

While quite admitting that Dr. Dewar has laid himself somewhat open to the charge of reasoning *post hoc, propter hoc*, in reporting one successful case of whooping-cough treated by the intravenous injection of iodoform, I think that instead of condemning his action as that of a simple enthusiast as Dr. Adamson has, we should regard it in quite another light. Whooping cough is a disease that is notoriously difficult to treat, and any method of combating this complaint which promises rapid and complete cure is most certainly worthy of our serious attention, and I consider that Dr. Dewar has conferred a favour on his fellow general practitioners by reporting his first successful case of iodoform treatment of pertussis in the adult.

In the opening part of Dr. Adamson's letter he states that he is under the impression that equally good results might have been obtained "by many other forms of treatment, or by none beyond good hygiene." Now, if his statement is true, I am sure that hundreds of practitioners all over the country would be all too pleased to hear of those "other forms of treatment" which will cut short an attack of whooping-cough in ten days, the time required by Dr. Dewar to cure his patient by intravenous injection.

Even at the risk of being considered a "simple enthusiast," I beg to follow Dr. Dewar's example and record one case of whooping-cough in the adult which was cured in a week's time:

The patient was a married man, aged 30, who was said to have a very bad cough. On my first visit to the house I had the good fortune to see him in a paroxysm of coughing, and at once came to the conclusion it was pertussis, as his children had the disease at this time.

This man's attack was so severe that it was quite patent to me that unless something radical could be done at once to relieve him, he was going to have a very bad illness indeed.

Just then I was using an inhalation of formalin for irritable coughs, and decided to make this man give it a fair trial. The result was immediate relief, and in a short time complete cure of all symptoms of whooping-cough. In a week from the beginning of the inhalation treatment he was able to resume work, and has had no trouble with his chest since then.

If Dr. Adamson can point out any form of treatment for children which is as rapidly successful as Dr. Dewar and I have shown our respective treatments for pertussis in the adult to be, then he will confer a great boon on the profession and on the community at large.—I am, etc.,

South Shields, Sept. 28th.

J. BAIN, M.B.

EPIDEMIC JAUNDICE.

SIR,—I was much interested in Dr. Lyons's note on epidemic jaundice (BRITISH MEDICAL JOURNAL, September 28th, p. 794). While serving in South Africa during the late Boer war I had experience of a severe epidemic of jaundice in the districts of Aliwal North and Stormberg in Cape Colony during the winter months of 1901. It was attributed to the high altitude of these districts and the intensely cold nights followed by very hot days. The cases rapidly recovered when they were sent down to the coast to East London. Probably the epidemic of which Dr. Lyons writes may be due to colder weather this summer than usual, and possibly the district is fairly high up.—I am, etc.,

C. RICHARDSON WHITE, M.B. Edin.

Merthyr Vale, Glam., Sept. 28th.

SIR,—In the issue of the BRITISH MEDICAL JOURNAL for September 28th, p. 794, I was interested in a note by Dr. Lyons on epidemic jaundice. Having recently had several cases I may perhaps give my experiences.

The age incidence was from 6 to 16 years, and the cases occurred here and there in a scattered country district; only in one family had I more than one child affected. The cases presented symptoms almost exactly similar to those described by Professor Holt in his *Diseases of Infancy and Childhood* under gastro-duodenitis, and differed from Dr. Lyons's cases in the comparative mildness of the attacks. Commencing with a feeling of languor and loss of appetite, the attack was ushered in with vomiting and icterus, which was very marked in the conjunctiva. The faeces were clay-white and urine almost black. The temperature in no case went above 99°. There was in all marked epigastric tenderness but no itching or alteration of pulse, and in all, too, the symptoms passed off in less than a week.

The treatment adopted was, at the onset, a dose of calomel followed by a mild saline, fat-free diet, mainly milk well diluted, and after meals a mixture containing bismuth carbonate, sodium bicarbonate, sodium salicylate, with mucilage and anise water.—I am, etc.,

Cheriton Fitzpaine, Devon, Oct. 1st.

D. H. VICKERY.

INTRAPERITONEAL INJECTIONS OF OXYGEN DURING CERTAIN ABDOMINAL OPERATIONS.

SIR,—I have read with interest in the JOURNAL of September 14th (p. 630) my friend Mr. H. J. Godwin's account of his method of using oxygen intraperitoneally. I should like to endorse from my own experience what he says as to the value of oxygen intraperitoneally and to call attention to the value of oxygen injected into joints for suppurative arthritis and other conditions.

During the past two or three years I have used oxygen to flush out the knee-joint in a number of cases of tuberculous and gonococcal arthritis, as well as for more acute suppurative conditions.

By rendering the joint tense with oxygen the remote parts of the joint are reached which are probably untouched by ordinary fluid irrigation.—I am, etc.,

London, W., Sept. 26th.

C. GORDON WATSON.

FORCIBLE FEEDING OF SUFFRAGE PRISONERS.

SIR,—On purely medical grounds, and quite apart from political or even medico-ethical considerations, I submit that this method of treatment of these particular patients is no longer justifiable, though I believe it was justifiable a year or two ago, when the hunger strikes began. No one will deny that forcible feeding is unpleasant (to put it mildly) to the patient, or that unpleasant treatment which cannot justify itself by success in a large proportion of cases is bad treatment if there is any other treatment available. However successful it may have proved in patients suffering from other diseases, the experience of the last year or two seems to prove pretty conclusively that it fails very frequently, if not always, in the case of the suffragist hunger strikers. It fails to improve their health or even to maintain it at the level at which the treatment was begun, and in the opinion of those who were responsible for the adoption of it and who carried it out, it would have failed to prevent death if continued much longer. Experience (a large number of experiments) has quite failed to justify it in these cases, and either the methods must be improved or the theory on which the treatment is founded must be overhauled. We must leave the methods to the experts, but every medical man can and ought to seriously consider the discrepancy between the theoretical effects and the practical results.

The theory seems to be that if we can put food into a man's stomach we can prevent him from dying of starvation, and practice has shown that the theory is pretty correct in certain classes of cases, but not universally. Ingestion of food is one thing; digestion, absorption, and assimilation are others; and physiologists and physicians alike maintain (we all know it for a fact) that digestion may be seriously interfered with or inhibited by various emotional conditions. It seems quite possible that digestion, absorption, and assimilation may all be more or less inhibited by an effort of the will, and in that case forcible ingestion of food into an unwilling patient would be as futile as leading the unwilling horse to the water. The emotional condition of these forcibly fed suffragists is quite sufficient to account for the failure of the ingested food to improve or maintain their health, and experiment has over and over again demonstrated the failure; there is really no discrepancy between theory and practice. As medical men we must come to the conclusion that neither in theory nor in practice is the forcible feeding of these patients justifiable, and, having come to that conclusion, we should in common humanity express it clearly and with no uncertain voice to all whom it may concern. Every medical society in the land should state its opinion after proper discussion, and the political leanings of various individuals in our profession would then cease to complicate the question. What are the prison doctors to do? Most of us sympathized deeply with them when the bitter attack was made on their humanity and integrity