tension on the integuments of the groin. When all had healed, no bladder-surface was visible; a slit between two surfaces of skin, in the usual situation of the labia, formed the exit for urine. A portable urinal was fitted before the child left the hospital.

Fig. 4.—Condition of case on May 15th, showing retraction of flaps and exposure of vesical surface. The diagram also shows the lines of incision in the second operation May 15th.

Fig. 5.—June 25th. Present Condition.

REMARKS BY MR. ROBSON.—The accompanying drawings, skilfully executed by Mr. Child, very accurately represent the different stages of the case. As shown in Fig. 4, the patient would have left the hospital very little relieved by Wood's operation alone; but the additional plastic operation, by which flaps were obtained from the vulva and slid upwards, without detachment below, gave the good result shown in Fig. 5, which condition must be permanent, as no amount of retraction can expose the bladder, the attachment of the flaps being opposite the direction of the retracting force.

A CASE OF CHOLERA, ILLUSTRATING THE SUCCESSFUL EFFECT OF PRECAUTIONARY MEASURES IN PREVENTING THE SPREAD OF THE DISEASE.

By C. DAVID, M.D., OF GENEVA.¹

Mrs. X., 30 years of age, very much affected by her coachman's sudden death from cholera, left Marseilles on July 25th last, with all her family, in order to escape from the epidemic. She had been troubled with some slight diarrhoea, and her medical attendant had advised her not to remain at Marseilles.

She arrived at Geneva on July 27th, and proceeded, at once, with her husband, to try to find an empty house. Thus she came to Versoix (a village at the lake-side, on the west shore, about five miles from Geneva), exhibiting at the time no external signs of disease. After visiting an empty villa in that place, she took it, and went back to Geneva for the night.

On July 28th, in the afternoon, she returned to Versoix with her family, consisting of eleven persons; and the owner of the villa, finding her looks much altered since the previous day, advised her to send for me.

I saw Mrs. X. half an hour after her arrival. She was still wearing her travelling-dress, and had gone upstairs into a bedroom she was destined never to leave. During my visit she had several rice-water evacuations, was seized with vomiting, and complained of abdominal pains and cramps in the legs; temperature of the body 36.4° C.; there was much emaciation; she had a small and rapid pulse. This had every appearance of a case of cholera. As soon as I had quieted the patient with reference to police-measures, with which she was afraid to be troubled, and I had assured her she would not be taken by force to the hospital, she acknowledged she had been ill the whole of the night and previous day; the fear of the police had prevented her, so far, from calling in medical aid.

Drs. Girod and Prevost were called in consultation, but the disease terminated fatally. The diarrhoea and vomiting ceased during the night of the 29th-30th; the temperature rose in succession to 38° and 39° C.; she was unable to overcome her state of emaciation and weakness, and she died on the 30th at 2 P.M. Her intellect had remained unimpaired until the last few hours, when she fell into a state of stupor. There had been no passage of urine since the 27th, in the evening.

This is, to my knowledge, the only uncontested case which has occurred in Switzerland. It might have become, according to the views generally entertained at present, the origin of an epidemic focus; fortunately this did not happen. The following were the measures adopted by myself and my colleagues to prevent such an occurrence, which, thanks to local circumstances, were easily carried out. The villa, situated between the two villages of Versoix, is limited on one side by the high road from Geneva to Lausanne, and on the opposite side by the lake. It is at a distance of at least twenty-five metres from any other dwelling, and is screened off from the neighbouring houses and high road by a number of trees. In front of it is a meadow, reaching as far as the lake. The place is entirely surrounded by hedges and walls, which enclose it without a break. An avenue through a shrubbery for a distance of 100 metres leads to the house, and there is a gatekeeper's lodge where the avenue branches off from the high road.

The patient's room was on the first floor, had no access into other rooms, and communicated with the stair through a narrow passage.

