

WHAT IS THE PERMANENT BENEFIT FROM SANATORIUM TREATMENT?

To the Editor of THE LANCET.

SIR,—In THE LANCET of May 20th you have an annotation upon "The Permanent Benefit from Sanatorium Treatment." In this article you refer to some statistics recently published by myself in the following words:—

A year ago Dr. N. D. Bardswell, in his "Expectation of Life of the Consumptive after Sanatorium Treatment," showed that out of 250 cases who had been treated in the years 1899-1905, 99 were "well" in the latter year, 101 dead, and the rest "alive." Many of these, however, had probably returned home only a short time before the enumeration was made, and we still need to know more of the results five or ten years after their discharge.

Allow me to point out that you have misquoted me. On p. 2 of my book to which you refer you will note that my evidence as to the value of sanatoria consists of the careers of "241" patients who were under my care in sanatoria during the years 1899-1905. These patients were all discharged during the years 1900-1905, and my statistics as to the permanent results of treatment were made up in 1909, not in 1905 as stated in your article. As I particularly pointed out, a period of time, varying from a maximum of nine years to a minimum of rather more than four years at the date of the compilation of my statistics in 1909, had elapsed since the patients referred to returned home or elsewhere on completion of a course of sanatorium treatment. I might also add that my 241 patients were quite unselected.

I am, Sir, yours faithfully,

NOEL BARDSWELL,

Medical Superintendent, King Edward VII.
Sanatorium.

Midhurst, May 24th, 1911.

ANÆSTHETICS IN INTESTINAL OBSTRUCTION: THE VALUE OF GASTRIC LAVAGE.

To the Editor of THE LANCET.

SIR,—After reading with great interest the report of the case under the above title by Dr. D. J. Munro in THE LANCET of May 20th, it occurred to me that an opportunity is given to emphasise the great importance of gastric lavage prior to operations under general anæsthesia in all cases of acute intestinal obstruction, especially in old and feeble people.

During my term of office as resident assistant surgeon at St. Thomas's Hospital I can recall several cases in which death has occurred on the operating table as the result of regurgitation and aspiration of the stomach contents towards the end of the operation, the patient's condition being apparently quite satisfactory one moment, but the respiration and pulse having ceased the next moment.

I can remember one case of an old man suffering from acute intestinal obstruction, due to carcinoma of the pelvic colon. The advisability of gastric lavage prior to operation was discussed, but the condition of the patient was so critical that it was decided to omit this precaution. A colostomy was performed, and the operation was almost completed when it was noticed that the patient was not breathing. The pulse was also imperceptible. Artificial respiration was resorted to, and on opening the mouth with a gag it was found to be filled with fluid gastric and intestinal contents, and all efforts at resuscitation were unavailing, the air passages being filled with this same material.

Another case was that of an old man suffering from a strangulated umbilical hernia. There was no history of vomiting, and being an old and feeble subject I unwisely decided against gastric lavage, on account of the extra strain which this procedure might put upon his already enfeebled heart. The operation was completed and all seemed to have gone well. The patient was coming round from his anæsthetic and his corneal reflex was present. He was placed on the trolley which was to convey him back to the ward, when it was noticed that he was rather blue and was not breathing. His mouth was opened by a gag and was found to be filled with fluid material, as in the previous case. There had been no real vomiting, but merely regurgitation and aspiration of these fluid contents. All efforts at resuscitation were without avail.

A series of such unfortunate accidents has impressed upon me the great importance of gastric lavage in all cases of acute intestinal obstruction, and especially so in the aged, in whom the cough reflex is often feeble. The calamity usually occurs when the patient is only lightly under the anæsthetic (light anæsthesia often being advisable in such cases) or else towards the end of the operation, when the patient is coming round from his anæsthetic. The fact that the patient has not vomited during his acute illness is by no means a contra-indication to gastric lavage, since it is well known that vomiting, although usual in such conditions, is not an invariable symptom, as illustrated by the case of strangulated hernia mentioned above—the stomach may yet be full of fluid contents.

Further, I do not consider that gastric lavage, *per se*, is sufficient, but it is also advisable to leave a tube in the stomach during the whole operation, so that any regurgitation of contents from the small intestine into the stomach during manipulation of the intestines may be syphoned off at once. Again, if the patient's condition will allow, it is advisable to give the stomach a final lavage at the termination of the operation, and if thought necessary a purgative may also be administered before withdrawing the tube. Since the calamities detailed I have adopted the above precautions in such cases and have been very pleased with the results.

Personally, I think that the extra time taken by these precautionary measures is time well spent, and goes far to counterbalance the grave risks incurred from regurgitation of gastric contents.—I am, Sir, yours faithfully,

LIONEL E. C. NORBURY.

