

in, the patient only complaining of a little when going to stool. The ligature was tightened every two or three days, and came away on the seventeenth, after its application, the part quickly cicatrizing over.

CASE 2.—James A—, admitted under the care of Mr. Luke, with a fistula communicating with the rectum two inches higher than the anus, and opening externally. The ligature was applied March 25th. It gave no pain, and caused no inconvenience, the patient walking about while it remained in. It came away April 9th, having been tightened every two or three days. Fistula cured.

CASE 3.—A physician's patient, with cough, admitted December, 1840. He had a fistula on the right side, which was cut, but did not heal entirely, and still discharged. Some time after, another fistula formed on the left side, and opening into the rectum an inch and a half above the anus; to this the ligature was applied May 2nd, and came away on the 11th. He left the hospital a month after, somewhat improved in health, the left fistula requiring a small portion to cicatrize, the right discharging as before the latter operation.

CASE 4.—Elizabeth S—, aged 32, married, admitted under the care of Mr. Luke. She has had a discharge from the rectum for four years. On examination, a fistula an inch and a half in length was found: the ligature being passed through it, November 3rd, it came away in eighteen days, leaving the fistula completely healed, having been tightened as in the previous cases. The patient remained in the hospital for some time in consequence of cerebral symptoms supervening; these being treated effectually, she was discharged cured.

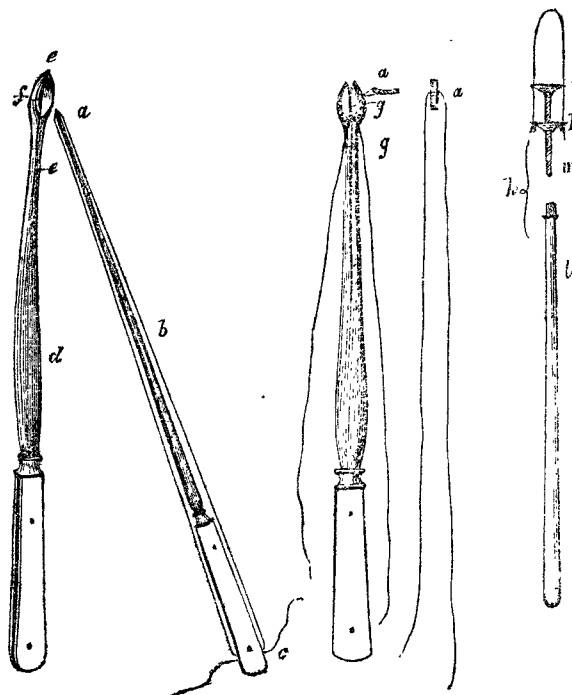
CASE 5.—John M—, aged 38, seaman; fourteen months previously he had indulged freely in ardent spirits, and shortly afterwards, a boil appeared near the anus, which has discharged ever since; the bowels are generally costive. Being admitted July, 1842, the fistula was examined, and ascertained to be an inch in length; the ligature was passed, and came away in seven days, the fistula being quite healed in another week.

CASE 6.—William N—, aged 59, wheelwright, was admitted into the London Hospital, with fistula, which had existed for the last four years. It had not given him much pain, but the discharge was constant and inconvenient. Mr. Luke passed the ligature October 19th, and it came away November 6th—eighteen days. The discharge continued a short time, and the fistula gradually healed in a few days.

CASE 7.—Abraham H—, aged 46, general dealer, admitted under the care of Mr. Luke. He has been subject for a long time to difficult micturition and pain in the perineum, for which he has been treated. Three weeks previously to admission, pain occurred near the anus, followed by swelling and abscess. The fistula was about an inch in extent, and communicated with the anterior part of the rectum. The ligature was passed Aug. 19th, 1843, and came away on the 30th. The fistula was longer than in the previous cases in completely healing, but in three weeks after was quite sound and cicatrized.

CASE 8.—William L—, aged 35, labourer, admitted Aug. 15, 1843. One month previously, he had pain and swelling about the anus, followed by an abscess, which burst spontaneously. The fistula was situated posteriorly to the rectum, but no communication with it could be found. The ligature was passed through the coats of the rectum, and brought out on the 19th. It was afterwards tightened occasionally, but owing to the small screw for that purpose not fitting properly, it did not act effectually, and was in consequence longer than usual in ulcerating through. The patient wishing to attend as an out-patient, he was discharged with the ligature remaining: he went about without pain, and on one day walked twenty-five miles with little inconvenience. Owing to his attending but seldom, it did not come away till October 9th, when the fistula was left quite healed.

CASE 9.—William K—, aged 37, coachman, admitted November 29th. He had gonorrhœa three months previously; six weeks ago he had pain in the perineum, followed by an abscess. There was considerable inflammation, and a fistula leading into the anterior part of the rectum, about an inch in extent.—Dec. 2. The ligature was introduced in the usual manner; it did not prevent the subsidence of the inflammation, and being tightened twice, came away on the 13th, and was quite healed in another week.



*Description of Fistula apparatus, contrived and used by Mr. Luke.*

*a b c* an eyed probe, with a moveable extremity fixed in a handle, represented armed with a ligature and ready for use. *a* the moveable extremity eyed to receive a ligature; *b* the probe, on which *a* is placed when used; *c* the handle, in the end of which is a groove to hold the ligature tense, represented.

*d e f* a steel spring-catch to withdraw the ligature from the rectum; *d* is a piece of steel set in a handle, and split at its extremity *e e*, so as to form a spring, opening readily when in use to receive *a*; *f* represents a hollow oval cone divided into two parts by the split *e e*; it readily conducts the probe point *a* through the split, when pressed against it, and the point is afterwards seized by the springs and retained until withdrawn from the rectum.

*a g* represents the probe point and ligature seized by the spring-catch.

*h* the tourniquet and watch-key; *i k* the nuts, provided with ligature holes, with the ligatures knotted, as in use; *l* the watch-key fixed in a handle; *m* the screw of the tourniquet, the end of which is made square to receive the watch-key when about to be turned. The tourniquet is applicable to a great number of cases besides fistula in ano. Thus in varicocele, in the removal of tumours, in opening long sinuses, when the use of the knife would be dangerous, or in any case where the gradual operation of the ligature is desired.

## THE ASSOCIATION OF GENERAL PRACTITIONERS IN MEDICINE, SURGERY, AND MIDWIFERY.

*To the Editor of THE LANCET.*

SIR,—We are requested by the Provisional Committee of this Association to call your attention to the fact, that the "Suggestions for Heads of Charter," furnished by them to the Right Honourable the Home Secretary, can only be considered as an outline of the main principles upon which, in the opinion of this Committee, a Charter of Incorporation for the general practitioners ought to be founded, in order to give satisfaction to that numerous and important section of the medical profession.

The mode of electing the Council under the proposed Charter is a question of detail, open for consideration; and we are requested by the Provisional Committee further to state, that if voting by proxy or by voting paper is, after deliberation, desired by their provincial brethren, it will be their pleasure to recommend it for adoption at the general meeting of the Association.

We have the honour to remain, Sir,

Your very obedient servants,

JAMES BIRD, }  
HENRY ANCELL, } Hon. Secs.