Mr. SKEY had paid much attention to details of the various cases recorded by the author, who he had fully expected would have come to the conclusion, from the evidence he had adduced, that he ought not to recommend the operation of resection to the Society. The cases were thirteen in number, and there were five amputations! Had the author calculated that five amputations out of thirteen cases of resection amounted to something like thirty per cent. of failures? Was any operation to be recommended, in which such an enormous amount of failures was exhibited? He considered, however, that the author of the operation of resection had great claims upon the acknowledgments of the profession, because he considered the operation to be a great invention—a discovery, indeed, which might be subservient to the most important uses in the restoration of limbs. But the question before them was not whether by sawing off the extremities of a bone, and bringing the two surfaces into contact, a useful limb might be retained; the real question was, who should determine where such an operation should be performed? The author had referred to a “judicious selection of cases,” but how was it that in St. Bartholomew’s Hospital, in the course of the last five years, no aggregate equal to that of the author alone had been produced? It was a striking fact, also, that these remarkable cases of excision came from comparatively a few quarters, and were not spread over the whole of the profession. It was not one practitioner having three cases, and another five, but twelve cases came from one surgeon, fifteen from another, and fourteen from a third. It would appear from this that resection of a diseased joint was the rule, rather than the exception. It was incumbent on the authorities of the profession to stand forward and declare where the line should be drawn. He knew of no disease which required more patience, more knowledge, more perseverance, more anxious watching day by day before the end was accomplished, than disease of the joints. Mr. Abernethy was in the habit of carefully watching cases of this kind week after week and month after month, and rarely failed to restore them without having recourse to resection, which he regarded as a substitute for amputation, and which ought only to be resorted to as a *pis aller*, and when, in fact, all other methods of treatment had been unavailing.

Mr. CURLING thought Mr. Holmes Coote had been too credulous in believing the statements of patients coming to the Orthopædic Hospital, to the effect that their limbs had been condemned elsewhere. If correct, his own hospital, St. Bartholomew’s, being the largest, would incur the greatest opprobrium. It was rare, he believed, that amputation was required for disease of the joints in children.

Mr. HUMPHRY remarked that the position he had advanced was, that excision of the joint should be resorted to in those instances in which the articulation was not likely to be restored to usefulness. Such diseases rarely terminated fatally, and he did not therefore propose the operation as the means of saving life, but of restoring a useful limb to the patient. Amputation might not be required to save the life of the patient; but the question was, what kind of joint had been left in those cases which had been treated in the ordinary way. He contended that in most of those cases an useful joint was not preserved to the patient, whereas by excision the use of the limb was in a great measure preserved, and that without danger to life.

Mr. TAMPLIN spoke at some length against the operation, which he contended was rarely, if ever, required. Diseases of joints, if properly treated, would get well. He passed a high eulogium on the practice pursued at the Orthopædic Hospital in cases of the kind.

Correspondence.

“Audi alteram partem.”

ON THE IDENTITY OF FEVER POISONS.

[LETTER FROM DR. R. H. BAKEWELL.]

To the Editor of THE LANCET.

SIR,—I have read with great interest the report of Dr. T. K. Chambers’s Clinical Lecture on Fever. I am delighted to see that a physician of his standing and reputation has had, may I call it, the moral courage to advocate the almost forsaken doctrine of the unity of the fever poison. For some years past the views promulgated by Dr. Jenner, and supported by many other men of note, have reigned almost supreme; and those who have held the older opinion have been considered

either as prejudiced adherents to the opinions of the past, or else as deficient in the power, the opportunities, or the will for proper clinical observations.

As I was educated in the views of the new school, will you permit me a few lines to explain how facts compelled me to become a convert to the opinion that typhus and typhoid are essentially one and the same disease.

After leaving London, I was appointed house-surgeon to the Staffordshire General Infirmary and Fever Hospital. In this institution there are separate male and female fever wards, into which, if I remember aright, all cases of fever occurring in the workhouse are sent. A considerable number are annually admitted from the town and neighbourhood. When I first took office, I was much embarrassed by the anomalous character of the cases. I attempted, as a matter of course, to divide them into typhus and typhoid; but I found, to my surprise, that obstinate and unmistakable purple petechiæ (non-elevated) would persist in showing themselves in cases where there was diarrhœa, and that rose-coloured spots and constipation were exceedingly common. And not only was this the case, but cases not unfrequently occurred in which both eruptions were visible together. I gave up the attempt in despair, and was reduced to what I thought the ignominious result of writing “Febris” on the cards, and putting down the symptoms. In this state of mind, I was conversing one day with one of the surgeons, then recently appointed, and who had been educated at King’s College, and was the most distinguished student of his day, also a gold medalist of the University of London (whose name I do not like to mention without his consent), who stated that he had felt the same difficulty as myself, and kindly offered me permission to see some of his patients out of doors. This I did, and found the cases exactly of the same kind as those in the infirmary.

