of iodine into the peritoneum (March 20, 1840), and since that time it has been frequently advocated. The following are the most important conclusions deduced by M. Henri Gintrac, from his experience.

1st, "The injection of the tincture of iodine into the peritoneum for the treatment of ascites, is generally free from danger.

2d, "The dose of the tincture may vary from thirty to eighty grammes, added to a hundred grammes of distilled water, and two or four grammes of the iodide of potassium.

3d, "This remedy produces in certain cases the radical cure of the ascites.

4th, "It is especially indicated in idiopathic ascites, whether active or passive. It may succeed in dropsy, coincident with simple enlargement of the liver or spleen; with tumours of the abdomen of small size, indolent, not degenerating, and for some time arrested in development.

5th, "It is contraindicated in organic affections of the lungs, of the heart and bloodvessels, of the alimentary canal, kidneys, and uterus; in short, in any case where a serious lesion of any of the viscera exists. It is also not to be employed when the liquid in the peritoneum contains a certain quantity of blood or pus.

6th, "It may act in two ways:—1. By producing adhesive inflammation, that is to say, an inflammation promoting the formation of false membranes, and adhesion of the intestines to the abdominal parietes. 2. By producing a special modification in the vitality of the serous membrane, in virtue of which the proper equilibrium between exhalation and absorption is re-established."

When we consider the admirable effects produced by the tincture of iodine on other less important serous cavities, such as the tunica vaginalis, cysts in the thyroid gland and ovaries, and cystic tumours beyond the reach of the knife, we are led to expect good results to ensue from the adoption of iodine injections in ascites. At the same time we must recollect that foreign bodies cannot be brought in contact with the peritoneum, without occasionally producing the most alarming consequences; therefore it can only be after all other less severe remedies have failed, that we may consider ourselves justified in adopting the treatment recommended in M. Gintrac's memoir. With this reservation, we hold the conclusions arrived at by that gentleman to be sound and judicious.

Case of very extensive Fistula successfully treated by a New Method.

By HORATIO G. JAMESON senior, M.D., formerly of Baltimore, now of Philadelphia.—(*American Journal of the Medical Sciences*, July 1854.)

It is generally expected, that where isolated cases are published in medical journals, they are intended to illustrate either some rare form of disease, or some peculiarity in the treatment. In the present instance, we presume the object of the narrator is to hold up to condemnation the previous treatment to which his unfortunate patient was subjected, and to bring prominently to notice the efficacy of the remedial measures subsequently adopted by himself. As regards the first indication, Dr Jameson has succeeded admirably, the vagueness of his description of the whereabouts of the fistula adding considerably to its horrors:—"A gentleman of Princes' County, Maryland, was afflicted with a fistulous opening, which had been discharging freely for some years. Surgeon G. S. Pattison was sent for, and attempted to cure the case by laying open the sinus freely. An incision was made about thirteen inches in length, and four in depth, where it passed through the gluteal muscles. Some arteries were tied, and the wound dressed by putting in what sponges had

been thought necessary for the purpose; but such was the extent of the wound, that *six napkins* were added to the sponges to fill it."

Next morning hemorrhage occurred to an alarming extent, more arteries were tied, the patient continuing pulseless, or nearly so, for twenty-four hours, though freely plied with wine, brandy, and other stimulants. "His life, it was supposed, was, so to speak, for several hours suspended on a hair. Judging from the cicatrix, I have never seen a wound of such extent, either from casualty or the surgeon's knife, but was forcibly reminded of the bold and successful operation by John Bell for tying a wounded artery at the ischiatic notch."

The difference in the two operations appears to be, that while John Bell's was instituted for the purpose of securing, Dr Pattison's was apparently perpetrated for the purpose of wounding, an artery in the ischiatic notch.

The gentleman (*mirabile dictu*!) recovered from the operation after some weeks, but with no improvement on the fistula. He then put himself under the care of Dr Jameson.

