

THE ABORTIVE TREATMENT OF SMALL-POX.

To the Editors of THE LANCET.

SIRS,—I shall esteem it a favour if you will allow me to make one or two observations on the interesting letter of Mr. L. W. Seymour, which appeared in *THE LANCET* of April 18th, p. 1127, on the above subject. Mr. Seymour suggests that the internal administration of carbolic acid is preferable to the outward application because it gets more directly at the cause, while the latter acts indirectly through the manifestation of the disease. I should like to point out that the rash of small-pox is not a manifestation of the disease in the same sense as the rash, say, of typhoid fever. I am of opinion that whatever may be the method by which the poison gains entrance to the body the microbe becomes deposited in the skin, as well as certain mucous membranes, and there produces colonies in a similar manner to the colonies which develop in a gelatin plate culture and that the development of these colonies gives rise to the characteristic rash. The severity of a case of small-pox is proportionate to the amount of the rash which develops in its course. Before the introduction of vaccination inoculation of the disease was practised. For that purpose the fluid from a vesicle was used and therefore that fluid contains the germs of the disease. Again, I think the most infectious period during the course of the disease is when the scabs are falling off, for it is then that minute particles of dried epithelium, &c., can be taken up in the air and carried even long distances.

If the above views be correct it seems to me that the outward application of a powerful germicide is more likely to destroy the poison and to render the patient less dangerous to those around him than the internal administration of a weak solution thereof. I am doubtful if the internal administration of carbolic acid with quinine, however beneficial the mixture may be in the treatment of the disease, can produce such an efficient disinfection of the resulting scabs, and the skin generally, as the local application of pure carbolic acid. Mr. Seymour says there must be a combination of the above drugs, and neither singly will give the result. But pure carbolic acid alone, applied externally, will give the result and, I contend, disinfect the skin more effectually. Since sending you the clinical note on this question in February last I have treated two other cases; one was severe but discrete and the other was an ordinary discrete case. Neither patient had been vaccinated since infancy and the result of the treatment in both cases was marked and satisfactory.

I am, Sirs, yours faithfully,

April 25th, 1903.

JAMES T. NEECH, M.D. Durh.

THE RELIEF OF PARALYTIC DISTENSION OF THE BOWEL IN OPERATING FOR INTESTINAL OBSTRUCTION.

To the Editors of THE LANCET.

SIRS,—In *THE LANCET* of April 11th, p. 1055, under the above heading Mr. C. A. Morton says that "if a portion of bowel has been very severely nipped it may be paralysed and unable to take on peristaltic action, even though the intestine above is not too distended to force the contents down to it, and it has been taught that this very limited paralysis may cause persistent obstruction after herniotomy. But, granting that the bowel so damaged may be paralysed, is it conceivable that the peristaltic wave in the proximal side cannot force the contents through a few inches of inert gut?"

This is a very important question and my experience leads me to agree with those who teach that "a few inches of inert gut" may cause a persistent obstruction. In fact, when the conditions described arise it seems to me that the chances are very strongly in favour of a complete valvular obstruction developing after a mechanical constricting obstruction has been relieved. The mode in which the small intestine is attached to the posterior abdominal wall is well calculated in normal conditions to prevent obstruction in that part of the bowel. In normal healthy conditions the bowels are not greatly distended, but if any part of the small intestine becomes unduly full the mesentery of that portion is stretched into an irregular wavy fan-shape and although the coil cannot be straightened it is

made to assume a gentle curve at the distal end of its mesentery. The flow of its contents round this curve is easy. A portion of the gut lower down then becomes distended, its mesentery is stretched, and the difficulty is gradually surmounted.

But the size of the abdominal cavity and the disproportion between the length of the mesentery at its attachment to the spinal column and that at its attachment to the bowel limit the length of any one coil of intestine, so that if there are several distended coils together the gut at the end of each coil must bend sharply, so as to recross the abdomen at the end of another fan-shaped portion of the mesentery. The angles thus formed may be very acute. They become more acute as the intestines become more distended and it is at these angles that kinking from over-distension occurs when the muscle of the intestinal wall begins to lose its tone. It is obvious that the drag on the mesentery would tend to make a curve even if the gut were inert. But when a piece of bowel which has not lost its peristaltic power distends it must push the ends of its coils against the boundaries of the peritoneal cavity formed by the abdominal walls and any piece of gut which is paralysed and inert must be bent at a sharp angle to an active piece of distended bowel with which it is continuous. Hence an inert piece of bowel must form a valvular obstruction and the more active the peristaltic efforts to overcome this obstruction are the more firmly will the inert piece of bowel be pressed upon and held at an acute angle to the end of the adjacent coil in which the power of making peristaltic efforts continues.

