than natural, but fairly distinct. The oedema is more marked about the face and hands than elsewhere. The patient was very thin till her last pregnancy. The skin is dry and harsh, and the hair thin and apt to fall out. The thyroid gland is atrophied. Temperature, axillary, 98° F. Pulse, 74. Sense of touch and pain is diminished; she can hardly pick up a pin, and can only sew soft material; she complains of numbness. There is no paralysis, but the patient frequently staggers when walking, and all her movements are slow.

The intellectual changes consist of slowness of thought, and increased irritability; she dreams more than usual, and has loss of memory. The heart-sounds and respiratory system are normal. Deglutition is sometimes difficult; most of the teeth are gone; the gums and tongue are pale. The urine is in quantity 40 ounces in twenty-four hours; it does not contain albumen or sugar. The case tends to become slowly worse. Treatment has been without benefit. (The patient was shown.)

Remarks.—The publication of the Brown Lectures, by Mr. V. Horsley, has given an increased interest to this new disease, or, to speak more exactly, to the affection which has recently been called *myxœdema*.

Respecting treatment, it would appear from the cases already reported that no drug has had much beneficial effect up to the present. Dr. Ord recommends tincture of *jaborandi*. Phosphorus, nitro-glycerine, and extractum *fuci vesiculosi* are all recommended by different observers as having relieved symptoms.

The Turkish bath, the effect of which could be carefully watched, would seem likely to be beneficial.

INOCULATION OF LEPROSY.

By W. K. HATCH, M.B., Surgeon, Bombay Army.

ON June 27th, 1885, a student, while making a *post mortem* examination on the body of a confirmed leper, cut his left forefinger at the tip, and received a small abrasion over the dorsum of the right hand.

On the 28th, he noticed swelling and pain of the left supratrochlear gland; and, on the evening of the 29th, the axillary glands were also enlarged and tender. On the 30th, when seen by me for the first time, there was, in addition, considerable enlargement of the ulnar nerve, which was also tender; the enlargement was not uniform, but nodular or moniliform; the whole nerve felt hard, and there was shooting pain along it, extending to the ribs on the left side. The patient was very nervous about himself, and slightly feverish, his eyes bright, and tongue furred; and a general feeling of malaise was present. He was seen by Mr. Manser, of Bombay, at the same time. In July, severe pain in the small of the back, and in the spermatic cord and testicles, was experienced; the temperature varied between 99° and 101° Fahr., but no chart was kept; there was a great tendency to sweat, probably increased by the patient's anxiety about himself, which was naturally considerable. The right spermatic cord and epididymis became hard, nodulated, and tender; but, by August, these conditions had subsided. I then consulted Dr. Vandye Carter, who agreed with me as to the nature of the case. By this time, there was distinct wasting of the interossei muscles of the left hand and of the little finger, so that, on comparing the two hands, the ulnar side looked much straighter; there was also loss of sensation, the patient saying that it felt like India-rubber; the adductor pollicis and the muscles of the forearm on the ulnar side were not apparently affected.

After this, there was no fresh symptom, but the ulnar nerve and hand remained the same for some time. In April, 1886, the nodulation of the nerve had almost entirely disappeared; the hand was about the same as before; the general health was good, and the patient thought that he was just as well as he had been previous to the accident.

With the concurrence of Dr. Carter and Mr. Manser, I advised the inunction of mercury, but the patient was, unfortunately, very easily affected by the drug; it appeared, however, to have a powerful effect on the condition of the testis, as the pain and swelling, and subsequently the hardness, rapidly subsided under its use.

I have been promised any further information about the case, which is one of the greatest interest; and it is important to note that there was no sore on the finger, or any sign of inflammation present about it.

HEALTH-CLASSES IN BOARD SCHOOLS.—Dr. Munro, the Medical Officer of Health for South Shields, has been recently engaged in conducting classes in physiology and the laws of health in connection with the board schools of that town, with the satisfactory result that 14 of the girls and 10 of the boys obtained over 70 per cent. of marks and were adjudged worthy of receiving prizes.

