

THE OPERATIVE TREATMENT OF PROLAPSE.

To the Editor of THE LANCET.

SIR,—I have been much interested in Mr. J. P. Lockhart-Mummery's communication to your pages of to-day on the Operative Treatment of Prolapse (Procidentia) of the Rectum in Adults, although, unlike him, I am not "convinced that it is far superior to any of the other methods." I have obtained results at least equal to those he mentions by the submucous injection of paraffin wax, as described by me in THE LANCET,¹ and since epitomised in successive editions of Jacobson's "Operations of Surgery," combined with a plastic operation for the restoration of the anal canal very similar to that detailed by Mr. Lockhart-Mummery. This plastic operation is not necessary in every case, but is always carried out whenever the anus is patulous and the sphincter weakened—as obtains in most instances of long-standing prolapse in adults. One of the most extensive cases I have treated is a lady upon whom, in 1906, at the age of 66, I performed this operation for an 8-inch prolapse associated with such extensive excoriation of the constantly prolapsed bowel as to confine her to bed; she is now, at the age of 81, able to get about actively and to strain, without any recurrence of the prolapse. Up to the present I have not heard of any case of failure after I have performed the combined procedure, nor have I had any serious complication afterwards. In comparison with Mr. Lockhart-Mummery's operation I claim this method to be very much simpler and less severe, and to be associated with very much less discomfort in its after-treatment. The removal and replacement of the "as much as 40 yards of gauze" at the end of the first week in his method requires a second anæsthetic, and when this is again removed five days later, although it is not stated that anæsthesia is utilised, yet it must sometimes be wished for. The only special after-treatment required in my method is the removal of the sutures used in the "plastic" portion of the procedure—practically painless.

The statement that "sepsis later is almost certain to occur and is, in fact, desirable," is not altogether pleasant reading; moreover, it presupposes that the scar left after healing by "second intention" is more capable of withstanding subsequent pressure than that of "primary union," which I do not believe or I would deliberately court sepsis every time I perform a radical cure of hernia or close up a laparotomy wound. If I remember rightly, a generation or more ago such a course was actually advocated in the operation for hernia (McBurney), and, less remotely, has been practised as part of the operation for nephropexy, but I was unaware that the principle had received any wide recognition. On the contrary, if there be one fact more firmly established than another in relation to operations for hernia or for any other condition where the scar has subsequently to withstand pressure I should have thought it to be that sepsis, with its consequent healing by granulation, is the most important factor predisposing to a yielding of the scar.

Mr. Lockhart-Mummery writes: "In principle a prolapse is similar to a hernia and requires the same conditions for its cure," but in the next seven lines it becomes evident that he misses the whole point of the analogy, obviously regarding the prolapse of the rectum as the "stretching of some part of the contained viscera"—i.e., as the equivalent of the contents of an ordinary hernia. This is not so. Prolapse of the rectum is a true hernia, of the pelvic floor, but the pelvic floor and rectum constitute the coverings and not the contents of the hernia; the analogue of the contents of the ordinary hernia is the omentum or small intestine which may occasionally occupy the prolongation of the pouch of Douglas, which accompanies, or rather precedes the descent of the rectum, which contents may, like the contents of other herniæ, become strangulated. The position of the rectum in relation to the hernia is exactly that of the cæcum or sigmoid colon in the so-called "sliding" hernia, or "hernie par

glissement"—i.e., it is extra-saccular. Further, I fail to discover any of the alleged similarity in principle between Mr. Lockhart-Mummery's operation and that for the radical cure of hernia. The first, and as many believe the sole essential of the latter, is a complete obliteration of the sac, which Mr. Lockhart-Mummery does not even attempt. The only operation with which I am acquainted which really does act on this principle is that described by Dr. A. V. Moschowitz,² in which, through a laparotomy wound, the entire pouch of Douglas is obliterated by successive tiers of circular suture. I have performed this operation on three occasions with only partial success, having had to supplement it by a plastic restoration of the anal canal. Anyone who has attempted Moschowitz's procedure will agree that, owing to the surprising depth of the pouch of Douglas in these cases, it is a difficult and severe operation, and not in any way comparable to the easy and safe method of paraffin-wax injection which I have described.

I am, Sir, yours faithfully

Manchester, Feb. 5th, 1921.

ARTHUR H. BURGESS.

PROPHYLAXIS IN VENEREAL DISEASE.

To the Editor of THE LANCET.

