NARRATIVE
OF A
CASE OF TRUE LEPROSY,
IN WHICH
COMPLETE RECOVERY HAS TAKEN PLACE.

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THE subject of the appended narrative has been under my observation at different times during the past twenty-seven years. When I first saw her she was suffering from leprosy in a severe and well-characterised form. It was the mixed kind, partly tubercular and partly anæsthetic. She has now regained good health, and although in the state of her right hand, in which ulnar paralysis exists, in the dusky tint of her skin, and in its loss of sensibility in various parts, we have permanent consequences of the disease, yet there have not been for many years any indications of tendency to relapse. All tubercles have long since disappeared, and both as regards skin and nerves, we may consider that reparation has taken place as far as it was possible. As an instance of proved recovery from a disease which is usually steadily aggressive, and especially because I am able to produce the

patient for inspection, I think the case not unworthy of the attention of the Society.

It will be seen that the disease was acquired by an immigrant into a leprosy district who did not inherit any proclivity, and that the recovery took place after a permanent return to England. The patient, during her residence abroad, had been exposed to no hardships, and her case seems to me to lend some support to the opinion which I have long held that the malady is due solely to diet, and that its special cause is probably fish.

Case of recovery from severe leprosy acquired twenty-eight years ago in Jamaica.—Mrs. Harriet I—, æt. 71, was born in Portsmouth, of Jewish parents who had been both born in England. When thirty-two years of age she went to the West Indies, being in excellent health at the time. She lived at Montigua Bay, Jamaica, eleven years, and during the greater part of that time enjoyed good health. Her diet was beef, turtle in all forms (at sixpence the pound), fish and vegetables. The first was plentiful and good. She thinks she took fish almost every day, but adds, “I never took any fish that would injure me—barracouta, or anything like that.” About a year before she returned to England she began to suffer from leprosy. The first local ailment that she remembers was a swelling on the right little finger and within a month or two blotches came on her forehead. It was diagnosed on the spot as “something of the nature of leprosy,” and she was advised to return to England.

On arriving in England (æt. 44) she at once presented herself at the Hospital for Skin Diseases, where, under Mr. Startin's care, I often saw her. We took great interest in her case as a well-marked example of true leprosy. Her face was covered with dusky tuberculous folds of thickened skin. Her arms also showed many patches, and were in parts anæsthetic. She got no benefit from our treatment, and after ten months' attendance left us, and obtained admission into Guy's Hospital under the care of Dr. Addison, who, she says, wished to have a wax model made.

She remained in Guy's Hospital three months, where, she believed, an attempt was made to salivate her, but without success. She next went under Mr. Hunt's care, who pushed a course of arsenic, and, she thinks, made her eyes sore. After this she was under care at Moorfields (Mr. McMurdo) for her right eye, and has continued to attend there almost ever since.

As regards the cure of her skin she states that all drug treatment had seemed to fail and she had left it off. About two years after her return from Jamaica, the skin being still much in the same condition, the return home of a wealthy relative placed good wine within her reach, and she took freely of port and champagne, under which rapid improvement ensued, and in about a year she thought herself well. She has had no return in the skin, and "has never had a day's ill health since; not to speak of."

Mrs. I— is now a very young-looking woman for her years (71), florid, and healthy. She still shows various conditions which have resulted from the leprosy. Her skin, although nowhere quite anæsthetic, excepting in the region of the right ulnar nerve, is in many parts deficient in sensation. Her right eye is inflamed and the cornea ulcerated, with deposit in its structure and much persistent conjunctival congestion. The state of her eye is that characteristic of leprosy, but there have not for many years been any aggressive changes.

As regards the frequency of recovery from conditions of advanced leprosy, it is probable that they are infrequent, and that they occur only under conditions, such as those present in this instance, of complete change of place of residence. I have never myself witnessed a similar case, nor do I know of any which have been authenticated in English practice. In former times many Norwegians suffering from leprosy emigrated into the United States, and I believe that it was thought that a certain number recovered, but I am not aware that this fact has ever been proved by the citation of individual cases. It is, indeed, not often that a patient remains sufficiently long under the observation of the same

surgeon for him to be able to speak definitely of the first and last state of such a protracted malady. I have seen during the last twenty years probably about a dozen cases of leprosy in Europeans. Two of them I know to be dead, but the others have passed from my observation. In every instance I have forbidden the use of fish as the first essential in treatment.