

tural process, it cannot get rid of a few globules of pus, or a few drops of serum, without disturbing the whole group of animal functions. There was no necessity to invent any such machinery as a blood-poison. Small-pox and vaccination, while they did not communicate any lasting changes to the blood, impressed such alterations on the organism as to make it incapable of taking on the disease again. In hydrophobia the poison had been considered to lurk in the same way as in syphilis, yet though we had the most exhausting convulsions, we had no specific change in the blood. The syphilitic chlorosis, often viewed as a proof that the virus had taken up its abode in the system, was simply a coincident effect of the action of the virus; moreover, it was not an inevitable result when no mercury was given. The author submitted that there was no proof of a virus being expelled by secondary affections, nor would such a fact, if granted, affect the question now raised. If the virus were expelled in this way, the most rational plan would be, not to interfere with the efforts of Nature to eliminate it. When once domiciled in the blood, how does the mercury get at it? The metal was insoluble, and experiment had shown that if forcibly introduced into the veins, it could not pass the capillaries in the lungs. All the experiments made by injecting foreign matters into the veins proved that the resistance of the organism commenced at once; that Nature's efforts tended to bar the passage against their entrance, not to absorb and eliminate. Finally, he contended that it was possible to explain the phenomena of disease without resorting to the gross mechanical theories of humoralism.

Dr. CAMPS thought that the author had not quite fulfilled his pledge of explaining how the syphilitic virus acts. He (Dr. Camps) considered that we must look upon syphilis more than any other as a blood-disease. It had been admitted to be a hereditary disease; how, then, could it pass to the foetus except through the blood?

Mr. MILTON asked why it must pass through the blood, when certainly not a drop of that fluid entered the tissues of the embryo?

Mr. LEE said the author had cleverly confounded syphilitic and purulent infection. He (Mr. Milton) argued that, because we could not find pus in the blood, it did not enter the blood; yet jelly entered the blood though we could find no trace of it in the circulation, and pus introduced into the circulation produced congestion of the intestines, while there was no trace of the poison detected in the blood. It was to be remembered that it was not the sores yielding pus which were followed by secondary syphilis—a most important point to keep in mind. He (Mr. Lee) was also of opinion, that syphilis was not entirely to be considered as a disease of the blood, since when the site of the chancre was cut out, the cut surface soon began to take on the syphilitic action. The infecting sore was not always to be destroyed by caustic within five days. On this point, and on the statement that the sore infecting the system begins as a pustule, he (Mr. Lee) was at variance with M. Ricord.

Dr. CAMPS asked if Mr. Lee meant to say that when a syphilitic lump was cut out, and the action returned, this showed that the disease was not in the blood?

Mr. LEE.—Certainly; a poison, if really circulating through the frame, would act generally, and not attack the cut part merely.

Mr. CORNISH could not see why the author should maintain that syphilis was not a blood-poison. The subject was obscure.

Dr. E. SMITH had always considered the dispute between the solidists and humoralists as of very little importance; yet it must be admitted that such vague terms as blood-disease were most objectionable; they stopped all inquiry. The author must allow that at all events the blood formed part of the general system. Specific matter he (Dr. Smith) thought must be taken up into the blood, so that there may be specific diseases of the blood. Mr. Milton had denied that poisons were found in the blood, yet alcohol had been traced through the circulation to the brain.

Mr. MILTON replied, that Mr. Lee and Dr. Smith had themselves, on two points at least, furnished the most conclusive proofs of the soundness of his views. He had not denied that narcotic poisons entered the blood.

WESTERN MEDICAL AND SURGICAL SOCIETY.

MR. A. B. BARNES, PRESIDENT, IN THE CHAIR.

MR. J. R. LANE read a paper

ON FISTULA IN ANO.

After a description of his views of the situation and mode of formation of the different kinds of abscesses which are followed

