

interesting in connexion with the appearances I have described, especially the fact that the walls of these fistulæ were found to have a structure similar to that of the skin.

The frequent occurrence of this abnormality, with the dimple always situated at or about the same spot, would seem to give some grounds for supposing it to be the remains of some different condition or formation of the parts.

I hope some one with more time and opportunity than I have may be induced to take up this subject, and try to work it out, for it appears to me to deserve the attention of anatomists and naturalists.

ON A CASE OF

LEPROSY TREATED BY TINCTURE OF EUCALYPTUS.

By ED. SINCLAIR STEVENSON, M.R.C.S., L.R.C.P.

IN publishing the following notes, I think that an apology is required for relating a solitary case. Unfortunately, although having seen and treated several cases previous to it, I never had the chance of giving a further trial to a treatment which was in this instance perfectly successful. Others may have that opportunity, and were they to succeed I shall feel that I have gained the indulgence which I claim.

Mrs. —, aged forty-eight, mother of eight children, has always been a healthy woman. Her mother died old, and her father, aged ninety years, is still alive. In her husband's family there is leprosy. A sister died of it many years ago, one nephew succumbed to it four years previous to this, and a brother of his lost suddenly and entirely all feeling in his right foot, as far up as the ankle-joint. The foot is now distorted. There is relationship, however, between the father and mother's families. On November 1st, 1879, the patient consulted me for a small brawny induration situated on the corner of the mouth, near the upper lip; mucous membrane slightly raised. There is another spot on the left cheek, and a larger one between the eyes. These blotches have come on rapidly. Now and then, when the patient is exerting herself, the spots are more visible and give a flushed appearance to the face.

Dec. 1st.—The infiltration at the corner of the mouth has much enlarged, and extends along the upper lip. Two more spots are seen on the forehead; one is visible near the right elbow-joint, above the olecranon, and another on the radial side of the wrist. The maculæ on the face have the appearance of brown moles in colour; those on the arms are lighter, a coffee and milk tint. The induration on the lip and the two superciliary ones are the largest. All of them are slightly raised, and have no feeling in them when pressed, but are itchy. There is an infiltration above the left knee, and one on the calf of the leg. These last present much the appearance of erythema nodosum. The leg and arm feel numbed. The right nostril is swollen. The patient eats and sleeps well, and complains only of loss of power in grasping, and of pains in her left leg and elbow-joint. Ordered arsenic and iodide of potassium and iron and chlorate of potash.—30th: The infiltrations are larger; six or seven new ones are seen on the face. There is a large discoloured patch on the palm of the right hand, and one on the sole of each foot. The ring and little finger of the right hand are contracted, the latter more so than the other. The flexor tendons are tense, and feel as hard cords in the palm. Both fingers are anæsthetic. There is a tubercle situated over the ulnar nerve at the elbow, and the anæsthesia can be traced from it down to the fingers and along the nerve, the course of which is felt distinctly as a hard string. Mrs. — feels much depressed and anxious; she is losing flesh and has no appetite. She feels giddy when walking, and does not know whether she is standing on her feet or not.

Jan. 10th, 1880.—The spots on the forehead have enlarged and give her the *Leontiasis satyriasis* expression. She now keeps to her room. For the last fortnight she has taken five-grain doses of quinine dissolved in lime-juice, and given three times a day, and chaulmoogra oil, five drops on sugar twice a day. Towards the end of the month she suffered dreadfully from pains in her legs and feet; pains so violent that rest and sleep were impossible. She is very pale and looks much worn out. The chaulmoogra oil made her sick, and was discontinued. On the 23rd she took half-ounce doses

of the tincture of eucalyptus added to her quinine mixture. From the very first dose she felt better; the medicine seemed to act like a charm, the first step towards improvement being the relief from the great pain in her legs and feet.

Feb. 14th.—Mrs. — looks much better, the tubercles are smaller, and the maculæ paler; the fingers are straighter, and the stains on the legs and arms are certainly smaller; some gone. She continues the mixture.—24th: Improvement still continues; pains have entirely left her, except in the soles of her feet, where there is a feeling of soreness. The dark patch on her right palm and the stains on the soles of her feet have changed from a dark brown to red. Her right little and ring finger are straight; but the flexor tendons are still hard and tense. The tubercle over the ulnar nerve is gone. From the amelioration of symptoms, which dated from the exhibition of the eucalyptus, Mrs. — finds that she perspires much, from her head and face especially, so much so that it wets the pillow on which her head rests; the hands and feet also freely perspiring; whilst during her illness she complained of the dry and parched feeling of her skin. She is in much better spirits, and is gaining flesh.

March.—Much better; fingers and arm have regained their sensibility. She takes the eucalyptus alone. Chaulmoogra oil is rubbed on the tubercles of the face; and the one on angle of the mouth is peeling off. Large scaly flakes are falling off the soles of her feet.

