ventricle is necessary to drive an equal volume of blood in the same time through the smaller orifice of the aorta.

Dr. Black speaks repeatedly of the weakness of the right heart. It is, of course, absolutely weaker than the left; but, relatively to the work which each heart has to perform, the two hearts are of equal strength. If they were not, they could not work so harmoniously together, as they often do, for fourscore years and upwards. I think that I have now adduced sufficient reason for my belief that Dr. Black's "explanation of the heart's thin pulmonary chamber" is untenable, and his theory of asphyxia inconsistent with unquestionable facts.

ON A CASE OF LARGE OSSEOUS TUMOUR, REMOVED SUCCESSFULLY, WITH ANTISEPTIC PRECAUTIONS, FROM UNDER THE LIGAMENTUM PATELLÆ.

By THOMAS ANNANDALE, F.R.S.E.,

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THE following case seems to me well worthy of a special report, for two reasons: first, from its great rarity; and, second, as an illustration of the value of antiseptic treatment in operations on or near important joints.

D. D., aged 62, was admitted into my wards on the 19th September last. Three years before his admission, he observed a small swelling at the lower part of the anterior aspect of his right knee-joint, and since then this swelling steadily increased in size, and, from its bulk, lately became troublesome, and interfered with the proper movements of the joint.

An examination determined the existence of a tumour on the anterior aspect of the joint: it was of the size of two closed fists, was hard to the touch, and was circumscribed and free on all sides except at its base, which appeared to have a firm attachment to the head of the tibia. The tumour, when grasped, felt quite fixed to the bone when the

knee was flexed; but as, in the extended position of the joint, it admitted some lateral movement, it was evident that no real connection to the bone existed. The patella was displaced upwards and inwards, and could be felt immediately above the tumour. The movements of the joint were limited, especially that of flexion. Fig. 1 is taken from a cast of the knee and tumour, and well illustrates the appearance of the parts before the operation.

On September 22nd, I exposed the anterior aspect of the tumour by a free incision carried along its outer aspect, and a second transverse and smaller one in a direction inwards across the front of the knee. The first incision was made down to the

Fig. 1.

tumour, in a direction parallel and external to the ligamentum patellæ and patella. The second one was superficial, and only divided the skin and cellular tissue. The object of these incisions was to thoroughly expose the tumour, and, at the same time, avoid as much as possible injury to the synovial membrane of the joint and to the ligament of the patella. When the tumour was brought into view, it was found that the ligament of the patella was stretched quite it, and ran along a groove on its superficial aspect. The tumour had apparently originated in the bursa under the ligament, and the connection of this ligament to the tumour explained its fixed condition, which simulated an osseous attachment. By careful dissection, I succeeded in removing the tumour without injury to the ligament; and, although a large surface of syno-

vial membrane was exposed, the cavity of the joint was not opened into.

The operation was performed under the carbolic spray, and the wound was dressed with the usual precautions. Not the slightest local or constitutional irritation followed the operation, and the patient was dismissed on October 29th, the wound being soundly healed, and the joint and limb perfectly movable and natural in every respect.

Fig. 2 illustrates a sectional view of the tumour, which was composed

Fig. 2.

of cancellated osseous structure, with here and there portions of cartilaginous tissue. The tumour was surrounded by a strong fibrous capsule.

REMARKS.—From the history and situation of this tumour, I am inclined to think that it originated in connection with the bursa under the ligamentum patellæ. Fibrous enlargements of this bursa have been recorded, but the occurrence of an osseous growth in this situation is not referred to in recent works on surgery. The tumour had no attachment to, or connection with, any bone; and it may, therefore, be classed under those isolated osseous growths sometimes met with in the areolar and other textures, and of which Paget (*Lectures on Surgical Pathology*, 3rd edition) remarks, that they "are interesting for little more than their rarity".

The successful result obtained in this case, and the perfect recovery of the patient with a completely movable joint, must be attributed, in my opinion, to the employment of antiseptic precautions. By no other means do I think that so free an exposure of the synovial membrane could have been made without the slightest irritation resulting.

ALEPPO BOIL OR "BISKRA BOUTON".

By GEORGE THIN, M.D.

THE Aleppo boil—*mal* of Aleppo—was discovered by Richard Pococke, an English traveller, in 1745, and formally introduced into medical science as an independent malady by Dr. Alexander Russell in 1756. The credit of the discovery belongs, therefore, to England. But Aleppo has no monopoly of the disease, which, we are told, is also endemic in Cairo, Alexandria, Bagdad, Candia, Cyprus, and as far westwards as Biskra, an Algerian station in the Sahara. Such is the terror excited by this perennial plague, that Turkish officials and soldiers who are sent to Aleppo receive double pay as compensation for the risk they incur by being exposed to its attack.

