

the coronary arteries ; and that the stream through these vessels is maintained by the elastic and muscular action of the aorta in the same way that it is in the other branches that spring from it.

LEPROSY FROM MR. HUTCHINSON'S STANDPOINT.

BY JAS. F. W. ROSS, M.B., L.R.C.P., LONDON, ENG.,
Physician to the Toronto Dispensary, Girls' Home, and Home for Incurables, Surgeon to the Children's Hospital.

(During my term as Mr. Jonathan Hutchinson's dresser at the London Hospital in the spring of 1879, the following case of leprosy fell to my lot. Mr. H. delivered a clinic of which I took notes. After examining the manuscript he consented to its publication in a Canadian medical journal. During last winter while sojourning in California, residents of the Sandwich Islands were thrown in my way about the time that the newspaper world was agitated over the subject of leprosy so prevalent in that part of the Pacific Ocean. Several cases of the disease occurring among American residents on the islands were brought before the public and long articles were published describing the ravages of leprosy. False reports were circulated that these were merely sensational rumours in the interests of southern sugar planters to damage the chief industry of the islands. I was astonished to hear from authentic sources that leprosy did exist there to an alarming extent among the natives ; that one island was specially set apart for the reception of the lepers ; that a government medical officer was specially appointed to watch over their interests ; that the disease has been increasing so rapidly that the authorities are much concerned to discover a means of suppressing it. The hope that in this connection the views of so eminent a surgeon on such an interesting subject may be interesting to those who have never seen them published is my only apology for the present article. Mr. H's. study of the disease in Norway, and his subsequent researches matured his opinions of four years ago, I am unable to state any changes they may

have undergone since then. It is probable that the ætiology of leprosy will always be a matter of dispute.)

Family History.—The patient is a school girl eleven years of age ; parents English ; both healthy ; have lived in comfort all their lives. Some eleven years ago they went to India ; patient was born on board ship ; under the care of native nurses for six years. Her parents returned to England when she was six years of age ; no history of syphilis ; no history of leprosy in the family.

History of Disease.—Four years after leaving India (fifteen months ago), a dusky red spot was noticed at the back of the heel. This first drew attention to the child's condition. Anæsthesia may have been present before she left India, but was unnoticed. Other spots have since developed.

Present Condition.—Her face does not present the usual "leonine" aspect characteristic of the worst forms of tuberculous leprosy. The patches simulate lupus. The diagrams show the positions of the patches. Those most marked are on the right elbows and on both knees. They are white and anæsthetic in their centres, raised of a dusky red color and hyperæsthetic at their peripheries ; the intervening integument is of a dusky hue, dry and abnormally anæsthetic, most marked in the lower part of the left leg, along the courses of the musculocutaneous and anterior tibial nerves. The dorsal and plantar surfaces of the left foot are also anæsthetic ; this accounts for the chilblains present, as the parts have been unable to appreciate extremes of heat and cold. The disease is fairly symmetrical ; the left side is affected more than the right. The anæsthesia in the left arm and leg, greater than in the right arm and leg ; appetite good ; feels well ; is a bright happy dispositioned child.

History.—I do not intend to enter deeply into the history of leprosy, but will only mention a few facts. The disease diminished in frequency prior to the Reformation. It gradually left England as our forefathers