

the subject of gout just before an acute attack? In the same way there are intervals in the history of syphilis and scrofula. This argument is not more powerful, therefore, against cancer than against gout. Secondly, Mr. De Morgan urges that, during the existence of cancer, injuries may be inflicted on other parts of the body and no cancer result. This objection is met like the preceding. An attack of gout has been known by Sir James to follow an operation, but the healing of the wound is not locally affected by the blood-disorder. Thirdly, the long intervals of health in the subject of cancer may be similarly explained. Such intervals are familiar in the course of syphilis, gout, tuberculosis, or any other blood-diseases. Fourthly it has been said to be incompatible with the blood-origin of cancer that it does not affect secondarily the part it affects primarily. But the same holds true of gout and syphilis. Every one of these objections, therefore, applies equally strongly to any blood-disease whatever. The last objection which Sir James would notice to cancer being a blood-disease is that of its preponderance in women. This objection is easily answered. Cancer is a disease of degeneration, and we are misled if we think it anything else. The exceptions prove the rule. There exist in women two organs which are not found in men, and which have a period in their life-history corresponding with senile decay—the breast and the uterus. Now, if we separate these organs, we find that cancer is more common in men. These organs become senile at forty or fifty, and they should be compared with the organs of a man at eighty. It is this senile degeneration that is the sole cause of the preponderance of cancer cases in women. Pathology, said Sir James, would be the most repulsive of all studies did it not bring along with it some hope of good to be derived from it in respect of treatment. It had been urged in this discussion that the treatment of cancer was encouraging if it were considered a local disease. He would hold the very opposite opinion. All our attempts to cure cancer locally have totally and entirely failed. As far as therapeutics have yet gone they have been especially successful in providing remedies for constitutional diseases. The remedy for syphilis is as far removed from it as is one end of the world from the other. And yet mercury will cure the disease, not only in the parent, but in the child. Some day, perhaps, a remedy may be found for cancer as unexpected and as sure as mercury for syphilis—a remedy which may affect even the second generation. Sir James Paget concluded with the hope that, considering the great importance of the constitutional element in cancer, we shall not try to depreciate it either in the question of the pathology of the disease or in the search for its final remedy.—*Medical Times and Gazette.*

## MERCURY.

Once more mercury is forcing itself upon the attention of medical men. A new discussion, or a new series of discussions has been raised, and it is necessary to direct attention to them. First of all, the opinions of Mr. Jonathan Hutchinson have been given to the profession through both the *Lancet* and the *Medical Times*. We, therefore, first of all, quote the conclusions to which he has been led:—

"That mercury is probably a true vital antidote against the syphilitic virus, and that it is capable of bringing about a real cure. That, in practice, a good many cases are really cured by mercury, the cure being proved by the restoration of good health, and in some cases by renewed susceptibility to contagion. That the probability of cure depends upon the stage of development attained by the disease when the remedy is resorted to, and the perseverance with which it is used. That, in order to secure the antidotal efficacy of mercury against syphilis, it is desirable to introduce a considerable quantity into the system, and to protract its use over a very long time. That ptialism and other evidences of the physiological action of mercury, so far from being beneficial, are, if possible, to be carefully avoided, since they prevent the sufficiently prolonged use of the remedy. That in cases in which the patient shows an idiosyncrasy peculiarly susceptible to mercury, the indication is to reduce the dose rather than omit the drug. That it is impossible to begin the administration of mercury too soon, and that it should be resorted to without loss of time in all cases in which a chancre treated early by mercury never show any of the characteristic symptoms of the secondary stage. That in other cases of mercurial cure of the chancre in which yet secondary symptoms do occur, they are usually milder than if allowed to develop without specific treatment. That when mercury does not wholly abrogate the secondary stage, it possesses a remarkable power in delaying it. That delayed outbreaks of secondary syphilis are to be regarded rather as proof that the administration had not been sufficiently persevering than that the remedy was not efficient. That it is probable that the risk of tertiary symptoms is in ratio with the severity and prolonged duration of the secondary stage. That there are some grounds for believing that the tertiary symptoms of syphilis are both less frequent and less severe in those who have been efficiently treated by mercury than in others. That mercury cautiously given does not, in a great majority of instances, do any injury to the general health, and that its local inconveniences may usually be prevented. That the doctrine of the real antidotal character of mercury in respect to syphilis ought to lead to much more prolonged administration of it, with the hope of destroying utterly all lingering