

able." In another statement, dated in May, Lieut. — is reported to be continually harassed with fever, while "quinine has lost its power." He was then ordered to return to Europe for the recovery of his health, and arrived in England in July, 1850.

Feb. 26th, 1851.—The patient states that ever since his arrival he has resided in the north of England, but that his health has in no way improved; fever, accompanied by a dull heavy pain in both hypochondria, having recurred about the full and change of the moon every month, since July last. There is now pain and some slight fullness of both liver and spleen, with a hard tumid state of the whole abdomen; the bowels are constipated, and the urine generally high-coloured; the pulse is feeble and slow; the surface relaxed, cool, and damp to the touch; the tongue is loaded with a thick white fur. He is much distressed by aguish feelings in cold and damp days. The general condition is anæmic.

On the plan of treatment described in the last case this officer recovered rapidly; and from the time when the bowels were made to act freely, his disposition to fever daily subsided. In a month he returned to the country, greatly improved in health and strength, using only the tonic and brisefuge treatment.

Remarks.—In both the cases just described the tendency to fever disappeared in remarkable coincidence with the subsidence of abdominal congestion, through the use of gentle but persistent evacuants, combined with tonics. That a temperate climate and the absence of malaria, may have materially aided in these results, I entertain no doubt, although in the last recorded very obstinate instance, climate alone proved insufficient; and so it proved also in the case of a gentleman from the south of Spain, whom I lately treated, and who was much distressed by ague, until brought under the influence of the emulgent treatment here described. He had taken enormous quantities of quinine without effect.

Every one has seen intermittents, on the other hand, which resisted the influence of ordinary purgatives, and of every anti-periodic remedy, until mercurial purgatives were exhibited; in other words, until the necessary degree of freedom was given to the abdominal circulation, through powerfully emulgent means. Such instances, however, are exceptional.

That the partial stagnation of the venous and arterial circulation in the liver, spleen, and other abdominal viscera, tends, by the detention of the blood, to unfit it for the purposes of the general circulation, and to dispose also to attacks of intermittent fever, would appear highly probable.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum, et dissectionum historias, tum aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

KING'S COLLEGE HOSPITAL.

Amputations at the Ankle-joint.

(Under the care of Mr. FERGUSSON.)

WE have frequently had opportunities of seeing Mr. Fergusson perform amputations at the ankle-joint, and as it is highly important that the results of such operations should be known, and afford data for judging of the value of Mr. Syme's method, we have collected several cases which have been under Mr. Fergusson's care, and shall briefly give an outline of the same.

It seems clear that the question, when considering this operation, is mainly this: Will a patient (and especially one belonging to the labouring class) be able to walk better and more comfortably upon the stump made by Mr. Syme's operation, than he would if the leg had been taken off three or four inches above the ankle? According to all the facts which have hitherto been recorded, as well as those of which we are going to give some detail, it would appear that the amputation at the ankle-joint yields favourable results, and that the question may be answered in the affirmative.

Surgeons can certainly not be taxed with adopting peculiar modes of operating with precipitation; in the case of amputation at the ankle-joint, for instance, many years passed before the operation got into favour, and it is now merely beginning to be firmly established, whilst Mr. Syme performed it, for the first time, full twenty-two years ago. Without dilating upon the originator's views on the subject, we may just transcribe his conclusions. 1. In the amputation at the ankle-joint, as compared with that below the knee, the risk of life is smaller; 2. A more comfortable stump is afforded; and 3. The limb is more seemly and useful for support and progressive motion. We are indebted for the notes of several of the following cases to Mr. M. A. Edwards.

CASE 1. P. M.—, aged twenty, was admitted Jan. 17, 1849; he had sprained his left ankle fourteen months previously; since then it had been swelled and painful, and matter had formed and discharged by two or three orifices on the outside of the joint. The patient does not complain of much pain; the motions of the ankle are very limited. The actual cautery, issues, blisters, have been applied on the inner side of the articulation, but gave no relief. There is a glandular tumour the size of an egg in the left groin.

In Feb., Mr. Fergusson removed the foot at the ankle-joint, sawing off the malleoli and about one-quarter of an inch of the tibia.

Feb. 10th.—Slight attack of erysipelas, which soon gave way; a few days afterwards, the centre of the posterior flap sloughed, leaving, however, a considerable portion on each side. The wound was covered with granulations.

On March 2nd, Mr. Fergusson removed about an inch and a half of the tibia and fibula. The enlarged gland in the thigh suppurated, and was opened.

On May 18th, the stump was healed, and turned out an excellent one; the wound in the groin was still open, and discharging, and could not be got to heal. The patient left the hospital, May, 23, 1849, about four months after admission, and died of phthisis in the summer of 1850, in the Physician's ward.

