

irremediable mischiefs—a not ignoble task—will remain within the province of the physician; I do not grumble at that, but I do think that if medicine were to appear less constantly dressed in crape than is her practice to-day in hospitals it would give a much-needed filip to her worshippers. She has plenty of cheery gear in her wardrobe, and I fail to see why she should not wear it more in public.—I am, etc.,

London, W., Jan. 6th.

WILLIAM P. S. BRANSON.

PNEUMONIA: ITS NATURE AND TREATMENT.

SIR,—There is one matter (at least) in the lecture on pneumonia by Sir James Barr to which attention may profitably be directed. It refers to the action and use of oxygen in this disease. As regards its action Sir James says: "When you freely supply oxygen to the air cells, the red corpuscles do not necessarily take up more oxygen, but the carbonic acid tension in the blood falls." Now it would be indeed difficult to prove that after a free supply of oxygen the blood cells in any particular instance failed to take up any more, but in any case the extra oxygen (less or more) would nearly all be taken up into solution in the plasma, and very little would be received into the corpuscles. It is quite true that the epithelium of the air cells is normally capable of secreting all the oxygen required by the body from the air even under conditions of stress, but it must not be forgotten that in pneumonia we are dealing with a damaged epithelium, and the administration of pure oxygen in moderate doses acts (as Lorrain Smith's experiments proved) as a restorative, enabling the oxygen secretion to proceed.

As regards the fall in tension of the carbon dioxide of the blood in the air cells, it would appear from Sir James's statement that the mere supply of oxygen to the air cells could of itself cause such a fall, as he says the red corpuscles "do not necessarily" take up more oxygen. Needless to say, such is not the case. The increase in the oxygen tension of the blood has, since Bohr's observations in 1890, been regarded as without influence on the dissociation of carbon dioxide. Lately, however, observations made on blood *in vitro* by Christiansen and others, go to show that saturation of the haemoglobin with oxygen increases the dissociation of carbon dioxide, as compared with blood deprived of oxygen. But in pneumonia, any relief to the hyperpnoea by giving oxygen would of course result in a rise instead of a fall in the carbon dioxide tension, as the hyperpnoea maintains a low respiratory quotient. Sir James wishes to keep the patient breathing "as long and as deeply as possible." The rationale of this is not so easy to see. The hyperpnoea in pneumonia is naturally adjusted to supply the necessary oxygen, and is due to acidosis. If, then, the necessary oxygen be supplied, why force the breathing in the acute stage by artificial means, and thus augment an already existing acapnia? This might prove dangerous.

As regards the use of oxygen in pneumonia, Sir James Barr makes a sweeping condemnatory statement. But all depends on the nature of the case. Each case of pneumonia must be separately investigated. Examination of the blood gases in a large number of cases during the febrile stage proves indeed that in the great majority the oxygen content of the blood is well within the normal limits, and therefore, as Sir James rightly observes, in such cases there is no call for the administration of oxygen. But a minority of cases is found in which the oxygen content of the blood is low. This defective absorption may be due to such causes as fatigue of the pulmonary epithelium; to the massive block in the lungs; or to a lowered affinity of haemoglobin for oxygen, caused by the pneumococcus, thus setting up a meionexy. These are the cases in which oxygen by inhalation has proved of very great service. On the other hand, the indiscriminate administration of oxygen in all cases of this disease is usually due to the prevailing ignorance of the physiological conditions.—I am, etc.,

London, W., Jan. 12th.

A. G. AULD.

HAUSA CUSTOMS AND FOLKLORE.

SIR,—In your issue of the December 6th, 1913, you published a review of my book, *Hausa Superstitious and Customs*. I intended to reply to some remarks in the

notice at the time, but first owing to pressure of work, and later owing to neuralgia, I had to postpone my letter.

With regard to the saddle and tribal marks, I must disagree with your reviewer, but he is correct in what he says about the Bori. The view set forth was the official one, evolved out of a number of separate reports, and published in the *Gazette*. I felt dissatisfied with it, and last year I visited Tunis and Tripoli (where the Bori cult is highly developed), and Messrs. Heath, Cranton, and Ouseley will publish the results shortly in *The Ban of the Bori*. Some of these spirits are old Magazawa deities, some are imported—for example, Tanit—some are Semitic jinns, but now all are classed together as disease demons. I explained this in two papers read at the last meeting of the British Association, but although reports appeared in several papers, I am not going to be so discourteous as to suggest that your reviewer has not read any of them. On the contrary, it is evident that he is well acquainted with the subject, and I should be very glad if he would communicate with me privately, as I hope to return to North Africa next month to continue the work, and I should value his suggestions highly. I am to read a paper before the Folk-Lore Society next Wednesday night (January 21st), and if he and any other person interested in the subject would care to be present I should be very much pleased, and I know that the society also would welcome them.—I am, etc.,

105, Blackheath Park, S.E.,
Jan. 14th.

A. J. N. TREMEARNE.

THE CRAZE FOR APPENDICECTOMY.

SIR,—The letters by Drs. Hickinbotham and Briscoe in your issue of January 3rd are very interesting. They, however, move me to write in order to suggest that the discussion is rather like the hypothetical one. "Should all whitlows and other inflammations of the fingers be treated by amputation of the digit, or should palliative means be tried first?"

The answer by most practitioners and surgeons would be certainly by palliative means first; yet some medical men could point to irreparable injury to the usefulness of the limb by whitlows which have been poulticed, fomented, and opened, and in every known way treated by palliative means; and also such medical men could point to many cases of *post-mortem* wound poisoning where death has occurred owing to only a little delay in the removal of the finger or hand, where palliative methods were tried first.

The truth is that appendicitis is the generic name of—speaking roughly—some twenty different ailments, the severity and danger ranging (according to the germ, to the position of the appendix, and to the resistance of the patient) from (as a simile) an attack on man by a kitten to one by a tiger.

Many of us have seen fulminating cases which (even when operated upon at a very early stage) have died, overwhelmed by the poison, the abdominal wound sometimes turning black and necrotic during the few hours left to the patient.

On the other hand, the general practitioner knows that if he rushed off for operation all the cases in which he suspected inflammation of the appendix he would often subject the patient and the friends to great, unnecessary, and intolerable worry, sorrow, and expense. I may add he would soon get a bad name in the neighbourhood, and he would before long have no more chance of carrying on his hobby (or monomania). The moral is that each case must be examined and carefully watched, and must be treated on its merits. Action should be prompt and sharp if the patient is losing ground, but otherwise palliative means should be tried for a time. This last does not preclude a guarded prognosis, and sufficient warning to the friends and even some general arrangements being made, so that if the patient show disquieting signs, or if after a consultation with a brother practitioner or (when practical politics) after an examination by a consulting surgeon, it is decided to operate, no future delay need occur.

Dr. Briscoe's plea for the hygienic treatment of the intestines as a prophylactic measure I thoroughly endorse.—I am, etc.,

Horne Bay, Jan. 12th.

R. C. T. EVANS.