Nov. 1881.—Improvement has continued. A few faint spots are sometimes seen on her face when heated; these being the only remnants of the disease. She takes occasionally the eucalyptus mixture.

Remarks.—I have no doubt to which drug I am to attribute the recovery of the patient. Quinine, lime-juice, and eucalyptus were given together, but quinine was given long before any improvement began, and the lime-juice was soon left off. As to the origin of the complaint, I could not trace any taint in her immediate family, but she and her husband are cousins, and in his family, as I said before, the disease exists. Mr. Hutchinson in his able paper is inclined to trace the origin of leprosy to fish-eating. The inhabitants of this district do not eat fresh fish, not that they dislike the diet, but because that kind of food is scarce. On the other hand, dried and salt fish is much used, especially by the coloured population; but vegetables are very scarce, some families going through the whole year without them; rice and meat, frequently salted, form the staple of their diet. The supposition that leprosy may arise from want of leguminous food, as scurvy does, may be as likely as that of the fish hypothesis.

Drooge Vley, Capetown.

NOTES AND REMARKS ON A CASE OF CIRRHOSIS OF THE LIVER, IN WHICH PARACENTESIS ABDOMINIS WAS PERFORMED TWELVE TIMES; RECOVERY.

By R. A. D. LITHGOW, LL.D., M.R.C.P.ED., &c.

IN his admirable "Theory and Practice of Medicine," my old friend and teacher, Dr. F. T. Roberts, thus refers to the early and repeated performance of paracentesis abdominis in developed cases of hepatic cirrhosis: "I cannot refrain from insisting upon the importance of having recourse to the early and repeated removal of fluid by paracentesis in cases of ascites associated with cirrhosis"; and it would be an easy matter to quote a multitude of authorities in order to show that this opinion now meets with almost general acceptance. The interesting case recorded by Dr. Courtenay in THE LANCET during November last has reminded me of an analogous but still more striking one which occurred in my own practice in the country some time before my removal to London; and as it affords several points of unusual interest, I hope the following record will be deemed worthy of preservation. Unfortunately the notes I have retained are not so complete as I could wish, but the main facts of the case are as follows.

J. N. N—, a retired farmer, in good circumstances,

aged between fifty and sixty, of full habit and lymphatic temperament, had for many years daily consumed a large quantity of alcohol, principally whisky and sherry; although not perhaps a drunkard in the usual acceptation of the term, he was nevertheless a deliberate and persistent drinker of ardent spirits in considerable quantities from day to day. His general health had hitherto been fairly good, and with the exception of occasional "bilious attacks," there was seldom anything the matter with him.

On November 1st, 1877, previous to which the patient had been suffering from dyspepsia, associated with symptoms of gastro-enteric catarrh, he was seized with violent sickness, pain in the region of the liver—evidently the result of perihepatitis,—and jaundice. Effervescing salines and podophyllin pills were ordered, also the local application of poultices and fomentations, and these gave him temporary relief, although the jaundice persisted, and there were physical signs of hepatic enlargement. On November 8th, I called in my friend Dr. T. J. Walker of Peterborough in consultation, and we concurred in regarding the case as one of incipient cirrhosis of the liver. Appropriate treatment by medicines and regimen was as far as possible adopted and enforced until the beginning of May, 1878; but in the meantime the chronic interstitial inflammation progressed, with accompanying symptoms of portal obstruction, and ultimately ascites with general anasarca. I need not stay to describe the general symptoms of sallow complexion, deeply-coloured conjunctivæ, harsh, dry skin, muscular flabbiness, &c., which usually characterise such cases; nor is it necessary that I should dwell upon the combined and complicated results of contracted liver, impeded portal circulation, increased ascitic distension of abdominal wall, with enlargement of superficial abdominal veins, oedema of skin, dyspnoea, dropsy of scrotum, thighs, and legs, and the other well-known characteristics of hepatic cirrhosis; suffice it to say that the patient presented a typical case of cirrhosis of the liver, and he had become so cumbrous and helpless—the breathing becoming daily more difficult—that the question of tapping could not be much further delayed. Accordingly, as a preliminary, his legs were freely scarified on the 7th, and again on the 9th of December, 1877; and by these means his general condition was considerably relieved. The fluid, however, increased rapidly, and paracentesis abdominis was for the first time performed on December 24th, 1877. He was again tapped on January 16th, 1878, February 1st, 15th, and 27th, as much time as possible having been allowed to elapse between each operation. During the month of February he was ordered a mixture containing balsam of copaiba, and afterwards of oil of santal, but these producing sickness, they were discontinued. Paracentesis was again performed on March 12th, 1878; also on March 25th, April 9th, April 20th, May 2nd, May 16th, and, for the twelfth time, on May 30th, 1878. I am almost positive that the patient was tapped thirteen times, but as I find no note to this effect I think it best to adhere only to undoubted facts. On May 2nd, 1878, the patient was ordered the following mixture, which he continued to take almost up to the time of his recovery:—Half a drachm of iodide of potassium, one drachm of the tincture of digitalis, half a drachm of the tincture of capsicum, three drachms of simple syrup, to six ounces of water; one-sixth part to be taken every four hours. From the beginning of June, 1878—almost immediately after his being tapped for the twelfth (thirteenth?) time—the patient showed symptoms of gradual amendment, and on the 28th August, 1878, he was so far recovered as to be able to go to Brighton, from which he returned, almost quite well, in a few weeks.