SIR,—I was pleased to read Mr. Kenneth M. Walker's letter in your last issue, suggesting that members of the two societies, the N.C.C.V.D. and the S.P.V.D., should arrange to meet. At an official interview with Sir Malcolm Morris last June I said I thought it was a pity that the two societies did not combine, as now their differences were those "twixt Tweedledum and Tweedledee." The N.C.C.V.D. considers that the recommendation of the washing with water and a well-known chemical—namely, soap (which is potassium or sodium stearate, palmitate, or oleate, &c., or a combination of these according to the fats used in its preparation) is not encouraging vice, but that it is encouraging vice for the S.P.V.D. to recommend the use of less common, but scientifically proved to be very efficient, chemicals—namely, water and potassium permanganate, or a 33 per cent. calomel ointment. Also the S.P.V.D. recommends that as the latter are less common, they should be made more easily available. The N.C.C.V.D., however, recommends the use of these disinfectants at so-called early treatment centres, which are really delayed disinfection centres. In addition to the great cost of such centres there are grave reasons rendering their provision by sanitary authorities impracticable.³

Mr. Walker states that the N.C.C.V.D. does not believe that the "packet" system would be effective when applied to the civil community. The S.P.V.D., however, recommends a much less costly system—namely, education by means of posters and leaflets placed in men's underground conveniences, and the latter is the system that was adopted by the Holborn Borough Council last year. 50,000 of the leaflets are supplied at a cost of about £19, that is, less than 1d. for 10. For æsthetic reasons also a man is much more likely to adopt self-disinfection than to go to a centre for disinfection by a skilled attendant. The S.P.V.D., while advocating that no moral measures should be neglected, recognises the plain unsavoury fact that a large proportion of the adult population (notwithstanding all these measures) has practised irregular sexual intercourse, and it therefore recommends the teaching of simple but efficient methods of self-disinfection as a practical means of the prevention of venereal diseases; also that the prevention of disease by all practicable means is the paramount duty of sanitary authorities.

The Holborn leaflet gives concise information—"What Every Man Should Know"—respecting the terrible ravages caused by these diseases; that the only safe, right, and manly course is to exercise self-control; that prevention is infinitely better than cure; and that it is therefore the bounden duty of any man who will indulge

² A paper read before the New York State Medical Society, April 16th, 1912, and published in Surgery, Gynecology, and Obstetrics about that time.

³ A solution of potassium permanganate, 1 in 1000, is also well known, as it was recommended by the Local Government Board and the Ministry of Health for the prevention of influenza.

¹ THE LANCET, 1904, ii., 759.

in promiscuous sexual intercourse to adopt this disinfection in order to avoid disease, which he may pass on to innocent people. The poster has the same wording. On the back of the leaflet are simple directions respecting (1) immediate self-disinfection, (2) delayed self-disinfection, and the advice (3) if any symptoms of disease arise immediately to consult a doctor or attend one of the special clinics at a hospital. Posters respecting (3) are also exhibited.

Although any fairly intelligent youth or man can very easily carry out the simple directions, human machinery like other machinery is not fool-proof. Much venereal disease is the sequel of foolish indulgence in alcoholic beverages, and if a man will so render himself temporarily idiotic or imbecile he probably then would be unable to carry out efficiently direction (1), therefore the directions (2) and (3) are also given.

I am, Sir, yours faithfully,

Council Offices, High Holborn, Feb. 7th, 1921. W. A. BOND.

THE REGULATIONS FOR DANGEROUS DRUGS.

To the Editor of THE LANCET.

SIR,—I have been instructed by the Executive of the Portsmouth Division, B.M.A., to send to you the following resolution for insertion in THE LANCET:—

"We, the members of the executive of the Portsmouth Division of the British Medical Association, having read the proposed regulations for the sale of dangerous drugs, &c., emphatically protest against their application to medical men, as it is utterly impossible to carry them out; the result will be, either that the practitioner will be bound to ignore the regulations, or his patients will be deprived of valuable and anodyne drugs, and thereby their sufferings will go unalleviated."

It was further resolved that this resolution be sent to the Home Secretary, the local Members of Parliament, and the medical press.

I am, Sir, yours faithfully,

C. A. S. RIDOUT, F.R.C.S.,

Honorary Secretary, Portsmouth Division, B.M.A.
Southsea, Feb. 5th, 1921.

THE INDICATIONS FOR REMOVAL OF TONSILS.

To the Editor of THE LANCET.

