

ever could be assigned for the skin discoloration. It began with no fever, and with no constitutional disturbance, nor did it even all at once show itself as, what it became, a plain white blot. It began simply as a grey or dirty white mottling, with no elevation above or depression below, surrounding tissues, with no papule and no tubercle. The seat of the discoloration was midway between the umbilicus and pubis, close on the right side of the mesial line. The mottling, however, gradually increased in extent as also in intensity of colouring, until it assumed its maximum of both, which it did on the 12th day, at which time it presented the following appearance:—In length the affected part stretched from the middle line of the abdomen right across the right side to half an inch beyond the spine on the left, while the width, not altogether regular, extended on the abdomen from the pubis to $2\frac{1}{2}$ inches above the umbilicus, and gradually narrowed, as it receded outwards and backwards, until at the spine it measured only 3 inches. The margins were irregular and abrupt. In colour the whole tract was a smooth glazed white, mostly milk white, with a pale bluish, almost opalescent tint, though at one part it was more a dead chalk white, with an under-lying pinkish hue. This was near the centre. Towards the edges, on the other hand, were a few scattered whitey brown spots, as though the original colour had not been quite subdued: altogether it closely resembled a surface of polished Carrara marble.

Immediately beyond the mesial line, *i. e.*, on the left side, there was seen the same dirty mottling as was first apparent on the right side, as if there was some tendency in the disease to extend even still further. Throughout the whole period of observation nothing markedly abnormal was complained of. There was no increase nor diminution of sensibility, no increase nor diminution of any of the skin's functions, its elasticity was not impaired, nor its secretions impeded, and even the natural hair of the part, though blanched, did not fall out, and was not diseased; never, moreover, at any time was pain a symptom, only on exposure a slight degree of tingling and increased heat was experienced, and that even was wholly sensational, for the thermometer recognised no such increase. The digestive, circulatory and respiratory systems remained normal. The urine alone seemed to present any departure from the normal standard. Its specific gravity was always high, averaging about 1.37, even although in quantity it was not deficient. In reaction it was faintly acid, in colour it was natural, and it had no sediment, no trace of sugar could be found, but there was excess of urea.

I have seen but very few cases of leucoderma certainly, for among Europeans it is not common, at least not commonly observed or treated as a disease, but none was at all to be compared to the one now described with regard to the great extent of skin affected. Of such cases as I have read, even few, if any, have invaded so large a portion of integument, and for this reason the case in question is worthy of notice. Perhaps, however, more peculiar is its lack of any approach to symmetry, a phenomenon which is generally more or less marked in this affection. It may be that the disease would have extended, and wholly encircled the waist, as such a tendency may have been evidenced by the faint marking spoken of to the left of the middle line, but as the case was, and continued to be, the right side of the body was wholly white, and the left wholly brown, the discoloration was unilateral—unsymmetrical. On the other hand, the abrupt, well-defined margins, as well as the whole of the general symptoms, corroborated most correctly the commonly recognized type of this affection. So too did the most remarkable colour of the part, even to the pink tint before described, which however was not constant, and depended on the state of the circulation in the superficial capillaries of the part.

I would now conclude without offering remark on either causation or treatment, for the simple reason that I know so

little of either, and can only express the hope that some one, having more knowledge and experience, may soon supply such not generally known, but assuredly generally desired information on a subject that cannot but prove of interest to all who are called on to practise our profession in this country.

TREATMENT OF BUBO.

By Surgeon C. M. JESSOP.

MANY years ago in China, I was so dissatisfied with the laying open system for buboes, that I determined on a different kind of treatment, and one which I have no reason to regret, because it is so completely borne out in the principle inculcated in the admirable lectures of Mr. Hilton on Rest.

Your correspondent Dr. Macnamara in the last paragraph of his paper alludes to it, and I fully confirm his opinion that it has the effect of curing the patient speedily.

My plan is to push a lancet to the bottom of the bubo early, and if there is much matter it wells out by the side of the lancet; at the same time I squeeze gently the bubo, to assist evacuation; if there is but a drop of matter, changing blood or inspissated blood it is got rid of; a pad and bandage are then firmly applied. If there is nothing to be got rid of when the lancet puncture is closed (supposing the bubo is a large one) I apply some plaster on leather over the bubo, and then the pad and bandage. I thus have the advantage of *heat, moisture and pressure*; feed the individual well, and make him take walking exercise. There is one caution which should be strictly attended to in the treatment of bubo or sinuses in the groin, and this is to *prevent flexion of the thigh on the abdomen* as much as possible; a patient should never sit, but upon the opposite buttock, till cured.

Syphilitic buboes give much trouble, for the pus seems to inflame the sides of the cut, but these by patience and perseverance in pressure more or less even, then get well quicker than by the old process. The pus in these cases is peculiar, and would be termed, I suppose, gummatous.

