In two of these internal urethrostomy was performed at the same time; in the others the stricture was simply let alone, and all the urine allowed to escape through the peri-
neal wound. The length of time this was kept open varied from a month to six weeks, but I regard the longer period as normal so far as I can find on record. The difficulty is rather in the opposite direction. It is not easy without maintaining a drainage-tube, or occasionally employing dilatation, to prevent the opening contracting prematurely. In all the stricture disease disappeared of itself in a few months, or by acute inflammatory adhesions being formed. It was not stretched or dilated; it was merely let alone, and when a catheter was passed it apparently did nothing more than open again the folds of the mucous membrane, which were already pretty loose; in a short time they had been so long pressed together by the inflammatory exudation.

THE VERNACULAR MEDICINE AND SURGERY OF JAPAN.

BY BENJAMIN HOWARD, M.A., M.D., F.R.C.S.E.

In the course of our usual history of medicine in Japan, we have shown that this country was comparatively new with us, mercury being prominent. Surgery became a separate branch of medicine, but animal and mineral, in the latter class of their authors wrote: 'When medicines are ineffectual surgery has been in use here since A.D. 1688. Centuries ago one number of those used by ourselves, and these are not only successive medical colleges have always had a professor of astrology, but the solid fact remains that the materia medica by these people, covering most of the departments of medi-
exorcisms, &c., are the basis of Chinese and Japanese medi-
cine and surgery of Japan all which pertained to its general prac-
the same Imperial order, many centuries before Christ. The Chinese, or divine age, many centuries before Christ. The Chinese, of Chinese origin, I include in the vernacular medicine and surgery of Japan which was practised by the Japanese for many centuries, they known as early as 218 B.C., found their way amongst the Japanese medicine and surgery of Japan which all which pertained to its general prac-

as to massage a variety and a delicacy not approached in Europe. Of the old vernacular school one of them is still on the list of the Court physicians and maintains a high reputation.

The impression throughout Europe that coloured papers, I am sorry to have to say that the result of my search has not sufficed to add to the medical resources of our European brethren. As it is difficult to disentangle that past which is as early as 218 B.C., found their way amongst the Japanese medicine and surgery of Japan all which pertained to its general prac-

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The expression of the hands and the life led by the women being so much more natural than in Europe, obstructions may scarcely be said to be needful, and certainly does not exist.

Squills, which came here from China in 1630, is treated in a manner which is the same in principle as the treatment of
the procedure is much less painful than might be supposed. The sore is clean, exactly the size wished, and must often be enlarged. I have counted on men, women, and children, as many as thirty or forty discoloured spots from this cause, a row being commonly seen on either side the spine, and many other marks on the limbs, especially in the vicinity of the joints. To cut the patient's hand, however, is a matter beyond our reach, where a habitation which also may have a lesson for us. In their nightly bath and morning wash the water is never cold, never warm, but always as hot as it can be borne. To foreigners this habit seems very surprising, but the use of hot water by the association of the cold air is sufficient to make the Japanese hear of a cold bath with amazement, and would be sure the man who used it must be a barbarian. With respect to the theory of that leprosy could have come to find that in my own case certainly the Japanese are right.

The Paper Ice-bag.—From a pocket-handkerchief to an umbrella it is difficult to say what is not made out of paper, and everything made out of paper is comparatively cheap. The ice-bag is a very favourite remedy, both in private and hospital practice. The ice is generally applied in bags suspended so that the patient may get the cold from it without its being in contact with the affected part. These pretty little bags are always made of thin paper. They are much cheaper than the oil silk used by ourselves that, if the counter-irritation must follow it is found not to occur if the water has been hot enough. This heat is maintained by a little furnace beneath the bath. In the bath the bather or bathers take a prolonged soaking, the washing proper being done on the bath-room floor; then follows a second and final soaking, drying with towel, and a lounge in bathing wrapper. This habit seems to promote softness and support the structure of the body, and the patients inclined to rheumatism is soon found to be altogether preferable to the cold bath in every particular. The poorest of the Japanese love a cold bath with amazement, and would be sure the man who used it must be a barbarian. With respect to the theory of that leprosy could have come to find that in my own case certainly the Japanese are right.

