

President, M. Laverant; Vice-Presidents, MM. Chantemesse and Kermorgant; General Secretaries, MM. Marchoux and Mesnil.

### VIENNA.

#### *Successful Resection of Six Yards of Ileum.—A Dinner Strike in a Hospital.—Orthotic Albuminuria.*

In the *Wiener klinische Rundschau* Dr. Denk gives details of the case of a woman, aged 61, who had been suffering for six months from left femoral hernia. One night violent pains suddenly set in, and as the condition of the patient became rapidly worse, she was sent to the hospital. Here she vomited faeculent masses several times. In the left inguinal region there was a tumour of the size of a man's head; it was elastic and very tender. Temperature normal. Professor Brenner opened the hernial sac, and the patient, who had been anaesthetized by means of a spinal injection of 12 cg. of tropacocain, bore the operation very well. The sac contained pus and dark-brown gut. The diseased part of the intestinal canal was pulled forward until healthy gut was visible. The mesentery of the diseased gut had to be removed as well. Before the wound was closed it was discovered that a single loop of the ileum had been pressed between the mortified loops of the gut, and this, too, had to be removed. The lowest part of the ileum next to the caecum was left *in situ*: from the upper part but little was left. Anastomosis was established between the two remaining loops, but the difference in size necessitated some modification of the usual method. The removed parts measured 6 yards. The patient made a very good recovery. At first violent diarrhoea, with black-green contents, gave some cause for anxiety, and, as the ingested food came away from the opening of the upper loop, nourishment was difficult in spite of rectal feeding. This soon improved, however, and the patient slowly rallied. An interesting feature was the rapid passage of bowel contents, containing nearly unchanged particles of the food. As this is the largest known resection of intestine, it would be interesting to know the length of ileum which was left behind. Beneke estimates that each 3 ft. of the patient's height correspond to about 12 ft. 6 in. of the ileum. Thus the length of ileum left in this case would be about 12 in., as she was not quite 5 ft. high. The tests to which the faeces were submitted five weeks after operation proved normal metabolism of the food. It was shown that the remaining portion of the ileum had taken over the function of the removed part. The question is whether this substitution will be temporary or will be lasting.

A curious strike occurred quite recently in one of our State hospitals. The medical staff is provided with full board only on the days when the members have to stay indoors on account of duty. Lately the quality of the food became so bad, on account of the economy practised so often in matters medical by the authorities, that the doctors could endure it no more. One is at liberty to form his own opinion as to what the quality of the patients' food must have been in this special hospital. Anyhow, the patients and the doctors resolved to refuse the meals, and had their food brought in from the next restaurant. The "strike" did not last long, as the public soon became aware of the disgraceful conditions prevailing in this charitable institution, and a commission brought speedy relief, at least to the patients. Meanwhile negotiations are in progress with a view of regulating the whole question of board and lodging as regards the hospital staff.

At a meeting of the Medical Society, Dr. Jehle, Professor Escherich's assistant, presented a report on experiments made in the Children's Clinic, in regard to orthotic albuminuria. The pathology of this condition is not clear, some authors believing it to be an increase of physiological, others a pathological albuminuria, with or without kidney lesion. Dr. Jehle has found, in the case of six children, that they passed urine with a certain kind of albumen, which could be precipitated by acetic acid. This appeared only when the children were kept standing erect, not in a sitting posture, and was most marked when the children knelt. Jehle thinks that the passage of albumen occurs when the natural kyphosis of the lumbar portion of the vertebral column is changed into a lordosis. He made the children stand with their

backs slightly bent forward, and no albumen appeared. When they stood upright, it appeared again. Then he put the children into a corset of plaster of Paris, whilst standing upright. Albumen appeared. The children were then put into bed in this corset, so that their spinal column could not change its shape. The albuminuria continued for days, and stopped when the corset was removed. Jehle thinks that this appearance of albumen is caused by a special form of lordosis, situated at the level of the first and second lumbar vertebrae, not, as usual, at the third and fourth. He believes that this lordosis causes a pull on the kidney vessels or displaces them at an angle, without any anatomical lesion of the kidneys themselves. Such children should be prohibited from standing a long time, but should be encouraged to take exercise, as in skating and climbing, where the back is bent a little forward. Milk diet should not be enforced rigidly.

