I have, as I have before stated, collected 219 cases of Syme's operation, exclusive of those performed by Syme himself.

Of these 144 were performed for caries.

"	22	"	"	accident.
"	2	"	"	gunshot wounds.
"	1	"	"	hypertrophy.
"	1	"	"	malignant disease.
"	1	"	"	necrosis.
"	1	"	"	frost-bite.
"	1	"	"	traumatic gangrene.
"	1	"	"	acute inflammation.
"	44	"	"	diseases not stated.

Results.

13 suffered secondary amputation.
17 died.
183 recovered, and could walk well.
6, results not stated.

Of the 13 amputations—in 8 the period between Syme's operation and secondary amputation is not stated; in 2, two months; in 1, four months, and in 2, two years intervened between the two operations. Nine of the amputations were performed upon patients who had undergone the primary Syme's operation for caries, and of these one was a confirmed drunkard, one patient had been primarily operated upon for traumatic gangrene, one two years previously for accident, and in the remaining two the disease is not stated.

Of the 17 fatal cases, 4 died of pyæmia; of these, one had been operated upon for malignant disease, one for accident, one for gunshot wound, and in the fourth the primary disease is not stated. In 5 the operation had been performed for accident, one of the patients dying of pyæmia, as already stated. In 10 the operation had been performed for caries; of these, one died twelve months after the operation, 3 died of phthisis, and one died of exhaustion caused by diarrhœa.

These are the results of this operation performed in civil practice; and they must be regarded as most favourable, especially when we consider that it has been restricted neither to classes, sex, nor age. Of the 219 cases, the ages have ranged from one to sixty-four years (although we read that Mr. Syme operated upon an infant aged five months), the youngest, as we have seen, having been operated upon by Mr. Pemberton, of Birmingham; whilst Mr. Marsden and Mr. Gant, of the Royal Free Hospital, and Mr. Nesbitt, of Wolverhampton, can claim the credit of having performed this operation successfully on the three oldest patients hitherto submitted to its procedure.

In military practice it would seem to be equally successful. Staff Surgeon Gordon, of the 95th Regiment, which suffered so severely at the battle of the Alma, thus writes to Mr. Syme:—"I have much pleasure in stating that several cases of amputation of the foot, as first proposed and practised by you, were performed after the battle of the Alma, and the results were most favourable. Those cases which came under my observation healed more rapidly than when the operation was performed at the lower third of the leg, and at the same time a much more useful stump was the result."

We read also that, during the first two years of the American war, operations were performed upon 187,470 wounded soldiers. Of these, 9705 were cases of amputation. The following table, taken from the Surgeon-General's reports, shows the number belonging to each region, and the regular increase in the rate of mortality as the trunk is approached :—

	Re-covered.	Died.	Gross number of cases.	Per centage of deaths.
Fingers and parts of hand...	1778	28	1807	1·60
Wrist	34	2	36	5·55
Elbow	19	0	19	—
Forearm	500	99	599	16·52
Arm	1535	414	1949	21·24
Shoulder-joint	144	93	237	39·24
Toes	784	6	790	·75
Partial of foot	108	11	119	9·24
Ankle-joint (Syme)	58	9	67	13·43
Leg	1737	611	2348	26·02
Knee-joint	52	64	116	55·17
Thigh	568	1029	1597	64·43
Hip-joint	3	18	21	85·71

The foregoing table (p.61) gives the particulars of the 219 cases alluded to in this lecture—i. e., the names of the surgeons, British and foreign, by whom they have been performed; the dates at which and the diseases for which they have been required; the ages and sex of the patients; and the results of such operations as affecting the life of the patient, and the use of the limb.

LICHEN RUBER OF HEBRA.

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THE following case presents a good illustration of a rare form of disease, answering most nearly to what is called by Hebra *Lichen ruber* :—

E. J. G—, a man aged sixty-five years, who has usually enjoyed good health, came under my care in University College Hospital in February, 1866. He stated that when about thirty years of age he had a rough scaly patch on the outside of each of his forearms, which remained about a year, and then disappeared. He had usually, when well, a rather harsh skin.

About six weeks before admission he first noticed that his hands were stiff and difficult to open and shut; there were also cracks at the bottom of the flexures. About the same time he found that his limbs and trunk became rougher, and in many parts covered with fine white scales; his feet also had become stiff, very dry, and cracked, and the nails of the fingers and toes were much thicker than formerly.

Soon after admission the following notes of his condition were taken :—Patient complains of nothing except the stiffness of his hands and feet, with soreness from the presence of deep cracks. He can with the greatest difficulty make any use of his hands, from the impossibility of closing the fingers upon the palms. There is but little itching. His pulse is of moderate strength, 84 in the minute; his tongue is coated with a white fur, cracked near the middle, and he has a clamminess and sour taste in his mouth; his bowels are regular; his limbs are rather thin.