SIR,—Most surgeons would agree with the conclusions arrived at by Mr. M. Vlasto in his interesting paper on tonsillectomy, which appeared in THE LANCET of Jan. 22nd; at the same time there are points made with which one may differ. He states that the dissection operation causes less trauma to the faucial pillars than the use of the guillotine. Following Dr. G. E. Waugh's paper in 1909 I made a practice of removing all tonsils in children and adults by the dissection method as a routine; about 1913 I learned of O'Malley's technique of enucleation by the reversed guillotine. I have no hesitation in stating my complete agreement with Dr. Dan McKenzie that "enucleation by the guillotine removes the whole of the tonsils yet spares the faucial pillars." My experience of both methods teaches me that the guillotine operation is much the better operation in the case of children, and will rarely fail to effect a complete enucleation if deliberately performed under good anaesthesia. There is no need for it to be a "messy" or "rushed" procedure if the coöperation of a skilled anaesthetist is obtained who is accustomed to work with the surgeon, and so controls the patient as to allow of deliberate swabbing and full inspection of the tonsillar beds. Although in hospital practice, owing to the large number of cases, the operation has perforce to be performed under ethyl chloride or gas and oxygen, these are not nearly so satisfactory as a chloroform and ether mixture. There is no operation in throat work in which a skilled anaesthetist can be of more assistance to the surgeon than in the one under consideration, by inducing the correct degree of anaesthesia, by the proper handling of the head, and by care of the mouth-gag.

In adults, on the other hand, I find that it is usually necessary to use the dissection method to effect

complete enucleation, owing to the inflammatory adhesions about the capsule, but I regard this operation as much more formidable as regards risk of hæmorrhage and after-pain than the guillotine operations in children. I use the O'Malley guillotine and endeavour to follow the technique as described by him, and know of none safer or more satisfactory.

I am, Sir, yours faithfully,

Manchester, Feb. 7th, 1921.

LINDLEY SEWELL.

THE HAND-MARKINGS OF MONGOLIAN IMBECILES.

To the Editor of THE LANCET.

SIR,—I shall be glad if you will allow me to insist, as I did in my recent paper read before the Medical Society of London, and reported in THE LANCET last week, that it was Dr. R. L. Langdon-Down, and not I, who originally described the peculiar hand-markings of Mongolian imbeciles. Dr. Langdon-Down's observation is one which has not merely clinical interest, but anthropological importance and theriomorphic significance. The latter is emphasised in Professor F. Wood Jones's recent work on the Hand, though the relation to "Mongolism" is not therein mentioned.

I am, Sir, yours faithfully,

Wimpole-street, W., Feb. 7th, 1921.

F. G. CROOKSHANK.

THE INDUCTION OF ABORTION.

To the Editor of THE LANCET.

SIR,—The article by Sir John Phillips on this subject in THE LANCET of Feb. 5th opens up a question of great importance. My own experience leads me to believe that the necessity for the induction of abortion very rarely arises. Holding the offices successively of resident obstetric officer, house surgeon, and house physician at St. Mary's Hospital, and working under such well-known men as Alfred Meadows, Braxton Hicks, Montagu Handfield-Jones, Edmund Owen, and William Broadbent, I never once saw the operation performed, and during 30 years of private family practice I have never seen a case in which it was necessary.

Sir John Phillips enumerates a number of conditions under which he considers the operation justifiable or necessary, and I hope that others will comment upon his paper, so that some more definite ruling may be arrived at as to the circumstances under which the induction of abortion becomes a necessity. The operation is repugnant to the conscientious practitioner, and yet one has the feeling that it is sometimes lightly undertaken. That it is a proceeding fraught with very real danger to the patient, and far from easy to perform, there can be little doubt, and that it should never be undertaken without previous consultation, if possible with a gynaecological specialist, I venture to think should be an invariable rule.

I am, Sir, yours faithfully,

Sussex-gardens, W., Feb. 7th, 1921.

E. M. CALLENDER.

PART-TIME OR WHOLE-TIME FOR THE M.O.H. AND S.M.O.

To the Editor of THE LANCET.

SIR,—The four writers in THE LANCET of last week upon my letter in the previous issue do not appear to have studied the report of the Consultative Council to which I have referred. Dr. I. D. Suttie, however, accepts in some degree the situation in the right light. Dr. G. W. Fleming, Dr. J. H. Gellatly, and Dr. T. Chetwood seem to be personally aggrieved and to be attempting to justify their positions. These three should most carefully study the report, when they must come to the only conclusion that is to be arrived at—viz., the present service of school medical officers is far from satisfactory. Otherwise, why are such radical changes advocated after 12 years? And this is the crux of the question.

I am, Sir, yours faithfully,

Chichester, Feb. 5th, 1921.

A. M. BARFORD.