

Festschrift comprising all the important publications originating from Eiselsberg's clinics was presented to him by his pupils.

The decrease in the number of medical students is already making itself felt in medical circles. Not only are appointments in hospitals more easily and quickly obtained than even five years ago, but in many of the smaller hospitals salaries have to be paid to the physicians and surgeons to induce them to devote some of their time to the work there, whilst twenty years ago these posts were eagerly sought after by members of the profession. The increase of the population, the improvement of the material position, and the education of the general public has absorbed many doctors formerly doing nothing but walk the hospitals. The increase of the system of Krankencassen, or the compulsory contract practice, has also caused many practitioners to accept the post of club doctor for moderate pay, rather than to work in the hospital for nothing. On the other hand, the unsatisfactory condition of the ordinary practitioners, together with warnings issued by several medical corporations, have induced many students to turn their minds to other studies than medicine. If things do not change much in the next few years, the profession may, by sheer scarcity of doctors, attain a much better position than it now occupies.

The health of the capital has been remarkably good during the last winter months. In November, December, January, February, the weather was fairly equable, though cold. Thus the death-rate went down as low as 15 per 1,000, which is a record for this city during the forty years that regular reports of the health bureau have been published. Only lately, on account of some small epidemics of measles, scarlet fever, and influenza, the figures have gone up a little, but still they are below the average. The number of births has also decreased a little compared with the figures for the last five years, but this is quite insignificant compared with the saving of life due to the low death-rate. Hence the annual increase of the population by 2 per cent. will surely be more than maintained. Already Vienna has passed the second million of its inhabitants, and counts among the healthiest large cities, in spite of the phthisical cases which are believed to be so numerous here.

Correspondence.

DIAGNOSIS IN STOMACH SURGERY.

SIR,—I wish to support Dr. Hutchison's protest against the neglect of diagnosis by some of those who practise gastric surgery, but I would like to include in the complaint many practitioners who do not operate, but who are unable or unwilling to appreciate the value of careful preliminary diagnosis, and either hand a case straight over to a surgeon for an exploratory incision or persist in treating the case by medical means, in spite of continued failure, and the presence of symptoms which at least suggest the desirability of further investigation.

For example, a lady came some distance to see me on account of stomach trouble which had existed for twenty years. I found her stomach much dilated with visible peristaltic waves. I told her I thought there was sufficient reason to suspect pyloric obstruction, which would require an operation, but that before coming to this conclusion I should want to have an opportunity of making a further examination of the stomach. I wrote to her family doctor telling him this, and explaining the nature of the examination which I thought should be made. In reply, I got a letter to say that the lady was being sent to a physician in London, who, he hoped, would decide between us, as, in his opinion, she was suffering from nothing but functional disease. I wrote to the physician, enclosing a copy of my notes, but he decided that the lady should continue to undergo the medical treatment which had proved so ineffectual for so many years, and declined to sanction any further examination of the stomach. As this gentleman is considered an authority on stomach diseases, it is somewhat disappointing and shows that the difficulties in the way of intelligent management of stomach cases are great.

When a case of stomach disease has resisted ordinary medical treatment, I hold it to be our duty to proceed to

further examination, and this is so simple that there really is no excuse for neglecting it. A meal of any kind, perhaps the simpler the better, but which should certainly include twenty or thirty currants, as these are easily identified, is given; six hours afterwards, no other food or drink having been taken in the interval, the stomach should be washed out, and, if there are any remains of food, pyloric obstruction of some kind or another may be diagnosed, and the case should be handed over to a surgeon for gastro-enterostomy. These are the cases that by universal consent do best, and they are much more common than is generally supposed. There may be very serious pyloric obstruction without any dilatation of the stomach or any vomiting.

The other helpful means which may often indicate the desirability of an operation is by the examination of the faeces for latent blood. The best test is to add 10 drops of a saturated alcoholic solution of benzdin to a small portion of faeces in a test tube and then 20 or 30 drops of peroxide of hydrogen (20 vols.), if blood is present a persistent dark blue colour is developed.

I have used both these methods for a sufficiently long time and over such a large number of cases that I can recommend them with perfect confidence as not likely to mislead.

In addition to these, and such conditions as perforation, subphrenic abscess, impermeable oesophageal stricture, there is a residue of cases which do not get better in spite of medical treatment, and where neither of the above indications for surgical operations can be discovered, that is to say, there is no evidence of pyloric obstruction or of any bleeding ulcer, yet the patient suffers from recurrent attacks of pain and vomiting. I have under such circumstances sanctioned an operation as a *dernier ressort*, and I shall probably do so again, although my experience has been that the operation does no good, and should not be recommended.—I am, etc.,

Birmingham, March 23rd.

ROBERT SAUNDBY.

THE DIAGNOSTIC VALUE OF HUNGER PAIN.

SIR,—It has afforded me great pleasure to observe that Dr. Robert Hutchison is gravely concerned as to the diagnostic value of that symptom to which I have given the name "hunger pain."¹ I feel sure that he wishes to elicit from me a reply to his letter in your issue of March 20th, since he specially quotes my view. I confess, therefore, that when writing the paragraph he reproduces from my paper, Dr. Hutchison was in my mind. I read, I think, everything which Dr. Hutchison writes upon the question of stomach derangements, and I am always convinced that the views he so ably expounds are fundamentally inaccurate. In all that he writes he seems to me to rely upon hypothesis and conjecture, when he should be guided by facts. In his letter he recounts the "natural history of duodenal ulcer" in various stages; the first, when recurring attacks of "hunger pain" are present, is, we are informed, one of "hyperchlorhydria"; the second is one of "continuous hypersecretion"; finally, he believes, "the formation of a duodenal ulcer is only the terminal event in a case of hypersthenic dyspepsia." I have operated upon a large number of patients who display the symptoms Dr. Hutchison describes, and I find that in the early as in the late stages a duodenal ulcer is present; in the early stages so small that it may sometimes be excised, in the latter stages so large that gastro-enterostomy is necessary. These patients have not always, or even usually, the variations in the quantity or in the condition of the gastric secretion which Dr. Hutchison holds to be the cause of their symptoms.

There are certain cases of "dyspepsia" in which attacks occur, attacks in which a definite group of symptoms, chief among them being "hunger pain," is present. The cause of these symptoms Dr. Hutchison believes to be an alteration in the quality or the quantity of the gastric juice; the condition, he holds, is one of "functional" disorder." As to the pathological conditions present in such cases, Dr. Hutchison offers no evidence. He does not see the stomach or duodenum, and he cannot therefore be a witness to their integrity. Whether an ulcer is present or not he has no means of telling. If an ulcer be present he cannot know where it lies. His pathological acquaintance

¹ See BRITISH MEDICAL JOURNAL, November 16th, 1907, for a description of "hunger pain."