bromide of potassium, in combination with tincture of asafoetida, and subsequently of valerianate of zinc in the form of pill, but, as I have just indicated, there was no real improvement in the patient's condition. Accordingly, on March 15th, she was ordered to have, twice a day, four minims of liquor arsenicalis, and the effect of the change of treatment was something marvellous. The

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morning following its adoption the patient was still convulsed as usual, while next day she lay as quietly as anyone in the ward so long as attention was not specially directed to herself. When addressed, however, the movements of the shoulders and arms again returned to a very limited extent, but they speedily subsided when the mental excitement which produced them had passed away. On this date, too, it is interesting to note that her power of writing legibly was completely restored,

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that she became once more able to sew, and that she could walk without presenting those contortions of the body which were so pronounced during her former efforts at progression.

The case which I have just detailed belongs, I believe, to a variety of hysteria where the symptoms of that complaint closely resemble those of true chorea—hence the name hysterical chorea. Where chorea is simulated by hysteria, the distinction between the two is often a most difficult matter. Authorities allude to the occurrence of pregnancy, the onset of endocardial disease, and the pre-existence of acute rheumatism as favouring the presence of the former complaint, and to the evidence of an hysterical constitution as giving countenance to the diagnosis of the latter; while as regards movements, it is pointed out that irregularity is their distinguishing feature in chorea, but that in its hysterical counterpart a certain amount of order is generally to be observed in their performance. In the case before us none of the concomitants of chorea were present, nor any of its antecedents except fright, but the patient had had every opportunity of becoming acquainted with the symptoms of the disease from her tolerably close association with choreic children.

She was manifestly hysterical, too, and her spasmodic movements had undoubtedly a tendency to regularity in their occurrence. These points of themselves were sufficient to justify the opinion that was arrived at, but there were other and most important circumstances, which gave additional support to the

diagnosis. The first of these was to be found in the changing nature of the reflexes. The reflexes of the leg varied during short intervals of time in an unaccountable manner, and in this variability of the reflexes I believe we have a pretty sure indication of the presence of hysteria. In ordinary chorea reflex excitability is either diminished or increased; it does not alter from day to day. Another circumstance favouring hysteria was the inconsistency of some of the symptoms.

In most forms of nervous disease, accompanied by muscular spasms or tremors, the performance of voluntary acts either aggravates the movements or diminishes their intensity; but in hysterical chorea inhibition is erratic and inconsistent. Certain acts are easily performed, while the performance of others closely similar in their nature is greatly interfered with, or rendered impossible altogether.

In the present instance, the patient, in spite of her spasmodic movements, experienced no difficulty in feeding herself. She could knit, but was unable to sew; and she could not write with any degree of legibility. Hence, her actions may be fairly described as contradictory or inconsistent, and thus they afforded additional proof of the hysterical nature of her condition.

Lastly, and even of greater significance than the changing reflexes and the inconsistent movements, comes the fact that the symptoms from which the patient had been suffering for more than a month rapidly subsided two days after the commencement of a fresh plan of treatment.

A CASE OF LEPROSY APPARENTLY ARRESTED.

By WYNDHAM COTTLE, M.A., M.D.Oxon., F.R.C.S.Eng.,
 Surgeon to the Hospital for Diseases of the Skin, Blackfriars.

As this subject is attracting attention at the present time, I think the further history of a case of leprosy, in which the disease appears to be arrested, may be of interest. In the JOURNAL of June 28th, 1879, I published the following account of a man suffering from this disease:

"T. M. was born in, and spent his youth in, England. After residing twenty-four years in Jamaica, he returned to London in November, 1877. He noticed the first symptoms of his disease in May, 1878, when large patches of discoloration appeared on his legs, followed by similar spots on the face and arms. A tonic treatment was first employed, and in September, 1878, chaulmoogra oil in small doses was given, which was increased to 20 minims three times daily. This he continued to take till March 10th, 1879, when I first saw him. He stated that his condition improved when he commenced to take the oil, but the complaint recurred in a more marked degree.

"On March 10th, 1879, he presented the following appearance: He was hale and well-nourished. There were dusky-red, raised patches, two or three inches in diameter, scattered over the face, neck, body, and limbs, with the characteristic leonine expression of countenance and thickening of the ears and of the tissues in the positions occupied by the spots. A superficial ulcer existed on the outside of the left leg, and one spot on the right thigh; and the insides of the feet, from the great toes to the heels, were anæsthetic.

