troublesome and morphine not contraindicated, I find the following linctus very useful and pleasant: *R. Liqueur morphinæ hydrochlor.*, 3j; *acidi hydrobromic. dilut.*, 5j; *chloroformi pur.* iiij; *tinct. limonis*, 3j; *syrupi simp.* ad 3iss. 3j tussi urgente.

Several persons have come to me who have previously suffered from influenza, and have troublesome cough, pain, and slight expectoration, with the peculiar crepitation, left behind. Carbolic acid has cleared these troubles up. The neuralgia which so frequently occurs, especially at the back of the eyeballs, I have found relieved by antipyrin in 7-grain doses, and lately by exalgine in 1-grain doses.

NOTES ON LEPROA MUTILANS IN SOUTH AMERICA.

By EDWARD H. HICKS, M.R.C.S.ENG.,
Folkestone.

THE prodromata in this form of leprosy are not so marked as in the other forms, rarely lasting more than three or four days, during which period heaviness of the head, irritability, and anorexia are the chief symptoms. During the pyrexial attacks its resemblance to acute articular rheumatism is remarkable. The tendency of the sinuses to heal spontaneously, especially those communicating with the phalangeal articulations, is also worthy of note.

CASE I.—J. H., aged 36, a cowboy, had always lived in warm and damp climates until six years ago, when he removed to a colder district. His family history was good. His food was usually beef, either fresh or dried in the sun, plantains, euchres, rarely potatoes; he said he might have had fresh fish five or six times a year, never dried fish. He denied syphilis, but admitted having been a free drinker. Eight months after arriving in the colder climate he had rigors, followed by fever, with pains in the joints of his fingers and toes, the pains being worse at night. This attack lasted ten days, when he returned to work, but he noticed that a certain amount of stiffness remained in his fingers. During the last six months he had had three similar attacks.

When first seen he was much emaciated; there was no change in the colour of the skin. The metacarpophalangeal and phalangeal articulations were swollen and painful on pressure. The left index finger presented an appearance like a stump on the end of the corresponding metacarpal bone; the first phalanx only of the right index remained, on the end of it was the nail black and transversely striated. The phalangeal joints of the remaining fingers were swollen. When seen twelve months later he was more emaciated, both elbows were flexed. At the metacarpophalangeal joints were stump-like processes flexed into the palm of the hand, with a tendency to be drawn to the inner side, with nails only on what remained of the right index, both little fingers, and the middle finger of the right hand. The lower ends of the radius and ulna were considerably enlarged, and a similar deformity was seen at both elbow joints. Along the course of both ulnar nerves small tumours were noticed. The toes of both feet were similarly disorganised, and no traces of nails could be found. On the feet were two gangrenous patches, one over the right external malleolus, about the size of a half-crown, and the other covering nearly the whole of the dorsum of left foot. There was considerable deformity of both ankle joints.

CASE II.—R. C., aged 25, a labourer whose family history was good, had always lived in temperate climate. He rarely had fish; his food same as Case I. He said that he had had fever (?), but gave no history of syphilis. Four years ago he had "rheumatism." The attack lasted about three weeks. Afterwards he noticed that the joints of his fingers remained swollen and stiff; two months later he had another attack lasting twelve days which caused still greater deformity of the joints of the fingers. He stated that in the course of the next six months openings formed by the sides of the joints discharging a large quantity of clear fluid, and that later pieces of bone came away, after which the openings closed. When seen the right arm was atrophied and the elbow-joint flexed. The hand looks like a club-shaped mass attached to the forearm by a constricted portion nearly half an inch wide, at the distal extremity of the club-shaped mass were stumps, the remains of fingers, and on those corresponding to the index and middle fingers were traces of nails. The lower ends of radius and ulna were much enlarged. The left elbow-joint was less flexed than the right; the muscles of the forearm were slightly atrophied; there was no enlargement of the ends of the radius and ulna; wrist-joint apparently normal. The joints only of the thumb were thickened; the index extended only half the length of middle finger. The middle finger had lost the last phalanx; the ring finger had lost two phalanges. On these fingers were no traces of nails. The little finger was swollen, and movement was impaired in the phalangeal joints. The toes were like processes attached to club-shaped masses representing what had been the feet. Both ankle-joints were considerably deformed. The muscles of the legs were markedly atrophied, the knee-joints much swollen and stiffened.

