

CORRESPONDENCE.

ON THE VALUE OF POSTOPERATIVE GASTRIC LAVAGE.
EDITOR ANNALS OF SURGERY.

There are, to my mind, two valuable results to be obtained by the use of postoperative gastric lavage—(1) vomiting is prevented in a large percentage of cases, as pointed out by Dr. C. S. White in his article in the August number of the ANNALS OF SURGERY; and (2) the kidneys are relieved of the necessity of eliminating variable quantities of a substance capable of producing serious and even fatal inflammatory lesions. This latter point has not been brought out by Dr. White, and is, I believe, the more important of the two.

After operation, the excretory function of the renal apparatus should be at its maximum in order that the toxic products resulting (*a*) from *unavoidable* infection during operation and (*b*) from disease may be promptly eliminated. The smallest possible quantity of anæsthetic has been insisted upon by Simpson of this city with this idea in view. If, in addition, a portion of the ether it has been necessary to use can be removed from the body by washing the ether-laden mucus from the stomach, the tax upon the kidneys is still further diminished.

I have been using gastric lavage at the East End Hospital as a routine procedure after operation since October, 1902, and am convinced of its value. It is my intention to have made a stomach-tube with a diameter of seven or eight millimetres in order that it may be introduced through the nares instead of through the mouth, thus avoiding the use of the mouth-gag. The ordinary stomach-tube, however, is a necessity in cases in which there is doubt as to the presence or absence of solid food in the stomach.

JOHN D. SINGLEY.

212 NORTH HIGHLAND AVE.,
PITTSBURG, PA.