right in the line of incision, it can be plunged through and removed quickly after the extraction of the fœtus with the hand.

4. It seems also unnecessary to wait patiently for the placenta to detach itself spontaneously, as books recommend; the uterus contracts best, and the bleeding only ceases after it is empty, and delay is always dangerous. In Porro's, it need not be removed at all.

5. There is no need to apply the rubber ligature round the cervix, in a Cæsarean Section case, except when severe hæmorrhage occurs from the uterine wound when it can (if handy) be applied in three or four seconds.

6. The rubber ligature for the stump in Porro's operation is in my experience far a more satisfactory than a Kœberle's Serre-nœud, or any other. In five cases, I have used it four times, and they have invariably been satisfactory; also one has not the worry of taking care of the long metal handle, which often prevents one from turning the poor deformed patient on her sides, a great relief to those with lordosis, or congested lungs.

7. In Porros' operation it is quite unnecessary to spend precious time in carefully sewing the parietal peritoneum to that of the stump below the ligature, as I myself used to think important; now I merely see that the stump is well raised and fixed up in the lower angle of the wound, while the peritoneum is tucked down below the rubber ligature, in good contact with the peritoneal surface of the stump, to which it rapidly adheres.

8. There is also no need to deliver the uterus outside the abdominal walls in Cæsarean Section, even after delivery of the fœtus, as often done; sutures, &c., can be well applied while the uterus is still in the abdomen,—and provided a fairly intelligent assistant will keep the parietes pressed against the uterus, no evil results, and there is less danger of infecting and bruising its walls.

9. The method of suture mentioned above is as follows—

First, the peritoneal covering is detached for a slight distance (with the handle of the scalpel) along the margins of the uterine wound.

Next, deep sutures of silk are inserted through the muscular and serous (but not mucous) layers of the uterine wall, and *left loose* till the superficial ones have been put in. These are passed twice through the serous membrane on each side, so as to bring a good surface of it together, and are then tied, the deep sutures being last of all drawn tight and tied. This effectually closes the wound from the abdominal side; if all is trusted to deep sutures through the muscular wall, the retraction of the uterus will soon leave these loose and give a weak union as a result with perhaps escape of discharges into the peritoneal cavity.

10. Regarding after treatment, I can only say that these puerperal cases seem able (from our experience) to digest food by the mouth from the very beginning, and consequently food is given in small but increasing quantities every hour that way, as well as per rectum. But too often there is no chance of preparing the patient beforehand, and so rectal feeding is found to be difficult.

The recovery of the two cases mentioned above was, without doubt, due to the ceaseless watchfulness and devotion of the (Native) trained nurses of this hospital; it seems hardly fair to perform such operations unless one can be sure of properly caring for the patient afterwards.

SOME CASES OF MALIGNANT PUSTULE.

By A. NEVE, M.D.,

Kashmir Mission Hospital.

Anthrax is endemic in Kashmir, and every year two or three cases of malignant pustule are seen at the Mission Hospital.

Wool is exported, and Dr. Bell, of Bradford, informed me that Kashmir wool is a frequent cause of 'Woolsorter's disease,' especially in its pneumonic form.

The cases briefly narrated below occurred during last winter, and are of interest on account of the history which is clearer and more connected than one is usually able to obtain in this country.

In the village of Kanda, 8 miles from Srinagar, last autumn (1900) there was much disease among animals, fowls as well as sheep, goats and cattle died. A woman was attacked by malignant œdema of the chest and neck and died within 48 hours. Her brother-in-law, Hasan, came to hospital on January 8th with a history of eight days' illness, fever and pain, and showed a typical pustule over the lower ribs on his right side. *Appearance*.—A patch of œdema with redness extending for two inches around an angry button shaped pustule, resembling an inflamed vaccination pustule about the 8th day.

General condition.—Not bad; temperature only 99·4.

Treatment.—I excised the pustule freely, and united the edges of the wound.

Progress.—The temperature dropped to normal, and remained so. On the 15th he complained of cough with pain in his side; but this passed off in two days, the wound healed by first intention, and he left cured on the 19th January. Four days later his brother Nura came in with a similar pustule on his right shoulder, and with œdema and erythema extending over his face and neck. The pustule was treated by actual cautery. On the fifth day of disease the temperature rose to 104° but five days later sank to normal and continued so. The erythema spread gradually over the body, but became

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.

BY J. L. MARJORIBANKS,

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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 counterbalanced 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.*