Transferred from Stafford to Scutari, I found no essential difference in the fever there. I never could make out clearly any spots, for the men were so covered with vermin bites that there was a universal eruption; but I believe it is acknowledged by all that there was no distinguishing eruption in these cases.

Since my return from the East I have seen comparatively little fever—not above twenty cases, and these all in the country. I have examined these cases with the most scrupulous care, both as to the state of the skin and as to other symptoms, and not in one have I been able to say positively that it belonged to typhus or typhoid. In some there has been no eruption at all, or only one or two rose spots, in the course of the whole attack; in others, there have been purple spots with abdominal symptoms; in others, there have been rose spots, followed by purple spots; in one there was a copious eruption of rose-coloured, elevated, lenticular discs, together with a purple mottling of the skin, leaving a yellow stain like that of a bruise. In this case the constipation was most troublesome.

The general character of the disease was the same in all: chills and hot flushes; hot skin; quickened pulse, varying much in strength; dry and sometimes brown tongue; complete anorexia; thirst; restlessness, and sometimes delirium, especially at night; generally some inflammatory or congestive affection of the posterior parts and bases of one or both lungs, mostly only detected by auscultation; either diarrhœa or constipation, and often tenderness in the right iliac fossa. Gurgling there I believe to be a sign of no value, having so often found it in a state of health.

The cases have generally been rather troublesome and lingering, but under the treatment I have adopted I have never lost one. I have given salines—the nitrate of potash and sulphate of magnesia when the bowels were constipated, with or without tartarized antimony, according to the state of the patient; small doses of mercury with chalk, and carbonate of soda, every four or six hours, and low diet, with abundance of cooling drinks. If there has been delirium, I have had the head shaved and cold lotions applied, and have given a dose of opium at night. Under this kind of treatment the pyrexial state generally disappears in about a week or ten days, and I then give tonics, wine, &c. I always give beef-tea from the very first, believing that that sustains without stimulating.

I should not have ventured thus to intrude upon your space with a detail of treatment, but that, although my experience of fever in England has been but small, I have seen very much of it in the East. I pursued the same line of treatment there, and with, I believe, uniformly successful results. I do not remember losing a single patient from fever alone, either at Scutari or in the Crimea.

I should add, that latterly I have kept up a constant though slight smell of chlorine gas in the patient’s bed-room, by

dropping a little dilute acid in a saucerful of chloride of lime. To this I owe my own preservation when lodging in a house with three of the worst cases of fever I ever saw, although I was in almost constant attendance on them. There are many other points I should wish to have noticed, but a fear of intruding too far on your valuable space prevents me.

I am, Sir, your obedient servant,
Kennington-road, Feb. 1858. R. HALL BAKEWELL, M.D.

THE MEDICAL PROFESSION AND THE SCOTCH REGISTRATION ACT.

To the Editor of THE LANCET.

SIR,—Will you be so obliging as to give insertion in the next number of your valuable journal to the subjoined petition to the House of Commons from the members of the medical profession in this town, and to the accompanying correspondence with Mr. Baxter, M.P., to whose care it has been entrusted.

So far as I and my brethren here can learn, there exists a widespread if not universal feeling of discontent, amounting almost to rebellion, throughout the profession in Scotland at the operation of the Registration Act; and after the recent *exposé*, by Sheriff Strathern, of the true character of the Act, we think the time has come for a general movement to throw off the yoke which it has so unceremoniously imposed upon us.

May I express a hope that you will aid in developing such a movement, and lend your powerful advocacy to conduct it to a successful issue?

I am, Sir, yours faithfully,
Montrose, March 13th, 1858. S. LAWRENCE, M.D.

[COPY.]

Montrose, March 9th, 1858.

SIR,—I have the honour to transmit to you, for presentation to the House of Commons, a petition, signed by *all* the members of the medical profession in Montrose, praying for a repeal of Section 41st of the Scotch Registration Act; or, alternatively, for a just and adequate remuneration for the professional service which that clause of the said Act imposes upon them. In the terms of our petition, we feel it to be both "unjust and oppressive" that valuable information should be mulcted from us as to the cause of death, not only without any compensation, but under the pains and penalties of law. It is frequently impossible to give the required information without subjecting ourselves to an amount of trouble which encroaches very seriously upon our time, and thus interferes with other duties. In every other case where medical testimony is deemed requisite for the interests whether of individuals or of society, it is an acknowledged principle that it must be paid for; and we are unable to perceive any reason why this principle should be departed from in the case of the Registration Act.

As an instance of the oppressive nature of this Act towards the medical profession, I would take the liberty respectfully to call your attention to THE LANCET of the 20th February last, pages 195-6; and I feel persuaded that after the perusal of the case of Dr. McDonald there detailed, with the accompanying editorial commentary, you will admit that the grievance of which we complain is a very glaring one, and demands immediate redress.