ONE of the chapters in the book on Leprosy which I have recently published discusses the evidence in favour of the contagiousness of the disease, and refers to a number of facts which I believe to be of great assistance in coming to a decision regarding that very important question. As part of this evidence a brief account is given of the origin and spread of an epidemic of leprosy at Parcent, in the province of Alicante, in Spain. The facts are abstracted from the Anales de Derm. et Syph., vol. ix., p. 390, the information there given constituting part of a memoir presented by Dr. Zuriaga to the Municipal Council of Valencia, and translated into French by Dr. Paul Robert. Dr. Zuriaga's report on the origin of this epidemic will be found in the same number of the same journal. The facts will be seen to be of great importance, as, besides giving a very complete account of an epidemic of leprosy, they are of great interest, as the lepers are allowed to be visited by their children, wives, and friends. The disease was originally imported into Parcent in 1869 by the son of a schoolmaster, and the infection spread with great rapidity, and since that time leprosy has always existed in the town, although from the beginning some steps were taken to attempt to isolate the cases. In other towns of this district which have visited lepers and persons in good health have been confined at church, hospital, or elsewhere, the results have been in the same places. There is nothing to note clinically regarding the cases of leprosy referred to by Dr. Codina, who describes as an example a severe case in a woman, in whom the distinctive symptoms of developed leprosy were independent and confirmatory evidence regarding this outbreak. Dr. Zuriaga relates how a leper from the neighbouring town of Sagra, in 1850, by Vincent Poquet Andrés, the two friends eating from the same plates, with the same spoon, drinking from the same glass, and sleeping together. With this kind of association it is certain that the disease was transmitted, and that Vincent's cousin, who was a leper, himself that leprosy began in Parcent in 1850 by Vincent Poquet Andrés acquiring the disease from a leper from Sagra, who had arrived from the Philippine Islands, and who was known by the nickname of "El Indiano," and with whom Poquet lived on intimate terms. The friends who were closely associated with these two affected persons, were after them the first to become lepers in Parcent. This entirely verifies the account given in my book. Dr. Codina confirms Dr. Zuriaga's statement that a nephew, who frequently dined at the same table and slept in the same bed, contracted the disease. Dr. Zuriaga gives the additional information that a cousin of Vincent's contracted the disease in 1857. Amongst the instances of contagion given in Dr. Zuriaga's report is that of one Joseph Mora, who was on terms of intimate friendship with Vincent Poquet, a fact that is confirmed by Dr. Codina. Dr. Codina does not relate in detail the further cases which I have abstracted in the book, but he remarks that there is a chain of evidence which links the subsequent cases with Vincent and Joseph. If the Editors of THE LANCET may form their own opinion of it.

ON THE ORIGIN AND SPREAD OF LEPROSY AT PARCENT IN SPAIN.

GEORGE THIN, M.D.

ONE of the chapters in the book on Leprosy which I have recently published discusses the evidence in favour of the contagiousness of the disease, and refers to a number of facts which I believe to be of great assistance in coming to a decision regarding that very important question. As part of this evidence a brief account is given of the origin and spread of an epidemic of leprosy at Parcent, in the province of Alicante, in Spain, by Dr. Oswaldo Codina, dated July, 1887, and presented to the Director-General of Public Health in Madrid, by whom he had been commissioned to inquire into the matter. The facts are abstracted from the Anales de Derm. et Syph., vol. ix., p. 390, the information there given constituting part of a memoir presented by Dr. Zuriaga to the Municipal Council of Valencia, and translated into French by Dr. Paul Robert. Dr. Zuriaga's report on the origin of this epidemic will be found in the same number of the same journal. The facts will be seen to be of great importance, as, besides giving a very complete account of an epidemic of leprosy, they are of great interest, as the lepers are allowed to be visited by their children, wives, and friends. The disease was originally imported into Parcent in 1869 by the son of a schoolmaster, and the infection spread with great rapidity, and since that time leprosy has always existed in the town, although from the beginning some steps were taken to attempt to isolate the cases. In other towns of this district which have visited lepers and persons in good health have been confined at church, hospital, or elsewhere, the results have been in the same places. There is nothing to note clinically regarding the cases of leprosy referred to by Dr. Codina, who describes as an example a severe case in a woman, in whom the distinctive symptoms of developed leprosy were