

(e.) Mary died of leprosy after twenty years' illness. (1.) John Doyle, Mary's husband, died of leprosy after six years' illness. (2.) Two daughters of John and Mary Doyle died of leprosy. (3.) John Brown, who nursed W. MacCarthy during his illness, and washed and buried him after death, became leprous shortly after, and died of this disease. (4.) James Cameron who married Betty MacCarthy's daughter, Suzanna, had two children by her, who were healthy. He was accustomed to sleep with Mike MacCarthy. In 1870 he presented true leprous symptoms, and is now very ill.

Formerly, Dr. White relates, there were lepers in Louisiana. A hospital was founded for them, after which the disease almost completely disappeared. No trace of it was found up to 1866, at which time it appeared in a woman, Madame Ourblanc, whose father originally came from the South of France. She died in 1870, leaving six children. Leprosy appeared in the second son in 1871, in the eldest and fourth sons in 1878. The oldest daughter died of an acute disease, the second became a leper. All of them lived in their mother's house. In 1875 a nephew of the woman, living eight miles away, became leprous.

In 1878 leprosy appeared in a young woman, not related to this family, but who had nursed Madame Ourblanc in the last period of her illness. Finally it was developed in a young man who lived some miles from the residence of the Ourblancs, but who had often slept with the fourth son of the family, in 1875. Other cases of leprosy afterwards developed in the vicinity.

I cannot overlook one argument which has been advanced by those who are disposed to dally with this serious danger. It has been said that we do not isolate persons infected with syphilis and therefore we should not deal more harshly with those suffering from leprosy. This is equivalent to urging that, as we have the foul contagious disease, which is, in the main curable, and the mode of propagation of which is accurately known, firmly fastened upon us, and as, owing to the peculiar method of its propagation we have not yet arrived at a sufficiently high state of civilization to enable us to isolate those infected with it, *therefore*, we should make no attempt to prevent the spread of another infinitely more loathsome disease which is incurable and the mode of propagation of which is not yet known. The argument I conceive needs no other answer than its clear statement.

To our brethren of the Pacific coast this subject comes home more pressingly than to us of the East. Mongolian immigration cannot fail to bring, along with its thousands of healthy, hardy, willing workers, many an individual in whose blood lurks this lethal taint.

I entertain no doubt that the sentiment which is taking possession of the minds of the profession in California will rapidly become the dominant sentiment with us. And I therefore offer for the consideration of the conference the following resolutions based upon the recommendations of a committee appointed by the California State Medical Society of which Dr. W. F. McNutt, of San Francisco, is chairman, first premising that the third resolution or clause which might otherwise seem forced and unnecessary, is founded upon the discovery of Dr. Arning, that the bacillus of leprosy seem to multiply in the bodies of dead lepers, months after they have been buried:—

RESOLVED: That, it is the sense of this conference,

*First:* That, a strict quarantine should be established against leprosy, and that all lepers attempting to enter this country should be returned to whence they came.

*Secondly:* That these already here, or developing here, should be rigidly segregated.

*Thirdly:* That, it is eminently desirable that entirely distinct hospitals should be provided for such cases, and

*Fourthly:* That, the bodies of deceased lepers be cremated or buried in lime, and their personal effects be destroyed by fire after being treated with powerful disinfectants.

#### ON THE TREATMENT OF SEVERE FORMS OF CHRONIC ANÆMIA BY SUBCUTANEOUS INJECTIONS OF BLOOD

TRANSLATED BY DR. McDONAGH, TORONTO.

THE customary intravenous transfusion of blood, it is well known, is so often followed by unfavorable symptoms, such as chills, fever, albuminuria, hæmoglobinuria, etc., that the operation as a curative procedure cannot always be recommended; on the contrary, it must be looked upon as attended with considerable danger to life. The serious results, however, are not so much dependent upon the transfusion of the defibrinated human blood *per se*, but rather almost entirely upon the method adopted for this performance, whereby the blood