

CORRESPONDENCE.

Fluid Drinks After Laparotomy.

To the Editor:—The occasion of these remarks is the appearance of a nicely written little book on the "After-Treatment of Laparotomy" by Dr. Christopher Martin, the trusted assistant of Mr. Lawson Tait. Dr. Martin's book is just issued and as it is not published in this country, he kindly sent me one of the first numbers. In 1890, I was a pupil of Mr. Tait's for six months and at this time Dr. Martin had full charge of the after-treatment, as Mr. Tait seldom saw many of the patients after he had performed the operation. I then had ample opportunity to witness the after-treatment by *special permission* of Mr. Tait. Dr. Martin is a skilful surgeon and a keen observer of natural phenomena in the field of laparotomy. His little book is based on the after-treatment of 1,000 cases of abdominal section. He is possessed of independence sufficient to assert his own opinions whenever he may differ from Dr. Tait. It is, to me, gratifying that a man who has had ample opportunity of observing all the after-treatment of 1,000 cases in the service of any distinguished surgeon, that he will rise and assert his opinions in direct opposition to his instructor. Dr. Martin boldly writes against the *non-antiseptic practices* of Mr. Tait. This is after several years of close association with Mr. Tait and the observation of 1,000 abdominal sections of that distinguished surgeon.

I am personally acquainted with some conditions which would explain the difference of opinion, between Mr. Tait's ideas of antiseptic practice and those of Dr. Martin. But the chief object of this letter is to strongly protest against the practice of both Mr. Tait and Dr. Martin in the administration of fluids after laparotomy. Dr. Martin reflects Mr. Tait's practice and coincides with it himself when he writes: "In some mysterious way the mere opening of the peritoneal cavity—as in exploratory incision—induces a terrible thirst and this is aggravated by the *forty-eight hours' enforced abstinence from fluids*." (Italics mine.) It is against this cruel "forty-eight hours" that I wish to protest. While I was with Mr. Tait for six months, I was awfully impressed with the intense suffering which a patient endured for the first two days with no fluid to drink, and I determined that I would try other means after laparotomy. I do not think I ever heard patients beg so pitifully as I heard Mr. Tait's beg for a little water. The desire for fluids after laparotomy becomes absolutely intense and I do not see why a laparotomy patient should long and hope and beg for a little fluid. Nature knows more than all the doctors combined. Thirst demands drink. Besides it seems to me to be therapeutic foolishness to withhold fluids from a patient whose system should be drained. To drain a marsh we establish a duct so that the whole fluid can flow out of the canal. The kidneys can best drain the system by having the material to be carried out well diluted. The waste-laden blood can be best filtered through the kidney by a full volume of blood in a dilute state. Again, the blood has been dehydrated by the active saline cathartics previous to the operation so that sound therapeutics would indicate to give fluids after abdominal section in order to reinstate a normal blood condition. Not only this, but *water is no doubt the best known diuretic*. I believe in washing out the kidney with water after laparotomy.

Since my experience with Mr. Tait, three years ago, I have been *advocating* and *practicing* the giving of drinks after every abdominal section. I give immediately after the operation an ounce of that fluid an hour if the patient desires it. In eight to twelve hours after the operation I give two fluid ounces an hour if the patient desire. Hot fluids slake the thirst better than cold fluids. I use no cold

fluids for three to four days. Under this practice of giving fluids after abdominal section, in order to show that it is practical, I can present series of recoveries equal to most statistics. For example, with ample drinks after laparotomy, we had one series of *thirty-two* consecutive cases with one death, and that death had nothing to do with drinks. These cases were not selected, but operated on just as they came in order. Dr. Martin well says: "Ice must be shunned as poison." I am fully convinced that ice is a most disastrous agent after laparotomy and should never be used. The ice entices blood to the mucous membranes which induces more and more thirst while hot fluids slake thirst most effectually. I know two well-known gynecologists—one gives hot fluids after abdominal section and scarcely ever has any kidney trouble. The other withholds fluids after the operation and I know that he reports at least *five times* as much kidney trouble as the first gynecologist.

I have long advocated and practiced giving ample hot fluid drinks after laparotomy and I think experience and sound therapeutics has proved that it is a wise and humane course. I base it on the following conclusions:

1. Thirst demands drink.
2. *Water is the best diuretic.*
3. Waste material is best removed from the blood in a dilute state.
4. By saline cathartics the blood has been dehydrated before the operation and should be diluted immediately after the operation.
5. Drinks lessens severe suffering.
6. Hot drinks stimulate the shocked system and hasten depletion.
7. Fluid drinks induce sweating and deplete the skin.
8. Drinks serve as a source of nourishment and keep up the patient's strength.
9. Experience teaches that results with drinks are equally good and I think better than without drinks.
10. Drinks lessen kidney complications following laparotomy.
11. Hot drinks check vomiting and quiet irritation.
12. Ice and cold drinks must be avoided.

Florence Nightingale astonished the doctors by giving the sick soldiers what their appetite craved. Such nursing did not kill the soldiers, though it disturbed the dignified authority of the great physicians.

A year ago Dr. Byford informed me in conversation on the subject of drinks after laparotomy that he was also giving considerable fluid, and he remarked that his patients did better than previously. I also write from another standpoint.

Some seven years ago I became infected from dressing a wound. I was in bed about six weeks with a high fever. During that time free drinks were not allowed me. I never suffered so much from thirst in my life. Such measures are not sound in physiologic principle. The distinguished surgeon, Mr. Tait, has been the very man who has taught us how to save so many laparotomy patients by *draining* the alimentary canal with salines. Why not drain by the kidney with water!!! I believe that "enforced abstinence" from fluids after laparotomy is not wise therapeutics nor sound physiologic doctrine, and I give, as a final result that systematic experience and systematic observation and reasoning prove to me, that the wisest plan is to give hot fluid drinks after (human) laparotomy.

Respectfully,

F. BYRON ROBINSON.

Chicago, January, 1894.

The New York Academy of Medicine and the Public Health Bill.

To the Editor:—The JOURNAL for Dec. 30, 1892, reported the action taken by the Chicago Medical Society regarding the request of the New York Academy of Medicine to coöperate with it in securing the enactment of a public health bill, and stated that the Society refused this coöperation because the bill did not accomplish the purposes implied by its title, and in general, "the criticisms on this bill might be almost in-