I have the honour to be, Sir, your most obedient servant,
W. E. Baxter, Esq., M.P. (Signed) S. LAWRENCE, M.D.

[MR. BAXTER'S REPLY.]

Dundee, March 12th, 1858.

DEAR SIR,—Your favour of the 9th has been forwarded to me. I expect to be in London early next week, when I shall have great pleasure in presenting your petition. My attention has been before called to the serious grievance of which the medical men complain, and I will consult with friends as to the best steps which ought to be taken to remedy it.

Believe me, dear Sir, sincerely yours,
S. Lawrence, M.D. (Signed) W. E. BAXTER.

Unto the Honourable the Commons of Great Britain and Ireland in Parliament assembled.

The petition of the undersigned Medical Practitioners in Montrose, humbly sheweth,—

That whereas by an Act passed in the 17th and 18th years of the reign of her present Majesty, intituled "An Act to provide for the better Registration of Births, Deaths, and Marriages in Scotland," medical practitioners "who shall have

been in attendance during the last illness and until the death of any person, shall, within fourteen days after the death of such person, and under a penalty not exceeding 40s. in case of failure, transmit to the registrar a certificate of such death;" and no compensation is provided by the Act for such professional service; and whereas such unremunerated service under such penalty is felt by your petitioners to be both unjust and oppressive,—

May it therefore please your honourable House to repeal so much of the said Act as compulsorily exacts such service from medical practitioners, or to enact that they shall henceforth be entitled to receive a just and adequate remuneration for the same. And your petitioners will ever pray.

HENRY HOILE, M.R.C.S.
DAVID JOHNSTON, M.D., L.R.C.S. Ed.
S. LAWRENCE, M.D., L.R.C.S. Ed.
JOHN BURNES, M.D.
A. M. OFFICER, M.D.
JAMES C. HOWDEN, M.D.
JOHN A. ROSS, L.R.C.S. Ed.
GEORGE STEELE, M.D.

CASE OF TRANSFUSION FOLLOWED BY DROPSY.

To the Editor of THE LANCET.

SIR,—Many of your readers will probably recollect an interesting case of transfusion, which appeared in your journal on the 3rd Oct., 1857, and which ultimately came under the care of Dr. Mackinder, with whom I am assistant. The patient, Mrs. W—, not recovering her usual state of health so quickly as desired, was anxious to place herself under the medical attendant of her family, and consequently came to visit her mother at Gainsborough for that purpose. On the 4th of February, 1858, Dr. Mackinder, in conjunction with myself, first visited her, and found her in a state of great anæmia, with ascites and anasarca of the whole body. We prescribed the most nourishing and stimulating diet, under which she at first slightly rallied; but on the 17th, being threatened with suffocation from a greater distension of the abdomen, we were compelled to perform paracentesis abdominis, drawing off thirty-four pints of limpid fluid. From this operation she never recovered, but sank two days after, in spite of all our endeavours to save her. The above case is interesting in a physiological point of view. It becomes questionable whether the dropsy was dependant upon the transfusion or was an idiopathic affection. Perhaps some of your readers will have the kindness to enlighten me upon this subject.

I am, Sir, your obedient servant,
Gainsborough, March, 1858. H. B. SMALLMAN, M.R.C.S.E.

PERTUSSAL GLUCOSURIA.

To the Editor of THE LANCET.

SIR,—In your valuable number for Saturday, January 30th, under the head of "Clinical Records," a short article occurs, which speaks of the discovery by Dr. Gibb in 1855 of sugar in the urine of pertussis, and also draws attention to the wonderful rapidity and efficacy with which nitric acid removes that morbid product from the urine. Previously to reading that article, I was not aware that any writer had taken notice of this pathological state of the urine. Dr. Gibb, in his work on Hooping-Cough, published in 1854, gives not the slightest hint of sugar in his analysis of the urine, although he strongly recommends in that work the nitric acid as a certain cure for the complaint, and explains its *modus operandi*—"by its supplying nitrogen to the blood, to remove or neutralize the excess of fibrine existing in that fluid, one of the dangerous elements of the disease, and so destroy the poisonous principle combined with it, which is the primary cause of this affection." At the same time he mentions that Dr. Arnoldi used nitric acid as a remedy in pertussis, in order that it might introduce the elements of the atmosphere into the blood by the process of gastric digestion, and so enable the lungs to outstand the stage of temporary asphyxia, which is induced by a severe paroxysm.

Previously to reading your short notice, I had flattered myself that I was the first to notice this pathological state; but as Dr. Gibb made it known in 1855, I can now only bear my corroborative testimony to it, which I do with great pleasure. At the same time, however, I must make a few remarks to show that it is not peculiar to hooping-cough, and cannot be considered as the cause of it, but only an effect. During the summer of 1856, I read with great pleasure the results of the