Wimpole-street, W., May 22nd, 1911.

EXTRAORDINARY INJURIES.

To the Editor of THE LANCET.

SIR,—I was called on May 25th to a man, aged 60, who had been run over by a travelling crane. The large cogs of the reversing apparatus beneath the crane had passed over him, opening his neck and chest. The incision extended from the left side of the lower jaw to one inch below the right nipple. The obliquity of this opening was due to the reversing action of the crane. His heart was picked up, being severed from the great vessels completely and removed from the body. The right clavicle and right ribs were completely severed and cut through back and front down to the sixth rib. The diaphragm had been cut or forced open and the lower large intestine and some jejunal coils were in the thorax. The lungs were also lacerated. Face and abdominal wall were unhurt.

I am, Sir, yours faithfully,

E. C. B. IBOTSON, M.B., B.S. Lond.

Briton Ferry, May 26th, 1911.

PRURITUS ANI.

To the Editor of THE LANCET.

SIR,—It is well known that the treatment of the above complaint is very unsatisfactory unless the cause of the trouble is obvious—e.g., piles. All sorts of local applications, the use of the X rays, and even the application of the actual cautery are recommended, but in my experience none of these can be relied on. About ten years ago I read in THE LANCET, a statement by the late Mr. Herbert Allingham that an acrid rectal discharge was the cause of most uncomplicated cases. Shortly after that, when visiting England, I searched the library at the Royal College of Surgeons in London for information bearing on this point with a negative result, nor could I learn anything about it elsewhere, so that I visited Mr. Allingham and asked him about it. He stated that such a cause did exist in many cases, but could not refer me to any literature on the subject. He gave me a prescription of 4 gr. of hydrargyri perchlorid. in 3 oz. each of rectified spirit and water as an application, which gave some relief in the case in question. The discharge mentioned is enough to wet the parts adjacent to the anus; it is clear and has a peculiar smell which is difficult to describe—perhaps "urinous" is the nearest description. If the lower bowel contain fæces the odour is masked by their stronger smell. It is characteristic of the etiology of the trouble that if the patient is wakened up by the pruritus the irritation will be greatest on, or entirely

limited to, the side on which he has been lying, owing, of course, to the discharge gravitating that way; while, as a sequence, the irritation is bilateral after waking from the dorsal decubitus. I have noticed a definite relation between diet and the discharge: superheated fat will invariably bring on an attack. Fried bacon and pruritus are always associated as cause and effect. If any of your readers will be good enough to refer me to any publications dealing with this subject, especially in connexion with the use of any antiseptic rectal injections, I shall esteem it a favour.

I am, Sir, yours faithfully,

A. BENNETT, M.D. Aberd.

Manor House, Hamilton, Victoria, Australia, April 26th, 1911.

ASPIRIN IN PNEUMONIA.

To the Editor of THE LANCET.

SIR,—I want through your pages to urge upon your readers to try aspirin in the early stages of pneumonia. I have had eight successive cases in which aspirin given in 10-15 grains at the very outset of the attack has apparently caused the disease to abort. I have repeated the dose every four hours so long as any raised temperature or other symptom has persisted. In every case the attack was very acute and the diagnosis confirmed by the bacteriological examination of an expert. The relief was in all the cases so immediate, so complete, and so lasting that I cannot but believe in the drug as having the power to cure pneumonia. In any case a trial can do no harm, and if other medical men will record their experiences the question of its efficacy will soon be settled.

I am, Sir, yours faithfully,

ALFRED SCOTT, M.R.C.S. Eng., L.R.C.P. Lond.

Brighton, May 27th, 1911.

SNAKE-ROOT.

To the Editor of THE LANCET.

SIR,—With regard to the annotation on snake-root and snake-stone on p. 892 of THE LANCET of April 1st just to hand, may I say that some years ago, when medical storekeeper to the Government, Madras, a sub-assistant surgeon in the Central Provinces wrote to me on the subject. His statement was to the effect that after much trouble he had obtained samples of the "mongoose plant" and therewith had made a tincture. He then caused two or three pups to be bitten by a snake, pups of the same litter, and dosed some and not the others. Those dosed recovered, while the others died. He stated that he had repeated the experiment two or three times, once, I think, on a couple of kids, and had satisfied himself that the results were genuine.

He sent me a small sample of the plant which I sent on to Dr. Bottinger of the firm of Bayer and Co., with a copy of the man's letter. Dr. Bottinger wrote and asked for more of the plant, complete, roots and all, and I sent a copy of his letter to the sub-assistant surgeon, who replied that the plant was only to be got during and after the rains, but that he would, when the time arrived, collect and send a large bundle. I never, however, so far as I remember, heard any more about it and concluded that the man had either died or been transferred to some place where the plant was not to be found.

