

Correspondence.

"Audi alteram partem."

LUNG PUNCTURE.

To the Editor of THE LANCET.

SIR,—In an article in THE LANCET of Nov. 6th on "Lung Puncture: a New Application of Clinical Pathology," Dr. T. J. Horder recommends the use of this procedure in "any case yielding signs of consolidation of the lung, in which careful examination of the sputum fails to reveal the nature of the disease," in cases of lobar pneumonia, "if the desired clinical course is departed from in any way to the prejudice of the patient," and finally in cases of abscess of lung or of bronchiectasis for the purpose of obtaining the causal organisms unmixed with the flora of the sputum. Details of six cases are given in which valuable information was gained from the fluid withdrawn from the lung by a hypodermic needle. Dr. Horder does not, however, mention certain grave risks which are apt to attend exploratory puncture of the lung. There are now on record a considerable number of cases of death following this procedure, some immediate and others within a few hours or days—deaths undoubtedly directly referable to the puncture. The writer has recorded three cases¹: in one, death occurred immediately on the puncture of the lung; in the other two cardiac inhibition occurred, but the heart's action was restored, death, however, occurring in three and five days respectively, the patients remaining unconscious the whole time.

Sir Thomas Oliver² has recorded two cases, in one of which death was instantaneous, and in the other occurring on the day following the puncture. In a third case severe symptoms with cyanosis occurred, but the patient rallied in two days. Dr. J. H. Wilks³ recorded one with instantaneous death, associated with hæmorrhage into lungs and stomach. Dr. J. Porter Parkinson⁴ recorded one in which death occurred within two minutes, but at the post-mortem examination the stomach was full of blood and some blood was present in the bronchi. Dr. G. Carpenter⁵ recorded one in which the stomach was found to be full of blood and the bronchi contained blood-stained mucus. Dr. J. M. Fortescue-Brickdale⁶ recorded another fatal case, and Dr. H. Armstrong⁷ one in which recovery occurred after a grave attack of syncope. My colleague Dr. W. S. Colman tells me of another unpublished case in which death occurred five hours after the puncture and was associated with cyanosis and collapse. Finally, in one unrecorded case at St. Thomas's Hospital the puncture was performed under chloroform with instantaneous death on the introduction of the needle. Doubtless other cases have occurred, but the above series of 11 deaths is enough to show that real danger attends this apparently simple procedure. In some cases death is instantaneous and must be attributed to inhibition of the heart. It has been shown that stimulation of the pulmonary fibres of the vagus can produce an active inhibition of the heart,⁸ and this has been confirmed by Capps and Lewis in the case of experimental irritation of the inflamed pleura in animals.

In the cases of Carpenter, Wilks, and Porter Parkinson the stomach was found to be full of blood and the bronchi to contain blood-stained mucus. In these cases the fatal result is probably attributable to hæmorrhage, though the possibility of the death being due to primary cardiac inhibition and the hæmorrhage merely the result of the active compression of the punctured lung during the artificial respiration has to be entertained. In only two cases with severe symptoms did recovery occur. The very large number

of fatal accidents that have occurred during lavage of the pleura in cases of empyema are presumably of similar origin. Accidents have also occurred in aspiration of pleural effusions, but there seems to be much less risk in simple puncture of one pleural surface than in puncturing inflamed lung tissue.

The explanation of the occasional occurrence of this accident is far from obvious; it may be that the vagus fibres are unduly sensitive in these cases of inflammation of the lung and pleura, but it is difficult to understand why it occurs in some cases and not in others. It might be thought that the risk would be diminished by an anæsthetic, but, as noted above, one death occurred whilst the patient was under the influence of chloroform; it might, of course, be attributable to chloroform syncope, but the symptoms occurred immediately on the introduction of the exploring needle. Cardiac inhibition occurring during puncture of lung or lavage of pleura is one of the most fatal accidents met with in medicine, and artificial respiration, combined with other methods of resuscitation, have proved unavailing in the large majority of cases. The writer is of opinion that the method of treatment that offers the best chance of success is to open the abdomen and perform massage of the heart by the subdiaphragmatic route, and that this should be done within two or three minutes of the cardiac arrest and should be carried on concurrently with artificial respiration.

Even in those cases in which the heart-beat has been restored death has occurred in some cases after a period varying from hours to days, the patient never regaining consciousness; full details of two such cases are given in the paper referred to above. Numerous cases of this condition are on record in the literature, associated with lavage of the pleural cavity. In these cases it must be assumed that the brain has not been able to recover from the long arrest of its circulation. It is possible that œdema of the brain occurs and lumbar puncture would be worth a trial in any future case. In some cases exploratory puncture of the lung is unavoidable and the risk of cardiac inhibition must be taken; but it would be advisable to warn the patient and the patient's relatives that the procedure is not devoid of danger. This accident is of such an appalling character that its importance is utterly disproportionate to its doubtless small percentage incidence, and, in the absence of measures which may minimise the risk, seems to render inadvisable the routine use of lung puncture as a clinical diagnostic procedure—a procedure which, as Dr. Horder has clearly shown, would otherwise yield the most valuable information.