The two observers who have most recently made inquiries regarding its nature have arrived at contradictory conclusions. Whilst Dr. Van-dyke Carter supports the theory which regards it as a specific malady, Dr. Geber regards the whole thing as resting on mistaken diagnosis, maintaining that there is not, and never has been, any such disease, and that the host of observers, from Dr. Russell downwards, have failed to recognise the cases of syphilis, lupus, scrofula, chronic eczema, and badly treated dermatitis, which passed as "bouton". Dr. Geber's

paper, which is in the Vienna *Archiv für Dermatologie und Syphilis*, 1874, Viertes Heft, should be read in connection with a report on the subject which will, I understand, be shortly published by the India Office; and, as it is too long to abstract satisfactorily, I am desirous of calling the attention of those interested in the question to the original memoir. It contains, amongst other valuable matter, a detailed description of some of the cases which he observed. He has selected for this purpose seven cases of syphilis, four of lupus, two of destructive scrofulous disease, two of eczema, one of furuncle, one of dermatitis, and one of chronic ulcer of the leg. It is such cases that are believed by the inhabitants and medical men of Aleppo to be examples of Aleppo evil, yet Dr. Geber's description (all question of authority apart) can, I think, leave no doubt in the minds of those familiar with skin-diseases as to the accuracy of his diagnosis. Dr. Geber has, by his intelligent scepticism, dealt a blow to this gigantic bugbear, from which it will probably never recover.

The tyranny of ideas in medicine has been seldom better illustrated than in the power which Russell's description exercised over all subsequent observers. How near the truth they were may be seen from their descriptions. Jilt, for example, remarks that "the discharge from the abscesses smells badly, and the patients are scrofulous". Dr. Bertherand went so far as to designate the Biskra "bouton" the "chancre of the Sahara". Villemin mentions that the "boutons on the feet are sometimes multiple, simulating syphilitic ulcers, and that the diagnosis is sometimes difficult". Of another class of cases, that "they have entirely the appearance of lupus". The multiplicity of diseases described as "bouton" or "evil" has produced great divergence among authors, those who based their description on syphilitic appearances naturally finding inaccuracies in the descriptions of those who were unconsciously describing lupus or scrofula. But, however much they differed regarding the nature and appearances of the bouton, they never doubted its existence as a distinct and independent disease.

Equally valuable with Dr. Geber's observations are Dr. Vanduyke Carter's instructive drawings, which were shown by Dr. Tilbury Fox at the recent meeting of the Royal Medical and Chirurgical Society. They constitute a kind of evidence which is independent of explanation or history, and, on the interpretation given to them, will to some extent depend the acceptance or rejection of Aleppo and Biskra bouton. Dr. Geber would, I feel sure, welcome them as a valuable supplement to his paper.

The question has enormous practical importance. The common opinion in the Levant is, that the boil should not be interfered with. The misery this leads to may be imagined when we are told that, for example, amongst 130 children present in a Maronite school which Dr. Geber happened to visit, 24 were found to be suffering from lupus, and 10 from ulcerating syphilitic disease, and that severe skin-diseases of all kinds prevail with a frequency unexampled in any European, and perhaps in any other country.

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CONCERNING THE CLIMATE OF TORQUAY.

By SPENCER THOMSON, M.D., Ashton, Torquay.

IN the BRITISH MEDICAL JOURNAL for January 29th is published the concluding part of the Lecture II, by Dr. C. Theodore Williams, containing elaborate statistical details, and deductions therefrom, respecting the "Influence of Climate upon the Treatment of Pulmonary Consumption". The details are based upon records derived from two hundred and forty-three patients; a small number, assuredly, upon which to found and promulgate opinions which may greatly affect the welfare of individuals, and might, with a few people, affect the reputation of some of our best established health-resorts. The fallacies of statistics are sufficiently notorious, even when they are drawn from widely extended sources; but many will be surprised at the want of caution, not to use a stronger word, which has permitted Dr. Williams to put forth as trustworthy results so insufficiently based.

