

THE CRAZE FOR APPENDICECTOMY.

SIR,—The appendix is a lubricating gland placed at the bottom of the ascending colon for the purpose of speeding up the intestinal heavy traffic.

The intestinal contents, at this part, have lost their fluidity and their coefficient of friction has greatly increased, and in addition the faeces have to climb a very steep, almost vertical incline. On *a priori* grounds we would expect Nature to provide additional lubrication here over and above the ordinary mucus of the intestine, and she has risen to the occasion and has evolved the appendix.

Many years ago, when the operative treatment of appendicitis was just coming into vogue, I treated some half-dozen cases by the usual incision and drainage, and although they all fortunately recovered, their convalescence was so slow and tedious, complete recovery taking several months, that I determined to adopt a "non-militant" method of treatment. Reasoning that appendicitis was usually due to blocking of the mouth of the appendix by faecal accumulation, causing distension and inflammation, it followed that the most rational method of treatment was at once to administer saline aperients, and so remove the obstruction.

I have never had occasion to regret the adoption of this method, for of the dozens of cases so treated not one has died, and practically all were quite recovered in two or, at most, three weeks.—I am, etc.,

Sunderland, Dec. 13th.

THOMAS A. WATSON.

OPIMUM RISKS.

SIR,—A copy of the *Journal of the Royal Society of Arts*, dated June 20th, 1913, has just reached my hands. In it there is an article upon "The Drying up of the Indian Opium Revenue," by Sir George Birdwood, K.C.I.E., C.S.I., M.D., LL.D., and I scarcely think that the opinions expressed therein by the learned author would meet with the unqualified approval of the medical profession as a whole. When a distinguished man, who happens to hold a medical degree in addition to his other attainments, expresses opinions upon medical matters in a lay journal, it is not unreasonable that the general public should think that the views which he holds represent those generally held by the profession at large. In such a case I consider it to be the duty of those of us who conscientiously disapprove of such opinions to publicly announce the fact. Hence this letter.

The original article is somewhat lengthy, so that it is impossible to quote it *in extenso*, and those who are interested may easily refer to it by the date above given. However, I give a few extracts.

Indian opium is, as it always has been, the luxury of the rich in China, as champagne is in Europe and America, the only difference between them being that, while the daily use of champagne or other wines or spirits may prove deleterious to those who abuse the enjoyment of them, the smoking of the pure extract of Indian monopoly opium can in itself never be injurious to health, nor even when indulged in, so far as the time and the money spent on it are concerned, to so-called "excess."

And again, the author, having referred to his extensive personal experiences in India, both as a medical man and as an active justice of the peace, goes on to say:

I should be prepared to defy any one to bring forward, from personal experience, a single authentic record of death or shortened life from habitual opium eating or drinking in India. . . . As for opium smoking, I am satisfied that it is of itself as innocuous as smoking hay, straw, or stubble.

Excepting cases of accidental or wilful poisoning by opium, I never knew of a single instance of death from its use, and I have never met with any one who in his own experience has known of a case of death or of injury to health from the habitual eating or drinking of opium, as practised by the people of India proper.

Later, he says that opium in brief, is one of the greatest gifts of Providence to the peoples of the tropics, that it is a "soothing adjuvant to the digestion of a vegetarian diet" and a "prophylactic against malaria."

I scarcely think, Sir, that the majority of the medical profession could fail to regard these views as part of a dangerous and pernicious doctrine. Here in British North Borneo I have ample opportunity of witnessing the evil effects of opium smoking. Here we are in the midst of

licensed opium farms and licensed gambling houses. Every facility is afforded to the Chinese and Javanese imported coolies to spend their money on these vices, to which habit they at length get so enslaved that they are reduced to a condition of perpetual servitude, being always in debt to their employers or others who have advanced money to them; from this they are only released by death or by disease sufficiently serious to incapacitate them from work as labourers. I frequently see in the *post-mortem* room cases of death which are directly or indirectly due to opium, as for instance, when the symptoms of disease have been masked by opium.

A coolie, known to be an habitual opium smoker, may be seen lying unconscious in the coolie house, with his opium pipe and paraphernalia lying beside him. The overseer, or the friends of the man, thinking him to be under the influence of opium, leave him alone to finish his sleep. The following morning a corpse is brought to hospital, and the *post-mortem* verdict of the doctor is cerebral malaria, uraemia, or what not.

One of the greatest difficulties in the administration of estate hospitals in this country is to prevent opium from being smuggled into the wards by patients or their friends. If it once gets inside its powers of injury are many. I need scarcely repeat in a medical paper how perforative peritonitis due to enteric fever, dysentery, appendicitis, etc., may not be recognized in a patient under the influence of opium. Furthermore, the number of cases of murder committed by Chinese coolies with the object of obtaining money wherewith to purchase the drug to allay the pangs of opium hunger must be considerable.

Sir George Birdwood puts forward also many political arguments showing how unjust we are to the Indian people in depriving them of their revenues; but surely the many thousands of Chinese in the Straits Settlements and Borneo are just as much British subjects, and just as much entitled to be protected against their own weaknesses, as any other of the component peoples of the British Empire.

If the learned author of the article in question had only resided for a time in some more or less isolated places where the only obtainable household servants were opium-befuddled Chinese, I venture to suggest that he would sing less loudly the praises of the somniferous juice.—I am, etc.,

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Ranan, British North Borneo, Oct. 7th.

Public Health

AND

POOR LAW MEDICAL SERVICES.**POOR-LAW APPOINTMENTS.**

P. I. A.—The procedure was quite regular. In the case of a Poor Law appointment the guardians must either advertise the same, or it must be proposed and agreed at a board meeting that the election shall be proceeded with at the next meeting. It is not so in a public health appointment. Such appointments must be advertised.

AN inquiry is now being carried out in France, by order of the Minister of Education, as to the number and conditions of abnormal children. The inquiry is being made by primary teachers, who fill up uniform tables to be analysed by the inspectors. The law of March 23th, 1882, decrees that primary instruction is compulsory for children of both sexes aged from 6 to 13. This law does not apply to children who from the physical or intellectual and moral point of view are unfit to receive the ordinary teaching. The ministerial order classifies them as follows: Blind; deaf mutes; medically abnormal children—idiots, cretins, epileptics, etc., moral imbeciles with perverted instincts, and all children who cannot be cared for and educated collectively except under medical supervision; backward children who are in a state of mental debility; lastly, unstable children to whom the lack of mental equilibrium makes general discipline unbearable, and hence renders it impossible that they should attend a public school. Children who have remained more ignorant than others because they have been hindered in their studies by causes independent of their mental state, such as non-attendance at school, frequent absence, and so forth, are not regarded as abnormal. The inquiry includes all public or private schools.