I must confess I do not like *potassa fusa*, and prefer my single lancet puncture very early, as soon, in fact, as I can be certain of an *inflamed*, not painful, gland.

Some years ago a friend of mine unfortunately had a number of sinuses about the groin and upper part of the thigh, which an eminent London surgeon wished to shut up as being the quickest way of healing them, and he reluctantly yielded to my pad and bandage arrangement. As small collections of matter formed, the patient let out the matter by a lancet, and re-applied his pad. He entirely recovered without scars, which for a man is just as important as scars in the neck for a woman.

A PLAN FOR THE EXTENSION OF VACCINATION.

By ROBERT HARVEY, M.B.,

Surgeon to the Eastern States of Rajpootana.

IN commenting on the last reports on vaccination in British Burmah, the Chief Commissioner of that province requests that in future the remarks on the apathy, prejudice and ignorance of the natives shall cease to be recorded, on the ground that apathy, prejudice and ignorance always will exist. In the face of the insensate stupidity and inappreciation of facts by members of the anti-vaccination league in England, we can hardly deny that such will not be the case, but we think that much may be done to decrease them; the apathy and prejudice are, in the main, the result of the ignorance, and if we can remove the one, it is a fair inference that we shall diminish the other. The average native of India is fully alive to the evils of small-pox; there are few families who have not lost

one or more member from the scourge, and the majority of those remaining bear on their faces the traces of its disfiguring power. There is nothing in the religious system of either Mahomedan or Hindoo to prevent him from freely availing himself of vaccination. The progress already made shows how much can be done under great disadvantages, and there can be no doubt that could the people of India have it once fairly brought home to them that vaccination does protect from small-pox, they would very readily and generally accept it; the difficulty is to convince them of the facts interested, and superstitious persons, priests of *Sitola*, inoculators who fear that their craft is in danger to be set at naught, and all those who hate innovations of whatever sort, are constantly counteracting the influence of the vaccinators by throwing doubt upon their statements, and the people, troubled by contradictory assertions, adept the *laissez aller* policy of their ancestors, and accept small-pox as a matter of course. I have elsewhere remarked, once and again, that we must look to the people themselves to extend vaccination, and that it is impossible for Government to protect more than a small proportion; it seems to me, therefore, that more should be done than as yet has been done to convince the people of its value, and the following plan would, I think, tend in that direction; it could hardly fail to force on those concerned such proof of the efficacy of vaccination as would compel them to set aside their prejudice, and in their own interest accept the protection offered.

Some time previous to a probable epidemic of small-pox, I would appoint a committee, consisting of from twelve to twenty members of the most influential natives of the district or districts chosen for experiment; they should be, as much as possible, private individuals, not in Government employ, but men of known position and influence. I would then select, at random, say two hundred children, living under similar hygienic conditions, in a particular quarter of the town; the parents of a hundred of these should be engaged, if necessary, by a small retaining fee, to permit their children to be vaccinated when required. A small supplementary list might be made out to provide for deaths or removals previous to the occurrence of the epidemic. When small-pox had fairly appeared the labours of the committee would commence; on an appointed day the person in charge of the experiment would cause the hundred children on the vaccination list to be operated on, in presence of the committee, the name of each child being verified by a member of that body. The other hundred children would be left unvaccinated, and, lest any should object to such neglect, the list should be composed, as much as possible, of children whose parents have refused vaccination. A week afterwards, the committee should reassemble, and the vaccinated children be brought before them. The medical officer would examine the arms of each child, and would pass it as safe, or direct its re-vaccination according to the quality of the vesicles; he would take occasion to explain to the committee that any child in whom the virus had not taken remained non-protected, and would point out that on such a child taking small-pox it was liable to be incorrectly described as vaccinated, thus increasing the prejudice against the operation. A note should be made by the committee against the name of each child passed by the surgeon, and should be initialed by him. The committee might then adjourn for a month or two, but it would be better, if any would consent to act, to form a sub-committee of two or three to watch the proceedings throughout; these might report progress from time to time, and at the end of the epidemic a general meeting should be summoned to report on the results. The vaccinated children and those of the unvaccinated who survived should be summoned, when, if the experiment had been well conducted, the following result might be anticipated:—