Under such conditions, the precautions to be taken were obvious, and easy to carry out. It was necessary, as far as possible, to protect the members of the family and the servants, and prevent absolutely any contact between the people in the villa and the inhabitants of the village. As soon as the nature of the case had been ascertained, I had all the useless objects and furniture removed from the room; next, at my request, the head of the family selected the persons who would

¹ Communicated and commented upon by Dr. Marcet.

have the care of the patient. These were Mr. X., a male servant, a lady companion, and myself. The others were strictly ordered not to enter the sick-room. The dirty linen found in the lady's trunk was immediately immersed in a solution of two per thousand of corrosive sublimate, and left there for several days. The faecal evacuations and vomited matters were received in vessels containing some of this same solution. They were afterwards transferred to another vessel, where they remained till the evening, when they were buried at a distance of two hundred steps from the house, in the meadow adjoining the lake. A certain amount of a five per cent. carbolic acid solution, and two per thousand corrosive sublimate solution, was at the disposal of those persons who were engaged with the patient, and they used them abundantly.

With reference to the intercourse with the village, the inhabitants of the villa were ordered not to go out of the grounds. The tradesmen delivered their goods at the gatekeeper's lodge, who transmitted them to the servants. The dwellers at the lodge were not allowed to enter the villa, and the tradespeople never passed the lodge.

Nobody but the physicians and a priest went in and out of the villa, and these persons never left without having washed themselves with a solution of corrosive sublimate, and being subjected to powerful chlorine-fumigations from chloride of lime, mixed with sulphuric acid. In order to be absolutely correct, it should be stated that a young girl, with less discipline than wisdom, who had been engaged on the first day by Mr. X., made her escape from the villa during the night to sleep at her mother's, who lived in an isolated house; she returned the next morning, and did not go out again.

A sick-nurse, engaged on the 29th, and the mother and brother of the patient, arrived from Paris on the 30th; and were admitted into the house, after having been warned that they would not be allowed to go out.

Death having taken place on the 30th, at two o'clock, the physician at the head of the sanitary department of the Geneva Government, Dr. Vincent, was informed of the occurrence by telegraph, and ordered the body to be buried at once; this was done at seven o'clock in the evening, allowing barely time to procure a coffin and dig out a pit.

The body, enveloped in the clothes and portions of the bedding which had been in contact with it, was watered with disinfectants, placed in an oak coffin, and carried to the cemetery in a funeral carriage. All the other objects which had been used during the patient's illness—bedding, crockery, curtains, linen—were watered with disinfectants, buried in a second pit, and covered with quicklime. All this was done under direct medical supervision.

After the body had been taken away, the room which the patient had occupied was thoroughly fumigated with chlorine. Moreover, several litres of carbolic acid were thrown into the privies. The next day, Dr. Vincent proceeded to disinfect minutely the furniture with several "siphons" of liquid sulphurous acid, according to Raoul Pictet's process; and, somewhat later, the walls were washed with a five per cent. solution of carbolic acid. All the dirty clothes of the family were immersed for several hours in a bath of carbolic acid before being sent to the wash.

In accordance with an order from Dr. Castella, sent by the Federal Council, the family were not allowed out of the villa until August 9th, or ten days after the lady's death. As, by that time, no other case of cholera had occurred, either in or outside the house, the inmates were at last set at liberty.

Such were the measures taken to prevent the extension of the disease. I have no more to do than to wish for my brethren cases where precautionary measures are so obvious as to their nature, and so easy to carry out.

REMARKS BY DR. MARCET.—I happened to be staying close to the village of Versoix this summer, when the case, so well managed by Dr. David, took place. This village consists of two rows of houses, with the high road between them. It is a singular fact that Napoleon the 1st had intended to make Versoix into a large town, and had constructed a spacious harbour for it, but his views in this respect were never carried out. The village remains divided into two portions along the lake, which were clearly intended to have been joined, and form the nucleus of the town. It is certainly not a clean village, and there are abundance of smells in the houses and shops; no doubt, the pabulum was there for an epidemic of cholera, if an opportunity offered. It cannot, therefore, be said that external circumstances were unfavourable to the disease spreading; and most probably, but for Dr. David's prompt and energetic measures, the disease would have broken out in the village.