Description of the skin.—Nearly the whole of his trunk, back and front, was covered with a thin layer of white scales, in places separable without difficulty in fragments about the size of a finger-nail, or smaller; the layer of scales was nowhere thicker than stout writing paper. There is a large collection of scales between the sheets every morning when his bed is made. After taking two warm baths, many of the scales were detached, and the whole front of his trunk, except near the epigastrium, was red and dry, the ridges and furrows of the skin being a little exaggerated. Here and there are small patches of skin of the natural colour; around the margins of these are numerous papules, the size of pins' heads, each surmounted with a fragment of cuticle. It is quite evident that all the scales are produced by the desquamation of such papules, closely aggregated until they coalesce. In many cases a small sheath of cuticle is seen around a fine hair as it emerges from the follicle. In the right groin there are confluent papules on a reddened surface. In the left groin there is natural skin, dotted with brownish-white desquamating papules. Thighs: On the front is seen a layer of scales, reminding one of slight ichthyosis. This extends over the right knee, and partly over the left; the skin of the legs is in part scaly and in part reddened, with prominent hair follicles, each surrounded with a small fringe of cuticle. Feet: The skin is very hard, thickened, and in places very deeply cracked. The toe-nails are four or five times their usual thickness at the free extremity. It is impossible to cut them with an ordinary pair of scissors. The skin of the arms and forearms is like that of the trunk; below the middle of the forearm are seen a great many hairs, broken off short, surrounded by a white fragment of cuticle. The hands are dry, stiff, hard, and deeply cracked, especially on the knuckles, and to a less degree on the palms. The finger-nails are much thickened, and for some distance back from the free extremity are opaque. The cuticle of the hand is separable near the deep cracks in thick fragments of some size; elsewhere it is adherent to the cutis, as in health. Face free from eruption, except the whiskers and beard, where there is fine desquamation around each hair, as is often seen in tinea tonsurans. Some pityriasis of the eyebrows. External ears harsh, covered with dry scales, especially on the outer aspect and near the meatus. Scalp, on admission, swarmed with pediculi; it is now shaved, and presents an appearance as if covered with a

layer of flour and soap allowed to dry on. On closer examination there are seen abundant fine scales between, and in many cases sheathing, the hairs. He has an unusual crop of hair for his age. The hairs do not appear to be brittle or loosened in the follicles. Under the microscope no change is seen, except that a few of them exhibit a fibrous fracture. The scales of cuticle are found to be infiltrated by numerous globular bodies, strongly refracting the light, not soluble in ether or liquor potassæ. They look like vegetable spores, but there is no appearance of filaments of mycelium.

Diagnosis.—At first sight the case reminded one of psoriasis. Closer examination showed that this was not its true nature. Unlike psoriasis, the scaly patches of skin are found to be made up of numerous desquamating papules which run into each other; the papules appear in every case to originate in hair follicles, and do not individually grow to any size, but unite with adjoining papules. There is nowhere, unless it be in the hands and feet, any considerable thickening of the true skin, as is usual in extensive psoriasis. The scales are not so thick as in psoriasis, and are more readily detached. On the removal of the scales there is seen, instead of an elevated piece of skin reddened and smooth, a portion of skin reddened and studded with papules aggregated into clusters. The cuticle of the hands and feet is more thickened than in psoriasis, and the movements of these parts are thereby much impeded. The nails are not so brittle as in psoriasis, but are hard and much hypertrophied. There is little or no itching, which usually exists in psoriasis when the disease is on the increase.

In many respects it is like the pityriasis pilaris of Devergie and Hardy. In their cases, however, there was no degeneration of the nails, and no such thickening and stiffness of the hands as were noted in this case. In all Devergie's cases the disease made its appearance between the ages of sixteen and eighteen years.

It differs from pityriasis simplex, or rubra, in the following respects: the distinct character of the papules at first, and the condition of the hands and feet and nails.

From eczema lichenoides and the lichen simplex of Willan it differs in the absence of itching, the consequent absence of excoriation, and the condition of the hands and feet. The papular character is longer maintained, and there is not the same amount of thickening of the true skin.

It resembles lichen pilaris in many respects; this disease is, however, usually accompanied with much itching, and there is no such change in the hands and feet as was seen in this case.

From lichen scrofulosus (Hebra) it differs in the thickening and degeneration of the nails, the stiffness of the hands and feet, the absence of any signs of scrofula, and the advanced age of the patient.

