tion; and that the stones, or whatever object had constituted the impediment, had been subsequently removed by absorption. It was quite evident that the destruction of the right kidney was of old date; and subsequent inquiries amongst the patient's friends elicited the fact that some years previously he had frequently been heard to complain of pains in his back.

The left kidney (Fig. 1 B) was much enlarged, and weighed 10 oz. It had a very dark appearance. The capsule was thin and transparent, and peeled off, without tearing, from the smooth surface of the organ, carrying with it the usual adipose investment, which was abundant. When the kidney was cut open, the exposed surfaces presented an intensely dark, uniform appearance, with very faint distinction of cortical from pyramidal substance. The pelvis was somewhat dilated, and distended with about two drachms of bloody, grumous urine. No free calculi were found in the pelvis or infundibula; but a small black calculus, as large as a mustard-seed, was seen projecting into one of the lower calices. It was tightly impacted in the mouth of one of the ducts of the corresponding papilla.

The left ureter was throughout about the thickness of a large goose-quill, and tightly distended with fluid. At the lower part, for an inch and a half above its entrance into the bladder, it had a reddish, congested appearance; and in its interior, at this part, three small calculi could be felt. The largest of these was tightly impacted in the terminal portion of the ureter, where it passes obliquely through the coats of the bladder. The other two lay loose in the ureter about an inch higher up, situated one above the other, and a finger-breadth apart. On pressing the ureter, and squeezing its contents from above downwards, only a very slight oozing took place into the bladder, so tightly was the lowest calculus impacted in the canal.

A small opening was made into the ureter for the purpose of withdrawing the calculi for further examination. About three drachms of a thick turbid chocolate-coloured fluid escaped through the opening thus made. This fluid contained fibrinous shreds and small granular blood-clots. Under the microscope it further revealed (besides blood-discs) a number of spheroidal and dumb-bell masses of oxalate of lime. The fluid found in the pelvis of the kidney had exactly similar characters.

The little calculi (Fig. 2) were about the size of hemp-seed, of a glistening black colour when wet, and changing to a dark-brown on drying. The three together weighed a grain and a half; they were composed of pure oxalate of lime, and as hard as pieces of granite. The largest of the three (which constituted the obstruction) weighed only the sixth part of a grain (c); it was faceted on the surface, and had an irregular ovoid shape. The next to it (d) was also faceted, and had a rudely pyramidal form, surmounted by a blunt spike. The topmost (e) was of similar shape, but with two spikes and no facets.

The bladder contained about six ounces of urine, which, as it flowed from the penis during the removal of the viscus, appeared pale and dilute like the specimens passed during life. The orifice of the right ureter was imperforate; the orifice of the left was unchanged. The coats of the bladder were thin, but healthy.

(To be concluded.)

DISLOCATION BACKWARDS OF THE RIGHT RADIUS AND ULNA, THE FOREARM BEING IN THE POSITION OF EXTREME EXTENSION.

By G. F. HELM, M.A. CANTAB., M.D., F.R.C.S. (EXAM.),
SURGEON TO RUGBY SCHOOL.

A—, on February 22nd, 1867, fell when jumping, and injured his right arm. Thinks he has broken it. When I saw him, he was lying on a bed, the arm being extended on a pillow, with the hand pronated, and the forearm extended on the humerus *beyond* the straight line, so as to produce a bowed appearance, which immediately attracted my attention. The olecranon could be seen projecting under the skin at the posterior surface of the upper arm, giving the limb a very deformed look by reason of its position at a point considerably higher up the arm than that which the fold in the skin anteriorly pointed to as the natural position of the elbow-joint; so that the upper arm looked of a natural length and form when viewed anteriorly, but very short and deformed when viewed from behind. The head of the radius could be distinctly felt behind the humerus, and considerably above the outer condyle, which could not be felt, though its position could, of course, be inferred from that of the internal condyle, which was very distinct. The olecranon must have been quite two inches higher up the arm than is natural in the state of extension. There did not appear to be any separation of the bones of the forearm, the radius retaining its relative position to the ulna; and the lower end of the humerus could be felt projecting in front. There was very little swelling of the soft parts, and I was unable to detect any fracture, though the reduction of the dislocation, easily accomplished over my knee by reason of the faintness of the patient, was attended by a very disagreeable grating sound, unlike what is heard in the reduction of most dislocations. Angular splint was loosely applied.

