CULTIVATION OF THE BACILLUS LEPRÆ.

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AND

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IN Nos. 1,588 and 1,590 of the BRITISH MEDICAL JOURNAL we published an account of some cultivation experiments with leper tissue and expressed the opinion that our artificially cultivated bacillus was the genuine bacillus of leprosy. Tubes and specimens had been sent to Professors C. Fränkel and Baumgarten. Neither of them can acknowledge the identity of the two bacilli claimed by us.

The chief reasons against the opinions expressed by us are:

1. The bacilli are not morphologically identical, as originally asserted by us.
2. The resistance of our bacillus against acids is too weak.
3. The ease with which the bacillus grows on artificial nutritive media is another objection.

Professor Baumgarten, moreover, identifies our bacillus with a saprophyte, occurring frequently on the epidermis, and hence called the "bacillus epidermidis." He himself has cultivated the latter from cancerous material, and considers it identical with Scheurlen's "carcinoma bacillus."

We feel that we were misled by the resistance against acids which our bacillus possessed, and spoke of a "morphological identity," where an absolutely impartial examination could only claim a certain amount of resemblance, which Professor C. Fränkel, however, considers to be only slight.

This *per se* is an insuperable objection, and we therefore consider it our duty to correct a mistake and record our experiments as yet another unsuccessful attempt at growing the leprosy bacillus in artificial media.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

MINERS' NYSTAGMUS.

WITH reference to the paper on Nystagmus by Mr. Snell, a case of mine may be interesting, and may throw some light on the subject.

G. L., aged 34, a strong, healthy man, has been a miner all his life. Two years ago his sight began to fail him when at work, and gradually got worse, until twelve weeks ago, since which time he has given over work. When he last worked he got to his working place all right, but when he put himself in position for holing his sight completely left him. He got upon his knees and waited for some time till his sight returned, and then tried once more, but had to give it up. His working position is on his left side, with the left leg doubled under him, and he used glass lamps, which are considered the best of their kind. He can now see perfectly well in daylight, better even than most people, but not so well at night.

Although suspecting what his disease was, I could not notice any oscillation of his eyes until he put himself into his working position, when, even in the daytime, the oscillations begin after his eyes have been fixed in position for a few minutes.

These cases are very rare in this district, although safety lamps are universally used. Very little holing is done, as the coal is too thin.

I think this case is interesting from the facts that the oscillations commence any time in bright light when he puts himself into position, and that when last at work he could regain vision when he rose upon his knees.

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SULFAMINOL—A NEW ANTISEPTIC.

SINCE receiving a specimen of this drug from Werck, of Darmstadt, I have employed it in several cases with satisfactory results. So far I can say for it that it is painless and inodorous, and appears to be an antiseptique. It has, be-

sides, a peculiar desiccating effect on wounds, which, under its influence, heal rapidly.

These latter circumstances render it peculiarly suitable for the after-treatment of nasal operative wounds. These, according to my experience with it, heal up without suppuration and in a remarkably short time. Hitherto I employed iodoform and auramine. These, however, were unsatisfactory, the former dangerous on account of irritation, the latter from its colour. Sulfaminol, in the form of powder, is blown into the nostril from day to day, no other application being required.

In disease of the antrum it appears to have a rapidly beneficial effect in a disease notoriously chronic in its course. In such a case I observed rapid progress, after other remedies, such as sublimate lotion and carbolic acid had been used for long enough. After insufflation of dry powdered sulfaminol a rapid decrease of swelling was noticed in the mucous membrane, as evinced by the ease with which lotions escaped *per viam naturalem*.

For diseases of closed cavities, such as the antrum, frontal sinus, etc., this preparation seems to be highly suitable.

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MULTIPLE NÆVI ON THE GENITALS OF AN ADULT.

THE history of this case is briefly as follows: Mrs. X., aged 35, suffered from indigestion all her life, had oophorectomy performed in 1888, and one of the mucous ducts in the neighbourhood of the meatus urinarius opened up in 1890.

Three years ago, before the ovaries were removed, she noticed some pimples on the pudendum, which were exceedingly sensitive and painful, especially during copulation. At times she felt a burning sensation in the throat, and this travelled downwards to the stomach, and thence to the pimples, causing intense tenderness and pain. After a variable time the burning sensation would mount again to the gullet and throat, leaving the pudendum comparatively free from pain. After the oophorectomy was done she complained of flushings followed by shivering fits, and also of an intolerable fidgetiness, both of which symptoms started from the pimples and radiated all over the body, producing a suffocative feeling and exhaustion.

She was treated with cocaine, etc., topically, and valerian, etc., internally, but without success. I was asked to see her on June 18th, 1891. She was then labouring under considerable mental and physical distress, and it was evident she was highly neurotic. On examination I found thirty or forty cherry-red elevations, varying in size from a pin's head to a flattened pea, and scattered irregularly over the inner surface of both nymphæ, on the vestibulum, the fourchette, and the posterior wall of the vagina to a point $3\frac{1}{2}$ inches upwards from the orificium. Along the line where the nymphæ and vagina met the elevations were so arranged as to resemble very closely a Druid's circle. Thus the labia majora, the mons and clitoris, the meatus and anterior wall of the vagina were entirely free from these swellings. To the touch they yielded a soft fibrous feel, and the examining finger on being withdrawn was found coated with blood. When compressed they became blanched. The epithelium over them was thin, and a patch on the fourchette was ulcerated. A linear elevation on the left nymphæ was bluish and turgid. With the exception of these strictly localised growths the mucous membrane was perfectly normal in appearance. I diagnosed them as capillary angiomas.

The patient readily acceded to their removal, and on the following Saturday she was anaesthetised. With the galvanocautery I destroyed each growth in turn until only the posterior wall of the vagina was left untreated. This was exposed by a Sim's duckbill speculum, and a negative electrode conveying a current varying from 20 to 40 milliampères was moved gently but thoroughly over the whole area. A simple dressing was applied, and the patient made a perfectly good recovery.

On July 29th some granules made their appearance on the vestibulum. These were touched with a negative electrode conveying a current of $\frac{1}{2}$ to 1 milliampère, and the application was continued for some eight minutes.

On August 12th the mucous membrane showed not a trace of the naevoid growths. The subjective symptoms never re-