

process of ulceration as effectually destroys that process as that of mortification does. There is, however, this difference, that in the latter the poison is expelled altogether from the system; in the former it is, in part at least, carried along the absorbent vessels. In these vessels we find it retaining its poisonous qualities until it enters a lymphatic gland. Here a power is manifested which prevents its introduction into the system—a power which, as I have conceived, bears some analogy to that which is evinced by the stomach in the conversion or rejection of poisonous substances. The difference in the nature of the fluid in the lymphatic vessels before and after it has passed the inguinal glands is analogous to the difference in the qualities of the Woorara poison before and after it has undergone digestion in the stomach and the lacteals. In both cases do the fluid contents of the lymphatic vessels undergo a change in the glands fitting them to become a part of the circulating fluid; in both cases are poisonous matters sometimes converted or assimilated, and sometimes rejected; by vomiting in the case of the stomach, by suppuration in the case of the lymphatics.

In looking over my notes of cases which have presented themselves at this hospital within the last year or two, I have collected together and arranged in a tabular form forty-nine consecutive cases of suppurating bubo. Of these, five only are recorded as having been accompanied by any secondary affection during the period that they remained under observation. In one of these five, there was a distinct history of previous disease, both primary and secondary. In another, the cervical glands were enlarged, and the suppuration in the groin may, therefore, probably have been of a strumous character. In two cases, the secondary eruption was tubercular; an affection most obstinate in the nature, and most liable to recur after having once disappeared, and comparatively seldom occurring as the first symptom of cutaneous disease. These, then, I regard in all probability like the first of the five cases, as the result of some previous syphilitic infection. This analysis would thus leave only one case out of forty-nine in which a suppurating bubo was apparently even followed by secondary symptoms. In this exceptional case, the secondary eruption appeared a month after the occurrence of the bubo, and may, like the others, have depended upon previous disease.

On the other hand, I have collected and tabulated in the same way thirty-one consecutive cases of secondary syphilitic eruption. In one only of these cases does the history afford any mention of a suppurating bubo, and in that one case the history is not satisfactory upon the point. Had the notes of cases of other years been collected and tabulated in the same way I do not doubt that they would have afforded similar results. Such facts appear to establish indisputably the proposition that the chances of the infection of the system in cases of syphilis are inversely in proportion to the degree of irritation and inflammation of the absorbent vessels leading from the primary seat of disease. As this doctrine may probably appear to many to be contrary to the opinions usually entertained, I have thought it well for the satisfaction of others to collect some independent evidence on the point; and for this purpose I have used the register of the Lock Hospital, which is kept by the house surgeons as they successively come into office. I find here recorded eighty consecutive cases of suppurating bubo. Of these, eleven are recorded as having had some other syphilitic affection besides the strictly primary disease during the time that they remained under observation. In four of these cases, this affection consisted in condylomata alone. In four of a tubercular eruption, and in three of psoriasis. It is to be remarked that here there is an entire absence of any mention of the presence of lichen, or lepra, affections of the most common occurrence as first presenting themselves after infecting syphilitic sores. The condylomata, especially when they occur in female patients, are of such doubtful origin that they cannot be received as affording any evidence of the affection of the general system, at least as a consequence of the primary affections with which they are associated. Omitting, therefore, the cases in which they

have been mentioned as occurring without any other symptom of constitutional disease, we have seventy-six consecutive cases of suppurating bubo from all causes, and in these mention is made of secondary affections in seven only.

The presence of secondary symptoms in this small proportion of cases may with justice be attributed to the recurrence of previous disease, and not to the primary affection which caused the suppurating bubo. This view is materially supported by the kind of eruption observed. In four out of the seven instances the eruption was tubercular, agreeing in this respect with the results obtained from my own case books. The facts presented in both collections of cases, therefore, point to the conclusion that in the comparatively rare instances in which secondary syphilis is found in conjunction with a suppurating bubo, that it depends upon the system having been infected previous to the disease which has given rise to that suppuration. The strongest proof, however, to my own mind of the truth of this doctrine, so full of practical value, is, that having directed my attention to the subject for a considerable time and having called the attention of the pupils to it both here and at King's College Hospital, I have not been able hitherto to find a single case in which a primary sore had clearly given rise to a suppurating bubo, and, at the same time, to constitutional syphilis. From observing, therefore, that where the absorbent vessels are most affected there is the least chance of any constitutional disease, I cannot avoid the conclusion that the absorbent vessels are not the means by which the syphilitic virus usually enters the system.

A CASE OF PARTIAL OVARIOTOMY: SURVIVAL OF THE PATIENT DURING FOUR MONTHS.

By JOHN CROUCH, F.R.C.S.

[The article, of which the above is the title, appeared in our first edition.]

NEWS AND TOPICS OF THE DAY.

NEW LUNATIC ASYLUM FOR BRISTOL. A meeting of the Bristol Town Council was held on 10th January, relative to the erection of a new lunatic asylum for the city and county. Lord Palmerston, the Secretary of State for the Home Department, has sent to the authorities an order, under the provisions of the 16th and 17th of Victoria, c. 100, for the erection of such an asylum, the Commissioners of Lunacy having reported to him that the lunatic asylum at present in existence is wholly inadequate for the wants of the city and district for which it is assigned; and his Lordship therefore directs that a new one shall be built. The estimates laid before the Town Council, show that the sum requisite to carry this resolution into effect will be about £45,000. A lengthened debate on the subject took place, and eventually it was determined to adjourn for a fortnight. In the mean time, the order of Lord Palmerston for the erection of the asylum is to be printed and circulated.

THE VACCINATION ACT. Early in the approaching session of Parliament, Lord Lyttelton intends to introduce a Bill to amend the Act of last session.

MURDEROUS ASSAULT ON DR. LOGAN. A serious assault was lately committed on Dr. William Logan, a practitioner at Milngavie, N. B., and formerly in Balfour. He was on duty betwixt the hours of eleven and twelve, and, while returning home on foot, was assaulted by a desperate ruffian, who seized him by the throat; resistance was made, and the parties went down. The doctor's hat went off; but, after finding it, he retired from his assailant. He had not gone far, when he found that he was stabbed in the groin; he called at the first farm-house, where he remains seriously ill, under Professor Lawrie of Glasgow. The ruffian has been lodged in prison.