

RECOVERY PERCENTAGES

The percentage of recovery results, vary with attending factors. In advanced to far advanced tuberculosis, Dr. Gerrit Warnshuis reports in a series of eighty-five cases under continued observation, on an average, more than one year, there was a total mortality of fifteen which is less than twenty per cent, as compared to the usual sanatorium mortality of ninety per cent for cases of this type. These figures assume great significance, particularly since all fatalities were among cases so far advanced and rapidly progressive that no hope could be entertained for them to live more than from a week to a few months and the cases which responded favourably included many nearly as far advanced, and progressing toward fatality also.

In leprosy, treated in the Belgian Congo under Professor Maisin's direction, as high as seventy per cent of mild cases are either healed or germ free within three months. In cancer some physicians are pleased with a recovery percentage of twenty to thirty per cent in advanced cases involving the vital organs, and some report as high as eighty per cent of recoveries where the series includes selected cases of early and moderately advanced stages of the disease. In my own experience I have seen comparatively simple cases at times not recover while utterly hopeless far advanced cases that could not turn in bed because of weakness have made rapid and permanent recoveries, following but one dose of glyoxylide (35). Evidently influences not easily defined in terms of involvement or exhaus-

tion have a definite bearing on the recovery process and hence statistical analyses must be exhaustively complete and complex to convey an accurate estimate.

Like recovery percentages, the speed of recovery depends upon various factors. Thus an otherwise totally resistant angina may clear up slowly after one dose, and a regularly recurring malaria attack may never return after but one dose, while a chronic malaria ranking with syphilis in its ravages may require months and repeated dosage for recovery.

The more primitive the structure and function affected, the more specific must the pathogenic agent and the more active the curative agent be to produce their effects. Thus while I find that the cyclic dihydroxy unsaturated caffeic acid inhibits oxidations mildly in a general way, very specific types of unsaturated quinone structures are required for carcinogenesis. Their toxic effects upon the oxidations supporting the reticulo-endothelial system are reflected in the loss of proper crenating ability of the red blood cells, or rather in the failure of the spleno-lymph system to remove abnormal cells. Where this power is low one can hardly expect proper destruction of cancer cells or germs either. Indicative also are the blood ph and oxidation-reduction potentials. I find the latter to estimate around 4 mvs. for so-called normal people, and about 5 mvs. in some cancer and chronic luetic patients. With recovery it may drop temporarily to as low as 3.3 mvs. Improvements in such features may facilitate early predictions, but the fundamental complexities involved require recovery percentages to be estimated late after treatment.