

one acquainted with the morbid anatomy of small-pox could fail, on examining cows dead of cattle plague, to be struck with the close resemblance which exists between these two diseases in regard to their morbid anatomy. Allowing for the absence from the human being of the first three stomachs of the cow, the description of the internal lesions observable in the cattle plague might serve almost exactly for the description of the internal lesions in small-pox. This fact struck me at the very first post-mortem of a cow on which I was engaged, before even I had any suspicion that there was an eruption on the skin at all resembling that of small-pox. But I have since then examined the cutaneous eruption very carefully in a good many cases, and I have no hesitation in asserting that the eruption, though resembling superficially that of small-pox, is essentially different from the eruption of small-pox, as that eruption has hitherto been known to me by observation and by reading, and is essentially different, too, from the eruption of vaccinia. I agree generally with the description of it which Dr. Sanderson has given. I've never yet seen a vesicle. I've never yet seen a pustule. I've never yet seen that destruction of the surface of the skin which in small pox leads to pitting.

It is quite certain that cattle plague has a very much closer resemblance to small-pox than to any other human disease with which we are acquainted; but resemblance and identity are two very different things. I incline decidedly to the belief that the two diseases are distinct, but I am very far indeed from asserting that they are so.

I am, Sir, your obedient servant,

J. S. BRISTOWE, M.D.

Queen-square, Westminster, Jan. 16th, 1866.

\* \* We very much regret that we are unable to publish this week a valuable communication of Dr. Cobbold, the leading authority on helminthology in this country, on the subject of "Spurious Entozoa in Diseased and Healthy Cattle." It arrived too late for insertion in this number, but shall appear next week.—ED. L.

## ON THE TREATMENT OF TROPICAL HEPATITIS.

To the Editor of THE LANCET.

SIR,—Although unwilling to prolong my controversy with Dr. Cameron or to tax the patience of your readers, permit me to offer the following brief summary of the points in dispute.

1. Dr. Cameron, in your pages, urged a return to the practice of exploring the liver in search of a purulent collection, with a view to its discharge through the abdominal parietes by means of an artificial opening.

I objected to this on the ground (a) of my knowledge of the little success that attended the measure in Southern India in the hands of Inspector-General Murray, who revived, if he did not originate the practice, and the medical officers who were induced by him to perform the operation. (b) Because many abscesses in the liver tend naturally to discharge themselves through the lung, or into the stomach or bowels—points of issue which give a much larger proportion of recoveries than an external opening, whether that opening be made by Nature or by the trocar of a surgeon; clearly because in the latter case it is impossible to exclude the free admission of air into the suppurating cavity. (c) Because abscesses in the liver are frequently multiple, and because it is impossible for the most experienced physician to say beforehand whether the case be one of single or multiple abscess. (d) Because in an extensive field of personal experience, ranging over twenty-two years of service in Southern India and the malarious rivers of China, from Canton to Nankin, I had seen only unsatisfactory results follow the practice.

2. Dr. Cameron in a subsequent paper advocated the treatment of acute hepatitis by enormous bleedings, and urged this method of treatment by precept and example even in the cases of men advanced in life, and with constitutions depraved by long residence in a malarious climate and by intemperance. I also understood Dr. Cameron, and so did many others who read his paper, to say that suppurative inflammation of the liver is always ushered in by the acute and well-marked symptoms he described.

Now, I objected (a) that there are two kinds of inflammation—viz., of the parenchyma and of the capsule. That the form which causes the most acute pain, tenderness on pressure, high fever, and suchlike symptoms, is, as a rule, that of the

capsule, "perihepatitis," the capsular or adhesive inflammation of other authors—a form which does not tend to suppuration at all. (b) That in a large number of cases, occurring, I may add, chiefly in malarious localities and in connexion with dysentery, suppuration takes place in a much more silent and insidious manner; and it often happens that the urgent symptoms described by Dr. Cameron begin, not at the commencement, but at the end of the process, when pus previously formed making its way to the surface involves the capsule. The note-books of every physician of large tropical experience must be full of such cases. A late illustrious victim to the climate of India and to the crushing anxieties of public life, within three days of his death declared that he had not a single uneasy sensation in the right hypochondrium, and yet, after his death, the liver was found to be the seat, not of one but several abscesses.

Dr. Cameron assumes, because I say that the enormous bleedings he urges are not based on sound views, that therefore the practice I advocate is that "of waiting to see what will turn up." Your readers will not fail at all events to "see" that this is a mere assertion on Dr. Cameron's part. Those who are familiar with my practice and teaching will take the assertion at its proper value.

I have not the least expectation that anything I can say is at all likely to convince Dr. Cameron; but I ask you to give space to this my last communication on the subject, in order that those who take an interest in this question may learn my opinions from myself, and not through the distorting medium of Dr. Cameron's last letter.

I am, Sir, faithfully yours,

Netley Hospital, Jan. 1866.

W. C. MACLEAN, M.D.

## POOR-LAW MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—Since the last report published in your journal I have received £7 3s. 6d., as the annexed list will show, which has not only placed the Association out of debt, but leaves a small surplus for future proceedings. To this surplus I trust the Poor-law medical officers generally will add their subscriptions, and thus enable the Association to take active proceedings during the ensuing session of Parliament.

There is a question now before the country to which I desire to call the attention of the Poor-law medical officers—viz., "the rinderpest," which, should it be proved to be a malignant form of small-pox, will compel the Government to consider the question of the compulsory vaccination of all calves not to be killed as such, and thus prevent the spread or reappearance of the rinderpest in the United Kingdom. Should such be the case, and the Poor-law medical officers not consider it derogatory to vaccinate these animals in their respective districts, a very material addition might be made to their at present miserable incomes; besides this, it would be the means of keeping up the supply of lymph for the human subject. If, however, they should decline to do this I feel certain that those who are deputed to vaccinate the calf (a much more difficult operation than that in the human subject) will after a time vaccinate the infant, and thus a material reduction instead of an increase may be made in the incomes of the Poor-law medical officers. I throw this out for the consideration of my brethren, that steps may be taken to insure the attainment of this object should they desire it.

R. Griffin, Weymouth, 21s.; H. T. Matthews, Horsham, 21s.; C. F. Lewis, Horsham, 5s.; W. Martin, Horsham, 10s.; R. Harrison, Kendall, 5s.; A. Cheeves, St. Germans, 5s.; H. E. Sargent, Launceston, 5s.; H. B. Gould and W. B. Norman, Portsea Island, 10s.; W. A. Raper, Portsea Island, 5s.; J. Allnutt, Portsea Island, 5s.; J. E. Brine, Shaftesbury, 21s.; T. H. Swaine, 10s.; W. H. R. Bennett, 10s.; J. S. Miles, 10s.

Royal-terrace, Weymouth,  
Jan. 13th, 1866.

I am, Sir, yours, &c.,

RICHARD GRIFFIN.

ASSOCIATION FOR THE IMPROVEMENT OF THE CONDITION OF THE SICK POOR IN THE METROPOLITAN WORKHOUSES.—An association, with the above title, is in process of formation. With a view to the furtherance of this object it is proposed that a public meeting be called early in February. The temporary honorary secretaries for the purpose of organization are—Mr. Ernest Hart, 69, Wimpole-street; Dr. Anstie, 16, Wimpole-street; and Dr. Rogers, 33, Dean-street, Soho. Mr. John S. Storr, 26, King-street, Covent-garden, is treasurer *pro tem.*, with either of whom gentlemen willing to give their aid are requested to communicate.