

age the unwieldy sum-total of our advanced medical knowledge of today. The outlook is more and more hopeless unless we can some day have a medical tribunal or clearing house, for classifying that part of our knowledge that has become scientific, and obstructing the publication of crude controversial articles which confuse the busy physician who is eager to be upon the right side.

5. *Giving nature a chance.*—A chance to do what? To raise a thriving colony of bacteria or to destroy them with polynuclear leucocytes in the interests of the man? Nature presumably cares no more for a man than she does for a fine nest of growing bacteria. Both are her possessions. She wishes to have both of them survive. She has equipped both of them with means for offense and defense. When there is a struggle for supremacy and nature does not seem to know which side to favor, the well informed patient chooses a skilful surgeon for his ally, and nature is not given a chance to cultivate her bacteria at the expense of a beloved father, or mother, or sister, or brother. It is a pretty conceit on the part of man, this assumption that nature cares more for his welfare than for the welfare of a progressive thriving colony of bacteria. It is parallel to the idea that man must be a special creation.

6. *Trifling ailments about the appendix.*—None of my remarks apply to the matter of trifling ailments about the appendix. They apply only to cases of true infective appendicitis in which bacteria are injuring the tissues, and in which the physician possesses sufficient diagnostic acumen to know what is going on.

7. *Majority recover without operation.*—About 75 per cent. of appendicitis patients are believed to recover without operation (See "Lectures on Appendicitis," Second Edition), but at what cost? At the cost of risking a death-rate of 25 per cent. which need not be 1 per cent. At the cost of more suffering, and more loss of time, and more chronic ill health than any one within reach of the resources of modern civilization need suffer.

8. *Members of profession to use their own judgment about propriety of operation.*—Within a month I have seen two cases in which the free abdominal cavity was filled with pus, and in which some of the consulting physicians thought that symptoms did not warrant operation. Within a year I have seen at least six cases in which the appendix was the focus of tuberculous infection which was extending to peritoneum and neighboring bowel, and yet the symptoms were so mild that several consultants had advised against operation. I have seen a case of cancer of the appendix in which consultants were not at all agreed that the symptoms were sufficient to warrant operation, until the cancer had reached an incurable stage. Within a year I have operated upon perhaps twenty-five cases in which perforation of the appendix had already occurred, and in which some of the consultants thought that the symptoms were those of "catarrhal appendicitis" only. Shall we then let members of the profession all use their own judgment, or shall we ask the men who are thoroughly familiar with the subject to teach principles and make rules for aiding those whose opportunities for gaining accurate information have been more limited. Human life is directly at stake in this matter. Physicians are directly responsible, because trusting patients place their lives, their hopes, their all, in the hands of physicians who are not at all prepared to take such sacred responsibilities.

9. *Intolerance of opinion of others.*—I am tolerant of the opinion of every man who tries to obtain his facts in a scientific manner. I am intolerant of the opinion of any man who becomes intoxicated by the spirit of controversy, and who tries, when in that condition, to mislead himself and every one else. I have not questioned the truthfulness of any physician who has published lists of appendicitis cases cured by medical treatment, but have simply charged such authors with being slovenly and careless while they were intoxicated with the spirit of controversy. I have been, and shall be, upon the watch for all such published lists, and shall expect to find in

the future, as I have in the past, that a very little cross-questioning is disastrous to the authors of lists of "cured cases." They will be requested to give us the time during which appendicitis patients have been watched, the number of recurrent attacks, the number of deaths, the number of patients who subjected themselves to operation, and the length, breadth, position and condition of the appendices as determined by palpation in the interval between attacks. Patients will not be considered to be cured because they did not return for treatment.

The particular author whom the editor of the *News* suspects has been charged with untruthfulness, published a long list of cases of appendicitis cured by medical means, and when I challenged the accuracy of his report he admitted that he did not know what had become of most of the cases. I learned shortly of three of his cases that had subjected themselves to operation, of one that was carrying a chronic pelvic abscess from appendicitis. Another one of the patients came to my office because the symptoms had recurred, and the case proved to be one of loose kidney, with the kidney in the appendix region. The appendix was normal.

I did not charge this author with being untruthful, but simply intimated that he was intoxicated with the spirit of controversy, and when in that condition he was slovenly in making up his report. Hundreds of physicians and laymen are misled by such reports. The farce tragedy has been played long enough. Human life is directly at stake, and I propose to call to account physicians who insist upon trying to mislead themselves and others. Call it intolerance if you will, but I have no motive excepting that of being useful to the profession to which I have sworn allegiance, and there will be no intolerance manifested toward the author of any paper which takes into account our classified knowledge on the subject of appendicitis, and which bears the ear marks of that degree of care which is required in reporting upon a subject which directly involves human life.

49 West Thirty-ninth St.

ROBERT T. MORRIS, M.D.

Air is Food; Nitrogen; Correction.

NEW YORK CITY.

To the Editor:—In your issue of Feb. 12, 1898, there were omissions in "Air is Food; Nitrogen": page 365, column 1, lines 46 to 52; page 366, column 1, lines 1 to 5, 6 to 9, 16 to 20, 25 to 29, 34 to 39. These were quotations from the late Dr. W. Thornton of Boston. My explanation is that said quotations were in Prof. W. B. McVey's contribution and that I did not know they were Dr. Thornton's. Professor McVey says that he thought he had given credit. As he is now investigating N. on these lines, it is to be hoped that Dr. E. C. Hebbard of Boston (who kindly brought the matter to my attention and whom I thank), and all who feel that N. is not given its due dynamic influence, will work together, especially now when the whole world has been startled by the blowing up of the *Maine*, which would have been impossible without nitrogen.

Yours truly,

EPHRAIM CUTTER, M.D.

Location of Intestinal Obstruction.

LA GRANGE, ILL., May 7, 1898.

To the Editor:—Supplementary to the suggestion of a "Simple and Safe Method in Determining the Location of Intestinal Obstruction," by R. S. Reed of Wheeling, W. Va., I call the attention of the writer to the curious fact, pointed out by Nothnagel of Germany, that when a crystal of carbonate of soda is applied to the peritoneal surface of the intestines, it will invariably excite its contraction and which passes upward toward the stomach, antiperistaltic; never toward the rectum. But one opportunity to test this has been afforded me, which, however, corroborated the assertion of Dr. Nothnagel.

F. A. SCHMIDT, M.D.