to his usual custom, though repeatedly cautioned against it, he had, in the hope of being able to relieve himself, been drinking freely of gin and spirits of nitre ever since the morning, when the retention had begun. Not having a catheter with me, I told him I would obtain one, and come again. As his house was only about five minutes' walk from the infirmary, I should be back to him within a quarter of an hour from the time of my first seeing him. I now found him in bed, entirely free from pain, and the floor of the room swimming with water. On asking what had happened he told me, and his wife confirmed what he said, that while walking about the water suddenly, and without the slightest warning, came in one great gush through the anus. That something of the sort must have occurred was evident from the fact that it would have taken more time than I had been absent for the large amount of urine to have dribbled through the stricture; besides, there was both his own and his wife's testimony to the fact, and there was no reason why they should deceive me. Fearful of the consequences of urinary infiltration, I enjoined perfect rest; but the next morning I found him going about as usual, quite well, and voiding urine in the manner to which he had been so long accustomed.

Just one week after this I was asked to visit him, and again found him suffering from retention. This time, however, I was unable to pass the catheter, and, as he was suffering frightful pain, I got Dr. Easton, one of the visiting surgeons to the infirmary, to see the case with me. Together we were unable to introduce any, even the smallest, instrument into the bladder, though we overcame the stricture so far that the urine began to flow and give him relief. Little over a week and again he presented himself in the out-patients' room, this time to have the catheter passed without the slightest difficulty; and for ever after, so long as he remained under my observation, the operation was easily performed.

I may add that from first to last I was never able to detect any enlargement of the prostate. The interesting points in this case are the rupture without any infiltration of the cellular tissue, and the rapidity and completeness with which the rent had healed so as to withstand every effort to empty his bladder made by a powerful, muscular man.

Ilkley.

CASE OF LEPROSY IN THE EARLY STAGE.

By H. MALLINS, M.B., M.CH.

THE perusal of Dr. Alexander's paper on "Some Rare Forms of Disease, accompanied by Lesions of Trophic Nerves, and illustrative of Trophic Changes," in a recent number of THE LANCET, induces me to publish the notes of a case similar to No. 2 of his series, which came under my observation while doing duty at the General Hospital, Calcutta, in 1874.

Previous history.—John M—, aged forty-two, a ship's steward, admitted into the General Hospital on Jan. 6th, 1874. He is an American by birth, born in Louisiana. His family have been all very healthy. He himself has enjoyed excellent health until two years ago. Fifteen years of his life have been spent in China and Assam (ten years in the latter country) in the opium trade. The last two years and a half he has been a ship's steward. He has never had syphilis. Two years ago he noticed a copper-coloured patch on the front and inside of his right thigh; it was about the size of a crown-piece; the colour was affected by changes of temperature, deepening in warm weather, and almost disappearing in cold; it did not increase in size, and remained solitary for nearly eight months. No loss of sensation was noticed at this time. At the end of eight months or so he began to feel pains in the dorsum and heels of both feet, and also in the lower half of each leg. He thought at first that his boots caused the pains, which are described as having been of a sharp, shooting character, never constant in one spot. After the pains had continued for a little time a change in the skin was noticed; this consisted of a uniform copper-coloured discoloration. A feeling of numbness in the affected parts was now for the first time experienced. Almost immediately after this his left hand became similarly affected. Twelve months ago he noticed some discoloured

spots on his face. About four months ago his right hand showed signs of the disease. At this time he was in London, and was under treatment for several months, with some benefit. On the voyage out to Calcutta the copper-coloured spots showed themselves on the trunk.

Present condition.—The patient is a tall muscular man with iron-grey hair and dark irides. Is very intelligent. General health is very good with the exception that the sexual appetite, never very strong, has completely disappeared during the last two years. Sight good; pupils normal. Eyebrows and cilia much thinned. The entire skin of the face, except close to the roots of the hair, is of a dusky brown colour, and has a thick brawny feel. The sensibility of the affected skin seems quite normal; he can feel the touch of a fly quite distinctly. Upper extremities: Numerous isolated patches of discoloration are observed on each arm. In both forearms the skin is uniformly discoloured and thickened. The dorsum of each hand and of nearly all the fingers is similarly affected. The left hand, however, displays a more advanced stage of the disease than the right. On the dorsum of the proximal phalanx of the middle and ring fingers a reddish elevation of the skin is observed. Quite recently a blister formed over each elevation. Tactile sensibility is quite lost wherever the skin is discoloured, except in the case of spots which have recently appeared. Sensibility to pricking is also lost. With dry sponges in the electrodes the current of an induction battery is not felt at all. With wet sponges the muscles respond to the stimulus, but the electric sensibility of the skin seems to be almost *nil*. The trunk: Numerous well-defined patches are observed on the chest, abdomen, and back. No numbness is felt in them, but those of any duration are insensible to touch, pricking, or the electric current. Lower extremities: The distribution of the disease corresponds to that of the arms and forearms as manifested by isolated patches on the thighs, while the skin of the legs and feet is uniformly affected except the soles of the latter and the popliteal region of the former. In the left leg, except in the sole of the foot and a few spots on its inner aspect, all sensibility below the knee is lost. In the right leg the sole is insensible close to the toes. About each ankle sensation is present; it is lost a few inches higher up.

January 20th.—Treatment with gurjun oil was commenced to-day, the oil being employed externally in the form of an ointment, while internally a dose of five minims combined with lime-water was ordered three times daily.

Feb. 25th.—Two days ago two blisters, each about half an inch in diameter, made their appearance on the dorsal surface of the proximal phalanges of the middle and ring fingers. They came in the night without any preceding feeling of tingling or pain; their contents seemed to be clear serum. On the second day the serum became dark purple in colour, on the third the vesicles ruptured, and on the fourth were nearly dried up. Since the 8th of February he has been taking a drachm of the oil daily.

March 3rd.—Cut his left foot yesterday with a knife; it bled freely; he did not feel the incision. Sensibility to temperature seems to be decidedly affected. He can put his feet into water which to a healthy person is painfully hot.

March 14th.—The colour of the hands and feet has decidedly improved. On the feet several white patches, apparently of healthy skin, have appeared. He feels his feet warmer.

The notes of this interesting case end here, as the writer was ordered up country, and consequently lost sight of the patient. Watton.

THE JACKSONIAN PRIZE.—It may be well to remind competitors that the essays for this prize must be delivered to the Secretary of the Royal College of Surgeons on or before the 31st instant. The subject for this prize in the ensuing year is "Wounds and other Injuries of Nerves, their Symptoms, Pathology, and Treatment." The award for the Collegial Triennial Prize of fifty guineas will not be made until 1883.

HOSPITAL SUNDAY IN MELBOURNE.—The annual collections in aid of the Hospital Sunday fund have been made in the various places of worship in Melbourne and the suburbs. The returns, which were incomplete, amounted to £3709.