CHRONIC DILATATION OF THE STOMACH ASSOCIATED WITH CHRONIC GASTRIC CATARRH.

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FROM the observation of a good number of cases of chronic catarrh of the stomach, I have come to the conclusion that this condition is very frequently responsible for chronic dilatation of that organ.

This does not appear to have been the teaching at all events until quite recently. The two diseases are associated in the volume of Dr. Clifford Allbutt's *System* dealing with Diseases of the Stomach and Bowels.

During the past eleven months I have examined 87 cases of chronic catarrh of the stomach, and find that in 19 of them—that is, in between 21 and 22 per cent. there was chronic dilatation.

I may here say that in none of these cases have I considered the stomach dilated unless:—

(a) Its greater curvature descended within one inch of the umbilicus in the middle line.

(b) There was a distinct splash over the organ on palpation.

(c) The percussion note was continuous with that heard over the normal stomach area.

In addition to these proofs, in many cases I have inflated the organ with effervescing powders, and heard the effervescence over the area of supposed dilatation; as also a metallic ring on striking coins together over the part, the sound being quite different from that heard over ordinary undistended stomach.

The symptoms of this form of dilatation appear to be fairly coincident with those of chronic gastric catarrh. Vomiting is, in my experience, distinctly uncommon, though nausea is nearly always present. A sense of fullness and weight at the lower end of the sternum is perhaps the most common complaint, and apparently the ingestion of food neither increases nor allays the discomfort. Interscapular pain is nearly always spoken of, and a furred, pale, indented tongue is nearly always seen.

No symptom has presented itself to me which would lead me to suppose that I had to do with a case of catarrh *plus* dilatation rather than one of catarrh alone, and therefore it would seem that in all cases of chronic catarrh of the stomach an abdominal examination is of the utmost importance, for the treatment of the two conditions is diametrically opposed, particularly as regards diet.

I have found a dry, finely divided, diet most successful in cases with dilatation; indeed in one case I could get no improvement until all fluid by the mouth was stopped, thirst being relieved by a slowly injected enema of one pint of water every day.

As to drugs, dilute hydrochloric acid and strychnine have seemed to benefit these cases; but I believe that drugs are valueless in themselves, though they may assist the stomach to deal with its contents both as regards digestion and locomotion.

OBSERVATIONS ON SANATORIA FOR CONSUMPTIVES.*

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SANATORIA for consumptives are capable of rendering valuable services to both preventive and curative medicine, and of leading to results otherwise unattainable. In hospital and sanatorium alike the patient receives through co-operation a more efficient and thorough treatment than would be possible at the same cost outside. But a sanatorium is placed in a more favourable situation for the open-air treatment than most hospitals; its treatment is mainly hygienic, and its aim is educational as well as curative. Although patients at a chest hospital are put under as good hygienic conditions as are

possible under the circumstances, there is little or no attempt at hygienic instruction, whereas this is the essential feature of sanatorium treatment. Now, a far-reaching hygienic programme can only be carried out under constant medical supervision, unless the patient is unusually gifted and already somewhat of a doctor himself. The medical officer of a sanatorium has many duties. He must direct the open-air treatment, the amount of rest and the rising scale of exercise, the patient's occupation and amusements, and the hydropathic and other precautions against catching cold. He must see to the ventilation and warming of rooms, which are apt to be overheated by many consumptives. In the Loomis Sanatorium in winter the bedroom temperature at night is not allowed to exceed 40° F. The diet must also be medically supervised. Other matters of great importance are the proper disposal of the sputa, the cleansing of the dwelling without raising dust, and the disinfection of rooms, furniture, and linen. Add to this the symptomatic treatment, physical examinations, and bacteriological work, and it can readily be understood that thirty or forty patients are considered abroad as the largest number which can be properly managed by one medical officer.

I need not dwell on suitable sites for such sanatoria, but I may say in passing that our inland bracing regions have, in my opinion, been unwisely neglected. For the proper carrying out of graduated walking exercises the sanatorium should have use and control of a large area of ground. The sanatorium should be planned in such a way as to have abundance of fresh air and light in every part occupied by the patients; to be readily cleansable and free from dust traps; dry and above suspicion in its sanitation; with abundant provision of shelters out of doors for both rest and exercise, and so arranged as to avoid unnecessary exertion on the part of the patient and unnecessary noise and smell. There are considerable advantages in the scattered villa system, but it is more expensive both to erect and to maintain, and in this climate would necessitate connecting corridors. Many of the usual modes of architecture are inadmissible for a sanatorium.

There are at the present time nearly a hundred sanatoria in existence, being built, or projected. In Germany alone there are now forty-three in working order, of which seventeen are for patients paying from £3 to £6 per week. The German sickness insurance companies have this year set aside between 3 and 4 million marks for the erection or subvention of sanatoria for consumptives. In America there are nineteen, besides one which is being built.

Sanatoria are intended for presumably curable patients. Advanced and incurable cases should be sent to special homes or refuges. Sanatoria should not, if possible, be the property of individual physicians. They should be rendered self-supporting, either by a system of insurance or directly by the fees of the patients.

There are absolutely no valid arguments against these institutions. The dangers of aggregation in sanatoria are more fancied than real; and I look forward to the time when many will be established in various parts of these islands.

THE ALLEGED INHUMANITY OF THE SPANIARDS.—Lieutenant-Colonel Senn, U.S.A., in an interesting article on the Invasion of Puerto Rico from a Medical Standpoint, published in the *Medical News* of September 17th, says that from his own observations he is sure that the Spaniards have respected the Red Cross; in fact, he says the Red Cross people of Puerto Rico, composed largely of Spaniards, have shown the greatest activity and interest in their humane work during the entire campaign.

CHLSEA CLINICAL SOCIETY.—This Society will hold its opening meeting for the session 1898-99 in the Holy Trinity Parish Hall, Pavilion Road, Sloane Square, on Tuesday, October 18th, at 8.30 P.M., when an inaugural address will be delivered by the President, Dr. J. Foster Palmer, on Certain Undefined Factors in the Spread of Disease.

MANCHESTER MEDICAL SOCIETY.—At a meeting on October 5th, 1898, Mr. G. Wright, President, in the chair, an address was, at the request of the committee, delivered by Mr. W. H. A. Jacobson, F.R.C.S., entitled, *Some Remarks on Accuracy in Diagnosis or Clinical Precision; Some of the More Common Causes of Failure*.

* Abstract of a paper read at the annual meeting of the North of England Branch of the British Medical Association.