"I directed him to take chaulmoogra oil in drachm doses thrice daily. The only inconvenience he experienced was slight constipation, which an occasional mild purgative removed. He has continued the same treatment. The ulcer on the leg rapidly healed. When I saw him a week ago the spots had faded in colour and lost some of their thickening, while some had disappeared, and the anæsthesia was less marked, and his general health had improved."

I have kept this man under observation at the Hospital for Diseases of the Skin, Blackfriars, ever since. He continued to take the oil in diminishing doses, and to apply it freely to his skin till within the last year or so. His symptoms gradually became less marked, the areas of anæsthesia contracting and the discoloration of the skin slowly fading. He has experienced no recurrence. When I last saw him, towards the end of 1888, there was no evidence of his having had the disease except a slight brownish staining of the skin of the backs of the hands, and some loss of sensation about parts of his legs and feet. His general health was excellent. He has resided all this time in the suburbs of London. I saw his wife and daughter, and they are neither of them affected with the disease.

I have tried the same treatment in other cases of leprosy with-

out success, but no other patient of mine has been able to take such large doses of the oil. This man took it in 90-minim doses at one time.

This case seems to me interesting on several grounds: (1) as showing that the disease may seemingly be arrested in an early stage, the patient living in London; (2) that the disease did not mend till he took full doses of chaulmoogra oil; (3) that, like Mr. Hutchinson's case, in which the progress of the disease apparently ceased, the complaint was consequent on residence in Jamaica.

The evidence has long appeared to me to point to leprosy being primarily dependent upon an organism which is associated with decomposing organic substances, such as fish or flesh, and is introduced into the body with the food.

SURGICAL MEMORANDA.

PRECANCEROUS CONDITIONS OF THE MUCOUS MEMBRANE OF THE BLADDER RECOGNISABLE BY ELECTRIC LIGHT.

It is generally admitted that precancerous conditions of the tongue, mammary areola, and prepuce do exist and are recognisable. I believe that in some instances the mucous membrane of the bladder may be observed, by means of electric light, to pass through a similar stage. Usually the first indication of a well-developed vesical tumour is an attack of painless hæmaturia; but this is not always so. Out of twenty-five cases of vesical growth which have been under my observation during the last eighteen months—since the introduction of the incandescent lamp cystoscope—two cases which I repeatedly but vainly examined for vesical tumour awoke in my mind suspicions as to the probability of a precancerous stage existing. In both instances my surmises were justified by cancer subsequently developing. In three other cases recently examined, presenting symptoms of growth but in which no tumour could be discovered, I have been forced to give a most guarded prognosis on account of the appearance of the mucous membrane.

In nearly all these cases a certain amount of residual urine (not of prostatic origin) was present, and a painless profuse hæmaturia was observed. The mucous membrane over the posterior wall behind the inter-ureteral bar was blurred, lumpy, and gelatinous. I have pointed out that this is the situation at which vesical cancer commences, and I have good reasons for believing that the irritation of residual urine is sometimes a causative factor in its production.

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E. HURRY FENWICK.

AMPUTATION OF THE THIGH UNDER UNFAVOURABLE CIRCUMSTANCES.

N., a native woman, aged 60 (wife of the regimental cook), was brought in a dandy to the station hospital on the morning of March 20th, suffering from fracture of the left leg. On examination I found that there was a compound fracture of the lower end of the tibia and fibula, the lower half of the anterior surface of the tibia being completely exposed, the end of the bone protruding through the wound, the foot being inverted. She stated that she fell out of a loaded bullock cart the day previous about 1 P.M., the wheel of the cart passing over her leg. I informed her relatives that it was a case for amputation, but they would not consent to it. The leg was then put up in splints, and antiseptic dressing applied, but it was nearly impossible to keep the bones in apposition, so extensive was the destruction of the tissues at the seat of fracture. It soon, however, became apparent that the old lady must succumb to her injuries unless the limb was removed, as mortification was beginning to set in, with infiltration of the tissues extending as far as the knee-joint. Her relatives finally gave their consent to the operation on March 22nd, and in the afternoon of that day, kindly assisted by Surgeon R. L. R. Macleod, M.S., I amputated at the lower third of the thigh. Prior to the operation she was suffering from bronchitis. Temperature 101.6°; pulse small and weak. She lost very little blood during the operation, and her pulse improved under chloroform. Antiseptic dressing was applied to the stump, and a drainage tube inserted.