CLINICAL MEMORANDA.

PRURIGO.

A VERY typical case of this rare disease came under my care in June, 1884. The patient was a woman, aged 54, a cook, who had always perfect health up to the preceding January, when the arms and inner surfaces of the thighs commenced itching, and she felt hard little lumps in the skin. She became rapidly worse, and after trying many remedies, was sent to Harrogate. She could get no sleep, even with powerful hypnotics, and her nervous system was completely broken down. The prurigo was situated on the upper arms to four inches above the elbow-joints; it was worse on the flexor surfaces; from the elbow-joints to the wrists, it was worst nearest the wrists. The legs were not so bad as the arms, but still were very typically affected from the knees to the upper third of the thighs. The skin was darker than natural, and thickened so much that it could not be picked up between the finger and thumb; its lines and furrows were deepened and widened, particularly so on the extensor surfaces of the wrists. The disease was much less abundant above than below the elbow-joints, which were not affected. The legs were not so severely affected as the arms, where I found the sign which Hebra gives as a certain diagnostic. On passing the hand over the skin, it produced a sound like a short-haired brush or packing paper, caused a prickling sensation to the fingers, and felt like a nutmeg grater. The function of the sweat-glands was in abeyance. The patient's family history was good; she was a well preserved woman, with all her organs and functions normal. I ordered the sulphur-water, before breakfast, in purgative doses, and the magnesia-water at noon, as a diuretic, with a strong sulphur bath every second day. I also ordered the magnesia water to be used as a lotion as often as the patient wished. The progress of the cure was steady and satisfactory, and on July 16th, the arms were well; the wrists almost so; the thighs also were very much better, but not so much so as the arms. There was no irritation even in the night. The patient returned to her work. The result of this case was very satisfactory. It proves the great value of sulphur-water, and the powerful absorbent and softening influence it has over the very worst forms of chronic indurated skin-disease. The relief of the itching I must attribute to the great soothing action the water has upon the nerve terminations. My patient walked into my study a year ago. She was perfectly well, with a healthy, though, in some places, a thickened skin.

JAMES A. MYRTLE, M.D., C.M.; Harrogate.

SURGICAL MEMORANDA.

THE TREATMENT OF ULCERATIVE OTORRHOEA.

EVERY surgeon must have often experienced great difficulty in treating discharges from the ear, the result of inflammation of the tympanum, with the formation of chronic ulcers around its boundaries. The following method of treatment is one which I have found most successful in dealing with a very large number of such cases in the out-patient department of University College Hospital.

With a mirror on his forehead, and a good light thrown down a silver speculum therewith, the surgeon first cleanses the whole meatus thoroughly by means of little rolls of salicylic wool, wrapped round the end of a tapering probe. If this is thoroughly done, the granulations will be well seen in every part. Some of them may be so prominent as to form small polypi; others may be hardly at all raised. In either case, they must be scraped away freely with a sharp-edged curette and removed. The whole fundus of the ear is now cleansed and dried with small rolls of salicylic wool, as before; and, when quite dry, is touched freely with a roll of wool, dipped in strong tincture of perchloride of iron. This fluid should be conveyed only to the ulcerating surface, and should be limited in amount. When it has remained in contact with the diseased area for a few seconds, it is dried off; and then a small quantity of iodoform, in fine powder, is blown over the part operated on.

If this treatment be very carefully carried out in detail, ears, which have been discharging for months or years, may often be brought to heal in a few weeks. Everything depends on producing an aseptic, instead of a septic, condition in the ears.

ARTHUR E. BARKER, F.R.C.S.

DEATH OF A CENTENARIAN.—A black woman, named Mary Bracher, died at Troolie Island, Demerara, whose age was reported to have been 126 years. It is stated that she retained her faculties to the last.