In these circumstances the fate of the patient depends on the ability of the surgeon to give the "few inches of inert gut" a sufficiently long rest to enable them to recover their tone by preventing for a time the efforts of the intestine above to propel its contents downwards. This may be done by emptying the gut and sewing up the opening or openings made in it or by making a fistula. These methods have dangers of their own but if the surgeon does not resort to one or other of them and does not resect the gut there seems to me to be no reason for expecting any but a fatal issue in the circumstances premised by Mr. Morton. Operations for obstructions of the intestine are probably the most fatal in surgery. When the nipping of a piece of bowel is not so severe as to paralyse the part there are good grounds for hoping that the relief of the obstruction will cure the patient. Hence it is important to operate early and the results of operations for hernia are exceedingly good if surgical aid is called for promptly. When the gut is paralysed at the seat of obstruction and the part above is also completely paralysed by distension the chances of recovery are very remote in any circumstances of treatment. Between these two conditions there may be a period in which the nipped bowel is paralysed but the bowel above retains its peristaltic function and in these circumstances I cannot agree with Mr. Morton that the formation of a fistula is an unreasonable method of treatment. A very great difficulty which Mr. Morton has not touched upon is the recognition of the state of the bowel which has been nipped as regards its power of peristaltic activity or its power of quickly recovering its tone.—I am, Sirs, yours faithfully,

Portman-street, April 21st, 1903.

JOHN D. MALCOLM.

CANCER "CURES."

To the Editors of THE LANCET.

SIRS,—With reference to your annotation on "Cancer Cures" in *THE LANCET* of March 14th, p. 745, I have recently learnt that when the writer of the article in the *Pall Mall Gazette*, entitled "A Triumph of Electricity," wishes to support her views she is in the habit of quoting in detail a case of mine affecting a gentleman whom I will call Mr. A. The lady in question does not hesitate to use both his name and mine freely in writing what she is pleased to call "private" documents intended to get into the hands of public characters. As the account thus given is full of errors will you permit me to tell the truth about the case, which really is of some interest?

Eight years ago I removed from Mr. A.'s left cheek a large and thick-based epitheliomatous ulcer. This growth has not recurred. But two or three years ago a small ulcer appeared on the lower lip and I excised it. Recurrence took place in the site of this. It is essential to remember that Mr. A. has suffered for years from a chronic inflammatory thickening of the mucous membrane of both cheeks and of the lower lip and that he has been a considerable smoker. There

is no history of syphilis, but I thought it worth while to give him iodide of potassium for a time. The journalist suggests that my treatment caused him to lose all his teeth. I never gave him mercury and the teeth he lost were some removed by the dentist because they were in contact with the ulcer. The gums were very unhealthy. While Mr. A. was under the iodide the lady journalist urged him to go to Mr. E. A. Cloete Smith for high frequency current treatment, and she insinuates that I perversely told him to go to a member of the staff of my own hospital. I did nothing of the kind. The patient thought the name recommended was Mr. Curtis Smith, and as I know no such person I told him to go to Dr. F. Harrison Low, who has never been a hospital colleague of mine. She states that the x rays were used by Dr. Low to the great injury of the patient, causing the ulcer to slough, &c. In truth, the x rays caused a great improvement in the general condition of the mouth, cleaned the surface of the ulcer and softened its base, but did not diminish its size until the moment arrived when the journalist persuaded the patient to leave Dr. Low for Mr. Cloete Smith. I saw Mr. A. a fortnight ago. The ulcer is now smaller, especially in the long diameter, which now measures only half an inch as against four-fifths originally. The patient is in good health and spirits. I said to him, "If I were you I should have the x rays used to this sore occasionally." Mr. A. replied: "Oh yes, Mr. Cloete Smith does use the x rays to it occasionally." So it appears that the despised x rays have not been discarded altogether in favour of the high frequency current.

I need not add that it is not certain that this ulcer is carcinomatous. Not every ulceration of the mouth which complicates leukoplakia is malignant. Nevertheless, this ulcer had quite sufficient clinical signs of malignancy and I have no wish to deprive either the x rays or the high frequency current of any credit due to them. I believe this ulcer was malignant in character, but peculiarly favourable for such treatment as can be given by electricity or light or other ways, owing to its small size and unusually thin base.

I am, Sirs, yours faithfully,

Grosvenor-street, W., April 23th, 1903.

C. B. KEETLEY.

FREE ANTITOXIN.

To the Editors of THE LANCET.

SIRS,—It is now nearly six years since the then vestry of Camberwell established the first laboratory of municipal bacteriology in the United Kingdom; and to me, as the first official appointed to the charge of such a department of sanitary work, it is a matter of both interest and amusement to note how from time to time the credit of priority in this or that branch of the work is claimed for one or other sanitary authority. We began, for instance, with the free distribution of diphtheria antitoxin which has been recently claimed in your columns by Hanley—a claim subsequently sought to be set aside in favour of Guernsey, though we made it a plank in our platform at the very start.