Ventnor and Bournemouth can doubtless take care of themselves if they are disposed to contest the position assigned them. Hastings, one of our best and longest established winter watering-places, has not been quite so prominent of late years; but it seems that now it is to come again to the front, in virtue of its "gusty" and bracing climate, albeit that, although the late Sir James Clark recommends its *sheltered positions* for those who wish to pass the cold season there, he nevertheless condemns those positions for any who suffer from "irritated conditions of the digestive organs". Such irritant conditions, which prevail with a considerable percentage of phthisical patients, and which are more productive of diarrhoea in a persistent form than temporary biliary de-

rangements, Dr. Williams completely ignores, and proceeds to tell us that the "mild still climate" of South Devon, and of Torquay specially, is less adapted for consumptives than the gusty coasts of Sussex and Hampshire; giving us the graduated scale of Hastings, Ventnor and Bournemouth, and Torquay—a distinction perhaps as arbitrary as it is fallacious. Dr. Williams gives Torquay full credit for a climate *averaging five degrees warmer than Hastings*, and much more equable, for a dry and porous subsoil, so important an element in the prevention and amelioration of phthisis, for sanitary arrangements, and health surroundings, as good as if not better than those of our neighbours; but, after all this, comes "the fly in the ointment". A certain number out of the two hundred and forty-three patients distributed throughout the health-resorts of Britain, and not in one winter only, having selected or been sent to Torquay, are said to have become worse, because of losing appetite, being affected by diarrhoea, and being forced to abandon their cod-liver oil; statements against which, in their general applicability, every physician in the place, whether engaged in private practice or connected with public institutions, as well as every chemist, could bear testimony; just as other records bear testimony to the fact that "gusty" climates favour rather than check the development of lung-disease.

On such a slender basis, Dr. Williams condemns the health-resort which has been so long *facile princeps*—which, in three quarters of a century, has risen from a few fishermen's cottages to a wide extended town of five-and-twenty thousand inhabitants, simply because it was a health-resort of unrivalled advantages, and one, moreover, to which the first Dr. Williams was for years glad to send his patients, without discovering its malific influences upon their livers. As regards a large proportion of patients coming to Torquay, one of the first effects is a considerable increase of appetite and gain of weight; and as regards the power of taking cod-liver oil, there is, I believe, no difficulty beyond that which is met with everywhere in a certain number of patients. Biliary disorder may, perhaps, sometimes be accounted for by the fact that many persons coming to Devonshire think they ought to add Devonshire cream to their dietary; just as, within the last week, I found a patient who had become bilious from, without advice, substituting for his morning cup of new milk a cup of cream. With respect to diarrhoea, five-and-twenty years' practice in the midland counties, and nearly nine years in Torquay, have not proved to me that the disease, whether connected with phthisis or not, is more prevalent here than elsewhere. Moreover, I have just gone carefully through the death-register for Torquay and its neighbourhood from the beginning of April 1875—the only register immediately available—and I find that in the ten months, with exception of infants, the only death recorded from diarrhoea is that of a woman eighty-eight years of age. Surely in a locality so likely, according to Dr. Williams, to give rise to liver-disorder and diarrhoea in consumptives, we might expect to find some traces amid the population generally, even in a place, too, which for 1875 had a death-rate of only 16 per 1,000, including many invalids, who, coming too late, came only to die. No medical man would deny that many of these invalids must, as a regular coincident with the last stage of phthisis, have suffered from diarrhoea; but that is a totally different matter from the biliary derangement and diarrhoea upon which Dr. Williams puts such stress.

The question simply resolves itself into this: that whilst, according to Sir James Clark and others, some forms of phthisis and its accompanying derangements do badly at Hastings, they do well at Torquay, and, no doubt, *vice versa*; that the mild and soft climate of South Devon is more beneficial to many than the gusty and bracing surroundings of Hastings. Each place has its advantages suited to varied cases and constitutions; and it is these which it behoves the skilled physician to distinguish when he issues the dictum which may be life or death to a trusting patient. Confident deductions from insufficient data cannot be adopted when such momentous issues are at stake; and it will require far more extended observation and much wider knowledge before people generally, and medical men specially, are prepared to accept unquestioned Dr. Williams's opinions, or to ignore the fact that the rapid increase of population in Torquay is mainly owing to people remaining as permanent inhabitants who first came as temporary winter visitors, and who, spite of their prolonged residence, still retain the integrity of their hepatic functions. In his third lecture, Dr. Williams quotes the motto "*Fiat justitia*"; but he has to remember that he has to have his "*justitia*" admitted before he issues his "*fiat*".

THE Local Government Board, in reply to the Drogheda Guardians, state that it is not one of the prescribed duties of the sanitary medical officer to attend at petty sessions to prosecute in sanitary cases, and that the magistrates may, therefore, order him costs.