I am, Sir, yours faithfully,

ALFRED E. RUSSELL.

Upper Wimpole-street, W., Nov. 7th, 1909.

To the Editor of THE LANCET.

SIR,—Referring to Dr. J. M. Fortescue-Brickdale's letter in your issue of to-day, in which your correspondent alludes to certain cases of rapid death following puncture of the lung, may I point out that there can be no greater risk of such an unusual calamity occurring after lung puncture than after any negative pleural puncture? In my article on Pleurisy in "Allbutt's System" I have dealt with these cases, and I have there pointed out that in all operations, however trivial, there is the possible contingency that the patient may die suddenly. And considering the great frequency with which a negative paracentesis thoracis is performed, it can scarcely be said that this contingency is more than the rarest of events.

Dr. Christian Simpson refers to the suggested treatment of chronic pneumonia by puncture of the lung. With treatment, however, my article did not deal, but with diagnosis. I therefore made no reference to Dr. Macalister's paper. I ought, however, to have referred to an important article which appeared in *The Practitioner* for May, 1908, by Dr. J. C. Briscoe and Mr. E. U. Williams, on "The Treatment of Pulmonary Affections by the Inoculation of Vaccines," for in this article the authors draw attention to the information which may be gained from puncturing the lung in unresolved pneumonias. This I believe to be the first general reference to the method. My earlier communication in January, 1907, only related one specific instance of diagnostic lung puncture.

Since my article was sent to THE LANCET I have read the report of a communication made by my colleague Dr. W. H.

¹ On Death Occurring During or After Exploratory Puncture of the Lung, St. Thomas's Hospital Reports, vol. xxviii., 1899.

² THE LANCET, Jan. 2nd, 1904, p. 26.

³ British Journal of Children's Diseases, October, 1905, p. 462.

⁴ Ibid., August, 1905, p. 339.

⁵ American Journal of the Medical Sciences, October, 1893.

⁶ Reports of the Society for the Study of Disease in Children, 1905, vol. v., p. 118.

⁷ Liverpool Medico-Chirurgical Journal, July, 1906, p. 110.

⁸ Brodie and Russell: On Reflex Cardiac Inhibition, Journal of Physiology, 1900, vol. xxvi., p. 92.

Willcox to the Belfast meeting of the British Medical Association on the Vaccine Treatment of Pneumonia. In this paper Dr. Willcox also makes a reference to lung puncture for purposes of diagnosis, and suggests the injection of a little sterile broth into the lung before withdrawal of the lung juice.

I am, Sir, yours faithfully,
Harley-street, W., Nov. 13th, 1909. THOMAS J. HORDER.

APPENDICITIS WITH HÆMATURIA.

To the Editor of THE LANCET.

SIR,—Your notice of this condition in THE LANCET of Nov. 6th, and the subsequent letter of Mr. W. B. Cosens in last week's issue, have interested me considerably, as the association of hæmaturia with appendicitis has been noted by me on several occasions, and, indeed, I have referred to its possibility in discussing the diagnosis of appendicitis in the fifth edition of Rose and Carless's "Manual of Surgery" issued in 1905. I am able to call to mind two patients who were lying in adjacent beds in hospital suffering from appendicitis who both had developed hæmaturia; one was a lad with a recent attack, the other a man who had sustained many attacks and whose appendix was enclosed in a dense mass of adhesions which on operation rendered its removal impossible. I believe the source of the trouble is usually to be attributed to the fact that in these cases the appendix is adherent to the posterior abdominal wall over the line of the ureter, and I attribute the hæmaturia to a ureteral source and not to the kidney. In support of this idea I might mention a case which occurred to me some years back. I was called one evening to see an adult woman who was suffering from the most typical and intense renal colic. There had been a previous history of pain on the right side, which might have been of renal, biliary, or appendicular origin. For this she was treated, and the passage of some gravel seemed to alleviate the symptoms. The attack therefore seemed probably due to the impaction of a calculus in the ureter, but the most careful investigation was made with a view to inclusion or exclusion of the appendix as the source of the trouble. Radiography was not existent at that time, and finally I cut down on the kidney to find a healthy organ with no sign of calculous disease and a pervious normal ureter. The pain continued subsequently and the patient died a week later from perforation of an appendix abscess, the appendix being located in the back of the abdomen and just hanging down over the pelvic brim in the situation of the ureter.

I am, Sir, yours faithfully,

Upper Wimpole-street, W., Nov. 16th, 1909. ALBERT CARLESS.