Latterly the Local Government Board auditors have been disallowing antitoxin items, but with the help of my brother, Mr. W. R. Bousfield, M.P., and of Dr. T. J. Macnamara, M.P., I have succeeded in obtaining from the President of the Board his sanction to the continuance of the supply—at all events for the present.

I am, Sirs, yours faithfully,

EDWARD C. BOUSFIELD, D.P.H. Camb. and Lond.,

Bacteriologist to the Borough of Camberwell.

Old Kent-road, S.E., April 27th, 1903.

OPERATION IN SUPPURATIVE DISEASES OF THE EAR.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of April 25th, p. 1197, there appears a letter on the above subject by Mr. F. Faulder White in which it is said: "But we are to swallow the camel in the five-hour operation of Mr. Ballance and at the same time to reject the gnat in the common-sense and often absolutely necessary minor operation of ten minutes' duration." The rebuke contained in the well-known verse from Holy Writ (Matthew xxiii. 24) has no sort of application to the matter at issue and the passage is, moreover, inaccurately cited. What specially struck me, however, in the sentence of Mr. White was the expression, "the five-hour operation of Mr. Ballance." The operation recommended by Mr. Ballance has not taken five hours to execute when I have seen it done.

If Mr. White really thinks that it does occupy five hours in execution he can never have seen the radical mastoid operation performed by a competent operator.

I am, Sirs, yours faithfully,

April 27th, 1903.

CHARLES D. GREEN.

THE STUDY OF VENTILATION.

To the Editors of THE LANCET.

SIRS,—It is now more than 48 years ago since I dropped my first communication to you in the Editor's letter-box. It was done at midnight with much doubt and diffidence. It was a report with remarks on a case of wound of the pericardium and heart substance which had recently been admitted into University College Hospital under the care of the late Sir John Erichsen, whose house surgeon I was at the time. To my surprise and delight you published my poor essay *verbatim*.

I now venture to intrude on you on the great subject of hygiene. From the year 1846 to 1852 I was a constant attendant on the House of Commons as one of the ventilation staff. My late father's vacuum system was alone in use in the temporary House, the combined vacuum and plenum movements being in the present House. I thus early became acquainted with practical methods of ventilation. Shortly after having been appointed to the sole professional charge of the Geelong Hospital (200 beds) I became aware of the fact that anyone, rich or poor, could at any time demand attention for a scratch but that there was no provision for the reception of infectious cases. Many a poor woman was sent away with her child suffering from measles or scarlet fever and refused admission. Indeed, the rules distinctly refused to take in such cases and the afflicted one had to be taken home there to spread the disease. Shortly after the visit of the late Duke of Saxe-Coburg (then Duke of Edinburgh) to Geelong the mayor of the town proposed that the visit should be marked by the erection of an Alfred memorial ward in the extensive grounds of the hospital. Believing that the mayor and I were anxious on the same question I immediately sent him my contribution. The mayor, however, was far more interested to provide a suitable abode for lunatics on remand instead of sending them to gaol, while the committee of the hospital had an idea of housing old and incapable women now accumulating in the hospital. Subscriptions coming in freely it was resolved to combine the three schemes in one building separate from the general hospital but in its grounds. The south end was to be appropriated to supposed lunatics, the north end to elderly and incurable women, while the centre was to be laid out as fever wards (male and female) and necessary annexes. Architects were employed and there was no difficulty in the old women's ward nor in the accommodation for lunatics, but the word ventilation in connexion with my idea raised a storm and its source was singular. It originated with a burning and zealous follower of John Knox, who believed only in God's air which naturally came through doors and windows. Air coming up in vast quantities without draught from a properly prepared chamber was rather to be considered as "*blasts from h-l*" than as "*airs from heaven*." He was frantically opposed to my scheme and so also, but in a less loud manner, was the Episcopalian minister. They had their followers. I had a glass model prepared about five feet long of a large ward ventilated on the vacuum system, the motive power being a strong spirit lamp placed rather higher than the ceiling and at the foot of a glass chimney. Smoke was used to illustrate air movements. (I had seen Her late Majesty Queen Victoria with Prince Albert and accompanied by King Louis Philippe, Queen Marie Amélie, and Princess Clémentine looking at the working of a similar model in my father's experimental room while listening to his explanations.) My model prevailed. I showed that it was next to impossible for air to escape from the fever wards without passing through fire, thus rendering it free from all germs and destroying all chance of contagion spreading abroad. The building was made and the ventilation proved a success. Four severe epidemics of scarlet fever, measles, diphtheria, and typhoid fever severely tried it. Not only were all the beds filled but stretchers had to be placed between them and some were accommodated on the floor. I kept up an abundant supply of fresh air and kept the fire in the shaft going rather furiously night and day. The mortality was notably less than usual. Not one case of contagion was noted after years of experience.

I notice that the most ignorant of the subject are the most