Of the vaccinated children recorded as safe not one would have taken small-pox, and the number so passed would probably be ninety-five; the remaining five—re-vaccinated—would also

have escaped, unless seized within ten days of the second operation. On passing to the other list, the difference would be starting. If the epidemic had been severe, as severe as the last one in Bhurtpore, ninety-five of the children would have been seized by small-pox, seventeen or eighteen would have died of it, two or three would have recovered to be helpless blind cripples for life, while the remainder would be more or less disfigured. It is surely not too much to think that evidence like this must carry conviction through every prejudice, however strong; it would be an insult to the intelligence of the natives to doubt it. It would hardly be possible for the most bigoted fatalist to believe that the hundred unvaccinated had been marked for small-pox, and the hundred vaccinated to escape it. The conditions of all would have been equal, save in the one particular of vaccination, and the committee would probably accept it cheerfully and gladly. They would adopt it in their own houses, recommend it to their friends and dependants, become, in short, friends and supporters, instead of enemies and opposers, of the vaccine department. I would ask that a short report containing a summary of the facts they had witnessed, and signed by each member of the committee, should be largely circulated in the town and district. Coming from independent observers, known to and respected by the people, such a document would have more force than all official statements, and could be appealed to by the vaccinators as evidence against the enemies of vaccination.

The scheme is here sketched as it would work in practice, but there are one or two sources of fallacy to be guarded against. The chief of these is the possibility of some of the selected children being already infected with small-pox at the time of the vaccination; this risk must be run, but to diminish the bad impression that such cases might create on the committee, it should be carefully explained to them that the children are liable to small-pox till the full effect of the vaccination has been obtained, or, say for ten days. Another difficulty is the chance of some of the children dying of diseases other than small-pox, or of their parents removing during the course of the experiment, and it is on this account that I propose a sub-committee, who would be able to investigate and explain such cases.

To make the experiment a really crucial one, and to reduce sources of fallacy to a minimum, it would be requisite to take a healthy village, and, having made all preliminary arrangements, to import into it deliberately children suffering from small-pox; but such a proposition would be regarded in the same light as that of Swift for the eating of superfluous babies, and he who would propose such a second massacre of the innocents, would be branded by society for attempting to out-herod Herod. Yet something might be said for the experiment. The doctor who makes war upon small-pox is fighting with an enemy who claims more victims in a year than the wars of the world have done in twenty. *Pour faire les omelettes il faut casser les œufs.* He is in the position of a general before a strong post, the capture of which may put an end to a war. If the latter is justified in sending a number of his men to almost certain death in order that the lives of others may be saved, the former might do so too. Yet the scheme does not involve this. We know from the laws of small-pox that each of the hundred children whom we expose to danger, will be naturally exposed many times in spite of all our efforts; we know also that some ninety-eight of them will go through small-pox before they are ten years old, and that from fifteen to fifty will die of it, according to the severity of the epidemics. All that the experiment does, therefore, is to determine the time of our exposure to contagion, and the hygienic rules enforced would probably save a life or two, which would not have escaped under the ordinary insanitary conditions which obtain. The practice is justifiable on the same ground as inoculation, which was everywhere regarded as permissible until vaccination superseded it, although it increased the death-rate from small-pox some twenty-five per cent.

In spite of this, however, humanity revolts at such a proposition, and I should be the last to practise it, believing that the scheme as first sketched would be sufficiently successful.

Various modifications of it might be tried according to local circumstances: thus in Bengal and other districts where inoculation is practised, the vaccinated children might be inoculated with small-pox on the completion of the vaccine disease. This would tell powerfully on the committee, as all Bengalees know that small-pox naturally follows inoculation in unprotected children. Details as to committee, registration of names, &c., would be regulated by local circumstances, the essential part of the project being the performance of an experiment so convincing as to disarm doubt, personally supervised by intelligent and independent native gentlemen, whose opinions will weigh with the people.

The expense, if any, would be small, and as the result ought to be a greater readiness on the part of the community to entertain municipal vaccinators, some saving of expenditure might be ultimately secured. This is of small moment, and the great point to be kept in view, is that it may do something to break down the apathy and prejudice we hear so much of, and, by promoting vaccination, enable us to do something towards checking the ravages of small-pox—the most destructive, if not most terrible, of the diseases of India.

THE TREATMENT OF DYSENTERY.

By J. F. BARTER, *Civil Assistant Surgeon, Seoni.*

HAVING read Dr. Jessop's paper on the treatment of dysentery with ipecacuanha given in enemas, that appeared in the July number of the *Gazette*, I am induced to send you the following rough notes.

A young married lady who had suffered from a recent attack of acute dysentery, having had one or two relapses in the space of a few months, came under my observation in the autumn of last year; she was then passing small quantities of blood five or six times daily, but declined to resort to medicine; towards the close of the year, however, she had another sharp attack, and I was asked to see her.

I prescribed five grains of ipecacuanha, with a small quantity of opium, in pills, which were shortly afterwards rejected by the stomach. I reduced the quantity to two grains, with the same result. I then tried every remedy I could think of, with a view to make the stomach tolerant of the drug, but without success.

