the patient's weakness, but it may be possible to incline the patient to the right, to elevate the pelvis on pillows, and to raise the foot of the bed, whilst skilled manipulation is applied to the abdomen by the medical attendant himself. These simple measures should be borne in mind in all cases of persistent vomiting supervening in emaciated and exhausted subjects. Lavage is an obvious indication; and if, as alleged by L. Meyer, a distended and depressed stomach is competent to obstruct the duodenum, it might sometimes prove an effectual remedy. If all this should fail laparotomy remains as the only resource, and it should be performed with an eye to the form of obstruction to which I call renewed attention, and which, to include all varieties, might be described as "duodenal pressure-obstruction."

I am, Sirs, yours faithfully,

WILLIAM EWART, M.D. Cantab., F.R.C.P. Lond.,

Senior Physician to St. George's Hospital and to the
Belgrave Hospital for Children.

Curzon-street, W.

To the Editors of THE LANCET.

SIRS,—Curiously enough, before I had seen Dr. H. Campbell Thomson's paper upon Acute Dilatation of the Stomach in THE LANCET of Oct. 26th, p. 1113, a case met with in the post-mortem room this afternoon seemed to suggest that probably many of the cases of moderate dilatation of the stomach found after death are of acute nature. In a woman, aged 25 years, who had died from puerperal fever, the stomach extended below the umbilicus, and, although it contained only about eight ounces of fluid it was found to be capable of holding 150 ounces of water without further distension. The duodenum also was much distended and was fully double its normal size. The jejunum was unaffected. In the last number of the *Bristol Medico-Chirurgical Journal* is a reproduction of a rough sketch of mine of a dilated stomach, which must almost, if not quite, have equalled in size the stomach of which Dr. Thomson has given an illustration. No mechanical obstruction was present and the duodenum in this case also was much distended. The cause of death was septicæmia associated with a suppurating thrombus in the left cavernous sinus.

I am, Sirs, yours faithfully,

Clifton, Bristol, Oct. 26th, 1901.

THEODORE FISHER.

To the Editors of THE LANCET.

SIRS,—I shall be much obliged if you will allow me to add a few additional references to my paper on the above subject which appeared in THE LANCET of Oct. 26th, p. 1113. Since my paper was written I have had an opportunity of seeing the recently published work on "Diseases of the Stomach and their Surgical Treatment" by Mr. Mayo Robson and Mr. Moynihan. In the chapter on Acute Dilatation four fatal cases are recorded as having occurred at the Leeds Infirmary and two others in which recovery took place after the onset of acute symptoms; other cases in English and foreign literature are also alluded to. Among other interesting communications on this subject are those of C. R. Box and Outhbert Wallace,¹ Dyson,² Kelynaack,³ and Donald Hood.⁴

I am, Sirs, yours faithfully,

H. CAMPBELL THOMSON.

Queen Anne-street, W., Oct. 28th, 1901.

"THE AFTER-COMING HEAD; PREVENTION OF ASPHYXIA."

To the Editors of THE LANCET.

SIRS,—In reply to Dr. Edwin Smith's letter in THE LANCET of Oct. 26th (p. 1155) in which he asks what are the objections to the introduction of a tube into the child's mouth in cases of delay of the birth of the after-coming head, does it sometimes fail, and, if so, why? I would give the following answer. 1. The difficulty of introducing such a tube and keeping it *in situ* may be considerable. 2. Even after its introduction it is often impossible to get the child to breathe with its head in the vagina. 3. In many of these cases, owing to premature efforts at respiration having been made, the child's mouth and pharynx contain foreign matters, such as liquor amnii

and blood. 4. Under these conditions the introduction of a tube, especially if the child be further stimulated to breathe, is likely to favour the passage of such fluids into the larynx and so further to increase the risk to the child's life. 5. The time spent in introducing a tube would be better employed in applying forceps to the head since cases are very rarely met with in which the head cannot be at once delivered by the use of forceps. 6. If the child makes attempts at respiration with the head still in the vagina, the immediate delivery of the head and the performance, if necessary, of artificial respiration are likely in the majority of cases to give better results than the use of a tube. 7. If the use of the tube fails, as the recorded cases show it sometimes does, valuable time will have been lost. 8. As the child's life is in danger any risk to the perineum of the mother may be neglected. I am quite prepared to admit that a delay of a few minutes may make all the difference to the chances of a bad tear of the perineum, but, as I have already said, when the life of the child is at stake this risk should not be taken into consideration. It is probable that the best results will be obtained in these cases by having ready at hand all the appliances necessary to revive the child if it be born asphyxiated; by keeping up well-applied pressure on the fundus of the uterus during the delivery of the trunk, so as to avoid extension of the arms and head; and by delivering the head as rapidly as possible if the child's life is endangered by shoulder and jaw traction, or, better still, by the application of forceps.

I am, Sirs, yours faithfully,

Wimpole-street, W., Oct. 29th.

GEORGE F. BLACKER.

"THE SANITARY STATE OF TORQUAY."

To the Editors of THE LANCET.

SIRS,—I was glad to see in THE LANCET of Oct. 19th, p. 1075, a letter requesting you to use influence with the town council of Torquay to remove the Destructor from its present position. The letter fully explained why the situation in which it is placed is incurably faulty. But it hardly mentioned that the Destructor Committee hardly deny that the fumes issuing from the chimney are injurious to health, and intend—let me quote from the local paper—"to engage an analytical chemist of the first rank to analyse the fumes as they emanate from the destructor furnace" in order that the said wise-heads may determine whether "the complaints are founded on fact or fancy" and whether "the fumes are or are not noxious." As if fumes could be anything but noxious. So much for the judgment of our sanitary authorities. *Quis custodiet, &c.* Of course there are mortals whose noses are only more or less ornamental appendages, but even they condemn the clouds of smoke which drift round and about.

Our *patres conscripti* are not satisfied with this outrage on the purity of our air. A charming valley that, if at Bourne-mouth, would have been lovingly planted with flowers, is being, "by authority," filled with the garbage of the town. From this baleful barbarism issue breezy odours hardly helpful to those with delicate lungs, or throat, or stomach. We Uptonians are poor and cannot afford to apply for a legal injunction, and therefore we appeal to an authority respected by the civilised world—to you, Sirs—to aid us in the abolition of these nuisances.

I am, Sirs, yours faithfully,

S. GROSE, M.D. St. And., F.R.C.S. Eng.

Torquay, Oct. 25th, 1901.

"THE TREATMENT OF TUBERCULOSIS."

To the Editors of THE LANCET.

SIRS,—You published a few years ago a case of mine, "A Child, Four Years Old, with Acute Phthisis, Cured."¹ I then detailed the treatment. In all the correspondence I have seen in THE LANCET on tuberculosis nowhere have I seen any medicinal treatment recommended as having proved successful where everything has been against the patient's recovery, but as hundreds of cases of phthisis occur in which the patients are pecuniarily unable to avail themselves of the open-air treatment, it remains that such patients must die unless by medicinal treatment something can be done to check the disease if not to destroy it.

¹ Transactions of the Clinical Society of London, 1898.

² Medical Press and Circular, vol. i., 1887.

³ Medical Chronicle, vol. xvi., 1892.

⁴ THE LANCET, Dec. 19th, 1891, p. 1389.

¹ THE LANCET, June 4th, 1898, p. 1536.