

which, fractured bone could be both felt and seen. On the left parietal bone, another wound was observed. On passing a probe through this, it went about three inches upwards, and the skull here could be felt extensively denuded. Both bones of the right forearm were fractured, and he further had an incised wound about four inches long at the back part of his left heel.

The patient was brought in about six hours after the accident. On admission he did not appear to have lost much blood, and talked sensibly till about 7 o'clock next morning; after which he gradually merged into a state of coma, appearing insensible and drowsy, answering only when addressed in a loud voice and when shaken. His breathing was carried on slowly and deeply with stertor. Both his pupils were equally contracted; his pulse was full, 80 per minute; his skin was rather hot, and a convulsive action with twitching of the arms was distinctly marked.

Treatment.—Put his arms up in splints, shaved his head, brought the edges of the wounded scalp together by strapping, and applied ice constantly to his head.

9th June 1877.—During last night a change appeared for the better, patient took his food, appeared sensible and answered several questions. But about 5 this morning a decided change for the worse took place. He became restless, and tossed about, lying on one side, curled up. His eyelids were firmly closed, and he resisted every effort to open them, the pupils were still contracted. He appeared to have a severe constant pain in his head, his scalp was hot, his pulse was full and bounding, 100 per minute; his temperature $102^{\circ}6$. He was quite unconscious, took no heed of what passed, and when called to in a loud voice, showed signs of irritability. He breathed without stertor, but every now-and-then showed signs of wakefulness, with delirium of a violent character, moaning or screaming constantly.

Suspecting irritation of the brain from bone splinters, patient was taken into the operating theatre and anaesthetized. The fracture on the outer table of the skull was of the gutter variety. The trephine was applied and a circle of bone removed overlapping the fracture; but on examination no splinters were found to exist. The wound was then dressed with oiled lint and the edges brought together.

Treatment.—Conveyed patient to a cool quiet dark room, opened his bowels with a croton oil purgative, rubbed mercurial ointment into his axillae and groins, and applied ice constantly to his head, also six leeches to each temple.

10th June 1877.—His temperature last night was 104° and pulse 90. He had little or no sleep, quite restless and groaning all the time. This morning his temperature is 101° , and his pulse 98; he is still quite unconscious and delirious. His eyes are dull, heavy, and blood shot. His breathing stertorous and rapid.

Treatment.—Syringed his wound out with tepid water tinged with permanganate of potash, applied iced linseed poultices all day to his head. Continued mercurial inunction.

11th June.—His temperature this morning is $101^{\circ}4$; last night $102^{\circ}6$ his pulse 100. His bowels were not opened since the croton oil acted. He is unable to swallow, his legs are quite cold, while his upper extremities are decidedly hot, and patient in other respects is much the same.

Treatment.—Gave him an enema of castor oil and turpentine, also enemata of beef tea, and continued the ice.

12th June.—Patient continued much in the same state till 11 o'clock yesterday. The enemata were not retained. He was perfectly insensible and unconscious. At about 12 o'clock a change took place. His breathing became very rapid and loud. Then more subdued and slow. His pulse sank to 30. His body was perfectly cold, and his eyes appeared dull and heavy.

Patient continued in this state for about half an hour and then quietly died.

Post-mortem.—Six hours after death.—On removal of the calvarium, the gutter fracture was found to extend through both tables, and to have a very slightly depressed roughened edge pressing on the dura mater. All the coverings of the brain were extensively inflamed, a great deal of sero-purulent effusion existed beneath the arachnoid, and a wedge-shaped laceration of brain substance which measured about $1\frac{1}{2}$ inches at the surface extended from the seat of fracture down to the corpus callosum. This laceration was filled with old effused blood. The substance of the brain surrounding the laceration was in a state of acute softening, stained yellow. The other organs were not examined.

CASE OF SCLERODERMA.

Under the care of DR. LUCAS,

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The undermentioned curious specimen of cutaneous affection, which recently came under observation in the Charitable Dispensary under my charge here, may perhaps interest some of the numerous readers of the "*Indian Medical Gazette*," and particularly those who devote special attention to this branch of medicine. The following notes were made on the only two occasions when the patient presented himself as an out-patient, but unfortunately he did not put in an appearance again, and this is one of the greatest drawbacks of dispensary practice.—The subject of the disease is a Turk, aged about 35, short in stature and fairly muscular, complexion brownish, but hair woolly and black like that of an African; features intelligent, clad in very dirty clothes, from which, and from his body generally, there emanated a very offensive odour resembling that of mice and burnt leather. He complained of his back, to which part of the body he very eagerly pointed, and spoke in Persian from the interpretation of which I gathered the following brief account: That he was a native of Bassrah, and by occupation a merchant; is married and has three wives, by two of whom he has 6 children, none of whom has a disease similar to that he is suffering from; does not remember his parents; has a brother alive, who, it is said, is free from anything of this sort; for the first seven or eight months was under the treatment of a Hakim, who had treated him both locally and internally without effect. The Hakim did not tell him the name of the disease. He dates the commencement of the malady from two years ago, at the time when plague was prevalent at Bagdad and Bassrah and other parts of Turkish Arabia; at this period he was resident at Bassrah and neither he nor any of his household was attacked by the pestilence, that on waking one morning he found he was somewhat, though not much, stiff in the neck, and that its right side and that shoulder was hard and swollen; he does not remember to have felt much pain, and also in answer to other questions, states that no fever accompanied these symptoms. The swelling subsided to a certain extent, though the induration and stiffness are said to have increased. His statements in respect to the progress, later medical history, integumentary discolouration, habits of life, social or otherwise, and diet are far too indefinite and untrustworthy for me to place on record.

Present Symptoms.—The integument of the body, with the exception of those parts to which attention will presently be invited, was apparently normal. On viewing the patient from behind there were observed three patches of integumentary discolouration situated as follows: One extending from the lower third of the posterior surface of the cervical region, on the back of the right shoulder, to a line almost corresponding to the spine of the scapula; the two other but smaller patches, of sizes of an eight anna piece and a medium sized hen's egg, were situated over the region of the left dorsum scapulae and near the outer angle of the left axilla, respectively. This discolouration is of a decidedly lighter hue than that of the skin generally, and at first sight an observer who has had some acquaintance with leucoderma, in natives of India, among whom the latter is by no means an uncommon affection, might think that he had before him a case of this affection; but on closer scrutiny the discoloured skin is noticed to be very distinctly, both visibly and palpably, elevated, the elevation being about one-seventh or one-eighth of an inch. The skin of these parts has a very dry, scorched, but shining appearance, and seems very firmly stretched. It felt hard yet elastic, but nevertheless did not pit in the least on pressure. On drawing across it two or three fingers' nails so as to scratch, no sensation was perceived by the man so long as the scratching was confined to the discoloured area, also the pricking with the point of a steel pen went to demonstrate the fact that sensation is impaired in the diseased parts, and this was seemingly most so in the oldest and largest patch, where likewise the other appearances above described are most marked. That in the left axilla is entirely denuded of hair, not a single point of which was discernible even with a magnifying glass in good light. The healthy skin generally, the lymphatics, especially those of the groin, the back of the neck, the throat, hair of the head, which are faithful, trustworthy, and prominent evidences of syphilis, point to a negative result in this case. The internal organs seem healthy, and his general health is otherwise fair.