perfectly normal, apart from the lack of pigmentation, being smooth and free from other lesions of any kind; and that the subjective sensation of the parts is unaffected, as also the secreting function. In some places you will find an increased pigmentation of the surrounding integument, while in others it fades away more gradually. It is evident from its long existence and unchanging character that it is a very chronic, if not incurable disease. You see further that there is no evidence of any constitutional derangement, as he is a picture of physical vigor.

Etiology and Pathology.—The achromia is of course due to a lack of pigment in the rete mucosum of the affected part; and the darker color, sometimes observed surrounding the white patches, to an increased deposit of the same material; but what causes the deficiency or unequal distribution of the coloring matter, is at present practically unknown. Certain conditions, however, while they cannot be regarded as etiological factors, may be mentioned in this connection as having a certain etiological bearing. I refer to the age, race and sex. It usually makes its appearance in early and middle life, is more common in the negro, and is more frequently met with in males than females. Tilbury Fox thinks the sun's rays have a certain influence upon it. It is probable, however, that the disease results directly from a disturbance of the function of the nerves which preside over the nutrition of the part. This seems the more probable, inasmuch as the disease seems at times to follow the cutaneous distribution of certain nerves, and that the sensation of the affected part is, according to some observers, said also to be at times affected, but the causes which give rise to this perverted nerve function must with our present knowledge of the disease be, at best, only conjectural.

Diagnosis.—The diseases which most resemble vitiligo are partial congenital leucoderma, morphœa, tinea versicolor, chloasma and leprosy. In so pronounced a case as the one before us, however, it would be impossible, with even the slightest knowledge of the subject, to err in the diagnosis. In the diagnosis, for instance, in the white subject, and where the spots are not so numerous and the contrast not so great, more care may be required. The chief point of distinction between partial congenital leucoderma or partial albinism and vitiligo is that the former is acquired previous to birth, and remains permanently the same through life, while vitiligo is always acquired after birth, and is usually not stationary but progressive. Besides, we do not have the hyperpigmentation of the skin surrounding the patches in partial albinism which is frequently seen in vitiligo, but rather the reverse.

From morphœa the disease may readily be distinguished by the entire absence of any thickening or structural change of the derma, which is characteristic of morphœa. The margin is not so well defined in morphœa. In morphœa of any duration the secretory functions are impaired, owing to the structural changes. The tendency to spontaneous recovery is greater in morphœa.

In the white subject it might be necessary to differentiate between this disease and tinea versicolor.

It is only necessary, however, to determine which is the healthy and which is the diseased skin in order to settle this point, as the darkened skin is the diseased portion in tinea versicolor, whereas in vitiligo the darker skin is the normal skin. But this is not always so easy to determine in examining only a certain area. Tinea versicolor, however, is always found on the chest and trunk, and never extends up on the neck nor to the arms and hands, which are the favorite localities for vitiligo. We have the surfuraceous desquamation and the discovery of parasite with the microscope in tinea versicolor, which we do not have in vitiligo. This young lady, 16 years of age, represents a well-marked case of tinea versicolor, and as she passes around amongst you you will please notice the contrast.

In chloasma we have only the hyper-pigmentation or darkening of the skin without any absence of pigment in patches. It is usually due to constitutional derangement or cachexia, while there is not necessarily any systemic impairment in vitiligo.

Leprosy is a constitutional disease. We usually have structural changes in the derma, the sensation of the part is affected, it tends to fatal results, etc., all of which is the reverse of what is characteristic of vitiligo.

Treatment.—While vitiligo may usually be regarded as not amenable to treatment, we are nevertheless, at times, called upon to endeavor to relieve the deformity it produces. Various remedies have been recommended as constitutional measures. Among these may be mentioned nutritious diet, iron, mineral acids, nerve tonics, arsenic, phosphorus, nux vomica, the hypodermic injection of pilocarpine, etc. Locally, the use of cantharides, or mustard, applied to the patch, will sometimes produce at least temporary pigmentation. While, however, it is often difficult to produce pigmentation of the white patch, we are always able to diminish the pigmentation of the surrounding skin, and may thus greatly relieve the conspicuousness of the disease. For this purpose liq. potassæ, ammonia, acetic acid, bichloride of mercury, etc., may be applied in various strengths and combinations, as suggested in the treatment for chloasma.

ORIGINAL ARTICLES.

STRICTURE OF THE URETHRA; URETHRAL CALCULI; INTERNAL AND EXTERNAL URETHROTOMY; DEATH FROM PYELITIS.

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Isaac Jackson, a negro, aged 30 (?), native of Mississippi, a laborer by occupation, was admitted to the City Hospital, Memphis, Tenn., on the evening of August 25, 1886, for inability to pass his urine. An attempt was made by the Internes, Dr. John Fricke, to introduce a catheter, but a stricture near the meatus prevented the passage of the instrument. As there was a constant dribbling of urine from the

urethra, thus partially relieving the over-distended bladder, no further operative interference was attempted that night.

