

MEDICINE-SURGERY

# Adam and Eve Operation Saves Thousands From TB Deaths

## Removal of Parts of Ten Ribs and Other Methods For Allowing Chest to Collapse Rest Affected Lung

THE newest methods of treating tuberculosis, including a sort of Adam and Eve operation in which not one rib but parts of ten ribs are removed, were described by Dr. James Alexander Miller, professor of clinical medicine at Columbia College of Physicians and Surgeons, at the University's alumni day celebration.

The Adam-like rib operation, known medically as thoracoplasty, and the other methods described by Dr. Miller have already saved thousands of lives and materially shortened the period of treatment for tuberculosis patients, Dr. Miller reported.

"Collapse therapy is without doubt the greatest advance that has been made in the treatment of pulmonary tuberculosis within a generation," he declared.

Collapse therapy is the group name for the four procedures Dr. Miller described. The principle is that of "placing the affected lung under conditions of rest and collapsing cavities which may have formed."

The method is suitable in about 40 per cent.—nearly half—of all cases under treatment. These cases are the ones which in the old days would have been classed as chronic incurable cases with "nothing but permanent invalidism or slow death to be anticipated." About thirty-five to forty per cent. of these patients are now returned to active normal life.

Rest cures in conjunction with collapse therapy are still important, Dr. Miller pointed out, but climate and forced feeding are no longer the important parts of tuberculosis treatment that they once were. At Bellevue hospital some three hundred tuberculosis patients are getting the new form of treatment, and about one-third of them are working and leading a fairly normal life and most of them have never been out of the lower East Side of New York.

"Collapse therapy" is applied in four different ways. Dr. Miller described them as follows:

"First and most important is what is known as artificial pneumothorax which

consists of introducing air into the pleural cavity surrounding the lung, thus compressing the lung slowly by frequent and repeated injections which must be continued over a long period of time, usually several years.

"The second method is a complement of the first. This is known as pneumolysis or the cutting of adhesions which may bind the lung to the chest wall. The presence of these adhesions is the chief hindrance to successful collapse therapy by artificial pneumothorax and in certain cases absolutely interferes with its successful use. In others the interference is only partial and in such cases by the introduction of a very delicate instrument into the chest cavity, these adhesions may be cut and the lung consequently released from the chest wall and the cavities successfully closed.

"The third method of treatment is what is known as phrenicectomy. That is the division of the phrenic nerve which controls the diaphragm, the muscle between the chest and the abdomen, which is the most active muscle in the act of breathing. It is found that by cutting the nerve in the neck and paralyzing that half of the diaphragm, the relaxation and lack of movement thus obtained will in a certain number of cases allow the lung to retract and close the cavity in that way.

"The last and perhaps most spectacular method of treatment is surgical and involves a major operation known as thoracoplasty. By this method sections of all of the fixed ribs, ten in number, are taken out in successive operations, the chest wall allowed to collapse in, and in that way the cavities are closed and the activity of the disease controlled. This method is used in cases where artificial pneumothorax is impossible or only partially successful. The technical difficulties have been largely surmounted so the mortality from this operation now is very small. Moreover, the amount of incapacity and deformity which one might theoretically expect as a result of such a formidable-appearing operation is much less than one might think."

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### ROYAL SPORT

*This 16th century Persian miniature painting recently added to the Oriental Collection in the Freer Gallery of Art, Washington, D. C., who furnished the photograph, shows how polo was played in days gone by.*

ARCHAEOLOGY

## Polo Was Sport of Kings, Veiled Ladies Played, Too

POLO was sport of kings in Persia, over three hundred years ago. Popularity of the fast riding game spread through Asia from Japan to Baghdad, and even veiled ladies had their own sprightly polo matches on the field.

This romantic old chapter in sport history is revived through addition of two polo scenes in Persian miniature painting to Oriental collections in the Freer Gallery of Art, of the Smithsonian Institution.

The beautifully colored paintings illustrated a Persian manuscript poetically treating of "The Ball and Mallet."

Verse accompanying the pictures admirably describes the King Muhammed playing polo on a scale not merely royal but god-like, with the moon for his ball, heaven for his polo field, and such skill and swiftness that his pony would "overshoot the goal of heaven" if he did not restrain it.

Persia is not believed to have invented polo. But the game won high favor there, and supposedly spread thence to western Europe and later to America.

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