by fistula, he expressed his opinion that it was erroneous to suppose that abscesses in the neighbourhood of the anus were all but certain to give rise to this complaint. That the great majority did so was undoubtedly the case; but he thought that if early and free incisions were more generally practised, permanent closure of the cavity, especially in cases of acute abscess, would frequently take place. He had met with cases repeatedly in which he thought a fistula was inevitable, but in which the incision had, nevertheless, healed soundly and rapidly. Of the three varieties of fistula, the complete was the most common; the blind external was next in order of frequency, and the blind internal the most rare. Of 68 cases upon which he had operated in St. Mark's Hospital during the last eight months, 46 were complete, 20 were blind external, and 2 were blind internal. Sir B. Brodie had maintained that an internal aperture was always to be met with if sought for in the proper situation, and would not therefore admit the existence of an external blind fistula at all. In the 20 cases alluded to, however, no internal communication could be found after the most careful search, not only with the probe, but also by injecting fluid with a small syringe into the sinus, which method would frequently, by the passage of the fluid into the bowel, demonstrate the existence of a communication, even when it could not be discovered with the probe. In operating on these cases an artificial communication had been established either with the bistoury or the director in the usual way, and all had healed soundly and well—a result which would scarcely have taken place had an internal aperture existed, and had he failed to include it in the incision. The position of the internal aperture of a complete fistula was, as now generally understood, almost invariably placed just above the sphincter muscle, although the sinus itself might often extend some distance higher up. The author had only met with three exceptions to this rule, and in these he had found it placed two inches or more within the anal aperture. In the cases in which the internal aperture was in the usual situation, but the sinus extending higher up, he had always found it sufficient to lay open the lower part of the sinus through the internal communication into the rectum, without meddling with the upper part. He thought it advisable, however, in such a case always to have a free incision through the sphincter muscle, in order that there might be a ready outlet for any matter that continued to be secreted. In the exceptional cases, where the communication was placed higher up, it was, of course, essential to include it in the incision.

After some further remarks on the operation for fistula and its after treatment, Mr. Lane referred to the association of fistula with phthisis pulmonalis, which he believed had been over-estimated. M. Andral's statement, that he had examined 800 persons with phthisis, and only found one who had fistula, was well known, and the author believed that phthisis, by its debilitating influence, might conduce to abscess and fistula, and, on the other hand, that the drain from the latter might accelerate the development of tubercle in those predisposed to it. Whether an operation for fistula should be performed in phthisical persons, he decided in the affirmative; for in some half a dozen cases of this kind, not only did the wound heal favourably, but a decided improvement in the health of the patient resulted. It had been stated that an indurated condition of the internal aperture was a characteristic of fistula in phthisical persons. He did not believe it to be a sign which could at all be relied on, having seen fistulae with a perfectly smooth condition of both external and internal apertures in persons suffering from phthisis, and also a highly callous condition of those apertures in persons in whom there was no suspicion of pulmonary disease.

Reviews and Notices of Books.

Reports in Operative Surgery. Series the Third. By RICHARD G. H. BUTCHER, Esq., Surgeon to Mercer's Hospital, &c. Dublin: M'Glashan and Gill.

MR. BUTCHER is already well known to the profession as one of the most persevering of conservative surgeons. Not only to his skilful knife, but to his able and prolific pen, the poor sufferer and the student in modern surgery have for several years been deeply indebted. The excellent memoirs of the author upon excision of the knee-joint have secured him an enduring reputation; while various essays which from time to time have appeared in the journals of his own city fully testify to his ability as a practical surgeon of high attainments.

In the little *brochure* before us, the author records, with appropriate observations, various cases in which he has performed excision of diseased joints in preference to amputation, together with other modern operations. The first case is that of removal of the wrist-joint in a man for old-standing disease. Mr. Butcher, in performing the operation, contrives to save the tendons of the muscles of the thumb, and leaves undisturbed the enclosing soft tissues, which, besides allowing the integrity of the member to be retrieved, diminishes the chance of sloughing and death. The result in this instance is excellent, and a specimen of the fair handwriting of the patient (lithographed on a spare page) practically attests the capabilities of the new wrist and hand.

A most excellent example of the results to be obtained by the operation of excision, as applied to the knee, is given in the case of a girl aged fifteen, who had suffered from disease of the joint for seven long years. By careful management, a most satisfactory limb was obtained.

Two cases in which the elbow-joint was taken away are interesting in several respects. The treatment of the limbs, however, seems somewhat complicated, although, perhaps, possessing advantages.

Many interested in the progress of surgery will turn with eagerness to the author's remarks upon the operations of Syme and Pirogoff at the ankle. In two instances the proceeding advocated by the former gentleman was resorted to with but indifferent success. In the first case a succession of abscesses caused considerable pain, and prevented the healing of the stump. Five months after the operation the parts still remained tender, and becoming exquisitely painful, the sinuses which existed were slit up, and a tissue associated with the anterior crural nerve removed. The patient lived a maniac for five years and a half after the first operation; but could never make use of the stump as a means of progression, as she "invariably complained of pain shooting upwards of a very severe character, which made her desist from any further trials, except when coaxed to do so."—(p. 31.)

