

mouth and throat in a few days. Such results caused the physicians who were working with the drug and those who saw the cases to become over-enthusiastic in regard to it. Exaggerated statements began to appear in the medical journals; the newspapers, seizing on these reports, and not understanding either the limitations or the dangers of the remedy, at once began making the most sensational announcements concerning it, asserting that one dose of this wonderful discovery would cure a disease which has been one of the scourges of humanity for centuries. Public interest in this new remedy has only been equaled by that aroused by Koch's tuberculin twenty-five years ago.

But it is already evident that the first claims made for salvarsan must be modified. It is also evident that when used carelessly or by incompetent persons it is not only disappointing in its results, but actually dangerous.

In an editorial last year, THE JOURNAL said: "It is not only possible, but probable, that the enthusiastic claims which some of the users of this new remedy are making for it will, in the light of future developments, be greatly modified." This prediction has already been verified. It has been found, for instance, that many relapses occur after apparent cures and that ill effects have been produced by it in cases which were not properly selected or in which the drug was not used with proper precaution. It must not be forgotten that salvarsan is a preparation of arsenic and must be used with great caution. Like most arsenic preparations its use may be followed by serious results; for instance, it may have a disastrous effect on the eyes. It has also been found that its therapeutic value is more limited than was at first supposed. It has no beneficial effect in locomotor ataxia, or in general paralysis of the insane, or softening of the brain, as it is popularly called, although the most enthusiastic claims for the cure of these troubles were at first made.

But the most deplorable result of the publicity regarding this remedy is its exploitation by quacks. As might be expected, a remedy which excited such public interest, and which promised such marvelous results at once stimulated the cupidity of the quack and the charlatan. The *Bulletin of Pharmacy* says, "The discovery of Ehrlich's new remedy for syphilis had hardly been announced when the medical charlatans of New York City began advertising treatment with '606.' Of all the brazen quackery, this was the worst." Salvarsan was not then on the market and could not be obtained generally, even by physicians, until about the first of the present year. But this was a mere trifle to the quacks, who prey on the misfortunes of credulous humanity. To them it afforded a golden opportunity, and they immediately embraced it. Newspapers have contained such advertisements: "606, Prof. Dr. P. Ehrlich's Cure for Blood Poison. Now on Sale. All Symptoms Removed in 2 Days. One Dose Cures. Remember, All Symptoms Disappear in two Days. One dose cures permanently. Salvarsan can be taken in the privacy of the home. For thirty dollars the '606 Laboratories' will ship in plain unmarked package the necessary dose with simple directions." Such false and misleading statements printed with pseudo-scientific matter bringing in the names of Ehrlich, Pasteur and Flexner and others, have induced dupes to send \$30 for a dose of salvarsan (or what is claimed to be salvarsan) the regular price of which is \$3.50, in the hope of curing themselves, when, in reality, the drug could not possibly be self-administered.

The truth about this remedy should be spread broadcast by physicians, by medical journals and by the press so that the public may not be imposed on by fakers, quacks and charlatans. The public should know that this preparation contains a very large percentage of arsenic, a most potent, poisonous and dangerous drug. It should also be known that it has not yet been proved that salvarsan permanently cures syphilis or "blood poison" in one dose, or even in any number of doses: that it cannot be used by patients themselves; that it must be given either hypodermically or intravenously by a competent physician, and that the patient should remain in a hospital for a number of days after its administration; that the drug is difficult to prepare and that it requires expert knowledge and experience both to prepare and to give it; that

if not properly given it may cause intense pain lasting for hours or days and may cause destruction and sloughing of tissues at the site of injection; and that it may cause blindness, and that in some cases it may injure the heart or the kidneys and may cause death. Those physicians who have the largest experience in giving the drug are finding that the results so sensationally heralded at first are not permanent and that the dangers are much greater than were at first supposed. The statement made in the newspaper advertisements that "if you are threatened with blindness, paresis (complete loss of memory), rotting bones, decaying brain, ALL caused by contagious blood poison, '606' WILL SAVE YOU," is not true. The indiscriminate use of this drug by the public or by those not properly trained to administer it can only result in disappointment as well as loss of money and danger of serious injury or death.

**Classification and Nomenclature of Cancers.**—A committee composed of Drs. Delbet, Menetrier and Herrenschmidt reported at the recent international cancer conference on a uniform nomenclature for cancer. They advocate that all malignant tumors should be divided into three classes: (1) epithelial cancers; (2) connective tissue-vascular cancers (the generic term sarcoma applies to this class), and (3) cancers formed of multiple tissues. The first group, epithelial cancers, is subdivided into (a) epitheliomas of the skin and mucous membranes with stratified pavement epithelium; (b) those of the glands connected with stratified pavement surfaces and linings, including the sweat, sebaceous, mammary and salivary glands and alveoli, the thymus, thyroid and hypophysis; (c) those of cylindrical epithelium as in the nasal fossae, the sinuses of the face, the larynx, trachea, bronchi and lungs, stomach and intestines, uterus and tubes and fetal chorion; (d) epitheliomas of the glands connected with the digestive tract, the liver, the bile ducts and pancreas; (e) epitheliomas of the visceral glands and epithelial parenchymas, as in the suprarenals, kidneys, pelvis, ureters, bladder, urethra, prostate, testicles and ovaries; (f) epitheliomas of nerve tissue neuroglia and neuroglia, and of the organs of sense, the ear and eye. The second great class, the connective tissue-vascular variety or sarcoma, includes (a) sarcomas of ordinary connective tissue; they may be either spindle-celled, round or polymorphous celled, myxomatous or lipomatous; (b) sarcoma of tissues originating in connective tissue, specialized in bone or cartilage; (c) sarcoma of blood or lymph vessel tissue or of the spleen pulpa. This category includes also affections intermediate between simple hyperplasia and cancer, the chloromas and multiple myelomas; (d) sarcoma of endothelial and perithelial tissues, including cancer of the endothelial lining of the great serous membranes, and endothelial sarcoma of the joints, of the blood-producing system, meninges and vessels; (e) melanic sarcoma, and (f) sarcoma of muscle tissue. The third great group, cancers with multiple tissues, includes (a) those with a double combined malignant evolution, and (b) cancerous evolution of teratomas and embryomas. The term "carcinoma" should be dropped, the committee declares. It is merely the Greek word for "cancer," and cancer, carcinoma and Krebs are merely different terms for "the crab." According to the nomenclature proposed the malignant growth should always be designated as either an epithelioma or a sarcoma, accompanied by the name of the organ or tissue from which it is derived, and when precision is desired, by the structure of the growth and whether it is typical, atypical or metatypical, as for example, "an osteoid osteoblastic sarcoma of the jaw," or "a metatypical and infiltrating cylindrical epithelioma of the fundus of the uterus."

**Preparation for and Care After Gynecologic Operations.**—Dr. E. Holzbach, assistant at the Tübingen university clinic for women's diseases, in the *Sammlung klinischer Vorträge*, No. 575, reviews the outcome of gynecologic operations since the introduction of spinal anesthesia, the predominant use of the abdominal route, the transverse incision, abstention from tamponing and drainage, and allowing the patients to get up earlier. He warns that some of the vital organs may not