experienced. He thought that by voluntary subscription enough could be raised to maintain the extended hospital.

Dr. J. Laurie (Greenock) said that the accommodation in Greenock Infirmary was inadequate, especially as regarded the admission of female cases. There were two separate wards for paying cases, and this provision worked admirably. This witness was in favour of voluntary management and of the sick poor being taken out of the realm of the Poor Law.

The Committee adjourned until January 20th, and will take evidence from the representatives of the boards of management of several general voluntary hospitals.

Correspondence.

TREATMENT OF PERFORATED GASTRIC AND DUODENAL ULCERS.

SIR,—I agree with Mr. Zachary Cope that a short-circuiting operation should not be accepted as a routine procedure for the treatment of perforated gastric and duodenal ulcers. At the same time in my experience those patients in whom it has been performed successfully have definitely a more uneventful and straightforward convalescence than those in whom the perforation only has been closed.

It is well to bear in mind that the operation for a perforated ulcer is essentially a life-saving operation when a particular catastrophe has to be dealt with and does not necessarily call for curative measures for the cause itself. In those patients, though, who are operated on early and the general condition easily permits of it, in my opinion a gastro-enterostomy should be performed when the ulcer is situated in the pyloric region; but if there is the least doubt in the surgeon's or anaesthetist's mind that the extra time and manipulation may produce a risk it is far better to do the least possible. It is surprising how seldom a complete mechanical obstruction is produced by the actual closure of a perforation, though of course it does occasionally occur.

During the summer months of last year I operated on nine cases of perforated duodenal ulcer at the Willesden General Hospital (seven were admitted direct from the Empire Exhibition at Wembley), with one death in a man of 58 who was almost *in extremis* before operation. The others, seven men and one woman, all between 30 and 40 years of age, were operated on at intervals after the perforation varying from four to eight hours, and in each case when the perforation had been closed posterior gastro-enterostomy was performed. With one exception they were discharged from hospital within four weeks of the operation in good condition; the exception was a man who had been badly gassed in the war and developed severe post-operative bronchitis; he burst open his wound, but eventually recovered.

From these and previous cases my impression is that if the operation is done within eight hours of the perforation, in the majority of cases gastro-enterostomy may safely be performed, but that after this interval the risk is greatly increased, since the peritoneum about this time becomes definitely infected, with consequent absorption and paresis of the gut.—I am, etc.,

London, W., Jan. 16th. F. D. SANER.

SIR,—I feel that Mr. Zachary Cope, in his letter published in your issue of January 17th (p. 139), has not quite understood the purport of my paper. The routine treatment in the past of perforated gastric and duodenal ulcer has been suture and drainage only, involving the possible need for a gastro-jejunostomy later. I wished to show (1) that in skilled hands it was possible for an immediate gastro-jejunostomy to be performed in about 50 per cent. of all cases without increasing the gross mortality of the series, and (2) that by so doing the ultimate results were improved. The prime duty of the surgeon in operating on a grave abdominal emergency, such as a perforated ulcer, is to save the patient's life, and if he feels that to perform a gastro-jejunostomy is to add materially to the operative risk he should not do it. My own experience was to perform the operation in seventeen cases before I lost one, and this was an exceptional and rather misleading case.

The series quoted by Mr. Cope, with a gross mortality about the same as my own, includes sixteen cases of immediate gastro-jejunostomy with three deaths. I will freely admit that, had my own experience been so unfortunate, I should have felt that I was taking unjustifiable risks, and, like Mr. Cope, I should have performed the complete operation much less frequently. But, after all, a surgeon must be guided by his own results, not other people's, and the problem is really that of a careful selection of cases.

With Dr. Tonking's letter I entirely agree, and I should like to congratulate him on his excellent results.—I am, etc.,

Birmingham, Jan. 19th. G. PERCIVAL MILLS.

POSTURE AND REST IN MUSCULAR WORK.

SIR,—In a review of Report No. 29 of the Industrial Fatigue Research Board on the effects of posture and rest in muscular work (p. 130 of the JOURNAL) you state that the papers contained in the report have a practical interest, not only for employers, but for manual workers. At the same time you doubt whether the latter would take the trouble to understand the reports, and you point out further that the reports of the Board in general "rarely make any attempt to be interesting, although the subjects with which they deal are often such as closely concern everyday life; there is seldom, if ever, any promise that the information they contain will be translated into practical benefit." You then suggest that the editors of such reports should describe, in an interesting way, why the investigations were undertaken and the benefits which the new knowledge offers.

I am writing to point out that your suggestions are already carried out to a large extent in the annual reports of the Board, which summarize in general terms the detailed information embodied in the individual reports. In addition, the reports usually include articles on various topics of current interest, written by the senior investigators, though I cannot guarantee that they, or the summaries mentioned, attain the degree of lucidity and interest which you demand. With regard to your doubt whether the information contained in the reports of the Board is ever translated into practical benefit, may I refer you to the *Journal of the National Institute of Industrial Psychology*, where you will find several articles describing the application of results obtained by the Board's investigators to actual practice in factories—for example, the utilization of certain methods of motion study in the packing of chocolates, and the hewing of coal in coal mines?

At the same time, it must be admitted that the average British employer is very slow to avail himself of the information adduced by the Board's investigators. The British race, taken as a whole, is a very conservative one, and will not be hurried in adopting fresh ideas; but we are confident that it is only a question of time before the usefulness of our work will receive more practical recognition. The collaboration of the National Institute of Industrial Psychology with the Fatigue Board will hasten this process considerably, for the investigators of the Institute, who are usually engaged in carrying out inquiries of immediate practical utility at the request of various employers, are well acquainted with the Board's reports, and are always very ready to translate their information into practice.—I am, etc.,

H. M. VERNON,
Investigator for the Industrial Fatigue Research Board.

Oxford, Jan. 17th.

WET WINDS AND EARLY PHTHISIS.

SIR,—It is with diffidence and regret that I must continue to oppose Dr. Gordon's conclusions on this subject (November 29th, 1924, p. 983). If they were true, sufferers would benefit and our work be greatly simplified.

1. I do not wish to enter verbal side-tracks; if Dr. Gordon prefers "conclusion" to "hypothesis" we will adopt his choice. "Belief" might be an even better word.

2. The same remark applies to the word "axiom" in reference to sheltered areas; but we must then regard Dr. Gordon's statement as one of the *obiter dicta* of great men, for no evidence whatever is adduced, or quoted, in support. He writes:

> "As regards shelter and exposure *I have found in long practice* that 100 feet of altitude shelters half a mile to the leeward of it well and a further half a mile fairly."

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