

small abscess having formed and caused the trouble.

In 16 cases the fistula was operated on by means of the knife, in 43 with the thermo-cautery. Of the 16 operated on with the knife 11 had normal internal organs, 3 had symptoms of pulmonary tuberculosis, and 2 had hereditary tendency. Of the 11 with healthy organs 80 per cent. were completely cured. 1 died (of tabes?), and one was not completely cured. Of the three phthisics 1 died of sepsis, 1 was not cured, 1 lost sight of. Of the 2 with hereditary tendency 1 was not cured, 1 lost sight of.

Of the 30 cases with healthy organs treated with the thermo-cautery 4 were lost sight of, 22 were completely cured (85 per cent.), 3 not completely cured, 1 died (presumably of phthisis). Of the 5 with hereditary tendency 2 were completely cured, 2 died of phthisis (whether fistula was cured or not is not known), and 1 died, with questionable diagnosis. Of the 7 with phthisis treated with the thermo-cautery 2 were lost sight of, 1 completely cured, 2 not cured, 2 died of phthisis, uncured.

Greffrath concludes thus :—

1. The eschar made by the thermo-cautery protects the wounded surface better from infecting material from the first day, and with care the patient may go to stool on the first or second day after the operation.

2. The operation can be done in a few moments without hæmorrhage of any importance.

3. Better granulations are obtainable from the thermo-cautery than after the use of the knife.

4. The eschar of the cautery makes the immediate adhesion of the wounded surfaces impossible.

After the use of the thermo-cautery antiseptics can be carried out more efficiently, and Greffrath recommends iodoform as an excellent antiseptic in these cases. At the conclusion of the operation the whole wound is disinfected with a 5 per cent. solution of chloride of zinc, and then iodoform is applied.

Greffrath's cases and results lead him to consider the question of operating on rectal fistulæ in phthisical patients. He concludes that :—

1. There is a causal nexus between tuberculosis and rectal fistulæ, but tuberculosis does not contraindicate operation on the fistula.

Fistulæ form in diabetics on account of inflammation of the cellular tissue, and patients suffering

from rectal fistulæ should have their urine examined for sugar.—*Deutsche Zeitschrift für Chirurgie*, Bd. 26, Hft. 1 and 2.

MEDICINE.

Notes on the Past and Present Mortality and Treatment of Pneumonia.

We have before us, in pamphlet form, a paper on the above subject by Henry Hartshorne, M.D., read before the College of Physicians of Philadelphia, February 1st, 1888.

The paper is a lengthy one, and comprises careful and extended compilations from the most reliable sources, showing the percentage of deaths from pneumonia, within a stated period, when blood-letting was in full sway, and for a similar period under the present system of treatment. These statistics go to show that better results were obtained by the *old* rather than the *new* "working theories" of practice in acute inflammatory diseases.

We give our readers Dr. Hartshorne's own abstract of the paper which appears in the April number of the *Medical News* :

"Observation and experience, beginning more than forty years ago, along with such attention as has been within my power to current medical literature, have made me acquainted with a process or transition going on in medical practice, especially in regard to the treatment of acute inflammatory affections, of which pneumonia may be considered as a type. Between 1845 and 1855, the accepted treatment of pneumonia was what was then called moderately antiphlogistic; including early and moderate abstraction of blood in patients of good strength and not over middle age, early purgation with some active cathartic medicine, and then the use of agents, chiefly mineral salts, to promote and maintain the action of the skin, kidneys, and bowels; very little use of opium being made, unless at a late stage, and quinine being reserved for that period as a tonic; alcoholic stimulation being resorted to only in cases of exceptional prostration, as in aged patients, or in those of enfeebled constitution, or when a severe and prolonged attack brought on decided exhaustion.

Under this treatment, in private practice, patients with uncomplicated pneumonia and pleuro-pneumonia very generally recovered; and in hospitals