As I was temporarily acting for the surgeon in charge of the hospital, the case came under my observation on August 26. The patient was a tall, muscular negro; his face wore an anxious expression; but slight febrile movement; the bladder was over-distended, reaching to within four centimetres of the umbilicus, and was distinctly noticeable as a large globular tumor beneath the abdominal parietes. The penis was of ordinary length; the prepuce, as is usually the case in negro men, was elongated; but the preputial meatus was so narrow that it was with great difficulty retracted, and when behind the corona it so effectually compressed the urethra that it was impossible to pass in an instrument.

The patient stated that the prepuce had been retracted with great difficulty all his life. He had gonorrhœa first when he was 21 years old, but since that age he had been rarely free from a gleet discharge. He has had within recent years some difficulty in passing his urine; and within the past six months this difficulty has markedly increased.

A No. 6 French *bougie à boule* was the largest instrument that could be introduced into the urethra; this detected three strictures within ten centimetres of the meatus, and the point of the bougie was stopped at that distance by a smaller contraction of the urethra. A Maisonneuve urethrotome was introduced, and the strictures incised, but the free passage of the instrument was prevented by some foreign body in the membranous urethra. These were supposed to be calculi, but no attempt was made to seize them, as no suitable forceps were at hand. The urethrotomy was made without an anæsthetic, some difficulty being experienced in manipulating the instrument on account of the prepuce. There was free hæmorrhage from the urethra, and the operation seemed to allow a free flow of urine. He was given sulphate of quinine and morphine, and further operative interference deferred until the following morning.

The patient passed a comfortable night, and on the morning of August 27 he was anæsthetized by chloroform, and first circumcised. Suitable forceps were introduced into the urethra, but the calculi could not be removed. The hair was shaved from the perineum and pubes, the entire region washed out with bichloride of mercury solution, and dissection of the perineum made to the urethra; the calculi were seized with dressing forceps, and two removed. A sound was passed from the meatus to the bladder, but no vesicle calculi were detected. Following the withdrawal of the sound, a quantity of purulent urine escaped through the perineal wound. The wound and the urethra were washed out with a warm bichloride solution, and iodoform dusted about the parts.

The patient reacted well after the operation, felt very comfortable, and was ordered five grains of quinine and ten drops of the tincture of the chloride of iron every three hours.

August 28 he felt better, the bladder comfortable;

the urethra was washed out with a warm solution of boracic acid. This treatment was continued daily, the Internes reporting no rise of temperature in the evening. But the patient was growing weaker, and died on the afternoon of September 1.

The necropsy was made seventeen hours post-mortem; rigor mortis. The brain was normal. The right lung was adherent by old pleuritic adhesions, otherwise normal; the left lung was adherent to the diaphragm, otherwise normal. The heart was normal. The liver was slightly enlarged. The spleen was light colored. Both kidneys were enlarged; suppurative inflammation of the pelvis and glandular substance; the ureters were dilated, being about five centimetres in diameter. The bladder contained urine and some blood coagulum. The prostate gland was normal, but just across the external boundary of the prostatic urethra was a thin band. The urethral and perineal wounds appeared healthy, and union had progressed well at the site of the circumcision. Death was caused by the pyelitis.

The calculi removed weighed 1.7 grains; they were phosphatic, and contained no nuclei.

This case is an admirable illustration of the advisability of removing a long tight prepuce, though by no means an argument for promiscuous circumcision. Had the prepuce been removed when the man was younger, he would have been less liable to the gonorrhœa, and if acquired, that disease would probably have followed its usually mild course in his race, thus escaping the stricture. Upon the latter, without doubt, depended the calculous formations, caused by deposit from the retained secretions. Their interference with the free evacuation of the bladder caused first cystic distension, then distension of the ureters and renal pelves, with the consequent inflammation.

MEDICAL PROGRESS.

THE TREATMENT OF PUERPERAL SEPSIS.—RUNGE, of Dorpat, states that his late experience in the treatment of puerperal sepsis has taught him a manner of dealing with the affection that yields far better results than other methods. A strict *local* therapeutics is carried out. Rigid antisepsis of hands and instruments in conducting the labor is the best prophylactic. The vulva is cleansed at the beginning of labor, but no vaginal irrigation is used before, during or after a normal labor, and in such uterine irrigation is held to be a *lapsus artis*. Lacerations are sutured if large, or dusted with iodoform if small. When fever sets in the cause is sought for, and if found in the genital apparatus he uses vaginal irrigations—temporary are preferred to permanent—and in cases of offensive lochia, uterine irrigation with a five per cent. carbolic acid solution. The latter is repeated once or twice, and during its use the vagina is protected by a stream of water. Further absorption of septic matter is in this way prevented. The object of general treatment is to raise and maintain the power of resistance of the system to enable it to