nuclei amongst which they lie. The various methods used for staining the sections were Neelson's fluid, picrocarmine, safranin, and logwood. Sections stained with Neelson's fluid showed the coccidia perhaps the best. In the scrapings treated with liquor potassæ, quite a small number were found in comparison with the case reported by Mr. Jonathan Hutchinson, jun., F.R.C.S., in the *Pathological Society's Transactions* for 1890.

PSOROSPERMOSIS.—In 1889 Darier demonstrated a monocellular parasite belonging to the class sporozoa—Order, psorospermia—as being always present in the skin and gland ducts in cases of Paget's disease of the nipple and *acné cornée*. Dr. Louis Wickham's monograph on this subject⁴ is well known. The parasites were seen by these observers in various stages of their growth. At the first they consisted of amœboid masses like cellular protoplasm. The cell containing the parasite increased in size, and had a more irregular shape. At a certain time the parasite became encysted, and its capsule, at first clearly defined, became quite round, thickened, and bright. A distinct large nucleus was then seen in the cell, having a round body and double contour, and in the central protoplasmic contents were observed two or three nuclear bodies, which were pseudo-navicellæ. These distinct well marked bodies are the coccidia or psorospermia in their mature state. A ready means of examining coccidia under the microscope is to scrape the affected part with the blade of a knife, and add to the scrapings one drop of liquor potassæ. This is a valuable means of diagnosis in Paget's disease. The presence of these parasites among and within the epithelial cells and ducts determines the various degrees of inflammation and cell proliferation. This inflammation is kept up constantly by the parasite, and causes the increased growth of the epithelium. The cancer which frequently follows Paget's disease of the nipple develops in the breast from the lactic ducts, or in the skin from the gland follicles. The new growth is a pavement epithelium, which may be lobular, tubular, or alveolar. Paget's disease of the nipple should be treated in its early stages by antiparasitic remedies, as recommended by Darier, and so prevent the development of cancer.

VITILIGO AS A SEQUELA OF INFLUENZA AND ERYSIPELAS.¹

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As vitiligo or leucopathia acquisita is not a very common disease in this country, and as every direct outcome of erysipelas and of the recent epidemic of influenza is interesting, the following case seemed worthy of being brought before your notice.

M. B., married, aged 41, had a severe attack of influenza with much pain and tingling in her hands and feet, and then, five or six days later, erysipelas of the face, for which she was attended by my partner, Dr. Collier, in January, 1890. Soon after her recovery, and ever since (these notes were taken in July), she has noticed tiny spots on her wrists, hands, arms, and legs. They were attended by no pain or irritation of any kind. They have gradually increased in size to their present condition, several remaining together to form the larger patches. They also occur on her body, both back and front, but I could not find the slightest trace of them on her face and neck, while her hair was of a uniform and very dark black. She has naturally a dark complexion, and her face, neck, hands, and forearms are also much browned by the sun.

The edges of the white patches are distinctly deepened in colour, and are not merely darkened by contrast. The colour of the patches varies from a dull white in the smaller ones to a pinkish hue in those of larger size. There is no loss of tissue in the patches, and the patient has perfect sensation in them. The smallest spot I could distinguish was about the size of a pin's head. As will be seen by the photographs, the spots occur on both flexor and extensor surfaces indif-

ferently. They are very splashy in appearance, as though hastily daubed on with an overfull brush of white paint, but on examination under a small magnifying glass the edges even of the most irregular patches will be found to be parts of circles with the convexities directed towards the ordinary pigmented portions of the skin. There are no solitary black spots, nor indeed anything suggestive of Addison's disease. She has no history, and bears no marks of syphilis. She has been a fairly healthy woman, and now suffers no trouble with this complaint—which she ascribes to her commencing change of life—beyond her singularly piebald appearance.

She suffers somewhat from indigestion, flatulence, and oc-

casional attacks of urticaria on her forearms and legs; this produces, after the wheals have subsided, tiny pimples; whether these are the starting points of the spots of vitiligo is uncertain.

Most of these cases of acquired vitiligo have followed some acute febrile disturbance; typhoid fever, scarlatina, and remittent fever have all been succeeded by this complaint so directly as to leave no doubt that the latter was dependent in some way on the former, and in my case the immediate antecedents were influenza and erysipelas.

When a disease produces no pain or inconvenience, but only a mild surprise and a hope that it is not "catching," treatment obviously is in abeyance. In the case of a gentleman who had some few patches on his wrists and hands, I have recommended that they should be tattooed to match the healthy skin. And, of course, when the white patches become so extensive as to leave narrow boundaries of unaltered skin between, then the pigment may be dispelled from these, and a uniformity of tint be once more gained.

CHARD RURAL (Population, 23,000).—Measles Epidemic and School Closure : Tuberculosis and Cancer : Influenza.—Mr. Edward Stephens's report for 1889 is brief, as the year was uneventful and the returns very satisfactory. The deaths registered from zymotic diseases were considerably below the average, and the general death-rate of 13.0 per 1,000 was satisfactory. The only epidemic recorded was one of measles of a mild type, which necessitated the closing of several schools, but no case ended fatally. Mr. Stephens thinks more attention should be given to diseases of a tuberculous nature and to cancer, the deaths from this latter disease being unusually large. During 1890 this district suffered severely from an epidemic of influenza, but few of the cases terminated fatally. Scarlatina was also prevalent, spreading from Seavington into Dinnington, Loper, Stocklinch, and Ilminster. The death-rate for 1890 was 17 per 1,000.

⁴ *Thèse de Paris*, 1890.

¹ Read at the meeting of the Midland Branch of the British Medical Association at Boston.