The patient suffered great pain, was constantly on the move to and from the bath-room, was tormented with persistent and severe straining, and as nothing remained on her stomach, I felt it not unlikely that I should lose her; the thought, however, occurred to me to administer ipecacuanha in enemas, and accordingly I gave two scruples of ipecacuanha wine, fifteen minims of tincture of opium, and one ounce of thin arrowroot, in enema. This gave her relief and sleep for about four hours,—the first she had had for several days. I continued the treatment, and the following day she was considerably improved, and in four days more she was quite free from pain, purging or blood; she rapidly recovered, and although she had a slight relapse some months afterwards, I have since heard that she is now quite well.

I refrain from offering any observations on the mode of action of the drug when given on this way; it seems to me, however, scarcely probable that it acts in the manner suggested by Dr. Hutchinson in his letter, also in the July number, *viz.*, "by its direct stimulating action on the liver, inducing a copious flow of bile."

In the case of young children, or with ladies, a great point is gained by administering ipecacuanha thus: excessive sickness of stomach is avoided, while the specific action of the drug does not seem to be diminished.

A MIRROR OF HOSPITAL PRACTICE.

SELECTIONS FROM OPHTHALMIC PRACTICE IN THE
COWASJEE JEHangHEER OPHTHALMIC HOSPITAL,
BOMBAY.

By Assistant Surgeon GEORGE WATERS, *Bombay Army.*

(Continued from page 163.)

CASE IV.—J. K.—, aged 45. *Condition on admission*:—"Has cataract in both eyes, the one in right eye only of four months' duration, and one of a greenish colour, permitting vision sufficient to read No. 14 Jäger. The left eye contains a cataract apparently soft in character, having a milky appearance with a faint nucleus. The opacity of the lens is stated to have commenced 12 months ago after a severe attack of malarial fever. The pupil is dilated $\frac{2}{3}$ by atropine. Vision is restricted to a mere perception of light. Slight redness of the conjunctivæ. General health so indifferent, that strong doubts are entertained as to the propriety of operating. Scoop extraction was performed, and the operation was not interrupted by any untoward occurrence.

2nd day.—The cornea has become quite opaque at the margin of the wound, but the opacity does not extend over the pupil. Continue atropine.

℞ Mist. spt. vini. gallici ʒi.
Three times daily.

Chamomile fomentation. Ext. belladonnæ to be applied around the orbit. Pad and bandage. Traumatic keratitis followed, and the next day iritis supervened, and was treated in the usual way with mydriatics and sedatives applied locally, whilst tonics and mild stimulants were administered internally. By these means the iritis subsided, leaving the pupil occluded by semi-organised lymph, and the cornea regained sufficient transparency to justify the formation of an artificial pupil: but on this operation being performed, irritation was set up anew, and followed a course similar to the first attack, so that all our efforts to restore this patient's vision proved utterly futile. When the renewed irritation had been allayed, being unable to improve her condition further, we were obliged to discharge her, at which time she had a hazy cornea, disorganised iris, and occluded pupil, without any vision beyond mere perception of light. This was about three weeks subsequent to removal of the cataract. The result of this case, unlike that of case III, was, we presume, fully accounted for by the extremely emaciated condition of the patient on admission; possibly the post-extraction operation may have been performed too early in this instance. We think not, for Dr. Sylvester has frequently performed Bowman's double needle operation for the dilaceration of opaque posterior capsule remaining after the extraction of cataract equally soon, without the supervention of any undesirable symptom, and the latter operation is, generally speaking, attended with as much or even more danger, than the making of an artificial pupil.

CASE V.—J. T.—, aged 60. *Condition on admission*:—"Has hard cataract in the left eye. The lens although striated, contains a good deal of soft matter about its circumference. Cornea rather small. Sclera of dirty brown color: can count fingers. General health very good." Scoop extraction was performed in this case also, and the eye recovered without a bad symptom. Three weeks after extraction, a large piece of corrugated posterior capsule occupied the pupillary area. It formed almost a complete semi-diaphanous diaphragm, marring vision to a considerable extent, but Bowman's double needle operation was performed, and a sufficient opening made in the capsule; excellent vision resulted, and eighteen days subsequent to the post-extraction operation patient was discharged.

CASE VI.—A. M.—, aged 40. *Condition on admission*:—"The right eye contains a cataractous lens and is deeply sunken. The pupil is $\frac{2}{3}$ dilated by atropine. A small yellowish nucleus is seen in the centre of the cataract. Cannot count fingers. Tension normal. The cataract has been only two months in formation. The left eye has been affected with glaucoma, has burst, and a large purple ectasia is now seen above the centre of the cornea. General health tolerably good."

Von Graefe's operation not being practicable, owing to the deeply sunken state of the eye from absorption of the orbital fat, scoop extraction was had recourse to, and ability to read No. 6 Jäger with two and a half inch convex glasses, was the result