

fainter and died away. He suffered for some days from cough; and spat up some blood-streaked sputum; this was examined microscopically, and cocci and streptococci were found. He made a good recovery and left hospital on the 15th day.

These two cases threw light on that of Sadiq, of that same village who came to us a fortnight earlier, with an abscess in his right axilla, and some inflamed scratches, with small pustules over the left infra-axillary region. He was suffering from severe constitutional symptoms, and gave a history of three to four days' illness. The abscess was opened aseptically, and healed in a few days.

From an adjoining village a little girl was brought with a malignant pustule on the left eyelid, and much surrounding œdema. It was cauterised, and healed in the course of a fortnight. In this case the appearance was somewhat similar to a chancre.

Two or three other cases with no special features were seen up to the middle of March, since when no others have been heard of.

When we take into consideration the frequency of anthrax in animals, and the way in which with utter recklessness of cleanliness the Kashmiris and their cattle herd together during the winter months, the only wonder is that the villagers do not suffer more from malignant pustule. Another point of interest is the absence of any definite pneumonic form of the disease. It would appear as if the wool when packed and shipped became more infectious and virulent than it is in this country.\*

#### ON THE USE OF LEAD PLATE IN SIMPLE ULCER, AND OF SANDBAG IN BUBO.

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ONE object of this paper is to bring more prominently into notice an extremely useful method of treatment of that bugbear of the regimental surgeon, simple ulcer due to neglected shoe-bite or to kicks from horses. To those who are already familiar with the method of treatment, said to be an old one in this country, the introduction of the subject may be justified by the fact that there are many regimental surgeons who are not. Again, the apparent triviality of the disease whose treatment

is mentioned, in comparison with many grave conditions discussed in these columns, is counter-balanced by the fact that in the Native Army, with men so insensitive to pain as the sepoys, who will go on letting ulcers that began as abrasions eat into them day after day without thinking of reporting sick till they go dead lame, ulcer from shoebite is responsible for a proportion of the percentage constantly sick in healthy regiments, that makes its rapid cure, as well as its prevention, a matter of no small importance.

The writer has treated all simple ulcers, and many foul ones, as well as all shoebites involving loss of the true skin, during the past three years with small pieces of lead plate about 1 mm. in thickness. A stock of pieces is kept, most of them an inch or two in diameter. They are pliable and can be easily adapted to the contour of a limb. An old stop-butt is a convenient source from which to obtain the lead, which is easily hammered out, and can be cut with shop scissors.

The plate is simply bandaged on, no other application being made. An immediate change, noticeable in 24 hours after the commencement of the treatment, is that the surface of the ulcer has become absolutely flat, a necessary preliminary to the next change noticeable, viz., that the blue skin from the edges begins to creep over the ulcer with a rapidity which is not seen in any other method of treatment. In a healthy sepoy, one with no scorbutic or other taint, the rate at which an ulcer that had been slowly healing under ointment will "skin over" when the lead plate is applied instead, will astonish anyone who has not seen the treatment tried before. Indeed, failure to obtain a good result may often be taken as a warning that there is some constitutional cause for delay in healing which may have to be combated with limejuice, iron or mercury.

Foul ulcers treated thus often very rapidly become clean owing, apparently, to the immediate flattening of the surface that takes place, and that renders the use of sulphate of copper quite needless in exuberant ulcers. In the large raw surface left on the forehead in cases of rhinoplasty the writer has found the use of a lead plate expedite the very tedious process of cicatrization, and it does not interfere with efforts at skin-grafting. The pressure exercised by the lead appears to be the main factor in the cure, though a certain amount of astringent and antiseptic action may be caused by salts formed from the lead.

Another example of the utility of pressure in expediting a tedious process is afforded by the use of the sandbag in causing the absorption of buboes. A bubo in the groin that has not broken down may sometimes be successfully treated by bandaging on with a spica, a large sandbag, as heavy, in fact, as the patient can bear. Beneath the bag a piece of lint smeared with mercurial ointment may be applied. In cases of buboes wholly or partially liquefied the use of this method of treatment gives an opportunity for the application of the principle, now so widely recognized, that the ideal to be aimed at in opening a bubo is to make a hole as small as is compatible with drainage, so as to expedite after-healing, the old treatment of slashing open so often leaving a large, slowly-healing ulcer. Under a sandbag a suppurating bubo requires only a very tiny opening, as the pus, as soon as formed from the crumbling glandular tissue, is squeezed out on to the dressing. The part of the gland that is being absorbed is helped to do so by the pressure, and that breaking down is quickly removed by the same.

As many R. A. M. C. officers of experience must have used this treatment in some form or another, their opinions as to its relative usefulness would be of great value.

\* In the large woollen factory of the Bhagalpur Central Jail, where large quantities of wool are handled before spinning into yarn, we have never noticed or heard of any cases of Woolsorter's disease, except one doubtful case in an European Assistant.—Ed., I.M.G.