Hernia and Appendicectomy

SIR,—Recent correspondence in your columns on the association of inguinal hernia with the muscle-splitting incision for appendicitis induces me to put forward a theory which I have held for some time to account for the occasional appearance of inguinal hernia after the removal of an appendix by the McBurney incision.

It seems to me to be insufficiently known that patients will complain of pain, usually of a stabbing nature, referred to the area above the inguinal ligament some time—occasionally months—before the appearance of a hernia. The type of case I am thinking of is that of a patient who is putting on fat. Attempts on the part of the swollen omentum to force its way into the mouth of a pre-existing sac after some unusual effort will give rise to pain which may be mistaken for appendicular pain. The appendix is removed, and some time later an inguinal hernia makes its appearance. Many surgeons like to use the muscle-splitting incision for so-called interval appendices, although it is in precisely these cases where there is an element of doubt that it ought not to be used.

I should like to ask those who regard an injury to the ilio-inguinal nerve as the cause, how many times they see this nerve in the McBurney operation, and why no one seems to have recorded a left inguinal hernia following the use of a similar incision on the left side for a colostomy.—I am, etc.,

Capetown, May 23rd. GEORGE SACKS, M.B., F.R.C.S.

The Word "Spontaneous"

SIR,—Is it not high time that writers on medical and scientific matters discarded that objectionable—because misleading—word "spontaneous"? It is either slackness of thought or an over-rigid adherence to routine that keeps such a word alive in any scientific connotation. A process cannot, strictly speaking, be spontaneous—that is, self-caused. It can but be the effect of a prior cause, and therefore the word is really masquerading under the guise of an assurance of an impossible state of affairs, to conceal ignorance of the *primum mobile* of the process in question. By all means concede to the lay press the right to use such expressions as "a spontaneous gift," or "a spontaneous burst of applause," despite their intrinsic incongruities, but such licence is unpardonable in science.

Biologists are constantly using the word "spontaneous" in relation to motion, action, growth, variation, generation, etc.; chemists talk of the spontaneous combustion of coal or oil; physicists of the spontaneous disintegration of radio-active matter; while medical men have their spontaneous recoveries and fractures, and the spontaneous rectification, version, evolution, and expulsion of the foetus. In to-day's *British Medical Journal* are two headlines in the *Epitome of Current Medical Literature*, "Spontaneous Subarachnoid Haemorrhage" and "Spontaneous Serum Sickness." *Hinc illae lacrimae!*—I am, etc.,

CHARLES M. BEADNELL,
Surgeon Rear-Admiral.

Ringwood, June 24th.

* * Loath to steal a march on others, whose feelings about the word "spontaneous" may be stronger than our own, we must, however, point out (1) that in the original article of which an abstract appeared in the *Epitome* under the heading of "Spontaneous Subarachnoid Haemorrhage" the author states: "By using the word 'spontaneous' I wish to exclude all traumatic cases"; (2) that the second abstract, headed "Spontaneous Serum Sickness," describes two cases in which symptoms arose from the absorption of a tuberculous effusion—that is, without the administration of serum, and in the absence of any outside agency. It remains for us to quote the

Oxford Dictionary, which defines "spontaneous" as "occurring without apparent external cause, having a self-contained cause or origin."

Arthritis and Allied Conditions

SIR,—The main object of the report of the Arthritis Committee, published in the *Journal* of June 17th, is, in the words of your leading article, "to present to the practitioner an authoritative statement on the subject of arthritis which may serve him as a guide amongst the shoals of conflicting theories and the enthusiastic assertions of the advocates of panaceas." This is a truly admirable object. It was a difficult one, and it is apparent from the report that this difficulty has been quite insurmountable. As medical practitioners in general and in specialized spheres we are seeking guidance as to the lines along which attacks against rheumatism are to be directed. Much information has been brought to us, but we are not in a position to decide what of it is of essential, or immediate, or of possible later value. The present authoritative statement suggests little hope for an organized advance, but rather indicates a prospect of disorderly retreat. There is no wide survey of the situation giving indication where to advance, to entrench, or to retreat.

In the first paragraph, on nomenclature and classification, it is stated that subacute rheumatism, specific infections such as gonococcal, and gout have been excluded from the scope of this inquiry. The section opens with rheumatoid arthritis, "primary" and "secondary." As a clinical grouping surely this is unorthodox and unwise. Some thirty years ago Sir William Hale-White drew a brilliant clinical picture which in its colour and detail is as perfect to-day, and is one which gives pleasure to those of us who are students of this subject. The clinical features of primary and secondary rheumatoid arthritis, as detailed in this report, are seemingly identical, and in the experience of some of us are present in many cases in which there is clinical, bacteriological, and radiological evidence of gout or gonococcal infection. The clinical picture that we recognize is taken away, and one that is unknown to us, and the accuracy of which we doubt, is put in its place. It is the discriminating selection of facts, as distinguished from supposed facts and fiction often associated with the diagnosis and treatment of the various stages of the rheumatic diseases, that it is the purpose of a report such as this to present. This is absent, and in its place are static pictures of worn-out diseases and lists of remedies cited with little or no indication of their place and significance in the various pictures to which they refer.

In regard to treatment, the first section following the short opening paragraph on prophylaxis is a section on vaccines (p. 1044), and the methods of treatment by vaccines and intrapelvic diathermy take an important place. In the former no indication of the type of case suitable for this treatment is given; and in the latter, successful results referred to occurred in conditions such as gonococcal infection, which are admitted as being outside the scope of this report.

No vivid pictures of at least certain recognizable forms of arthritis are drawn and their treatment detailed. Methods of treatment which in their specific sphere are invaluable are, without definite reference or warning as to their limitations, allowed to usurp the place of principles and proven facts. A biased and distorted picture has been given which, if at all understandable, is one that may well increase rather than diminish the difficulties of the practitioner. Within recent years much work has been done; new facts on diagnosis and treatment have been revealed; but as yet they have not been brought to the knowledge of the majority of medical practitioners.