The belief, of course, is widespread—is, indeed, practically universal in India; and the presumption is that it may contain a germ of truth. I have ventured to trouble you with this communication as you appear interested in the matter, but would just as soon that you make no use of my name.

I am, Sir, yours faithfully,

April 19th, 1911.

COLONEL, I.M.S.

CHILDREN AND THEIR TEETH.—The Hove education authority has appointed two qualified dentists, who, acting under the supervision of the school medical officer, will as a preliminary step inspect all the children between the ages of 6 and 8, treatment of the worst cases to begin at once, followed by the least urgent cases, and after that the children between 5 and 6. The question of the teeth of the elementary school children of to-day is a matter demanding serious attention, and the Hove education authority is to be congratulated on its action.

LIVERPOOL.

(FROM OUR OWN CORRESPONDENT.)

Remarks on the Report of the Medical Officer of Health of Wallasey for the Year 1910.

Mr. T. W. N. Barlow, in his report on the health of the borough of Wallasey for 1910, alludes to the difficulty of correctly estimating the population of a rapidly growing district such as Wallasey. The population shown by the census return in 1901 was estimated at 53,579. The population at the end of 1909 was estimated at 74,494. The number of inhabited houses at the end of 1910 (16,242) multiplied by 4.75 (number of people per house) gives an estimated population at the end of 1910 of 77,149, an increase, therefore, of 2655 for the year. Take half this increase (1327) and add it to the estimated population at the end of 1909 (74,494) and there is an estimated population for the middle of the year of 75,821, which Mr. Barlow has still further reduced to 75,000 for statistical purposes. The effect of under-estimating the population is, of course, to increase all the rates, and of over-estimating to decrease them. There was an increase in the number of inhabited houses in the district during the year of 559. Allowing only four persons per house instead of 4.75 would mean an increase in the population of 2236, whereas in Mr. Barlow's calculations he has estimated an increase of only 2000 over the estimated population of 1909. The number of new houses certified for habitation during the past seven years was 3984. The births during the year numbered 1724 (884 males and 840 females), giving a birth-rate of 22.9 per 1000, compared with 24.8 for the whole of England and Wales. The illegitimate births numbered 43, equal to 2.4 per cent. of the total births. It should be noted that the birth-rate is the lowest ever recorded, being 1.5 lower than the rate of 1908, and no less than 8.3 per 1000 of the population below the maximum rate recorded in 1892. A glance at the chart depicted in the report shows that the birth-rate of Wallasey, like the birth-rate of England and Wales as a whole, and like the birth-rate of almost every other town, is steadily declining. It is only fair to point out that the death-rate also shows a progressive decline, while the infantile mortality rate is about half of what it was in 1899, when the birth-rate was 30.1 per 1000. The total number of deaths of residents in the district, including those dying in the workhouse (50) and in Liverpool hospitals (14), but excluding those of visitors (17), was 888, equal to a death-rate of 11.8 per 1000, which again is the lowest death-rate for the Wallasey district as far as records go. Sixty inquests were held, 48 of these being on residents and 12 on non-residents. Five of the deaths were those of illegitimate children, 3 being under 1 year of age, as compared with 14 last year. Mr. Barlow devotes eight pages in his report to the subject of infant mortality, which are well worthy of perusal. In his remarks on the 7 cases of small-pox which occurred during the year he makes some pertinent remarks on the value of vaccination and revaccination. In connexion with this outbreak he sounds a note of warning on the tendency which is manifested in the Wallasey districts, as in other places, to neglect to take advantage of the benefits which vaccination affords as a protection against small-pox. This is shown in two ways. Firstly, by the increased number of exemption certificates applied for; and secondly, by the fact that even where a child is vaccinated it is often very inefficiently done—so inefficiently, indeed, that in all probability the protection afforded disappears in a very short time. The public vaccinator is compelled to vaccinate in four places. No such obligation rests on the private practitioner, and there are some who respond to the appeals of the parent by only vaccinating in one place. Mr. Barlow emphatically states that this practice should be forbidden by law, and dilates on the protection against small-pox afforded by recent vaccinations. It is a truism, as he says, that a large number of medical men nowadays have never seen a case of small-pox. This fact may account for some placing such small store on vaccination, allowing themselves to be persuaded to vaccinate in only one place. It is a curious fact, he says, that at a time when vaccination as a protection against small-pox is gradually declining in favour, the most promising advances in the modern treatment of disease are on analogous lines to vaccination—e.g., tuberculin and other vaccines. The subject of