It differs from ichthyosis in the ease with which the scales are detached, the commencement near the hair follicles, the stiffness of the hands and feet, and the state of the nails.

Is the case a syphilide, or in any way dependent on syphilitic infection? I believe not. The patient has an old scar in his groin, the result of a suppurating bubo many years ago. He has never had other symptoms of secondary syphilis, nor enlargement of the posterior cervical glands, sore-throat, bi-temporal headache, roseola, or specific squamous disease, preceding this condition of the skin.

At first, however, I treated him with bichloride of mercury. Whilst taking this his tongue became very brown and his health suffered; there was no improvement in his skin. I subsequently gave him five minims of liquor potassæ arsenitis three times daily; this also disagreed with him, rendering his tongue dry and brown; he also had pains in his limbs. Maceration of the skin with water-dressing and the inunction of oil was found to do him great service. He also took internally the citrate of potash.

By keeping up these measures for two months, the scales were removed from his skin, except on the outer aspect of the forearms, where the skin is slightly red and studded with white scaly papules. In many parts the hair follicles are prominent, and disposed to desquamate on their summits. The hands and feet have thrown off large masses of cuticle; they are still very stiff, hard, and disposed to crack. The nails remain as before. His general health has improved, but his tongue continues white. His appetite is good. His muscular power is moderately good for his age. He is thin, but not emaciated.

The case differs from Hebra's description of lichen ruber in the circumstance of the scalp being affected. The prognosis in this case would seem not to be so serious as that given by

Hebra, who says that of fourteen cases which have come under his notice only one recovered. The others became progressively worse, emaciating and losing strength; the whole surface of the body, except the scalp, the pubes, and the axillæ, became involved; the hands and feet grew stiff and almost immovable, with deep cracks in the thickened cuticle.

In this case the patient's health has much improved, his skin is much better, and he has gained flesh.

Queen Anne-street, June 26th, 1866.

ON THE STATE OF THE BRAIN IN A CASE OF HYDROPHOBIA.

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IN this communication I wish briefly to draw attention to certain post-mortem appearances presented by the brain in a case of hydrophobia, which was recently admitted into St. Mary's Hospital, under the care of Dr. Sibson. Our entire ignorance as to the precise nature of the structural lesions peculiar to this disease renders it desirable that all important modifications in the principal organs of the body which are from time to time met with should be reported, in order that the attention of subsequent observers may be directed to these points, so as to enable us at last to discriminate the invariable accompaniment from the accidental complication. The decided nature of the alterations in the brain in this case are sufficient to arrest our attention, however difficult they may be to explain. The specific gravity of the different parts of the brain was taken with the greatest care, in the manner I have described elsewhere.* I can only regret that time did not permit of my making a more complete microscopical examination; but in this case I especially directed my attention to the specific gravity of the brain, as the most ready and certain means of distinguishing the situation, if any, in which a pathological change had taken place. In order that I might do this the more thoroughly, Dr. Sibson most kindly gave the brain over to me to make a fuller examination of it than it was possible to do in the dead-house.

For the following brief history of the case I am indebted to Mr. H. de Tatham, one of the house-surgeons of St. Mary's Hospital:—Charles J—, aged eight years, was admitted into the hospital about two P.M. on the 27th of June last. He had been bitten about six weeks previously in his right wrist by a large dog, and had been taken to a surgeon in the neighbourhood nearly an hour afterwards, who immediately cauterized the wound with sulphate of copper, and afterwards ordered linseed poultices to be applied. The wound healed in about three weeks, and the boy is said to have remained quite well until the morning of the day previous to his being brought to the hospital. He then refused his breakfast and other meals, appeared wild in manner, and was delirious during the night. When admitted the next day, he was thrown into a condition of much mental distress on being asked to drink, and "shrank with horror from anything in the shape of a cup, glass, or other vessel—even the sight of the inkstand in the ward put him into an agony of fear." He was forcibly put under the influence of chloroform, and the cicatrix of the wound on the wrist was cut out; also an injection of egg and-milk, containing a quarter of a grain of morphia, was injected into the rectum. He was twice kept under the influence of chloroform for three hours at a time, and the injection was administered twice. Blowing very slightly on his face produced a violent spasm, when there was foaming at the mouth, rolling of the head, kicking of the lower extremities, struggling with the hands, and a staring fixed gaze, with dilated and insensible pupils. There was very evident heat of scalp, but no delirium (when not under chloroform) during the time he was in the hospital, until about half an hour before his death. The spasms increased in frequency, and the boy died at two A.M. on the following day.

Autopsy, thirty-seven hours after death.—Muscles of the neck and upper extremities quite flaccid; slight stiffening

* "On the Specific Gravity of the Brain," Journal of Mental Science, January, 1866.