CASE 2.—John M.—, aged twenty-one, admitted Feb. 6, 1850; had Chopart's operation performed on his left foot by Mr. Fergusson, Oct. 22, 1848. The tendo Achillis was divided before he left, as it had a tendency to pull the heel up, and stretch the thin integument forming the cicatrix over the ends of the bones. When re-admitted, the heel was much raised, so that the anterior edge of the os calcis sustained the weight of the limb when he put his foot to the ground. This caused such pain that he had never used his leg in walking since he left the hospital.

On Feb. 9th Mr. Fergusson performed Syme's operation at the ankle-joint, cutting the posterior flap shorter than it used formerly to be made. A good deal of constitutional disturbance followed the operation, and about half the posterior flap sloughed; the remains of it and the ends of the bone united by granulation, and the patient was discharged May 1st, 1850, about three months after admission.

On June 26th, 1850, the patient was re-admitted; he had been in good health since leaving the hospital, but the wound at the union of the flaps had never healed perfectly. The anterior edge of the lower end of the tibia was so badly covered, that it threatened to protrude on the slightest pressure; there was much pricking pain in it, which was worse at night; he had not put the stump to the ground since leaving the hospital.

On July 20th Mr. Fergusson cut through the former cicatrix, and, separating the soft parts from the bones, removed portions of the tibia and fibula. The patient went out with a good stump the first week in August, about two months after his re-admission.

This young man has been seen several times since he left the hospital: his stump is very languid, of a bluish-purple, tender, and susceptible of the changes of weather. He wears a long leather boot, and his leg is gradually becoming more useful and less troublesome.

CASE 3.—Amira P.—, aged eleven years, was admitted May 1st, 1850. The patient, about six years previously, struck the shin of her leg against a hard substance; an abscess was the consequence of this injury; and when it had become well, another formed under the right malleolus. This second purulent collection soon extended over the dorsum of the foot, and when opened, continued to discharge copiously. Unconquerable flexion of the leg came on, and no alternative was left but the removal of the foot, the bones of which were in a diseased condition.

On the 4th of May Mr. Fergusson performed amputation at

the ankle-joint, in the same manner as in the preceding cases. The patient progressed very favourably, though some suppuration took place in the sheaths of the tendons. About three weeks after the operation she had an attack of erysipelas, which did not, however, materially interfere with the cicatrization; the stump healed perfectly, and the patient left the hospital seven weeks after the operation, with a very serviceable stump.

CASE 4.—Richard B—, aged thirty, was admitted June 26, 1850; he is single, a smith, and has lived the last ten years in London. Six months previously he sprained his right ankle; the next day it began to swell, and about two months afterwards an abscess formed; this was opened, and soon followed by another, which was also lanced. When admitted, the ankle was swollen, inflamed, and painful; there were two ulcers, one behind and one in front of the inner malleolus. A probe could be passed by these openings into the joint between the tibia and astragalus.

On July 20th Mr. Fergusson removed the foot at the ankle-joint, taking away the articulating ends of the tibia and fibula. For the first week the patient went on well, and the stump, though languid, was granulating and healthy. On the sixth day after the operation, the patient was attacked with symptoms of abscess in the lung; he had difficulty of breathing, and slight pain in the right side; suddenly he began to cough up large quantities of foetid pus, and an abscess formed at the same time on the inner side of the stump, and burrowed up about two inches. Mr. Fergusson opened this, and removed some spicula of bone from the end of the tibia. After this the wound improved, and was covered with healthy granulations; but the coughing up of purulent matter continued, and he died September 4th, five weeks after the operation.

Post-mortem examination.—Lungs: The left was healthy; the right covered by tubercles, and vomicae were scattered through its substance; near the inner side of the lower lobe a large vomica communicated by a small aperture with the pericardium, to which the lung was adherent. The heart was much atrophied; and the pericardium adherent, except on the right side, where a large abscess was situated; the walls were much thickened. Liver: Much enlarged, pale, and fatty. Kidneys: Healthy. Stump: The ends of the tibia and fibula were healthy; a large sinus, three inches and a half long, extended up by the side of the tendo Achillis.

Mr. Fergusson considers that part of the flap invariably sloughs; but that the cases of amputation of the ankle-joint generally turn out favourable, though it is not quite ascertained whether the stumps ultimately form solid resting points. Mr. Fergusson has introduced a modification to the operation, and is now in the habit of running his knife round at the promontory of the heel, and a little higher than usual in front of the foot, for too short a flap has been known to be drawn downwards. The most desirable place for the cicatrix is the front of the joint, and this is easily attainable by the modification which Mr. Fergusson has introduced; the dissection is far from being tedious, and is very easy around the os calcis.

We had purposed referring to a fifth case, now in the hospital, and which, from a variety of circumstances, has not turned out favourably. It was likewise our intention to mention some amputations at the ankle-joint performed at the London Hospital; but the extent of the foregoing reports will prevent this, and we must, for a little while, defer the completion of the subject.

ST. THOMAS'S HOSPITAL.

