will understand that it is better to introduce the needle, not in the mesial line, especially in the upper part, where the cord is almost certain to be connected with the wall of the sac, but on one side. Further, you will perceive that the separateness of the cavity of the sac from the cavity of the spinal arachnoid, in most instances, is some security against the direct passage of the injected fluid into the latter cavity, and that the advantage of Morton's fluid, as an injection, probably depends upon the addition of glycerine to the iodine and iodide of potassium, lessening the liability to the diffusion of those irritating substances through the delicate lining of the sac into the surrounding subarachnoid tissue.

ON THE AFFINITY OF SIMPLE AND MALIGNANT JAUNDICE.

By J. WICKHAM LEGG, F.R.C.P.L.,

ASSISTANT-PHYSICIAN TO, AND LECTURER ON PATHOLOGICAL ANATOMY AT,
ST. BARTHOLOMEW'S HOSPITAL.

IN the January number of the *Revue de Médecine* there appeared an article by M. Chauffard on catarrhal jaundice, which was considered of sufficient importance to be noticed at length in the columns of THE LANCET. For my own part, I may say that I have read the paper with much interest and satisfaction, especially as M. Chauffard and myself had come to much the same views independently of one another. The two main opinions which the French observer sets forth are these: that catarrhal jaundice (a better name seems to be simple jaundice, because no theory of its cause is then assumed) is more of a general disease than is usually thought; and, further, that it is only one of a series of diseases, of which the lowest is the simple jaundice and the highest the malignant jaundice, the icterus gravis, or acute yellow atrophy of the liver. Though I have not followed exactly the same path, yet in one particular, at all events, as to the connexion between simple and malignant jaundice, I have arrived at the same point. So long ago as 1878, when writing in the St. Bartholomew's Hospital Reports,¹ I spoke of the affinity between simple and malignant jaundice. Pointing out that jaundice sometimes appears amongst kinsfolk or those living in the same house, it was said that in some of these patients the jaundice ran a harmless and uncomplicated course, while in others the jaundice first appeared to be as free from danger as in the rest, but later grave nervous symptoms came on, and the patients died. I added: "I am inclined to attribute the origin of the two to one cause—a poison introduced into the body in a greater or smaller amount; for we find that the epidemic jaundice appears in neighbourhoods where military ditches have been drained, or large diggings undertaken, or in the bad hygienic states which follow war or famine. Thus, if but a small dose of the poison be introduced into the body, only vomiting or diarrhoea may follow—a gastro-intestinal catarrh, followed by jaundice; or if the dose be greater or the patient predisposed, a malignant jaundice from parenchymatous changes in all the muscles and glands may prove fatal. The effect of a predisposition is well shown in the relation of the epidemics to pregnant women, nearly all of whom perish in an epidemic of jaundice, the state of their tissues predisposing them to the disease"—i.e., to the grave malignant jaundice. Much the same position was taken in a work on the "Bile, Jaundice, and Bilious Diseases" which I brought out in 1880. At p. 402, speaking of the difficulty of making a diagnosis between simple and malignant jaundice, it is said, "The line which separates these two must be very narrow It seems to be a question of degree, not of kind." So far M. Chauffard and myself are in accord; we agree that the cause of the two diseases is a poison common to both; he thinks that in all likelihood the poison will be the septic alkaloids—ptomaines, as they are now called. This was an idea expressed by Gerhardt some few years ago, who thought that the acute yellow atrophy of pregnant women might be caused by the putrefaction of the dead foetus.² But while of course acknowledging that the septic alkaloids may be the cause of simple and malignant jaundice

in many cases, it would be a misfortune if they were to be looked upon as the only possible cause. It would be better to own that the causes are multiple. There are many poisons, organic and inorganic, which in small doses cause only a simple jaundice, in larger malignant jaundice. Amongst these alcohol stands pre-eminent for the frequency with which it causes attacks of simple jaundice, while on the other hand it does not seem to cause malignant jaundice so often as the other poisons akin to it in physiological action. It is well known that a debauch in wine will be often followed by a simple jaundice. On this point my experience is quite in accord with that of M. Chauffard. He found that an excess on what is now the national fête day, July 14th, was followed by a simple jaundice, while I have long been in the habit of pointing out at St. Bartholomew's that the festivals instituted by Sir John Lubbock are often followed by a small epidemic of jaundice amongst the out-patients. That alcohol will cause a malignant jaundice is shown by the classical case of Leudet. A man took by mistake a quantity of pure spirit, which act was followed by a three days' drunkenness; on recovery from this state he showed all the phenomena of malignant jaundice, both before and after death.³ There are also other cases on record, though alcohol seems not nearly so prone to cause malignant jaundice as phosphorus or arsenic. In the chronic poisoning by alcohol, cirrhosis, its part seems to be to cause a general disease, of which the brunt falls upon the liver, which therefore draws to itself most attention, just as malignant jaundice used to be called acute yellow atrophy of the liver, and was considered a disease of the liver, though it is now by nearly all owned to be a general disease. Some years ago, in 1877, when speaking of a case of febrile cirrhosis in the St. Bartholomew's Hospital Reports, I stated some facts which seemed to me to point to the idea that cirrhosis of the liver was only a local expression of a general disorder, the outcome of a long-continued physiological action of certain poisons, which, when they act acutely and rapidly, cause malignant jaundice from parenchymatous degeneration; so that cirrhosis may really be looked upon as a chronic form of acute yellow atrophy of the liver.

Green-street, Park-lane, W.

A CASE OF EXCISION OF THE RECTUM FOR CANCER.

WITH REMARKS ON THE PREVENTIBILITY OF SUBSEQUENT
CICATRICIAL CONTRACTION.

By HERBERT L. SNOW, M.D. LOND.,
SURGEON TO THE CANCER HOSPITAL.

SARAH W—, married, no children, aged forty-six, was admitted into the Cancer Hospital on Jan. 29th, 1884. There was no family history of cancer, but she was suffering from the effects of much mental trouble and hard work as cook in a hotel, lifting heavy weights, &c. Her husband failed in business four years previously. These facts are given as pointing to the frequent initiation of cancer by depressing emotion and debilitating nervous influences. The symptoms had been noticed for a year. On examination the rectal wall was found thickened and infiltrated as far up as the finger could reach; the mass was freely movable; beyond it the tissues appeared healthy. Much contraction existed towards the anus; there were great pain and difficulty in defecation. On Feb. 5th the diseased part was excised by the method recommended by Mr. Harrison Cripps, in his valuable Jacksonian essay. There was free hæmorrhage, checked without difficulty. The recto-vaginal septum was much infiltrated, and the dissection left this very thin. Subsequently iodoform was applied, and the patient placed in bed with the trunk elevated. The catheter was ordered to be used three times in the twenty-four hours; the wound to be syringed three times a day, and also after every evacuation, with a 5 per cent. boroglyceride solution; and a circular water-cushion, with marine lint filling the central aperture, to be kept under the pelvis. Four inches of the whole circumference of the intestine had been removed. The temperature records on the mornings of the next few days were as follows:—Feb. 6th, 101.4° F.; 7th, 100°;

¹ Vol. xiv., p. 47.

² Volkmann's Sammlung Klin. Vorträge, 1870-75, p. 107.

³ Gazette Médicale de Paris, p. 405, 1860.