prescribed ether in 10 to 20 minim doses subcutaneously in very severe cases, generally alternating with strychnine. The ether injection sometimes gave rise to local necrosis of the skin, but this was of small moment, as I am sure the patient occasionally rallied as the result when all else had failed.

A CASE OF LEPROSY DIAGNOSED BY X RAYS.

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THE following case is of considerable interest, as the disease was so atypical as to remain in doubt, even when examined by experts, until the x rays showed clearly the well-marked osseous lesions of leprosy.

Jemadar M. S. was invalided in April, 1915, with the diagnosis of rheumatism. He had served through the winter campaign, and had latterly complained of headache and other ill-defined pains. He also had a widespread papular rash, with some pigmentation in the face; this, he states, has been of many years' duration. His left eye was operated upon four years ago for pterygium, and there is a slight opacity of the cornea in that eye, with injection of the conjunctiva. There is a slight stare, not due to exophthalmos. He has occasional pains in the back, and also in the feet, of a burning character. When he arrived the feet were swollen; this was attributed to exposure in the trenches. From the history it seemed that he might have had syphilis, as potassium iodide had been prescribed years ago with benefit.

The points that raised a suggestion of leprosy were (a) a little clubbing of the fingers, of which the terminal joints were not quite straight and symmetrical; (b) the toes appeared slightly shortened, and one of them was crooked.

He was carefully examined for certain signs, which were all negative:

1. There were no maculae on the back or extensor surfaces of the limbs.
2. No tubercles on eyebrows, ears, or elsewhere.
3. No anaesthetic patches on feet, hands, or body.
4. No thickening of the ulnar nerve.
5. No naso-pharyngeal ulceration or tubercle, and no laryngeal symptoms.
6. No paresis of the lower eyelids.

A radiogram was taken on July 11th by Captain Gale; it showed entire disappearance of the terminal phalanges of most of the toes. The proximal phalanges have also become greatly decalcified; in the right foot the second phalanx only is intact and in the left foot the third, while

the big toe of the left foot is only represented by a triangular piece of bone three-quarters of an inch long, and the fifth phalanx has quite disappeared.

The distal portions of all the metatarsal bones are extraordinarily thinned.

In the fingers slight changes are perceptible in all the terminal phalanges on both sides. Those of the thumbs

are peculiarly eroded and shaped like pollarded willow trunks, and the terminal phalanx of the index finger is a mere stump.

In leprosy it is the osseous framework of the phalanges which first becomes irregularly absorbed. At a later period the metatarsus or metacarpus; the former is more affected, perhaps on account of traumatism, and sepsis spreading from trophic ulcers of the sole of the foot, which also affects the tarsal bones, and spreads to the ankle-joint. Amputation is then resorted to, and it is found that the bones of the foot are so softened as to be readily cut by a knife. It is seldom that a case with slight and doubtful general symptoms shows such extensive osseous changes as to make them the decisive diagnostic factor. Hence the value of the Roentgen rays in this case was peculiar.

I am indebted to Colonel Sir Bruce Seton for permission to publish this case.

DR. HENROT gave recently to the Académie de Médecine an account of the bombardment of the hospital at Rheims. The bombardment did great damage. A breach of about 10 metres was made in the hospital, causing the falling of the façade and the roof. The patients' beds were seen suspended to the walls. The maternity department, situated in a separate wing, by some happy chance was not touched, but by way of precaution the patients were moved to the cellars, as the bombardment was continued every day during half an hour in the morning and half an hour in the afternoon. One night 2,000 shells fell on the town between 9 p.m. and 5 a.m. In the cellars the patients lay on mattresses or on the ground; they were so close together that it was difficult to reach any one. The women pupils, who stuck to their posts, had to give the necessary injections and enemas on their knees. Such was their care and devotion that in spite of privation, fatigue, and mental distress the sanitary condition of the women remained good. During the months of August, September, October, and November (1914) no case of infectious disease occurred. Only two women died—one of eclampsia, the other owing to faulty insertion of the placenta. Some poor women died on their way to the hospital of exposure or want in railway stations, in the train, or in the street. Most of the women were more or less exhausted but they bore their sufferings cheerfully. M. Henrot relates a remarkable case. One day a fine child was presented to him. When he asked for the mother he was told that a fragment of shell had torn open the abdomen and the uterus, and the child had simply to be extracted. As M. Henrot says—this is a form of the Caesarean operation of which there is no previous record.