Remarks.—The symptoms were at one time complicated by an attack of concurrent subacute bronchitis, which, fortunately, yielded to appropriate treatment. As the patient persisted in having some stimulant, especially during his convalescence, he was ordered a pint bottle of champagne daily. During the progress of the case the diet, for the most part, consisted of milk and beef-tea, given systematically, a few teaspoonfuls of brandy being occasionally, but as seldom as possible, administered in milk. The kidneys acted well throughout, and the patient suffered little inconvenience from theappings which were performed as he lay upon the edge of the bed.

January, 1882: I have just heard that, the patient having resumed his intemperate habits, active mischief has once more developed itself in the liver, after the lapse of nearly three years and a half, during which he enjoyed fair health.

Cadogan-place, S.W.

RUPTURE OF THE HEPATIC DUCT.

By JOHN FREELAND, M.R.C.S.,
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MARIA J—, a black, aged sixty-five, who has been for many years troubled with intermittent fever, followed by a regular train of symptoms commencing with vomiting, colicky pains, and tenderness of the abdomen, and ending with jaundice more or less severe, applied to me during one of these attacks, stating that, in addition to her generally distressing symptoms, she was now seized with violent and excruciating pain in the stomach and chest, and that she could retain nothing whatever—water, nourishment, or medicines being immediately rejected with greatly increased suffering.

On examination, I found her skin hot and dry, pulse hurried, abdomen fuller than natural, and in some parts painful on pressure. She says she has been taking the medicines I generally prescribed during these seizures, but has not obtained the relief from them she usually did on former occasions, and was quite sure, from the pain and excessive prostration she now felt, that there was some other complaint added to her old disease. I immediately prescribed fifteen drops of tincture of opium with a little sulphuric ether, and applied a large warm linseed poultice over the stomach and upper part of the abdomen. This seemed to have a very good effect, for the pain was completely subdued after a second dose, and the tenderness of the abdomen, which was so evident at the time of my first examination, was now almost entirely gone; the warmth of skin, although somewhat subdued, continued, however; and, as there was now a feeling of headache and nausea, which prevented my patient from expressing herself as much relieved as I expected she would have been after having suffered so intensely some hours before, I ordered a mixture of carbonate of soda and nux vomica in small doses, and desired her to report at once in case the pain should return. During the next night she was suddenly seized again with acute pain, but was as readily and easily relieved by the opiate, ether, and poultice, as in the previous instance. Her relief, however, was of short duration, for the pain soon returned with increased severity, and was now accompanied with a somewhat tympanitic and extremely tender abdomen. I at once ordered pills of calomel and opium to be administered every second hour, and the poultice to be continued with the addition of spirit of turpentine freely sprinkled over it. On my next visit in about six hours afterwards, I found the extremities cold, pulse 120 and small, and the body generally covered with a clammy sweat; the pain in the abdomen had ceased, but the vomiting returned at intervals, with great depression, until she died in about eight hours afterwards.

On examination of the body almost immediately after death, the cavity of the abdomen was found literally filled with blood and bile, the intestines gangrenous in spots, and here and there highly inflamed and congested; the peritoneum one mass of inflammatory deposit and adhesions, the liver and gall-bladder healthy; the latter appeared, however, smaller than natural, and was *entirely empty*, and the spleen, which was of a bright orange tint, was so deeply stained with bile, that even when removed, washed, and broken up in pieces, the bright colour remained, and appeared to be so intimately mixed up in its structure that it was quite impossible to lessen it. The hepatic duct was found lacerated, and the opening in this through which the bile had escaped appeared but recently formed, but the calibre of the duct was much larger, and its length greater than usual, and in some places distended into pouches or bags which contained gall-stones varying in size from a pea to a strawberry. In one of these pouches or bags a most remarkable appearance presented itself in the form of a slit or opening, which was fully occupied and occluded by the point or apex of one of these stones. On displacing and replacing the stone in its position (which was most readily effected by the mere disturbance of the parts), I discovered that the slit which it had occupied was as completely and naturally formed as if it had been the normal state of the duct, the edges being firm, smooth, and slightly everted; and although this stone must at some time or another have caused ulceration by its pressure, and given rise to grave