portion of its secreting mucosa and the Billroth I and II operations, with all their modifications, had come to stay. This operation of partial or sub-total gastrectomy has succeeded in many patients, but although certain of a cure in gastric ulcer it is by no means always so successful in duodenal ulcer. Meanwhile, in Travancore, Somervell had found that by tying most of the arteries to the stomach he could reduce, if temporarily, the acid secretion and cure the Indians of their ulcers. Others have not confirmed his results but it was thought that some of the benefit of cutting the vessels might lie in the interruption of the nerve supply to the stomach. The vagi, next becoming suspect, they were now divided with certainly considerable changes in the gastric function. It was Cushing, when

cutting the tracts from frontal lobe to hypothalamus, who first noticed that his animals developed acute ulcers which perforated. Beattie's work later confirmed the importance of these sympathetic and parasympathetic centres in controlling the activity of the vegetative functions of the body. The scalpel has crept slowly, more and more proximally, first gastro-jejunostomy, then excision of the ulcer, later partial gastrectomy only to be followed by sub-total gastrectomy. Then the gastric vessels were divided and now the vagi bear the brunt of the attack, yesterday below the diaphragm, today above it, whither tomorrow? Can one foresee the leucotome slipping quietly into the hypothalamic tracts in the future and the surgeon at last proudly stating that he has got to the root of the matter.

* Orr, I. M. and Johnson, H. D., 'Vagal Resection in the Treatment of Duodenal Ulcer,' *Lancet*, 2, 84, 1947.

CORRESPONDENCE

THE DOCTOR AND THE NURSE

SIR,

Your Editorial for the July number of the Journal must have aroused much interest, and I think all will agree with your observations. The letter from Athanasius in the August issue, however, relating to this Editorial, cannot be allowed to escape comment. Obviously the writer is a physician not 'doomed to surgery,' and as such enjoys the tranquillity and peace of mind which inevitably lead to complacency and longevity. Surely the surgeon with his busy life of self-sacrificial worry and anxiety deserves the best team work that can be provided in the operating theatre. After all, in the end, the patient benefits by it.

I agree that generally speaking the Honorary Members of hospital staffs could do more for their nursing colleagues, but I submit that the surgeon need not be ashamed of his contribution towards the education of the nurse.

I also enclose my card, and remain, Sir,

Yours faithfully,

'Rubber Glove.'