

arrest the action of the heart, produces a surgical emergency in which prompt treatment can alone give the patient a chance of recovery.

Delore and Duteil,<sup>1</sup> in discussing the cause of death, hold that it consists not simply in obstruction of the pulmonary capillaries, but in an association of pulmonary embolism with weakening of the heart's action due to distension of the cavities on the right side. They suggest as treatment aspiratory puncture of the right ventricle. This minor operation is regarded by Delore and Duteil as quite free from risk and likely, if practised without delay, to be as beneficial on the human subject as it has proved to be on animals.

In carrying out this treatment I would add the following suggestions. After closure by pressure of the wound in the vein incise the skin prior to passing the needle, which can be manipulated more accurately when the resistance of the skin has been removed. Where available a fine trocar and cannula should be employed in preference to a needle, the trocar being removed as soon as the heart cavity is reached in order to prevent injury by the point of the trocar. If an aspirator is not at hand a reversed enema syringe may be fitted to the cannula, but in the absence of suitable apparatus the surgeon will probably be obliged to fall back on suction made with his lips in order to evacuate the blood-stained froth, a short length of rubber tubing being attached for this purpose to the cannula. Artificial respiration will be necessary and may assist in furthering the flow of froth and blood.

I am, Sirs, yours faithfully,  
Plymouth, April 28th, 1907. C. HAMILTON WHITEFORD.

## THE USE OF ALCOHOLIC BEVERAGES.

*To the Editors of THE LANCET.*

SIRS,—Whilst this subject is being discussed in your columns I should like to point out a class of case in which the use of brandy or whisky is, in my opinion, of undoubted therapeutic value—viz., cases of retention of urine, either from an enlarged prostate or stricture of the urethra, in which patients have to undergo life-long catheterisation. It is my experience that men who make use of brandy or whisky as a drink escape cystitis from decomposition of the urine more frequently than do total abstainers, and I frequently administer half an ounce of brandy or whisky immediately after the operation. It revives the patient and makes him feel comfortable and happy. If alcohol is excreted by the kidneys and appears as such in the urine, and if it is an antiseptic its therapeutic value must be apparent.

I am, Sirs, yours faithfully,  
Exeter, April 30th, 1907. JOSEPH A. W. PEREIRA.

## PHARYNGO-KERATOSIS TREATED BY APPLICATIONS OF SALICYLIC ACID IN SULPHO-RICINATE OF SODA.

*To the Editors of THE LANCET.*

SIRS,—In the report of a case illustrating the above, which I brought before the Laryngological Society at its meeting on April 5th, a very important fact, and, indeed, the one which gave the main value to the case, was omitted. This was to the effect that the condition—best known as pharyngo-mycosis—was well marked on both tonsils, but that after the patient had made a daily application of a 10 per cent. solution of salicylic acid in sulpho-ricinate of soda to her right tonsil only, a slow but steady diminution in the size and in the consistency of the spots on it was observed after a few weeks. The other tonsil remained as before until the same application was made to it also. This rigid experimental test showed incontrovertibly that the improvement was due to the application and not to any coincidental spontaneous disappearance such as we know to take place from time to time in this disease. It is generally agreed that the condition is really one of no importance, and if a patient can be persuaded to disregard it so much the better; for those, however, who are impatient of the condition, it is gratifying that there should be a method of treatment which has an unmistakable action on the keratotic condition and which can be placed in their own hands. The action is, of course, analogous to that of salicylic acid upon warts, corns, and similar conditions, and the sulpho-ricinate

of soda seems to be the vehicle with which it can be incorporated so as to be as unirritating as possible. In view of the policy I have above described of dissuading patients from submitting to treatment for this condition the opportunities for observing the effect of such treatment are obviously very few. Thanking you for allowing me space for this communication,

I am, Sirs, yours faithfully,  
May 1st, 1907. DUNDAS GRANT.

## MEDICAL OFFICERS OF HEALTH AND RURAL DISTRICT COUNCILS.

*To the Editors of THE LANCET.*

SIRS,—In my annual reports to the Oulton Broad urban district council and the Mutford and Lotbiningland rural district council for 1905, when dwelling upon the Oulton Isolation Joint Hospital, the property of the above-mentioned authorities, I made the following comments:—

The bathing accommodation is lamentably deficient, there is only one bath in the hospital, this is an ordinary wheel bath and this is not in a very good state, so that patients suffering from scarlet fever, diphtheria, and enteric fever all have to use the same bath. There is another bath at the institution, one in the caretaker's house, but that should be for the use of the staff only. Before a patient can be discharged he or she must go over to the house and take his or her final bath in this one. This, gentlemen, is far from what it ought to be; it is, to say the least, not nice for the staff. What is really required is a discharge room with a proper bath, etc., for each ward.

The hospital consists of four wards built upon the pavilion system, each ward being bedded for four patients, though more are admitted. One block, consisting of two wards, is mostly used for cases of typhoid fever and diphtheria; the other two wards are reserved for cases of scarlet fever.

In my annual report for 1906 which I am now forwarding you (on page 33) you will notice that that condition of affairs *re* bathing still obtained<sup>1</sup> and that I again drew the committee's attention to this lamentable condition of affairs. This report has caused several personal attacks upon myself at meetings of the committee. I was told that the report should not have been presented to the council and that no representations had ever been made to the committee that another bath had been required and that I ought to have apologised for having written such a report. At a meeting of the hospital committee held on the 5th inst. the member whose speech of the 25th inst. *re* cost of patients was reported in the *Eastern Daily Press* of the 26th inst., insinuated in a most aggravating form that my transaction bearing on a matter of the provision of shrubs to the hospital when the grounds were being laid out some two years ago might not have been of a honest and straightforward nature, and the direct impression conveyed to my mind was that I might have been a party to fraud. These hostile attacks culminated in the statements made as per reports of the two newspapers, which I beg to submit for your perusal.

It must come as a revelation to medical superintendents of isolation hospitals that it is a part of their duty on receiving a request for the removal of a patient to hospital to visit and examine the case asked to be removed for the purpose of verifying the diagnosis of the medical brother who has notified the case. What would the Local Government Board say on this matter? What would the medical profession think and say? Is it any wonder that the present Government contemplates taking away the administration of the Public Health Acts from the rural district councils? Is it possible to work in harmony with such bodies and at the same time do one's duty for the welfare of the districts? You will notice that what seems to me to be a direct attack upon myself is made by the member Mr. M. more particularly affecting the administration of the hospital. The figures quoted, as supplied to him by the clerk, I have not as yet had an opportunity of proving. He is wrong to start with, with regard to the number of patients admitted during the years of 1901 and 1902, he giving a much higher number than that actually admitted to hospital, as proved by the register of cases. My connexion with the hospital did not start until 1904. The whole of the figures are jumbled up, including establishment charges, salaries, and everything else. I am expected as medical superintendent to pay the staff, keep a record of all petty cash transactions; so well, so good. At the quarterly meetings of the committee I have to

<sup>1</sup> Since the report was printed another bath for patients has been supplied, but discharged patients still take their final bath in the bath supplied for the staff.