

occupy only ten to fifteen minutes, and should involve little risk of shock.

Exhaustion and heart failure are best combated by rectal alimentation, by judicious mouth feeding as soon as the anesthetic sickness has ceased, and by the use of small doses of strychnine administered subcutaneously, when called for by nervous depression or heart failure. A rigid all round asepsis, the employment of gauze drainage when necessary, and the careful removal of the infected bile as it flows from the ducts, give one security from sepsis.

I have purposely said nothing of the operative technique of choledochotomy, as the subject is already a sufficiently large one for discussion, and I thought more profit would result from a limitation of my paper to the question of surgical treatment of obstructive jaundice as a whole.—*The British Medical Journal*.

EXCESS OF SALT IN THE DIET A PROBABLE FACTOR IN THE CAUSATION OF CANCER.*

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The nineteenth century, great and fertile as it was in scientific discoveries, could not read the riddle of the cause of cancer, and has handed the question down to us still unsolved. The essay, of which this paper is a brief abstract, is an attempt to answer this question by finding some factor common to all cases and circumstances of the disease. Such a factor must exist unless the causes of cancer are multiple. In order to be brief I will at once give the theory which I have formed, and afterwards explain and support it by evidence. It is this: (1) That excess of salt in the diet is one of four factors which originate the disease. This is the essential factor, but it is inoperative without at least one, and probably two, of the others. Excess of salt may arise from individual taste, or from much salt meat, or from too much ordinary meat, which of course involves much salt. The other factors are these: (2) An over-nourished condition of body from more food, and especially more meat, than is required. This condition is rarely met with amongst out-of-door manual workers. (3)

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