

it was found that the stone was of large size and filling the whole viscus. A suprapubic lithotomy was done and three stones were removed. The weight of these is 4 drams 40 grains and the laboratory report shows that they are phosphatic with a uric acid nucleus. The naked-eye appearance of these stones is the same as those of the 12 stones previously removed.

The usual practice in this hospital for stone is litholapaxy, as it is the mother institution for litholapaxy in children ever since the time of Col. D. F. Keegon, and all stone cases are operated on by this method except those where clear indications for lithotomy exist.

In both these cases suprapubic lithotomy was done.

The cases are of interest as the incidence in one case is in a very old man aged 60 years and in the other a child aged 18 months.

A CASE OF GRANULOMA INGUINALE

By J. N. GHOSAL, L.M.S.

Basirhat

Previous history.—M., aged 30, noticed a bubo on his left groin and within 4 or 5 days a superficial small broken pimple on the corona of his penis, in August 1930. A local doctor administered antisyphilitic treatment and opened the bubo after three weeks. No pus was detected in the bubo and the wound began to spread on all sides. Multiple nodules and pimples also appeared on his penis, pubis and scrotum and these turned into sloughing ulcers. He took mercurial fumigation and various remedies but the ulcers proved intractable.

The writer saw him first in February 1931. He presented one continuous sloughing ulcer from the pubes to the anterior superior spine of the ilium, extending down between the thigh and the scrotum to within an inch of the anus, besides multiple ulcers on the body of the penis and scrotum. All the ulcers had raised, puckered and everted edges and the bases were covered with a tough whitish slough from which there was a continuous oozing of offensive discharge. The writer gave him a course of tartar emetic injections and the ulcers were dressed with bismuth-acriflavine paste. As no improvement was noticed within three weeks, the writer removed all the sloughs from the ulcers, under chloroform, after which they looked exceptionally clean and healthy. There was no involvement of the glands or even the tissues underneath the fascia.

The patient was advised to continue the injections but he gave them up and tried to recover by means of home-made oily applications. Within two months the operated area healed completely but the disease began to spread below and to the sides by means of raised, inflamed skin over which numerous nodules and pimples formed the vanguard of the extension. The patient underwent another

course of mercurial fumigation, neosalvarsan and anti-syphilitic treatment without result. After about one year he placed himself again under the writer's treatment; this was in March last.

Injections.—A course of typhoid vaccine 1,000 m., beginning with 2 drops and up to $2\frac{1}{2}$ c.cm., mixed with saline solution, was given for a month. The effect was a complete cessation of the discharge. The small ulcers healed within one month; but there was no further progress regarding the huge inguinal ulcer. At this time the whole area had been compressed with acriflavine solution 1 in 4,000 and B. A. P. (Bismuth-Acriflavine-Paraffin Liquid) applied.

As there was no further improvement, B. A. P. was changed to Deek's ointment which cleaned the ulcers of the tough slough within a week. But the wound showed no sign of healing. A course of tartar emetic injections of 1 per cent. solution, 1 to 6 c.cm., was regularly given on every fourth day and B. A. P. was again substituted.

On the request of the patient three sodium thiosulphate injections have been given to 'eradicate the effect of mercury from his body'.

The whole course of the treatment and complete healing have taken over three months. Internally he was given tonics.

Medical News

THE PARKES MEMORIAL PRIZE

The prize of 75 guineas in money and the Gold Medal of the Parkes Memorial Prize for 1931 has been awarded to Captain D. C. Ettles, M.B., R.A.M.C.

Current Topics

Skin Diseases in General Practice

By ROBERT GIBSON, M.D.

(Abstracted from the *Practitioner*, Vol. CXXVIII, March 1932, p. 271)

SKIN diseases in general practice may be divided, broadly, into the parasitic and the non-parasitic. In a short article it is only possible to give suggestions which may be of help to the practitioner in the diagnosis and treatment of the more common diseases. Frequently a good remedy is tried in a haphazard fashion without instructions having been given as to its use. A minute or two spent in giving directions often means the difference between success and failure. How frequently is rest in bed overlooked in treatment of the skin. Inflammations of other important organs are so treated, but inflammations of the skin do not receive the same obvious consideration. Then, again, sepsis, so frequently the power behind the disease, if not the actual cause, is forgotten. Surgical cleanliness must be insisted on if good results are to be obtained.

Animal parasites

The great difficulty in dealing with these pests is the liability to re-infection. They are more common in winter and usually more than one member of a household is infected. Scabies does not occur above the collar except in the infant, when the back of the neck and scalp may be infected from the mother's arm. As