March 6th.—No bad symptom; motion perfectly restored. Was seen to-day by Sir Wm. Fergusson, who could scarcely believe that the joint had been so severely injured, so sound was it and well.

Remarks.—The above is a case of the ordinary dislocation backwards of the forearm, with the single exception of the limb being extended instead of more or less flexed. This arose, I think, from the great distance which the olecranon was drawn up the posterior surface of the humerus; and it is only on the supposition that, in this case, the triceps muscle from some cause had it all its own way, and, by reason of its sudden and powerful contraction, aided, perhaps, by the position of the arm at the time of the accident, was enabled to draw the olecranon so far up the back of the shaft of the humerus, that the position of the bones can be accounted for. The forearm could not have assumed the position it did unless the coronoid process of the dislocated ulna had, with the permission of the flexor muscles of the forearm, cleared the olecranon fossa; for this process and the flexor muscles, the one by fitting in a measure into the olecranon fossa, whilst the surface below was across the lower end of the humerus, and the others by their strength of resistance and contraction, would almost necessitate that the bones should, as they usually do, form an angle with the humerus. But when the coronoid process is drawn such a distance up the shaft of the humerus that it is above the level of the olecranon fossa, then there is every reason why—the flexor muscles permitting—it should rest against the posterior and *inner* aspects of the humerus, under

which circumstances the position of extension must occur, just as much so as one of flexion does in cases where there is a less amount of dislocation. Looked at in this light, the amount of extension is an index of the extent of the dislocation.

Rugby, Warwickshire, May, 1863.

ON A CASE OF LEUCE.

By THOMAS CHAPLIN, M.D.

MOHAMMED ABBAS keeps a shop in the bazaar of Jerusalem. He is thirty-five years of age, married, and the father of two children, who died of cholera during the epidemic of 1865. Around both eyes, on the nose, cheeks, and upper lip, chest, back, arms, and legs are white discolorations, more or less rounded in outline, smooth, and soft to the touch. The hairs upon these spots are white, though with here and there a black one amongst them; and these white hairs are more crisp and dry than the others. At first sight, and viewed from a distance, the spots appear depressed below the surrounding surface; but the finger passed from sound to affected parts detects no depression. There is no loss of sensation in the spots, and no pain, except when he goes much into the sun, or the weather is very hot, when heat and tingling are felt in the diseased portions of the face, which then become of a pink colour, and occasionally have minute vesicles formed upon them. He states that the disease begins as a small white spot "like a seal," which subsequently extends itself, and becomes joined to others. The skin first becomes white, then the hairs upon it. He has had the complaint from his youth; but during the last five or six years it has been worse. He is strong and otherwise healthy; and considers the disease to have been caused by his mother having on a certain occasion been violently agitated during her pregnancy with him, after which occurrence all the children she bore were thus affected.*

This case closely corresponds to the description of *leuce* given by Celsus.† (1) It is more unsightly and disagreeable than dangerous; (2) it resembles *alphos*,‡ but differs from it (3) in being whiter and (4) extending deeper, affecting the rete mucosum, whereas *alphos* is a disease of the cuticle; (5) in the hairs growing on the affected parts being white, and otherwise altered in character, and (6) in being incurable.

Some of our most learned modern writers have classed *leuce* amongst the squamous diseases. Yet in the earliest descriptions of this malady extant no mention is made of scales. Celsus tells us that *alphos* is "subasper," but makes no such statement in reference to *leuce*. In the "Medical Definitions" ascribed to Galen, *leuce* is defined as "a preternatural change of the body to a white colour;"§ and elsewhere Galen thus gives the distinction between *alphos* and *leuce*: "The origin of the *alphi* is indeed similar to that of the before-mentioned affections (*leuca*), yet the entire flesh is not affected, but the *alphi* are implanted like scales upon the surface of the skin."|| Nowhere does he speak of scales in connexion with *leuce*. Paulus Ægineta, in describing *leuce*, says: "It is a change of the skin to white, occasioned by viscous, glutinous phlegm," and makes no allusion to scales. Joannes Gorraeus—no mean authority on the signification of ancient terms—writes: "Λευκή, vitiligo alba, est cutis carnisque subjectæ præter naturam albedo. .... Differt autem ἀπο τῆς λεπρας καὶ ἐλεφαντος quod hæc sint cum asperitate cutis, rosione, pruritu, et squamulis; λευκὴ vero cutem habeat levem sine ulla aspredine et rosione."¶ Nearer our own time De Sauvages has informed us that the signs of *leuce* are "maculæ amplæ.....non squamosæ.....sed glabræ et coloris vere albidæ.....his adde pilos albos,"** &c. Bateman also distinctly states that *leuce* is not a squamous disease.

