnecessary.

THE TREATMENT OF CANCER WITH RADIUM.

Professor Juffier, of Paris, has, says a contemporary, recently been trying the effect of radium on some of the cases of cancer under his care at the Beaujou Hospital, and has found that under favourable circumstances this treatment can do a good deal more than was expected in many cases of advanced cancer which has extended too far for an operation to avail. Professor Juffier has confirmed the observation of other radiologists that radium will destroy cancer-cells without harming healthy tissues, when it is used with care. Once the difficulty of getting radium in sufficient quantity in contact with the cancerous disease is overcome, it seems likely that it will prove a much more powerful form of local treatment than any that has preceded it.

TIN IN CANNED FOODS.

The *British Medical Journal* draws attention to the possible danger from canned foods. Thus after the South African War beef essences returned to this country had become turbid from the presence of dissolved tin. It notes the fact stated by Dr. Schryver, Inspector of Foods, in a report to the Local Government Board, Medical Department, that all canned foods become more or less contaminated with tin as the result of the contact of the food with the tin plate of the can, and that meat extracts and essences take up more tin than most other meat foods—a circumstance to be explained by the acidity of the meat extractives. Canned fruits and lobsters take up considerable quantities of tin, the interesting point being that the tin penetrates the solid foods, so that they contain more of the metal than the surrounding liquid. The quantity of tin taken up increases with the age of the foodstuffs, although with acid foods solution takes place at a greater rate during the first few months. The presence of tin salts in large quantities in food causes irritation of the bowels.

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