

since within the last few years British surgeons have become more careful in the selection of their cases; whilst French surgeons, and among them MM. Follin, Gosselin, Dusseris, Verneuil, Giralès, Surbled, and the author, have introduced the operation with success into French practice. M. Léon Le Fort visited England in 1858, and he gives here the result of his observations at the several metropolitan hospitals, and a table of cases operated on up to 1859. The literature of the subject of excision of the knee has recently been enriched by the late Mr. Price's essay, and we presume we may expect a not less valuable contribution from the successful candidate for the Jacksonian essay on the same subject, now undergoing adjudication.

The Skin Eruption of the Cattle Plague. Photographed from Nature. Life Size. By ALEX. BALMANNO SQUIRE, M.B. Lond., &c. Churchill and Sons.

OUR high opinion of Mr. Squire's coloured photographic representation of skin diseases has been already strongly expressed. We have now to thank Mr. Squire for a most opportune representation of the much-debated eruption of cattle plague, executed in a way which makes it worthy of its predecessors in the series. Mr. Squire says, in his short but clear description of the eruption, that he has found it most developed on the udder and around the teats. Accordingly he has photographed one of the teats with four crusts on it, which he thinks could originate only in *pustules*. The photograph is a very beautiful work of art, and must be regarded as giving the best idea of the eruption which can be obtained without seeing it in nature.

PNEUMONIA AND VENESECTION.

To the Editor of THE LANCET.

SIR,—As Professor Bennett has more than once alluded in your journal to remarks made by me in a clinical lecture on bloodletting, perhaps you will kindly allow me to say a few words on his two interesting cases of pneumonia published in your last number.

Professor Bennett gives them to show, by comparison, the good effects of the restorative treatment (as he terms it), and the ill effects of bloodletting in pneumonia. I cannot admit that the comparison is in any sense a just one. His first case is that of a man who, it appears, had had some years previously acute rheumatism; and, in addition to the pneumonia, was the subject of organic heart disease. Here there was a complication of diseases; and as Professor Bennett gives no further account of the heart affection, beyond telling us that there was a blowing murmur at the heart's apex, we are left to conjecture how much of the difficult respiration depended on the heart affection, and how much on the pneumonia—that is to say, we have no means of judging how much of the cure in this case of chronic heart disease depended on the mere tranquillizing (by rest, &c.) of the heart's diseased action. A hawker, exposed to severe weather, and the subject of organic heart disease, is just the case which we should *a priori* expect to recover rapidly from lung affection, in so far as that lung affection was produced by exposure and over-exertion. Tranquillizing the heart would be the first step in the case.

Professor Bennett's second case, as showing the ill effects of bleeding, is still more unsatisfactory. I have just as good a right to say that the bleeding saved the patient's life as Professor Bennett to say that it prolonged his convalescence. The patient appears to have been the subject of kidney disease as well as of pneumonia. His urine was albuminous when he entered the hospital, and was albuminous when he left it; and Professor Bennett heads the case, double pneumonia, albuminuria. Now, I should like to ask Professor Bennett, whether he would not expect, from the very nature of the case, that a man suffering from pneumonia plus disease of the kidney, would be likely to recover much more slowly than a man suffering from pneumonia plus cardiac disease of the kind supposed in Professor Bennett's case? Surely he will answer "yes"; and if so, then clearly he cannot fairly attribute the lingering illness to the bleeding. He will much more reasonably attribute it to the unhealthy condition of the body, which is necessarily associated with organic kidney-disease. Neither does

his first case show that bleeding would not have been of great service to the patient. Surely it is no light matter for a man to be the subject of urgent dyspnoea and acute pain in the side for a whole week, to suffer for a week severe symptoms, which the loss of a few ounces of blood might immediately and perhaps effectually remove.

Be this as it may, I am sure those who carefully read these two cases will agree with me that they are not capable of just comparison, and that they offer no satisfactory data from which to judge of the real effects of bleeding in acute affections of the chest.

One word more as to the word "restorative," which is apt to mislead. Surely everyone may call his treatment "restorative;" for what is his intention but to restore the patient to health? Professor Bennett, however, would make it appear that there is something antagonistic between bloodletting and giving the patient nourishment, support, and stimulants. But this is quite a mistake. In my view the bleeding is employed, not to cure the inflammation, but simply and solely to relieve that degree of painful congestion of heart and lungs which is one of the occasional consequences of pneumonia, and of itself endangers life, and interferes with recovery, by oppressing all the organic functions. I would and do give "restoratives" equally with Professor Bennett, and admit nothing antagonistic between the giving of restoratives and the letting of blood. I have again and again said, and I wish I could impress it upon my friend Professor Bennett, that the bleeding is in no sense to be considered as a cure for the pneumonia. I don't believe that bleeding ever did or ever will cut short a case of pneumonia; but I do believe that in those comparatively few cases in which the inflammation is accompanied with urgent dyspnoea, bleeding moderately will not only give great and immediate relief from most painful symptoms, but will also, by the very fact of this relief, enable us more effectually to administer requisite restoratives.

I am, Sir, your obedient servant,

Harley-street, Feb. 5th, 1866.

W. O. MARKHAM.

VENESECTION IN ITALY.

To the Editor of THE LANCET.

SIR,—Having observed a paragraph in last week's number of THE LANCET, headed "Venesection in Italy," in which (quoting from the *Reader*) it is stated that my late uncle, Sir Charles Eastlake, had fallen a victim to a merciless course of bloodletting, I think it right to correct an error upon this point, which has by some means crept into several journals.

In September last I was summoned to Milan to attend my uncle who was alarmingly ill with pneumonia. To my grief I learnt on my arrival that the Italian doctors in attendance had taken blood from the arm once, but I fortunately came in time to prevent Sir Charles from being subjected to those frequent bleedings to which the late Count Cavour and many others have undoubtedly fallen victims. It is, of course, a very painful subject for me to touch upon, but in a spirit of warning to those who travel in Italy, I think it only my duty to caution them against the medicinal treatment of acute diseases which exists even amongst the most eminent Italian physicians. Not only was Sir Charles deprived of any kind of stimulants and kept upon the lowest possible diet before I came to him, but I found that he had been most cruelly blistered and subjected to a long and baneful course of mercury. It is, I feel, due especially to the latter that a good constitution was thoroughly undermined. A grain of calomel had been ordered every two hours, and had been given for many days and nights, which produced the most distressing salivation and obstinate form of dysentery which it has ever been my painful duty to witness. Although Sir Charles sufficiently recovered from this condition after a few weeks to attend to his official duties, his subsequent journey to Pisa told upon his shaken system, and after lingering for two months his vital powers at length succumbed.

I remain, Sir, your obedient servant.

HENRY E. EASTLAKE.

Welbeck-street, Cavendish-square, Feb. 1866.

MEDICAL MEN IN THE ITALIAN PARLIAMENT.—We learn from *L'Imparziale* that eighteen medical men have seats in the present Italian Parliament—viz., eleven in the Chamber of Deputies, and seven in the Senate. Out of these eighteen medical men, three among the deputies, and four among the senators, are editors of medical journals.