Dr. Mason Good, in his "Study of Medicine," makes *leuce*,

* The natives of this country frequently ascribe obscure diseases to fright. Half the "lepers" in Jerusalem will give a circumstantial account of a fright they have sustained from robbers, wild beasts, and so on, to which they attribute the origin of their malady.

† De Medicina, 5, 19.

‡ There can be little doubt that *alphos* included both the *Lepra vulgaris* and *L. alphoides* of Bateman. In the latter, "quædam quasi guttæ dispersæ esse videantur"; the former, "latius et cum quibusdam intermissionibus serpit." Bateman himself regarded *L. alphoides* as "merely a variety" of his first species.

§ Def. Med., 373.

|| Galen, de Sympt. Causis, 3, 4.

¶ Definit. Med. Jo. Gorraeus. Frankfort, 1601, p. 266.

** Nosologia Methodica. Amsterdam, 1768, vol. ii., p. 600.

the *beharath lebena* of the Mosaic law, and the white *baras* of the Arabians, to be identical; and, under the name of *Lepriasis candida*, describes the affection as consisting of "scales on an elevated base, glossy-white, with a deep central depression," &c.* Yet in the Mosaic account of these so-called "leprosy" diseases (as in the early descriptions of *leuce*) there is not a word to intimate that any of the forms were distinguished or accompanied by desquamation of the cuticle.†

In the third verse of the thirteenth chapter of Leviticus one of the tokens by which a case is to be judged unclean is stated to be, that "the plague in sight be deeper than the skin of his flesh." These words (which are an accurate rendering of the original) may mean either that the plague appeared to the eye to affect the structures beneath the skin of the flesh (cuticle?), or that the affected parts were depressed below the surrounding surface. Many translators, ancient as well as modern, have adopted the latter rendering; yet, since that form of disease in which a hollow or depression of the surface is produced is specially described in another place,‡ it seems reasonable that here the natural and more obvious interpretation should be adopted: so that of the three affections mentioned in the beginning of this chapter (verse 2) we may regard one as characterised by bright white spots, with white hairs growing in them, having a tendency to spread, and affecting the parts beneath the skin (cuticle)—precisely the characters ascribed by Celsus to *leuce*, and presented by the case narrated above.

This man's disease is called *baras* by the Arabs, and is probably one of the forms included by the Arabian writers under the term *baras el abyad*, or *white baras*. But the Arabs also described under this name another disease, more formidable in its nature, and producing pits or hollows in the skin § This latter may be identical with the affection described in Lev. xiii., 18, 19, 20; and with the more severe form of *leuce* alluded to by Galen in the passage quoted.||

Jerusalem, April 12th, 1868.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum ac dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

CHARING-CROSS HOSPITAL.

CASE OF EXALTED REFLEX IRRITABILITY OF THE SPINAL NERVES OF THE LEFT SIDE OF THE BODY.

(Under the care of Dr. SALTER.)

THE very curious case which is here described is one of several broadly allied apparently in their pathology which we have lately seen in the hospitals of London. Our readers will remember that we referred several months since to one in St. Bartholomew's Hospital, under Mr. Holden's care: a boy in whom, by touching the upper part of the spine or a small tumour on the side of his neck, unconsciousness, with muscular rigidity and other anomalous symptoms, were produced. The case is graphically described by Mr. Holden in the volume of St. Bartholomew's Hospital Reports for 1867.

Another case was not long since under Dr. Barclay's care, to which reference is made further on.

There is just now in the Middlesex Hospital, under Dr. Greenhow's care, a man, fifty years of age, affected with motor ataxy, in whom reflex spinal excitability is remarkably exalted. An unexpected touch produces violent spasmodic contractions of the legs, accompanied by a painful appearance of alarm and distress. This has been produced frequently by the accidental dropping of a diet-card upon his bed, or the chance touch of a student's coat against the bedclothes. An interesting fea-

* Study of Medicine, vol. iv., p. 580.

† See Smith's Dictionary of the Bible, art. "Leprosy."

‡ Leviticus xiii., 18, 19, 20.

§ Avicenna, 4, 7, 2, 9.

|| De Sympt. Causis, loc. cit.