ART. XXX.—*Fistula, Hæmorrhoids, Painful Ulcer, Stricture, Prolapsus, and other Diseases of the Rectum: their Diagnosis and Treatment.* By WILLIAM ALLINGHAM, M.D., F.R.C.S., etc. Fourth revised and enlarged edition, with illustrations. Large 8vo. pp. viii., 168. Philadelphia: P. Blakiston, Son & Co., 1882.

In turning over the pages of this volume the first point we notice is the enormous preponderance of cases of fistula over all others treated in the author's special hospital: 1208 out of 4000, while of hæmorrhoids there were but 965 cases. The reliability of this apparent contradiction of the usually accepted belief that hæmorrhoids constitute the most common disorder of the rectal region has been called in question, but the author maintains that it is correct, and the records of a large hospital with which we are familiar show the ratio of fistulæ to hæmorrhoids to be high enough to make us very ready to accept what at first gave us the impression of being contrary to our own observation.

With this we pass on to the chapter on examination of patients, which is most excellent, recommending an orderly and thorough method, and giving a timely caution against being too ready to try Simon's method of exploration of the rectum. Incidentally the author states that he has sewed up three recto-vesical fistulæ "made by experienced surgeons in performing lithotomy." If so many accidents of this sort came to be reported by one specialist, how many may there be in all?

Under the head of "fistula in ano" a number of cases of spontaneous cure are cited, and a number where the application of carbolic acid effected a cure—but most of these were not fistulæ but *sinuses*, incorrectly termed "blind fistulæ." The elastic ligature is recommended to be used when patients are timid, and when it is certain that there is but one sinus. The author's preference, however, is for slitting a fistula open into the bowel, and he describes the best method of doing this and its attendant details with clearness and precision. Noteworthy is his recommendation of M. Salmon's "back cut"—dividing the wall of a sinus, opposite to where it has been split. We find that he recommends packing the sinus after it is slit. Mr. Henry Smith, of London, distinctly warns against *packing*, but will have lint or cotton *laid* snugly, but without exerting pressure, in the track of the sinus. If the object be to check hemorrhage we agree with the author, but if there be no considerable bleeding, with Mr. Smith.

As to operating when phthisis coexists, Mr. Allingham does not show the usual fear of untoward consequences; and he explains that some phthisical persons do badly when subjected to any operation, but in the majority of cases they will do as well after operation for fistula as could be expected of any broken-down patients, though the mere act of coughing is prejudicial to the healing of a fistula.

When speaking of hæmorrhoids, the author sensibly calls attention to the fact that "the anus requires quite as much washing as any other part of the body." He might have said more without stretching the truth.

For internal hæmorrhoids excision is said to be "one of our best operations," though not applicable to very large or very numerous piles. Carbolic acid injections are dismissed with a tone of prejudice which corresponds with the author's evident ignorance of how they should be used and what may fairly be expected of them. Dr. Kelsey, of New York, in his newly published book on this subject, says of this method, that he has

used it many times, and, except in one case, has never had cause to regret using it. Mr. Henry Smith's clamp and cautery method the author also dismisses with his disapprobation. It is, he says, six times as fatal as his own method. Crushing he thinks better of. The method known by his own name—which was, however, devised by M. Salmon, to whom he duly credits it—is described in full, and of course recommended as the best. And so most surgeons consider it.

The chapter on "*procidencia recti*" stands for what on the title-page is called "prolapseus." Why these titles should not correspond we do not see, nor why both should not be put into English. The substance of the chapter might be improved by making clearer distinction as to the different varieties of prolapse.

Polypus and pruritus are next taken up, and then follows a chapter on fissure and painful ulcer. This is one of the best chapters in the book, distinguished for its practical character and good sense. The chapter on ulceration and stricture of the rectum is largely controversial, and much space is devoted to defending the view—now pretty generally adopted—that strictures are usually dependent upon malignant new formation or syphilis. Either colotomy or linear rectotomy is the operation recommended for this condition.

For cancer the author has excised the rectum in its whole circumference only six times since the middle of 1879. This is because of the bad results occurring in his experience and observation. Of sixteen patients thus treated by him only one is living, and he in a miserable plight. The choice between excision and colotomy depends upon circumstances which are by no means clearly stated by the author, and he evidently considers the prospect after either to be gloomy enough to prevent any surgeon from undertaking it with alacrity.

Rodent ulcer, villous tumor, neuralgia, and inflammation next receive brief attention, and the book is finished, with the exception of a very poor index, where for example, we find "Acorns, powdered, for diarrhœa of procidencia," and no reference whatever to "diarrhœa" by itself or under the heading of "procidencia." It is a pity that our transatlantic brethren have not yet learned the art of indexing; for a good index would be a valuable exchange for half of almost any book that ever was written.

Beyond what has been said we have little to remark about Mr. Allingham's book. It has received such practical recognition that he might be tolerably indifferent to a reviewer's praise or blame. Yet we cannot forbear adding that we think it would contribute to his reader's pleasure and not diminish his own profit if he would, in his next edition, leave out the occasional evidences of prejudice and ill-will which can be found in this one. For it is a pity that any such blemishes should be found in a book so admirable in many respects, so invaluable to any one who has to deal with disorders of the rectum and anus either as a writer or as a surgeon.

C. W. D.