Epithelial Cancer round the Anal Orifice; Removal; Recovery.

(Under the care of Mr. SIMON.)

WHICH is the most advisable course for the surgeon to pursue, when he has to deal with epithelial cancer? Shall he, under certain circumstances, remove the semi-malignant growth, or the limb where it has sprung up? From the testimony of the best authors, and from what we have seen ourselves in the metropolitan hospitals, we would incline for the severer of the two measures. This opinion is not so much grounded on nice pathological considerations, as on the undoubted fact of speedy reproduction, with which the observer unavoidably meets in his intercourse with patients. Look at the numerous scrotum and lip cases; here the lymphatic glands are almost sure to be secondarily attacked. And as for reproduction on the cicatrix itself, examples are not wanting. (Mr. Fergusson's case, King's College, THE LANCET, Nov. 3, 1849, p. 476; Oct. 12, 1850, p. 421.) Mr. Dixon, at

St. Thomas's Hospital, in a case of epithelial cancer of the dorsum of the hand, removed the forearm at once. (THE LANCET, Nov. 17, 1849, p. 529.)

It will doubtless become more and more the practice to take off the limb, when the disease is fully established; but when such an operation is not feasible, there is of course no means left but to excise the malignant growth, and to run the chance of recurrence. One point it would be of some importance to settle—viz., whether a perfectly benign tumour may, or may not, assume, by irritation or otherwise, a malignant degeneration? The affirmative is generally maintained; and it is considered that originally simple follicular tumours may take on a cancerous character. But some surgeons find it difficult to adhere to this proposition, as they think that for a malignant *growth* there must be a malignant *germ*.

However this may be, it must be acknowledged that numerous cases come before the practitioner, in which it is evident that, *ceteris paribus*, a considerable amount of irritation has for a long time taken place, as is well known to happen in scrotal cancer. That a peculiar germ is sometimes generated, and that this germ may for a long period lay dormant, is shown by the fact, (of which we lately saw an instance at St. Bartholomew's Hospital,) that cancer of the scrotum may spring up in a chimney-sweeper some twenty years after he has discontinued to carry on his trade.

In the case which we have now to relate, the epithelial cancer sprang up in a locality where it is, according to some accounts, seldom seen; but the occurrence of cancer in such a region is quite in accordance with the fact that growths of that kind are prone to appear in the vicinity of some of the orifices of natural canals, as the penis, pudendum, lip, &c.—localities which are abundantly supplied with follicles. The part affected was actually subjected to a great deal of irritation from riding on horseback, and, possibly, want of cleanliness; but these two circumstances are certainly not rare, and cancer of the anus is not very frequently met with, so that it might be legitimately inferred that in this patient there must have existed a *predisposing* cause, which it is the duty of our modern pathologists sedulously to inquire into. It is likewise clear that there must be, as Dr. Walshe mentions, great confusion between cancer of the *rectum*, and the same disease springing up in the anus. From the notes of Mr. Colby we gather the following details:—

Benjamin M—, aged thirty-eight, coachman, married, was admitted into Abraham's ward, December 10, 1850, under the care of Mr. Simon, with a cancerous growth round the anus. He states that twenty years ago he first noticed a small moveable tumour, about the size of a bean, in the above situation, which has increased slowly in size ever since. The patient was then led to believe that he suffered from piles, and was treated accordingly. About a twelvemonth ago, after hard riding, this tumour became larger, more painful and sore, and after a time it burst, discharging blood sometimes very freely. All the inconvenience was, however, laid to the score of piles, and the patient did nothing to relieve these symptoms until about one month before admission, when he showed it to a surgeon, who advised immediate application to the hospital.

Since the breaking of the tumour, its increase in size had been more rapid, and on examination, a large, hardened, and elevated sore, with everted edges, about four inches and a half long, and three inches and a half broad, was seen, situated chiefly on the left side of the anus. It lay close to the median line, even overstepping it, and extending over the os coccyx behind, and the perinæum in front. There was no extension of the disease to the rectum, and the motions passed quite freely; the mass was perfectly moveable, and did not appear to extend deeply, being perfectly isolated from surrounding textures.

On the 14th of December, the bowels having been previously acted on by castor oil, Mr. Simon completely removed the diseased mass. The patient had chloroform in considerable quantity, and this agent induced perfect anæsthesia; the incision included the skin of the anus, as well as a considerable portion of the external sphincter, and the gap that remained after the incision was truly awful. Mr. Simon, however, brought together the divided edges of the rectum, and the skin, so as to form a new anal orifice, and the whole of the parts were, without much difficulty, placed into good apposition. The hæmorrhage was rather abundant, and the loss of blood, combined with the effects of the chloroform, produced such faintness as needed the administration of wine and cold affusion.

Hæmorrhage in operations about the anus is sometimes alarming; a very short time ago we saw a patient who was with difficulty saved by stimulants of the most potent kind,