## CORRESPONDENCE.

### MEDICAL INSPECTION OF SCHOOL CHILDREN.

SIR,—The appearance of the second Memorandum of the Education Board on the medical inspection of school children has undoubtedly modified a fear that must have been left by the first, as to the sufficiency of the consideration accorded to the predominant mental element of this great question. I was about to point out, with your permission, that the inspection appeared to be more directed towards organic defects than to functional disturbances. The inclusion of the terms "signs of strain" among the observable points now provides for what was left out, and the schedules, read with the Board's explanatory remarks, may be taken fairly to cover the ground so well laid out in Dr. Clouston's communication. But still there appears to me to be room for further consideration of very vital points. The Board truly says that the difficulties of the whole question are now more administrative than scientific; nevertheless, science must wait on administration.

A few days ago chance brought before me a case which well illustrates some of the points in question. Some friction having arisen between the capable teacher of a rural elementary school and the mother of a child, we, the managers, interviewed both parties. The leading point was whether the child is or is not fit for being promoted to a higher standard, her arithmetical powers being in question. The mistress said that the child is fit. Naturally the question was asked of her, What is the general capacity of the child? We were told that she is a bright, cheerful, rather forward girl, who joined in games eagerly, and that she is quite up to the average both mentally and physically. Later the mother told us that since she had been put up she had become dull, had headaches, and "did her sums in her sleep." Whatever may be the truth in the case, it serves to recall a series of symptoms which are frequently mentioned in connexion with developmental imbecility. Even if that point should not be reached, it is admitted that in the presence of such facts continued overpressure may lead to a hide-bound condition of intellect, which relegates the child to the defective class. It is established beyond doubt that heredity, in regard both of neurosis and alcohol, is the most potent etiological factor of early mental breakdown, and therefore the existence of such a history should be inquired into, and if found it will serve as a timely warning.

The following conclusions may, I think, be drawn from this case, which, after all, is not uncommon: All facts need to be personally looked into by the examiner himself, and the examination must be conducted with the view to exclude as well as to demonstrate the existence of abnormality. A careful inquiry into the personal and family history of the child must be made. In addition, all facts found have to be adjusted to the actual mental condition of the child at the moment, a report has to be written, and appropriate advice must be given where necessary. Unless all this is done carefully and conscientiously, the results of the examination in its leading aspect must be quite untrustworthy and open to fallacy. With every desire to support the Board in doing that which has been called for for years past, one cannot but say that, in proposing to allocate only "a few minutes," on

the average, for each child, it has seriously under-estimated necessity.

It is said that subsequent examinations will not give so much trouble as the first, the notes of which will be available. But it must not be forgotten that school age is development age, whether for good or ill. A critical examination *de novo* will certainly be required in relation to the brain. The last, or "leaving," examination is still more serious. What is its object? Is it to ascertain, simply, the total results of the application of education to the brain of the individual examinee through a series of years—to obtain material for dry enumeration by the central authority? Though this may be the end sought for, undoubtedly the examiner will regard his opinion then to be recorded as likely to be used for guidance in determining the future life, mental and physical, of the subject. He will undoubtedly feel bound to treat the occasion with the care and gravity that are due to it.

A point that comes home to me very strongly as a result of these considerations is that, while the director of inspections in each educational area must of necessity be the county medical officer of health or the officer of the Education Committee of the authority, the actual inspection work should be done, *wherever possible*, by the resident practitioner. There can be little doubt that he can from his own knowledge of the history of parents and children form an opinion more correctly and with greater dispatch than can the outside inspector, who must perforce rely on secondhand information to a great extent as the basis of his verdict. Another point is that for the purpose of detecting at the proper moment dangerous conditions, the medical supervision must be far more continuous than is contemplated by the disconnected examinations.

I have heard it said that as a rule local practitioners have not received enough training in this special work. This is absolutely fallacious. If a medical man, when he leaves his hospital, is not sufficiently trained to do what is required for the physical inspection, he should resign his profession. As to the mental side, I affirm that, with very few exceptions, no one has had any training *ad hoc*. Exceptions would be Dr. Shuttleworth and others, if any, who may have been authorized by School Boards to examine systematically all their children for the purpose of advice. There are undoubtedly many experts who can tell all about the abnormal children taken to them, but this systematic examination of all children sick or well, designed for the exclusion as well as the discovery of abnormality, is quite new business, to which the ordinary practitioner can be trained as well as any one else, as far as recognition of defect is concerned. The treatment of abnormalities may occasionally require reference to expert advice, such as can be given by the officers of asylums. There is no present virtue in the titles of M.O.H. or D.P.H., whatever may arise in future, except perhaps greater practice in extracting and tabulating facts. It seems impolitic to divorce preventive from remedial medicine, and, unless circumstances force such a thing, it does not accord with the fitness of things to take a child during school years from the care of one who, perhaps, has brought him into the world, has seen him through the risks of infancy and will probably see him through the risks of adolescence, maturity and senility.