We now come to the successful treatment of the fistula by the so-called new method, viz., the introduction of a seton, composed, in the first instance, of shot strung upon thread, afterwards of gold wire. "By examination of the rectum, I soon found a sensible depression at a point directly opposite to the upper end of the sinus outside. It was firm and glassy to the touch, and would have held about the half of a musket ball. In this depository a passage had been formed for the matter to escape to the thigh." "I hoped that if I could by any means abrade the surface and excite a low degree of inflammation, I might hope to cure. But here is a sinus ten or eleven inches in length, turning off nearly at a right angle, deep down among firm parts, and having to rise somewhat up into the pelvis. With a view of fulfilling these indications, I procured a steel probe of spring temper, of the proper length, and furnished with a button point, and an eye at the other end for carrying a thread; from the point it was gradually tapering, so that it would bend most easily for the space of more than an inch; this probe was armed with a strong flax thread." "It may seem strange to say that I spent nearly an hour in accomplishing my purpose; eventually the probe entered the rectum, and now all was safe. A strong thread being tied to the eye of the probe, the latter was drawn out at the rectum, and the thread drawn through the sinus and rectum. A strong thread was now armed with small shot—the way boys put sinkers on their fishing-lines; the thread was strung with shot at the distance of three-fourths of an inch. The reader is no doubt aware that these shot being all opened to receive the line, and then closed in again so as to fasten the line, become very rough."

Wherein consists the novelty of this method we are at a loss to conceive, as we have long laboured under the impression that the passage of setons through fistulæ had been among the earliest remedies suggested and employed, but which had been very properly entirely laid aside in modern practice, and the judicious employment of the knife substituted.

That our readers may judge for themselves, we transcribe the concluding passage of this eventful history:—

"Perceiving that the shot, after some weeks, were becoming tighter in the sinus, and the gentleman being anxious to go home, I provided a gold wire, which being attached to the shotted line, was drawn in as the other was drawn out. In a few months there was a perfect cure, without any confinement or suffering, and without any remedy save the wire, which being of gold there was no fear of its rusting or breaking; and the

two ends being tied on the thigh at the lower end of the sinus, the patient could attend to his ordinary business without hindrance."

We have noticed this case, not so much from its intrinsic value, as to point out what appears to us errors in treatment committed by both practitioners. We must premise, however, that owing to the vagueness of the details it is difficult even to guess the true nature of the affection; but, after mature deliberation, we have come to the conclusion that it was a fistula *in ano*, having an unusually long external orifice.

The first surgeon evidently endeavoured to follow out what used to be considered the rule for practice, viz., dilating the sinus between the external orifice and the gut throughout its whole extent,—in this instance an unwarrantably severe and dangerous procedure; while again Dr Jameson, in order to avoid the dangers encountered by his predecessor, had recourse to an antiquated and very dilatory mode of treatment. It has been shown to demonstration, more especially by Professor Syme, that in every form of fistula *in ano*, however numerous and extensive the sinuses may be, the internal orifice will always be found immediately above the sphincter, and all that is necessary for a radical cure is to cut through the septum between the internal opening and the sinus, so as completely to divide the muscle. Had this comparatively slight operation been performed in the first instance, we have no doubt Dr Jameson's ammunition would not have been entrenched on, nor would a gold wire fence, encircling the gluteal regions, have been deemed necessary.

Successful case of Excision of the Knee-joint. By CHARLES COTTON, M.D., F.R.C.S., Senior Surgeon to the West Norfolk and Lynn Hospital.—(*Provincial Journal*, August 4, 1854.)

We draw the attention of our readers to the details of this case for the purpose of warning them against being led by the report of its successful termination to imitate the practice recorded.

Excision of the knee-joint has of late been brought prominently before the notice of the profession; and while its merits are still *sub judice*, we know of nothing more likely to damage the due appreciation of the operation than the publication of Dr Cotton's case, notwithstanding its successful termination. It has been laid down as a primary and indispensable indication by the warmest promoters of excision of the knee-joint, that complete ankylosis must be attempted to be established. Any degree of motion of the knee combined with a useful limb for locomotion is held to be impracticable, and accordingly perfect rest, and the most accurate adaptation of the ends of the bones, have been imperatively enjoined; moreover, apparatus for the proper ensuring of these indications has been carefully described.

These rules appear to have been set at nought by Dr Cotton, as the following extracts will show. The operation was performed October 5, 1853. On December 26, "He was directed not to amuse himself so frequently with flexing the knee upon the splint, to which habit attention had been directed."—"February 1. A constantly sitting posture seemed to cause a tendency to throw the end of the femur forwards."

On March 9, 1854, he was dismissed cured, and on July 26 the following is the report:—"He walks firmly, and with tolerable speed, though with a stooping gait." . . "There exists considerable power of flexion at the knee." . . "The limb is equally developed with its fellow, and he is able to project it forwards or backwards with ease."

We are much afraid that medical men, who have never witnessed the operation, and who read the details of this case, may be prevailed on to go and do likewise; and though we do not deny the statement by Dr