INFLUENZA.—Fifteen hundred members of the Metropolitan Police Force are said to be suffering at the present time from influenza. The average number away from duty at this season of the year is only about 300.

ON THE USE OF OXYGEN AND STRYCHNINE IN PNEUMONIA.

By T. LAUDER BRUNTON, M.D., F.R.S.,
AND
MARMADUKE PRICKETT, M.D.

THE great prevalence of pneumonia at the present time, and the number of deaths which it is occasioning, induce us to write the present paper without further delay, although we might have wished to bring forward a larger number of cases. It is self-evident that if we can increase the oxygenating power of the air inhaled by the patients in cases where the breathing surface of the lung is diminished, we may afford great benefit, and in some cases may save life. More especially is this likely to be useful where the interference with respiration is of a temporary character, as in cases of acute pneumonia. In some such cases, where one lung, or one part of a lung, is clearing up, while another part is becoming involved, the question of life or death will be decided by the amount of lung available for respiration. This, again, will depend upon the comparative rate with which the inflammation encroaches on the breathing space on the one hand, and the already consolidated lung clears up on the other.

It is possible that an increased oxygenating power of the respired air for even a few hours may sometimes turn the scale in such cases. We have, unfortunately, not had final success in a case which we are about to relate, but the immediate effect of inhalation of oxygen was so remarkable—we might also say miraculous—as to awaken the greatest hope of future success.

The Rev. E. V., aged about 40, a hard-working clergyman, was attacked with influenza and pneumonia of the right base. On Saturday, June 20th, 1891, this condition was beginning to clear up, but consolidation began to make its appearance at the left base. When we saw him together about 9 o'clock on the morning of Sunday, June 21st, we found him completely unconscious and apparently moribund, his face livid, the skin cold and covered with a clammy sweat, and loud mucous rattles accompanying every respiration.

There did not appear to be the slightest possibility of doing him any good, even temporarily, and we both thought it impossible that he could live more than two hours. Although we regarded the case as quite hopeless, we agreed that it was our duty to try every means of recovery. We accordingly performed venesection, and with some difficulty removed 15 fluid ounces of blood. We injected $\frac{1}{10}$ grain of strychnine subcutaneously, with $\frac{1}{10}$ grain more after an interval of about twenty minutes, in order to stimulate the respiratory centre and increase, if possible, the respiratory movements.

These measures had very little, if any, effect, but, after using them, it occurred to Dr. Brunton that the inhalation of oxygen might be useful. It had already been tried by one of us (Brunton) several years ago as a means of preserving life in poisoning by serpent venom, but great difficulty was then experienced in obtaining it in sufficient quantity and in a portable form. This difficulty has now disappeared, for it can be obtained commercially in iron bottles, in which it is condensed. The utility of oxygen in this form has recently been shown by Major Elsdale, who, in an article in the *Fortnightly Review* about a year ago, described his successful employment of it in a case of poisoning by coal gas.

We accordingly procured some oxygen with as little delay as possible from Brin's Oxygen Works, Horseferry Road, Westminster, the man in charge of the works kindly supplying it to us although, being Sunday, both the works and the office in 34, Victoria Street, S.W., were shut.

The Oxygen Company supplies a mouthpiece and inhaling bag somewhat resembling that usually employed for the inhalation of nitrous oxide and ether, but we used the simpler though more wasteful plan of allowing the oxygen to stream into the mouth through a plain piece of glass tubing attached by an india-rubber tube to the oxygen bottle.

In about fifteen or twenty minutes the patient's colour became less livid, though he was still completely unconscious.

¹ The telegraphic address of the Company is "Brins Oxygen, London."

When he was next seen by one of us about two hours afterwards an extraordinary transformation had taken place. He was perfectly conscious, his colour quite healthy, and he expressed himself as feeling comfortable and well.

During our absence he had awakened, and said to a relative, "What a fine sleep I have had. I feel quite well." The inhalation of oxygen was discontinued, but nevertheless during the afternoon and evening, and early part of the night he seemed to be progressing favourably. About three o'clock in the morning his respiration again became embarrassed, and his circulation feebler, and despite the continued inhalation of oxygen we found him about nine o'clock on Monday morning in much the same condition, though not quite so bad as twenty-four hours before. We thought that perhaps this condition might only be temporary, and that he might again improve on a freer use of oxygen, but unfortunately he died about an hour and a-half afterwards.

It is quite possible that nothing could have saved him, but we regretted that we were not summoned when the symptoms became worse, as we might have possibly done good artificial respiration with oxygen. It would have been easy to keep this up, for the oxygen, being contained under pressure in the bottles, all that would have been necessary was to pack the glass tube into one nostril, and by alternately, with the finger, compressing and relaxing the other nostril, to allow the compressed oxygen either to inflate the lung or escape through the nostril. This method might be useful in other cases.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

MIMIC LABOUR.

In April, 1887, when in practice in Wiltshire, the station-master asked me to attend his wife in August following in her confinement. She had had several children (I think seven), and was a stout, practical, common-sense type of woman. The husband looked in at my surgery one day in August, and me if I was passing by to look in that day, as he did not think she would go over the night. On looking in late in the afternoon I found the patient apparently in labour, the pains having begun. On making a careful examination I found the uterus was of normal size, of hard consistency, and evidently no pregnancy at all. The breasts had every appearance of breasts just before delivery; they were enlarged; the areolæ were dark coloured; there was some exudation from the nipples. The abdomen was fully distended to a size of nine months' pregnancy. The nurse was in the room, the baby clothes hanging before the fire to get warm; in fact, everything ready—but the baby!

The patient stated that she had not menstruated for eight months, quickening had taken place in the usual way, and she had felt the child moving distinctly; labour had commenced two hours before I saw her.

On telling the patient she was not pregnant she could hardly believe it, but being of a practical turn of mind, she put the baby clothes away, dismissed her nurse, and expressed great relief at not having another, having seven already. The abdomen resumed its ordinary size in a day or two, the periods returned, and everything assumed its ordinary appearance, and up to the time I last saw her (about four months ago) she has never been pregnant again.

Cheltenham.

C. E. F. MOUNT-BIGGS.

THE case reported by Dr. Atkinson in the *BRITISH MEDICAL JOURNAL* for January 2nd, recalls an almost similar experience of mine.

About eight years ago Mrs. J., aged 40, the mother of four children, engaged me to attend her in her approaching confinement. At the time expected I was summoned, and on my arrival at the house I found all the usual preparations, and Mrs. J. suffering from strong periodic pains, which had commenced about two hours before, and had gradually increased. On examination, I was astonished to find that the os was

closed, and that the uterus, though slightly enlarged, contained no nine months' foetus—in fact, no foetus at all—and great was the surprise and chagrin of the patient, and the subsequent ridicule of the neighbours.

I learned that Mrs. J. had not menstruated for nine months, and had exhibited all the usual signs of pregnancy. She has since been delivered of a full-grown female child.

Bolton.

J. JOHNSTON, M.D.

REMARKABLE CASE OF DERMATOLYSIS OF THE SCALP ASSOCIATED WITH FIBROMA FUNGOIDES ON THE BODY AND LIMBS IN A NEGRO.

THIS remarkable case of fibroma fungoides (Fox) associated with an enormous dermatolytic development of the scalp was seen in the streets of Sierra Leone, Western Africa, on the morning of December 12th, 1891, and, with difficulty, photographed by me.

Numerous nodular masses are visible on the surface of the skin of the body, legs, arms, and face, varying in size from a small peppercorn or pea to that of a billiard ball—all more or less in a state of chronic irritability and ulceration.

The ponderous mass of dermatolytic skin observed hangin from the back and left side of the head has been estimated as weighing about 12 lbs., and falls in soft folds over the left shoulder and back. This mass is freely movable and, for convenience, is carried in a large bag fitting like a cap on the head, and supporting the growth as it rests on the spine and back of the neck.

The subject of this disease, who is a native of Sierra Leone, states that he was born with lumps on his skin and body. He is aged about 50 and of small stature. He suffers from the inconvenience of the weight of the tumour, which, he says, during the past few years has increased considerably in