



LETTER TO THE EDITOR

Nasogastric intubation: Needless torture[☆]



Sonda nasogástrica: un tormento innecesario

Dear Editor,

George Washington died on December 14, 1799, after apparently contracting pneumonia. This was treated (among other alleged remedies) with bloodletting, in which “five pints” (approximately 2.37 l) of blood was extracted.¹ In its 2000 years or so of history, the medical practice of bloodletting has caused tens of thousands of deaths. In a clinical trial performed in 1813 during the Napoleonic wars in Spain, Lesassier Alexander Hamilton reported that bloodletting caused a ten-fold higher death rate among the wounded,² corroborating the wisdom of veteran soldiers who, when wounded, did their best to avoid being sent to the military hospital, knowing full well what awaited them there.³ Although the authenticity of Hamilton’s study has been questioned,⁴ it is surprising that such an absurd therapy should have been recommended by William Osler, one of the first physicians to use scientific methods.⁵ The practice of introducing into medical practice procedures with no proven efficacy or efficiency is all too common, and continues to this day.⁶

In 1975, Professor Ricardo Sáinz Samitier, following the teachings of his instructors in the School of Gastroenterology of the Hospital de San Pau, induced us to discontinue the systematic use of the nasogastric tube. Since then, our patients with upper gastrointestinal bleeding have been spared the torment of a procedure that has no proven benefit. Being by nature argumentative, I set out in 1982, while still a medical student, to find any evidence whatsoever that would prove Professor Sáinz wrong. Far from finding the elusive evidence, I found proof that the more conservative the approach to managing the bleeding, the greater the benefit to the patient.^{7,8}

Emili Gené and Xavier Calvet, in their magnificent editorial in this journal⁹ summarising the evidence for and against

the nasogastric tube in this context, came to the firm conclusion that there is no evidence to support its usefulness. This has also been proven in other clinical settings. In the name of the many patients who, thanks to this editorial, will be spared a needless torture, I would like to thank the authors for their work. Thinking more from the patient’s perspective enables us to practice better medicine.

References

- Wallenborn WM. George Washington’s terminal illness: a modern medical analysis of the last illness and death of George Washington. In: *The Washington Papers*; 1999. Available from: <http://gwpapers.virginia.edu/history/articles/illness/> [accessed 29.09.16].
- Lesassier Hamilton A. *Dissertatio Medica Inauguralis De Syncho Castrensi [Inaugural medical dissertation on camp fever]*. Edinburgh: J. Ballantyne; 1816.
- McNeill JR. *Mosquito empires: ecology and war in the Great Caribbean, 1620–1914*. New York: Cambridge University Press; 2010.
- Milne I, Chalmers I. Alexander Lesassier Hamilton’s 1816 report of a controlled trial of bloodletting. *J R Soc Med*. 2015;108:68–70.
- Osler W. *Principles and practice of medicine*. London: Appleton; 1892. p. 530.
- Prasad VK, Cifu AS. *Ending medical reversal: improving outcomes, saving lives*. Baltimore: John Hopkins University Press; 2015.
- Dronfield MW, Atkinson M, Langman MJ. Effect of different operation policies on mortality from bleeding peptic ulcer. *Lancet*. 1979;1:1126–8.
- Vellacott KD, Dronfield MW, Atkinson M, Langman MJ. Comparison of surgical and medical management of bleeding peptic ulcers. *Br Med J*. 1982;284:548–50.
- Gené E, Calvet X. ¿Sonda nasogástrica en el paciente con hemorragia digestiva alta? *Gastroenterol Hepatol*. 2016;39:497–9.

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