

In fact, the symptoms were so prominent as to put it beyond all doubts that the disease was scarlatina. Of course all the cases were isolated, and every precaution used to prevent its spread. Soon after the draft arrived, two or three men of it were admitted with what was then put down as a feverish attack. I am now inclined to think they were suffering from that very mild form of scarlatina which often escapes detection. Indeed, one of the men was, shortly after discharge, re-admitted suffering from anasarca.

In the treatment the warm bath was freely used, and gave very great relief to most of the cases.

The draft landed at Bombay on the 1st of February, 1871.  
July 20th, 1871.

### A CASE OF MONSTROSITY.

By JAMES CLEGHORN, M.D., *Civil Surgeon, Jounpore.*

A REPORT reached me last month, that a child had been born, in a village fifteen miles from this, with four legs and three sets of genital organs. The information was received from such a reliable source, that I had no doubt a monster of some kind had been born, and to satisfy myself as to its nature, I visited the village on the 27th May, and found the report to be in a great measure quite correct. In answer to my enquiries, a fully-grown, fairly-developed and vigorous male child was produced, that had attached to the lower part of its epigastric region, towards the right, a pair of legs and a pelvis, that in appearance might have belonged to a fœtus of the sixth or seventh month. The toes and feet were well formed, the knees semi-flexed and ankylosed, the hip-joints moveable, and the legs abducted, and placed one on each side of the parent child. The sacrum and brim of the pelvis were directed upwards and backwards, in relation to the child, and the pedicle of attachment, which was short, was formed by a continuation of the skin from the brim of the upper outlet, so that if the pedicle was cut across, the interior of the pelvis would be exposed. A portion of umbilical cord, one inch in length, with its free end smooth, bulbous and without cicatricial marks, was attached to the upper surface of the pedicle, rather to the left; and underneath, attached to the pubic region, hung a well-formed penis and scrotum. The testicles were absent. The anus was imperforate, but a tubercle marked its position.

The skin covering these supernumerary parts was in all respects similar to that on the body of the child.

A tumour, the size of a small orange, projected from the umbilical region of the child. The father informed me that the umbilical cord had sprung from the centre of this, and that during the separation of the remains of the navel string, the swelling had increased in size, and burst at one point, giving escape to a watery fluid; it had been covered with cow dung, so that the position of the navel could not be ascertained.

While making my examination the child urinated, and in about half a minute afterwards a small quantity of urine was also passed through the penis of the supernumerary parts.

The father stated that the child had been born sixteen days ago, and that it sucked well, and had regular motions, but was peevish and frequently crying. He also said that the mother had carried it for ten months, that she was in labour half a night, and that there did not appear to be any difficulty in delivery. There was only one placenta. None of his other children, two in number, were in any way deformed.

The child died on the 6th June, having lived for twenty-six days. The body, although placed in country spirits shortly after death, showed signs of decomposition when I received it next day. The body, without the brain, weighed 6 lbs. 2 ozs. and measured 19½ inches in length. The supernumerary parts

measured, from the iliac crest to the heel, following the curve of the knee, 6¾ inches. The feet were 2¾ inches long.

I opened the abdomen and chest on the left side, so that a flap could be reflected, and the internal organs examined, without interfering with the integrity of the specimen. There were two distinct peritoneal cavities; that of the child contained a liver so greatly enlarged, that it appeared to consist of two separate organs, that had become amalgamated, but I could only discover one gall bladder. Its right lobe, which was most enlarged, was directed downwards, and formed the umbilical tumour. It was intimately adherent to the abdominal wall. The kidneys were large and lobulated; the right was displaced towards the middle line. The spleen was normal. The bowels were perfect in all their parts, but were soft and discoloured. The lungs were imperfectly expanded and congested. The heart appeared normal, but its texture was so very soft, that it was impossible to make an exact examination. The aorta divided into three equal branches in the lumbar region, two of which passed over to supply the supernumerary parts. Decomposition having commenced in the internal organs, they were all removed.

The second peritoneal cavity was situated underneath the right side of the diaphragm, and contained a few inches of small intestine, and a globular-shaped, slightly-lobulated kidney, the size of a marble. The portion of intestine contained meconium, and was attached to the posterior wall by a broad fold of mesentery. The kidney was contained between the folds of the mesentery, and two ureters passed down between the layers, to the pelvis of the supernumerary parts.

I have not examined the parts minutely, as to do so would necessitate the destruction of the specimen. What has been described is, I think, sufficient for all practical purposes, and shows that these supernumerary parts were not produced by the "fusion of germs," but, as Carpenter says, from a "single germ, which, being possessed of an unusual formative capacity, has evolved itself into a structure containing more than the usual number of parts, and comparable to that which may be artificially produced by partial fission of the bodies of many of the lower animals," or it may be an instance of development by gemmation after the Ascidian type; a reversion to our early progenitor, which, according to Darwin, seems to have been more like the larvæ of our existing marine Ascidiæ, than any other known form.

The absence of the brain and spinal cord, and a separate circulatory system, shows, I think, that the additional parts did not spring from a separate ovum, but were merely a budding from the one which produced the child; as in the case of the additional thumbs so frequently seen in India.

### NOTES ON A CASE OF LEUCODERMA.

By Assistant Surgeon A. Wood, M.D.

READING somewhere, a short time ago, an article on the diagnosis between white leprosy and leucoderma, which then greatly interested me, I was soon afterwards gratified by having to treat a case of the latter, so well marked, as perhaps to justify my offering a few remarks thereon, in the hope that they may prove as acceptable to others, as the actual observation of the case was to myself.

The affection was exhibited in the person of a recruit in the regiment, a Pathan, young, strong and well proportioned, with no signs of any other disease, past or present; no history of syphilis could be made out, which with 'baras' or white leprosy and this same disease is, among natives, at least, so often confounded. There was no tendency to scrofula in the patient's constitution. No unwonted exposure had been undergone. No unusual nor uncommon food had been indulged in, and no contagion had been run the risk of. In fact, no cause what-

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