

THE EDITOR'S LETTER-BOX.

Saline Injections in Infantile Diarrhoea.

To the Editor of THE HOSPITAL.

SIR,—In the year 1910 Dr. Robert-Simon of Paris gave in an English dress his own experiences and observations with the isotonic sea-water of Quinton. Independent testimony also filtered into this country; and the writer, with a round half-dozen of professional colleagues, made a pilgrimage to Paris to watch the results of radium treatment in the hands of Wickham and Degrais, and of isotonised sea-water in the clinic of Quinton. Radium does not enter into the subject-matter of this letter, but the results of marine injections in the Quinton clinic fully corroborated those so strikingly detailed by Robert-Simon.

We worked through the clinics with patience and assiduity, and we were convinced that here was a remedial measure of high working values and generalised applicability. Among the legion of cases of infantile gastro-enteritis some stood out in unforgettable relief. An infant in arms suffering from this malady was emaciated and livid, with no corneal reflex, respirations counted as four to the minute, and no detectable radial pulse. The child lay inert and insensitive across its mother's knees. A subcutaneous injection of marine fluid was ordered, and in an hour's time we saw the child again. A transformation had been effected—the baby was now conscious, with bright eyes, the shadow of death no longer on its face. It seemed a veritable resurrection; and this success in varying intensity of malady we saw repeated in cases too numerous to record.

The clinic in its variety dealt with all ages and both sexes; and the maladies most amenable to this treatment were those originating in the gastro-intestinal tract, or manifesting themselves on the skin. In the rank and file of cutaneous cases some especially stood out as notable. An elderly man came with psoriasis, and his clinical photograph at the beginning of the treatment had shown a dissemination of the scaly spots practically all over the body. When stripped for our inspection the residues appeared chiefly in the axillary folds and the inter-gluteal cleft. After some weeks' treatment the major portion of his skin was free. A girl with specific ulcers over the tibiae, said to have suffered with such for six years, and to have been treated continuously during this time, chiefly at the St. Louis, had the ulcerated surfaces healed in six weeks under sea-water injections. Another girl with an old-time tubercular skin lesion which had broken down, leaving a raw exposed surface in the neck, had obtained effective cicatrisation quite early in the course of treatment. These were more or less striking examples from the bulk of cases we saw at the clinic; and the average impression left on our minds was that we had seen the operation of a new remedial measure in diseased conditions too definite and repeated to admit doubt of its validity.

A similar clinic to ensure, if possible, similar results, was thereafter established in London, and its first year's work was detailed in the report which was issued last year. In 1912 M. Quinton visited Egypt, and during a stay of two and a half months personally superintended the introduction of his method of procedure in various hospitals and dispensaries in conjunction with the authorities. Lord Kitchener and Mr. Graham, the Director of Public Hygiene, took a personal interest in the work. Five "Dispensaires Quinton" were established, the

Municipal Council of Alexandria voting 5,000 francs for the last.

Now as to results. The French Consul at Alexandria reports that at the first "Dispensaire Marin" two hundred and sixty infants had been received for treatment during the first month; of these the majority were in a grave, and a certain number in a desperate, condition. The cases were followed up; the mortality list was six, three of these succumbing to broncho-pneumonia. Very favourable reports have also been received from others of the Dispensaires.

I have no intention here of criticising in detail the work of Professor Day with so-called Quinton plasma. But I may suggest that the fluid used was not prepared after Quinton's method. It is not distilled water that Quinton uses to isotonise his fluid, a precaution rendered doubly judicious from the work lately done in England on the toxic properties of ordinary distilled water injected subcutaneously. And Quinton, instead of adopting the easy method of sterilisation by heat, expressly disallows it on the ground that it imparts a degree of toxicity to the fluid. It is scarcely surprising that Quinton's results could not be repeated if Quinton's methods were not adopted.—I am, yours truly,

GEORGE BURFORD, M.B.

35 Queen Anne Street, Cavendish Square, W.,
July 22, 1913.

[If Dr. Burford had followed a little more carefully Professor Day's article, or our own exceedingly brief abstract of it, he would have realised that Professor Day actually used Quinton fluid—straight from the fountain head—for one series of cases, as well as sea-water prepared somewhat after Quinton's method for another series, and Ringer's solution for a third. This sufficiently answers the last paragraph of Dr. Burford's letter. The former paragraphs are quite consistent with our own remarks (THE HOSPITAL, July 19, 1913, p. 474) and with Professor Day's results as we retailed them. It is not denied that injections of saline fluid do great good to certain cases of infantile diarrhoea: admittedly they do. We were merely interested to note that an expert of real eminence, after a careful trial, has been unable to find any greater virtue in Quinton's particular fluid (for which, by the way, the name of "plasma" is objectionable) than in certain other forms of saline fluid costing a minute fraction of the sums demanded for the former. Meanwhile, we note with some slight interest that the upholders of Quinton fluid seem not to be in perfect agreement with one another. For whereas Dr. Burford sticks to the original none-other-is-genuine product, Dr. J. R. Day, one of his fellow-workers, is now using a modified sea-water "made in England," and procurable at a somewhat less extortionate price. Lastly, we may add that the rest of the medical profession is unable to corroborate the views of the "round half-dozen" who went to Paris as to the superiority of Quinton fluid over all other saline injections, though, as we stated a fortnight ago, Robert-Simon's writings have certainly brought home to many doctors in Britain the value of such injections more fully than they had previously realised.—ED. THE HOSPITAL.]

To the Editor of THE HOSPITAL.