March 23rd. Had little sleep. 7 A.M., temperature normal; 4 P.M., normal. Hypodermic injection, one-third of a grain of morphine at bedtime.

March 24th. Slept well. 7 A.M., temperature, 98.8°; 12 P.M.,

101.8°; 4 P.M., 101.6°. Stump dressed. Hypodermic injection, one-third of a grain of morphine at bedtime.

March 25th. 7 A.M., temperature 98.8°; 12 P.M., 101.8°; 4 P.M., 101.4°. Slept well. Stump discharging. Removed one stitch. Dressed morning and evening.

March 26th. 7 A.M., temperature 101.8°; 12 P.M., 99.8°; 4 P.M., 102°.

She continued much the same up to March 29th, when there was profuse discharge from the stump, and all the stitches had to be opened, and the stump syringed out and dressed antiseptically. On April 2nd she had an attack of diarrhoea, which was checked with astringent medicine. From that date up to April 7th her temperature varied between 99.4° in the morning and 101.4° in the evening. After this her temperature continued normal up to April 19th, when a small abscess formed on the inner side of the thigh, and the temperature rose to 100°. With the exception of two or three small abscesses having formed, the stump healed rapidly after this, and there is now only a small surface the size of half-a-crown to heal.

I merely mention this case for the following reasons: 1, the age of the patient (60 years); 2, the great extent of the injuries received; 3, the time that had elapsed between the receipt of the injury and the operation (three days); 4, her weak condition prior to the operation, complicated with bronchitis and traumatic fever.

Subattur, Punjab.

H. H. STOKES, M.B., Surgeon-Major.

ON THE OPENING OF BUBOES.

THE best method of opening a bubo is a matter of much greater importance than at first sight appears, and especially to the military surgeon, who has so many of them to treat. I believe that a very considerable reduction of his "constantly sick" would be the result of a procedure different from that which now prevails.

Surgeon-Major Adye-Curran, in a recent number of the JOURNAL, has drawn attention to the advantages of aspiration *versus* free incision in the evacuation of suppurating buboes, and the method is, I am quite sure, a good one.

It is now some four-and-twenty years since I abandoned the free incision by which I was taught to open a bubo, a method of opening which is still very generally adopted, apparently orthodox, and perhaps, in civil life, necessary. For so many years have I invariably opened a bubo by a mere puncture with a narrow-bladed bistoury, and so very well satisfied have I been with the good results, that I shall continue the practice. By adopting this method that most odious spectacle, "an open bubo," is avoided, as well as the reproach of a protracted cure; not in all cases by any means, for sinuses will form that must be opened up, and the consequence of neglect, or a vitiated state of constitution, must be dealt with.

It is necessary to observe that to obtain the best results a bubo should be opened at the proper time; not too soon before a sufficiency of morbid deposit has broken down, nor too late when the vitality of the tissues may have become impaired. The experienced operator chooses the right time, which is probably a very few days after the presence of pus has been diagnosed. The small opening made by the bistoury will often be found closed the following day; it may be reopened by a blunt-pointed probe if necessary.

The puncture is much less painful than the free incision, and it of course has the advantage of leaving but a very small mark, whilst it has no disadvantage, as it can at any time be converted into as long an incision as may be thought necessary. I am quite certain that the opening of a bubo by a free incision, instead of by puncture, often extends the duration of a case from days to weeks, or from weeks to months. I hope, therefore, that those who condemn the free incision may have many followers, and that "open buboes" may be relegated to the opprobria of the past; at all events, so far as the deliberate action of the surgeon is concerned in their production.

J. P. H. BOILEAU, B.A., M.D., etc., Surgeon-Major A.M.S.

Woolwich.

CLINICAL MEMORANDA.

AN EPIDEMIC OF HERPES ZOSTER.

IN the course of one week recently as many as four cases of herpes zoster came under my notice; all were remarkable either for the extent or site of the eruption.