In the second case, Pirogoff's operation was intended; but owing to the cut surface of the os calcis being infiltrated with oil and scrofulous deposits, the entire bone was removed, and the proceeding advocated by Mr. Syme adopted. In this case the progress towards healing was interrupted by the formation of abscesses. The patient appears to have had a severe struggle for life; for "the most fearful complications occurred, and there can be no doubt that pyæmia was set up after the establishment of the lymphatic inflammation."—(p. 371.) After the lapse of eight months, matter still came from the stump, and the man was unable then to walk upon it.

A case in which the metatarso-phalangeal articulation of the great toe was removed with success terminates the list of highly interesting and valuable operations, most clearly and honestly recorded. It is much to be regretted that the success and failures of great and useful operations are not more often detailed in this open way. Mr. Butcher has certainly done much to raise the surgery of his country to a high standing, and we trust it may not be long ere we have again to notice the renewed efforts of the author.

The present work is most admirably illustrated, which gives an extra value to the letter-press.

The British and Foreign Medico-Chirurgical Review, or Quarterly Journal of Practical Medicine and Surgery. No. XLVI. April, 1859. London: Churchill.

THE present number contains much variety in its subject-matter. It opens with a good analysis of Buckle's "History of Civilization in England," and offers a *critique* of such views of the author as are at all approachable by a physiologic or naturo-historical pathway. Next follows a little whipping of Mr. Nunneley for his lucubrations "On the Organs of Vision—their Anatomy and Physiology." Then the "Horæ Subsecivæ"

of John Brown, the "Action of Tartar-Emetic," the "Mechanism of Locomotion," and the "Dress of the People," receive, *seriatim*, consideration. To much of the spirit of the exordium of the seventh article, entitled, "Funke and Longet's Physiology" we are quite opposed. The writer opens in what we must term an axiomatico-grandiloquent way. But he soon subsides almost into a flood of tears at the late horrible heresy of "the gentlemen who framed the new code of regulations at the College of Surgeons." These "gentlemen" have told us, it will be remembered, that they had discovered that forcing the student into a whirlpool of transcendental chemistry and physiology did not make him a whit the wiser or better practitioner at the sick man's bedside; but, on the contrary, *seemed* at least to interfere somewhat with the attainment of these desirable ends. The "gentlemen" in question, therefore, very wisely as we think, signified their intention that they would for the future demand of the student more knowledge of clinical surgery and medicine than they had asked before, and would require a shorter attendance upon fussy, fiddling courses of microscopic anatomy, and upon drowsy sermons about nuclei, nucleoli, and cystoblastemata, than they had hitherto demanded. The consequence of this will be, in the opinion of the writer of the article we are alluding to, that

"The thoroughly practical men, then, which our schools are expected to produce under the new regulations, will approach much nearer than they have hitherto done to the skilful old woman, the Esculapius of the village. The practice of the one being, like that of the other, guided by no principles but those derived from bedside experience."

And pray, let us ask, whence can better principles *quoad* the treatment of disease be got than from bedside experience? Does the writer think that a knowledge of physiology necessarily implies, as it were, by involution, a knowledge of disease? If so, we differ from him, and we very much doubt if the writer himself, however good a physiologist and scientific man he may be, is known as a working bedside physician. As on several previous occasions we have deemed it right to maintain the views we are now advocating, we feel compelled again to uphold them, in opposition to the teachings of the pure physiologists.

Archives of Medicine. Edited by LIONEL S. BEALE, M.B., F.R.S. Nos. I., II., & III. Svo. With plates. London: Churchill.

THIS periodical, which is copiously illustrated, professes to give original researches in physiology and pathology, with the results of chemical and microscopical examination of the solid organs and secretions in a healthy and morbid state. When the first number appeared, in October, 1857, with ten plates, several woodcuts, and containing papers evincing much labour and research on the part of their authors, we were doubtful whether a sufficient number of contributors would be found to support an undertaking of the kind. Nos. II. and III. have, however, since appeared, and are filled with matter of the most valuable kind, comprising, amongst other subjects, descriptions of various processes for demonstrating animal structures, and for carrying out scientific inquiries bearing upon medicine.

The Dental Ledger. Webster, Piccadilly.

THIS very useful work enables the practitioner to register with the greatest accuracy, every case that comes under his care. To each case there are two diagrams—one of the temporary, the other of the permanent set of teeth; and by means of simple cyphers, a record can be kept of every operation on the teeth. It will prove a most valuable aid to dental surgery.

WHOLESALE POISONING.—A female servant at New York is in custody, charged with attempting to poison the inmates of a boarding-house in which she was employed. The proprietress of the establishment died, and the others suffered severely.