This question, Sir, has been maturing for years. Now that action has been started it will do no harm if further time is taken to ensure that a good idea is not spilt or crippled by want of care in thinking out every detail.

I should add, Sir, perhaps, that I am not in general practice.—I am, etc.,

February 7th.

N.

SIR,—The Denbighshire Education Authority have recently held a meeting, at which the medical inspection of schools was considered; a report has been published in the *North Wales Pioneer*. They have invited the medical officers of health in the various districts to undertake for the present year the medical inspection of children in the elementary schools of their districts, the inspection for this year to be limited to children newly admitted and those leaving the school. The medical officers are to be paid on a scale based on the number of schools and the number of children in the schools of the respective districts, taking into consideration the area covered, and the total payments for the whole county is not to exceed £150 for the year.

From the local paper quoted, the sums apportioned work out at about 2d. a scholar in the rural districts, and from 1½d. to 1¾d. in the urban districts.

In view of all that you have written and published in the *JOURNAL*, what comments have you to make upon this? Do you think that the education authority are in earnest upon medical inspection?

Some letters appeared in the *Manchester Guardian* during January criticizing the Merionethshire Education Authority. They propose paying about 6d. a head per scholar, and this was deemed not sufficient. So Denbighshire could not have been uninformed, as the *Manchester Guardian* has a large circulation in the county.—I am, etc.  
February 9th. A M.O.H. IN THE COUNTY.

P.S.—Area of county, 426,084 acres; estimated population (1906), 141,661.

#### THE PREVENTION OF OPHTHALMIA NEONATORUM.

SIR,—In your issue of the 8th instant, there is a letter on the above subject written by Dr. Peter Horrocks, and in support of his condemnation of the routine practice of dropping solutions of nitrate of silver into the eyes of newborn infants I beg to supply the following particulars as to the practice adopted in the great lying-in hospitals of this city, that is, the Rotunda Hospital, the Coombe Hospital, the National Lying-in Hospital, and the Westmorland Lock (Government) Hospital.

In the Rotunda Hospital it is the routine practice to place one drop of a solution of silver nitrate in the child's eyes on the occasion of its first bath; this practice refers only to those children actually born in the hospital, and not to those delivered outside by the students. In the twenty-fifth volume of the *Transactions of the Royal Academy of Medicine, Ireland*, we find the clinical report of the Rotunda Hospital for the year ending October 31st, 1906, in which it is stated that there were 4,158 women delivered, 1,904 being confined in the wards, the remaining 2,254 belonging to the extern maternity. In quoting these figures it is only fair to state that the Master of the Rotunda (Dr. Hastings Tweedy) attaches absolutely no importance to the extern statistics, owing to the unreliability and difficulty of obtaining accurate reports. In Table No. 3 of this report there were 2 cases of ophthalmia recorded amongst the 2,254 children born outside, whereas in Table 4, 4 cases of this disease were recorded as occurring amongst the 1,904 children born intramurally, and treated by the application of the silver solution to their eyes.

When one considers these figures, the proportion of cases of ophthalmia, and the more favourable circumstances, surroundings, etc., under which the children born indoors enjoy over those of the external department, their incongruity becomes obvious. One might be excused for asking by what logical deduction it is found advisable to subject the 1,904 red and crying atoms of humanity delivered in the Rotunda Hospital to a special treatment, when 2,254 similar children born extramurally are not considered to require it! Ordinarily, one would suppose that children born in the slums of Dublin would be more likely to require such prophylactic measures than those born in the environment of the Rotunda Hospital. The fact that the percentage of ophthalmia cases is over two to one in those children in whom the treatment is used, ought to suggest that the dropping of silver nitrate solution into their eyes is at least unnecessary if not actually harmful, as by its irritating effects upon the delicate membrane it conceivably predisposes to the development of that very evil it is intended to provide against.

Neither in the Coombe nor in the National Lying-in Hospitals is such a measure of prophylaxis practised as a routine course.

In the Lock Hospital, where one expects to find active measures adopted to prevent ophthalmia neonatorum, they rely upon simply washing the eyelids by ordinary "wipes," and the silver nitrate solution is only used when special indications arise.

In 1906 I published in the *Medical Press* (vol. cxxxiii) a Clinical Report on the Delivery of Women suffering from Venereal Sores confined in the Lock Hospital, and I should here like to quote the following paragraph taken from it: