

the damage done to the anterior muscles by the fracture and subsequent operation, particularly to that portion chiefly of the extensor pollicis, which was cut out from between the fragments.

The wound of operation was still in part uncicatrized when the patient left, but it has healed much since, and will, I have no doubt, close as soon as the limb acquires a firmer and more healthy condition by use and residence in the country.

The consideration of the facts of the case before, during, and after operation point clearly to the conclusion that the cause of non-union of the fracture was the interposition of a mass of muscular and tendinous tissue between the fragments, and not either the obliquity or want of rest of the fragments, nor again, any diseased condition. The fact of union having been attempted posteriorly, as the callus deposited in this part showed, is strong evidence in support of this conclusion.

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ART. XI. — *Case of Elephantiasis Græcorum (Leprosy).* By  
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THERE are many considerations which render the study of the disease Leprosy (or according to modern nomenclature, Elephantiasis Græcorum) an attractive one. Whether we regard it as possessing a longer line of ancestry than perhaps any other existing disease of like severity, dating more than three thousand years back, or its prominent position in the sacred writings, the horror and detestation in which its victims were held from earliest times, and even yet are held in many countries where the disease is still endemic, or the inevitable destitution and mendicancy that attend its existence among a population; in whatever aspect we consider it, the interest is not lessened, nor the duties of investigating its phenomena diminished. Still less, when we find that the evidence is all but conclusive that the disease very rarely, if ever, manifests any tendency to a spontaneous cure, and that there is no medicinal substance, mineral or vegetable, which has yet been found to exert anything like a direct or specific effect on the malady. Nor was its pathology a matter of less obscurity than other relations of the disease, until Virchow developed the

comparatively crude observations of Danielssen and Boeck and others, and placed it on a basis of scientific truth.

Good service has been rendered to the clinical history of the disease by the "Report on Leprosy, by the Royal College of Physicians" of London in 1867, and much has been done by the report to indicate the probable causes that favour its development and persistence on the one hand, and its disappearance from whole tracts of country on the other. Though up to a few centuries ago the disease was prevalent in the British Isles, it may now be considered one of the very rarest of indigenous diseases in these islands: most, if not all, cases of the disease now occurring in these countries being imported from foreign parts, where it is still endemic.

The following are brief notes of the case of a man suffering from the disease in question, who was sent me by my friend Dr. Stirling of Thomastown:—

T. H., aged forty-seven, a native of the Co. Kilkenny, enlisted in the service of the East India Company, and left Ireland for India in the year 1844. While at home, previous to his departure, he had always enjoyed good general health. He denies having ever had syphilis. In Aden he had an attack of liver disease, for which he was in hospital eighty days. In Madras he suffered an attack of dysentery, and another of ague. In Borneo he got a second attack of liver disease; and in Bengal, during the mutiny, he had fever.

After a protracted service in India of twenty-seven years, he returned to these islands about two years and three months ago, and enjoyed excellent health for about a year and a-half. But about nine months ago he began to be conscious that his health was not up to its accustomed standard, and soon he suffered a feverish attack, followed by sensations which he described as being those of creeping, itching, and tingling all over the body. The first morbid growth that attracted the man's attention was on the backs of the hands and the fingers, which became swollen, tense, and itchy, resembling chilblains. He soon became aware that the disease appeared also on the face, head, neck, and shoulders, and assumed a tuberculous character.

When the patient was admitted into the City of Dublin Hospital he was found to have lost flesh to a considerable degree. The general surface of the body presented a dusky, brownish, or

reddish-brown appearance. Scattered in great numbers over every part of the body, from the crown of the head to the soles of the feet, were spots of a darker hue, with a somewhat coppery tinge, suggesting at first sight a connexion with syphilis. The spots averaged in size about that of a fourpenny silver piece. Some of the spots faded slightly in colour under pressure, and the skin underneath felt perfectly normal to the touch. Others preserved their hue unchanged by any amount of pressure, and the skin underneath felt decidedly indurated, though not elevated above the general level of the surface, while a third set had not only undergone pigmentation and induration, but were elevated in varying degrees from a very slight rise, like that of urticaria, up to the condition of a prominent rounded sessile tubercle. But this tuberculous condition was not equally distributed over the body. It was very much more marked on the face, neck, forearms, and hands than elsewhere; and in an intermediate degree on the shoulders and arms. On the wrists, hands, and back of neck the tubercles had reached their largest. Here a few had attained to the size of a large bean. The eyebrows, from their tuberculous condition, presented a heavy, overhanging effect. The eyelids owing to the same, appeared greatly thickened, bloated, and half closed, causing a most sleepy lethargic expression of countenance. There was a remarkable deficiency of eyelashes. A few very small tubercles were found on the palpebral conjunctivæ—none on the ocular, but the latter were vascular, and the eyes tender and watery. A very scanty growth of hair on the face was observable. The face presented a remarkable aspect. It was of a dusky, reddish-brown colour, and had a swollen, puffy, bloated appearance, studded thickly with sessile tuberculous masses in all stages of development, varying from the size of a No. 3 shot to that of a filbert nut. Near the angles of the mouth two or three tubercles appeared more advanced than elsewhere. They were about the size of a filbert nut, very prominent, tense, and elastic, smooth, shining, of a semi-transparent, porcelainous whiteness, with a few vessels ramifying over their surface. The entire of the mucous membrane of the lips, cheeks, palate, pharynx, and under surface of tongue were thickly studded with small tubercles, and in the latter situation some had ulcerated, and there was a certain amount of swelling and inflammation of the organ, causing a very imperfect articulation. The mucous membrane of the nose was likewise affected, giving the voice a nasal tone. By the aid of the

laryngoscope it could be seen that the disease extended as far as the commencement of the œsophagus, and the mucous membrane of the arytenoid cartilages and the ary-epiglottidean folds were closely studded with tubercles, some having attained the size of a small pea. Partly from this condition of the mucous membrane, and partly from the irritability of the throat, inducing reflex spasms at every introduction of the laryngeal mirror, and partly, also, from the condition of the tongue, precluding the possibility of grasping it with sufficient firmness, the vocal cords could not be brought into view. However, from the peculiar hoarseness of the voice,<sup>a</sup> there can be little doubt that the disease extended to the cords. There was no evidence that the disease had spread further into the gastro-pulmonary mucous tract. There was no tendency to diarrhœa. No fœtor of the breath. The urine contained no albumen; its sp. gr. was 10·20.

A careful examination of the surface of the body failed to reveal the presence of anæsthesia anywhere.

The treatment adopted in this case may be dismissed in a very few words; at first, iodide of potassium, and afterwards arsenic and cod liver oil, along with simple warm baths. I need hardly say no perceptible effect was produced in three weeks, the length of his sojourn in hospital.

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ART. XII.—*Notes on Operative and Conservative Surgery.* By AUSTIN MELDON, Licentiate of the King and Queen's College of Physicians and of the Royal College of Surgeons, Ireland; Surgeon to Jervis-street Hospital, and late Demonstrator of Anatomy in the Catholic University of Ireland.

- I. DOUBLE DEPRESSED FRACTURE OF THE SKULL—TREPHINING—HERNEA CEREBRI.
- II. GUNSHOT WOUND OF THE ARM—GANGRENE—AMPUTATION AT THE SHOULDER-JOINT
- III. GUNSHOT WOUND OF THE ABDOMEN.
- IV. FRACTURE OF ALL THE BONES OF THE FACE.
- V. A FEW CASES OF AMPUTATION—PRIMARY AMPUTATIONS OF SHOULDER AND ARM.

<sup>a</sup> Dr. James Little, to whom I had the pleasure of showing this patient, said that, having been in the East, in parts where leprosy was not very uncommon, he recognized this man's voice as being most characteristic of the disease.