THE INFLUENCE OF MIND AS A THERAPEUTIC AGENT.

To the Editor of THE LANCET.

SIR,—I have read with interest your special article on the above subject in THE LANCET of Nov. 6th, reporting Dr. Claye Shaw's address and the subsequent discussion. I was also present at the Harveian Society when the address was given and the discussion took place. The address itself was comprehensive, philosophical, and suggestive of many trains of thought which might have been developed. The discussion contained little philosophy, if I may express myself so without offence, but was certainly very "practical." That is to say, it sufficiently demonstrated the fact that some practitioners had found that, by soothing some nervous patients with and without a certain amount of manual mystery, annoying and painful symptoms had in some cases been relieved and bad habits in some instances corrected.

The thesis, however, that the mind has a therapeutic influence under certain circumstances scarcely required a full-dress debate for the establishment of a fact so commonly observed and, I had thought, so generally admitted. For, surely, the acknowledged fact that emotional disturbances have a morbid influence involves as a corollary that the removal of emotional disturbance has a therapeutic influence. It was generally agreed that suggestion was of little value in the treatment of insane patients. But it was not pointed out that the super-vention of insanity might itself be on occasion a therapeutic

agent, although the induction of such a condition by suggestion, were it possible, would scarcely be proposed as a beneficent measure! For example, a case was brought to my notice some years ago in which a lady suffering from heart disease and subjected to much domestic unhappiness lost compensation, had progressive cardiac failure, became dropsical, and was at the point of death. At this stage she lost her reason and became oblivious to her sorrow, soon afterwards recovering cardiac force, when all the evidences of her circulatory failure disappeared. The disturbing mental factor had been tragically eliminated and some of its consequences vanished. But the "sweet oblivious antidote" was in this case obtained at terrible cost. The tragedy, however, some hypnotists would say, might have been avoided. For the "rooted sorrow" of an unfaithful husband might have been plucked from the poor lady's memory and left her heart-whole, smiling on Lothario. I understand that amnesia may be permanently limited by suggestion. Surely a most beneficent power in a world of regrettable incidents, even though one live thereafter in a hypnotic and hypothetical paradise!

Reference was from time to time made in the discussion to the prejudice entertained by the profession against the suggestive or hypnotic treatment of disease. I confess, Sir, that I number myself with those who regard this prejudice as altogether wholesome, and trust I may still regard myself as not singular. There are doubtless a large number of neurotic persons of somewhat unstable mental equilibrium whose stability may in addition have been rendered still more unsteady by drugs, drunkenness, or excess of other kinds, and who may thus become, for the time at all events, incapable of listening to and being influenced by reason. Where emotions are concerned reason is not always in the ascendant. If such persons, under the spell of the stronger *personality* of the suggester—a factor to which some importance appeared to be attributed—are capable of being restored to greater equanimity and good conduct, I presume no one can offer any objection to the employment of such beneficent suggestions, whatever form they may take, and whether induced by means of the hand of the operator laid on the pit of the stomach, as one of the speakers said was his wont, or without any such manoeuvre.

But, Sir, there are many cases, even among the unstable, which benefit by the plain if sympathetic inculcation of common sense, the inspiration of righteous conduct, and, above all, of courage to face and to accept whatever betide:

"Felix qui potuit rerum cognoscere causas;
Atque metus omnes, et inexorabile fatum
Subiecit pedibus, strepitumque Acherontis avari!"

Some years ago I had occasion to see a lady who suffered from time to time from severe fits of a hystero-epileptic character for which I could do little until I discovered that the underlying cause of her disturbance was the sufficient fact that she loved one man and had been persuaded to contract what was regarded as an advantageous marriage with another. I then pointed out to her the alternatives to accepting the situation with resignation as an honourable woman, and was struck by her telling me, ten years later, that she had never had a fit since the conversation which I held with her, when her position and duty became more clear to her.

"Whether 'tis nobler in the mind to suffer
The slings and arrows of outrageous fortune,
Or to take arms against a sea of troubles
And by opposing end them,"

is a quandary in which the patient often finds himself, and not an unhelpful mood for the physician to find him in, provided he can induce him, according as his condition is incurable or curable, to do the one or the other with open-eyed courage and a full appreciation of the circumstances. He may then be placed in the way to establish that equanimity or *insouciance* which brings in its train, sometimes slowly, but often surely, quietude, normal sleep, refreshment, and in the case of functional disorder frequently "cure," while in the case of incurable disease he is thus placed in as favourable a position as possible; and, if in pain, he may gain ease by that which produces sleep, not hypnosis. But it is by the straightforward exercise of sympathy, common-sense, reason, and knowledge that we can best foster such recuperation, aided, it may be, in the case of those addicted to drugs or drunkenness, by a period of self-imposed incarceration under circumstances in which the exercise of a besetting propensity