I have a case in point, illustrating the effect of the neglect of precautionary measures towards checking the spread of cholera.

In October 1866, I happened to be staying near the village of

Nirnier, of perhaps five or six hundred inhabitants, situated on the Savoy coast of the lake of Geneva. One evening I remained some time in conversation with a man I was employing, and who appeared to me then in perfect health. This man, after leaving me, went to sleep at Nirnier. Next morning, I was informed that he was very ill, and I went to Nirnier to see him. I found him in a state of collapse, and it was at once clear to me that he had cholera; he died that same day about five o'clock. The story told at the time, and in which I believe, although I cannot find confirmation now, was that the man had eaten supper that same evening in company with a person who had left Marseilles on account of the cholera, and that this person had gone away early the following morning, without leaving any trace of his whereabouts.

I warned the mayor of the village at the time, and tried to convince him of the importance of removing the dunghills in the streets, whitewashing the houses, and using chloride of lime abundantly, but my warning was of no avail. There spread at once a report that the man had died poisoned of an overdose of certain pills he was then taking, and not of cholera. Two or three days later, an epidemic of cholera broke out in the village, and within about three weeks there were eleven fatal cases. The epidemic then suddenly ceased.

I made inquiries this last summer at Nirnier with reference to the cholera of 1866. Many have a very distinct recollection of it, and I obtained minute details from some women, such as the names of those who had died. The history of the epidemic having been imported from Marseilles is, however, ignored or disbelieved; and, unfortunately, the people who kept the publichouse where my man had had supper after leaving me, are either dead or have disappeared. It is believed to this very day at Nirnier that the person stated as suffering from cholera died of poison, and nobody knows, or seems to care to know, how the cholera had been introduced.

DOES THE POSITION OF THE SECTION IN CATARACT-OPERATIONS INFLUENCE SUPPURATION OF THE CORNEA; AND, IF SO, WHAT PART IS PLAYED BY SEPTIC INFECTION?

Introduction to a Discussion in the Section of Ophthalmology at the Fifty-Second Annual Meeting of the British Medical Association.

By J. R. WOLFE, M.D., GLASGOW.

I HAVE selected this subject on which to initiate a discussion because my views, which I shall thus have an opportunity of stating, differ in many respects from those generally adopted, and because it will be a satisfaction to me to ascertain how far my experience coincides with that of other members of the Section.

In the first place, then, there is the question, how far the position of the corneal section in cataract-operations contributes towards suppuration of the flap.

This is a subject which I have carefully studied for upwards of twenty years, watching the results of not only my own operations for cataract, but also those of reputed surgeons in this and other countries. During this period, the number of my operations in which corneal section has been made, is, as far as I have been able to collect, idiopathic, 545, traumatic, 430, total 975. As in all these I have had only four cases of primary suppuration of the cornea, I infer that the position of the corneal section cannot be regarded as a factor in the suppurating process.

At the very commencement of my career, I was impressed with the conviction, which I recorded at the time, that in the cornea we have a membrane almost resembling cartilage in respect of its slight tendency to proliferation. The case then referred to was that of an old lady upwards of 80 years of age, upon whom I successfully operated for cataract by flap-extraction; although, during the treatment, her foot began to show symptoms of gangrene, to which she ultimately succumbed, the corneal wound healed by first intention. The conviction just mentioned has since then been confirmed in the course of my labours at transplantation of the cornea, in which corneal and conjunctival bands are removed from the eye of one person to that of another. We see this also in our daily experience in removing iron splinters from deep layers of the cornea, we notice how, if the splinters be clean and free from rust, the cornea heals without cicatrization. When, for opening the lens-capsule, or for evacuating the aqueous humour, you pierce the cornea with a needle or with a lance, no trace of the entrance of the instrument remains visible after the lapse of a few minutes. Indeed, we shall best be able to repair lesions, whether produced by trau-