SIR,—With further reference to this subject, your footnote to my letter which you publish in to-day's issue shows clearly that you have overlooked a very important point in

the Plasma de Quinton. The article in the *Practitioner* for July I only saw *after* writing my letter. I did not "discreetly ignore" it, but I now refer to it.

Professor H. B. Day evidently did not make use of Quinton's marine plasma, although he thinks he did, and you, Sir, have fallen into the same error. He says the sea-water was diluted with sterilised distilled water and the whole heated in an autoclave to ensure sterility. This was done, he tells us, on account of the cost of the Plasma de Quinton as supplied from Paris.

Now M. Quinton emphasises the necessity of diluting the pure sea-water with a pure spring-water as free as possible from mineral constituents; with this spring-water the sea-water is made isotonic, and the mixture is filtered through a Pasteur-Chamberland filter and put into leadless glass ampoules but not sterilised by heat, and no antiseptic is added. Herein lies the difference, but this makes all the difference, and we cannot accept the results Professor Day arrives at, interesting as they would have been, because he has not been working with Quinton's plasma, although he apparently thinks he has.

With his greater opportunities for testing the relative advantages of the various saline injections now employed, I for one hope he will be induced to repeat his observations, but he must use modified sea-water as directed by Quinton. We know that infants fed exclusively on sterilised milk are liable to develop scurvy, because an intangible something has been destroyed by heating. Is it not possible that something of the same kind happens when water is boiled?

I should like to see the back numbers of *THE HOSPITAL* to which you refer; kindly send them to me.—Yours faithfully,
J. ROBERSON DAX, M.D.(Lond.).

31 Devonshire Place, W.,

July 26, 1913.

[Our reply to Dr. Burford's letter (see previous page) will show that Dr. J. R. Day is wrong in supposing that Professor Day has not used the Quinton fluid. He has, on the contrary, tried it and compared it with similar fluid made as Dr. J. R. Day describes. The fact that he can find no difference between the two fluids knocks the bottom out of Dr. J. R. Day's argument that there is some subtle difference between them.—ED. *THE HOSPITAL*.]

Women as Doctors.

To the Editor of *THE HOSPITAL*.

SIR,—We have read Professor Hochenegg's statement that he considers "that women are not adapted for the work of a medical practitioner." We note that he bases his opinion on his acquaintance with women medical students. We would point out to Professor Hochenegg that his opinion is not shared by medical men in England nor by those in authority in the public services of this country.

For many years women have worked on the mixed staffs of the Royal Free Hospital, London, the Stanley Hospital, Liverpool, the Women's Hospital, Birmingham, the Victoria Hospital for Children, Hull, with mutual satisfaction. A woman doctor is a Government Inspector of Prisons, other medical women hold responsible positions on various public bodies, and the expert experience of women doctors is not only sought by Departmental Committees and Royal Commissions, but in daily work many men practitioners seek the aid of medical women to advise on their patients and to perform major operations.

We should like Professor Hochenegg to read the annual report of the New Hospital for Women, in order that

he might learn the nature of the operations successfully undertaken by women surgeons in a hospital staffed by women only. We would suggest to Professor Hochenegg that it is hardly fair to judge of the capabilities of experienced physicians and surgeons when he has only seen women in the early days of their medical studies.—We are, Sir, faithfully yours,

MARY SCHARLIEB, M.D., M.S.Lond.

MAY THORNE, F.R.C.S.I., M.D.

Harley Street, W.,

July 29, 1913.

Worcester Hospitals' Monthly Collections Scheme.

ON the 21st ult. the collectors for this organisation were most hospitably entertained by Mr. and Mrs. Ferguson Chance at Blackmore Park. The company much enjoyed the beautiful grounds, and at 4 P.M. assembled for tea, which was served in a marquee. After tea a cordial vote of thanks to their host and hostess was proposed by Mr. Shrewsbury Smith, chairman of the committee of the Worcester General Infirmary, and seconded by the Rev. F. W. Davenport, representing the Malvern Hospital, which also profits by the monthly collections. Mr. Ferguson Chance, in returning thanks, expressed the pleasure he and Mrs. Chance had in welcoming those who were engaged in such good work for the hospitals. Both hospitals represented—the Worcester General Infirmary, about 170 years old, and the Malvern Rural Hospital, a comparatively new institution—were of great importance, and were doing excellent work. One thing was certain, that whatever the result of the Insurance Act (not altogether a bad Act) might be, hospitals would be needed quite as much as ever. Panel doctors could not attend to the very severe cases, which would of necessity come to the infirmaries, where they would get the best appliances, the best treatment, and the best nurses. Alderman Leicester, in moving a hearty vote of thanks to the ladies who had collected for that fund, made an earnest appeal on behalf of the Worcester Infirmary. He said it would be an awful reflection upon the people of the early part of the twentieth century if ever the institution should cease to exist. It was built by their forefathers, who had also to pay the cost of running it during their lifetime, and set aside much money to endow it. They of the present day were not asked to build or to find funds for endowment; they were only asked to do a third of what their forefathers did—namely, to provide the necessary funds to run it for the relief of the sick and suffering poor of the county.

Gifts and Bequests.

LORD AVEBURY has bequeathed £500 to the Royal Maternity Charity of London and £500 to the Royal London Ophthalmic Hospital. He also left £100 to his nurse.

LORD PECKOVER, of Wisbech, who has already given most generously towards the funds of Addenbrooke's Hospital, Cambridge, in years past, has given £250 towards the cost of providing the new electric lift. It will be remembered that the hospital is entirely indebted to Lord Peckover for the present nurses' home and the operating theatre.