their influence seemed to make itself felt, it was a probable inference that phthisis belonged to the group of specific febrile diseases, and that this view was held by some writers in the face of many difficulties and perplexities.

5. That the facts on which this inference was based were insufficient to prove that phthisis was personally contagious, and were indeed rather opposed to any such notion.

6. That the discovery of the bacillus proved that phthisis was a specific febrile disease, and thus the question of contagion cannot now be usefully discussed without acknowledging this fact.

7. That as some specific febrile diseases are contagious, and others not so, this property existing in very different degrees and modes in different members of the group, the question as to the contagiousness of phthisis can only be satisfactorily answered by direct evidence of its contagiousness and by determining its affinities with other members of the group.

8. That although phthisis may be undoubtedly produced in many ways experimentally in animals and also probably in man, there is not sufficient evidence to prove that its prevalence is materially affected by direct contagion.

9. That in many most important respects it very closely resembles ague.

10. That it is at least highly probable that the exciting cause of phthisis, like that of ague, be it the bacillus or some other micro-organism, is in no way dependent upon man for its existence, and is widely diffused, irrespective of human agency.

From these I may be allowed to make one short practical deduction—namely, that the prevention of phthisis, like that of ague, is to be attained by sanitary works, especially by improved ventilation and drainage, and not by isolation. And that for its cure, as we should not send a case of ague to the Pontine Marshes, so, too, it would be wise not to send a case of tubercular disease to any place where the death-rate from phthisis is high among the native population.

Clinical Remarks

ON THE

USE OF THE ACTUAL CAUTERY IN DISEASES OF THE JOINTS.

BY HENRY SMITH, F.R.C.S.,

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ON the recent occasion of a patient being brought into the operating theatre of King's College Hospital for the purpose of undergoing treatment by the actual cautery for disease of the knee-joint, Mr. Henry Smith made some remarks on the employment of this agent. He stated that, whilst in former times the actual cautery had been employed to a considerable extent by surgeons, it had gradually fallen into disuse, in consequence probably of the seemingly cruel and painful nature of the operation, so graphically described by the late Sir William Fergusson in his "Practical Surgery." Since, however, the introduction of anæsthetics, by means of which this potent remedy could be applied without the horrors formerly accompanying it, the actual cautery had been resorted to without scruple, and the pupils attending his class had had recently several opportunities of witnessing the extraordinary benefits produced by its application. He desired to call attention to two other instances of disease of the knee-joint, occurring in females, where the effect of one application of the actual cautery had been remarkable. In one of these cases the disease had been of long standing, the joint being in a state of chronic inflammation, the chief symptoms being severe pain on any attempt to move it and some swelling. After the employment of various measures, which were of little use, the actual cautery was freely applied, with almost immediate relief and ultimate cure. In the other case, that of a woman who had been suffering from chronic inflammation of the femur, which had implicated the knee-joint, and resulted in great enlargement of the bone and ankylosis of the joint, attended with most

severe pain and total loss of use of the limb, no treatment seemed to be of any avail until the cautery had been freely used over the end of the femur and knee, and those present had been able to witness the effect of this agent, which resulted in immediate and permanent relief. In another case which had been before their notice, that of a young woman with disease of the hip-joint, the symptoms denoting progressive disintegration of the articulation, the usual treatment was adopted—namely, rest, extension, and local applications,—but although the acute symptoms were relieved, intense pain persisted, especially at night. The actual cautery was applied, and the effect was to mitigate the pain within a few hours and ultimately the course of the disease was arrested. Another striking instance of the good results produced by the cautery had recently been under their notice. It was the case of a poor woman who had suffered for some time from disease of the spinal column in the dorsal region. There was some curvature, very severe pain on pressure over three of the vertebræ, and latterly the woman had lost control over the bladder. After she had been kept at rest for some little time, and the more urgent symptoms had been relieved, he applied the actual cautery freely over the diseased vertebræ, and at the same time administered mercury internally so as to produce gentle ptialism. The effects were almost immediate: pain was relieved within a few hours, the bladder symptoms were removed, and in the course of six weeks the woman left the hospital convalescent, having been previously fitted with a Sayre's jacket. In an instance also of disease of the ankle-joint in a strumous lad, where the features of the case pointed to mischief in the bone rather than in the synovial membrane or cartilage, he was on the point of amputating the foot, but before doing so he determined to apply the cautery freely. This was done under ether, and with such good results that the patient left the hospital with a stiff ankle but a serviceable foot.

Mr. Smith said he was anxious to draw their attention to one important point in connexion with this means of treatment. It should not be used in instances where acute inflammatory action existed; it would be necessary to abate the acute symptoms before using the cautery. In all the instances alluded to this had been done, and the actual cautery was then applied; in fact, as he had often pointed out to the pupils in the wards, it was in those instances where the chronic inflammation was going on, threatening progressive disintegration of the joint structures, and especially those instances where constant pain was a notable symptom, that the actual cautery was such a powerful help to the surgeon; and he strongly advised its use in such cases before resorting to more severe proceedings.

THE TREATMENT OF

SIMPLE AND SLOUGHING DYSENTERY BY LARGE DOSES OF IPECACUANHA, GIVEN MORNING AND EVENING ONLY.

BY JOSEPH EWART, M.D., F.R.C.P.

(Concluded from page 795.)

BEFORE the late Dr. Parkes wrote his "Remarks on Dysentery and Hepatitis in India" (1846), enlargement and inflammation of the solitary glands in dysentery had been observed and described by Hodgkin, Copland, Ballingall, Raciborski, Dr. Murray and Mr. Twining of the Bengal, Dr. Lorimer of the Madras, and Dr. Bird of the Bombay Medical Service. But, as Parkes says, "Most of these writers appear to have regarded their existence as incidental, and not to have proclaimed their relation to dysenteric ulceration with sufficient accuracy and distinctness. Ballingall and Twining describe them as if they were pustules. Murray describes them very accurately, but calls them vesicles and pustules." It is, however, to the researches of Parkes, whilst serving with European troops in Madras and Burmah, that the true nature of these morbid conditions, and their association with the solitary glands were first correctly established. Speaking of these glands he says, "I have considered them not to be large mucous crypts, for the following reasons:—They present the appearance of round oaque bodies, without apparent orifice, imbedded in the