

Correspondence.

"Audi alteram partem."

THE HOSPITAL INFECTION OF TUBERCULOSIS.

To the Editor of THE LANCET.

SIR,—The paper read on April 26th at the Royal Society of Medicine by Dr. J. E. Squire, as reported in your issue of last week, gave rise to a most interesting discussion. There was obviously not sufficient time to deal fully with all the points at issue. Owing to the short time left for discussion and the fact that the audience was composed of such distinguished physicians who evidently wished to speak, I felt diffident about taking up the time of the meeting with any remarks of my own. One point, however, seems to me of such great importance that I feel justified in asking you to allow me to refer to it in your columns. Dr. Squire's figures with regard to the number of people affected by tubercle during and after residence at the Mount Vernon Hospitals showed a higher percentage than those previously published by other observers. It was claimed that this was the result of very strict personal observation and medical examination, but Dr. Squire admitted that he had accepted for service at the hospitals persons who showed evidence of having had previous tuberculosis in a slight degree. No less eminent physicians than Dr. Theodore Williams, Dr. G. A. Heron, and Dr. Nathan Raw said they thought it unwise that persons who presented any evidence of having had previous tuberculosis should be accepted for posts in hospitals or sanatoria for the treatment of that disease.

Now, Sir, each of these gentlemen had previously stated that he believed the risk of infection in a well-ordered institution to be practically *nil*. Why, then, should a person with evidence of old mischief be excluded? This declaration from Dr. Nathan Raw caused me great surprise. If I have read his work correctly, a person who has had what he considers to be bovine infection is rendered to a certain extent immune against infection of the human type. This being so, it does seem illogical for him to say that a person with any evidence of old tuberculosis should not be allowed to join the staff of an institution where the risk is practically *nil*, where the utmost care is taken to prevent any carelessness, and where the hygienic conditions are as perfect as anywhere in the community.

A medical man finds himself affected with tubercle; he is told by such experts as Dr. Williams, Dr. Heron, and Dr. Raw that the risk in a well-ordered tuberculosis hospital is practically *nil*, what is more natural and reasonable than that he should apply for a post in one? Yet these same gentlemen would exclude him. Dr. Heron pointed out that "the homes of the poor were a much more likely source of infection," so presumably the affected individual must not enter general practice. Dr. Wethered believes with Dr. Squire that the risk in a general hospital is greater than in the tuberculosis hospital. Where, then, is the unfortunate man to go? I can only think of the lethal chamber.

Suppose a person presented himself to any of these gentlemen as a patient, and he was found to have early tuberculosis, he would doubtless be sent to a sanatorium for treatment, and advised to make a lengthy stay. If that environment is suitable for him, why is it so unsuitable for a resident physician who is, or has been, affected similarly? The patient would spend all his time amongst other cases presenting more or less activity; the physician with his quiescent or arrested focus only a comparatively short time.

I am acquainted with many medical men who have taken up this work because of previous infection. If a personal reference may be allowed, I am unfortunately one of the number. I have never heard of one who regretted the step, and my own experience has been exceedingly gratifying. For many years before coming to Northwood I had been fighting an uphill battle against this foe, but acting upon the advice of Dr. T. N. Kelynaek, one of the honorary physicians of this institution, I applied for a post here, obtained it, and for five and a half years have had increasingly good health. Personally, I feel greatly indebted to Dr. Squire, who instead of being guided by the theories of

others, has taken his own line and admitted for service those in whom there was evidence of old mischief, thus providing others and myself not only with the opportunity to do useful work, but to keep a measure of health hitherto not experienced.

I feel sure that many of your readers can give similar experience to my own.—I am, Sir, yours faithfully,

W. G. KINTON,
Medical Superintendent, Mount Vernon Hospital, Northwood.
May 9th, 1910.

A PROLONGED NASAL GAS ADMINISTRATION.

To the Editor of THE LANCET.

SIR,—As the longest case of continuous nasal administration of nitrous oxide gas I can find recorded is one of 17 minutes, I hope I may be pardoned for sending you an account of a case I have just had at the Royal Dental Hospital, London. The patient, a man, 22 years of age, came up for a dental operation on the lower jaw which proved to require more time than was expected. He was seated in a dental chair in the ordinary manner and no unusual precautions were taken. Anæsthesia was induced by the oro-nasal method and was continued by a nose-piece fitted with a valve, no oxygen (apart, of course, from that in the air) being used. The operation lasted 37 minutes and close on 100 gallons of gas were used. The patient's pulse at the wrist the instant the administration was stopped was very small and rather rapid. I regret I did not count it by the watch, but I should think it was about 90. He took rather longer to come round than usual and trembled a little. He was laid on a couch and covered with a blanket, but rapidly recovered and was soon sitting up rinsing his mouth as if he had only had a short administration, and left the hospital in the usual way in about 15 to 20 minutes. The next day he returned to have his mouth dressed and said he had had neither headache nor nausea, and, in fact, seemed to have suffered in no way from his somewhat prolonged anæsthesia.

I am, Sir, yours faithfully,

CHARLES J. LOOSELY, L.R.C.P. Lond.,
M.R.C.S. Eng.

New Cavendish-street, W., May 9th, 1910.

PATHOLOGICAL LATIN.

To the Editor of THE LANCET.

SIR,—One often feels regret that Latin is no longer the accepted literary medium of learned men, and nothing but admiration can be felt for the praiseworthy endeavours made in the Transactions of the Pathological Section of the Royal Society of Medicine to revive this custom. It is, however, permissible to doubt whether those foreigners who *ex hypothesi* know Latin better than English would not appreciate classical Latin as much as the dialect now employed for their benefit in this publication—whether, indeed, they might not erroneously attribute some of the peculiarities of diction found therein to ignorance of Latin grammar rather than, as no doubt they should, to a preference for some mediæval idiom. In the current number of the Transactions, for example, we find a peculiar and quite unclassical use of the preposition "cum" (together with) several times repeated—e.g., "tumoris exemplum cum degeneratione amyloide affecti," "cellulis magnis cum oleo distentis," "spherulae cum biliverdino tinctae"—a form of construction for which at school we should scarcely have escaped rebuke. Might we not also appeal to the learned author, for the sake of those who may, like the present writer, have but distant recollections of classical speech, to aim at rather greater simplicity of style than he always adopts? As an example of involved construction the sentence, "E lobulis constat illis vix dissimilibus hepatitis ipsius" seems (if a colloquialism may be Latinised for the foreigner's benefit) "placentam capere"; while the meaning of the sentence, "Inter cellulas, autem, monstrantur ductus qui canaliculi biliares forsan representant" is quite obscure, unless it is to be supposed that the printer maliciously substituted the nominative "canaliculi" for the accusative "canaliculos." Conscious of my temerity in venturing upon the above criticism, and apologising for the length of this letter.

I am, Sir, yours faithfully,

May 9th, 1910.

ORBILII DISCIPULUS.