

present mode of propagation. He found the settlers about Tracadie very poor, houses miserable, food poor in quality, consisting chiefly of fish, bread and potatoes. The first settlers were quite free from the disease, and it was said to have first appeared in a family in 1820. This family came from Caraquet, and there was no previous history of the disease in the family; it was attributed by them to having washed the clothes of some shipwrecked sailors. Dr. Graham then related how the disease spread in this neighborhood, attacking persons who were in no way related to the first sufferers. He mentioned many cases to show that the children of leprous parents were not always attacked with the disease. He said there were four ways in which it may be propagated—1, From endemic causes; 2, contagion; 3, heredity; 4, contagion and heredity. It is not endemic, because the same climate, food, and mode of living is similar over a large area where the disease has never appeared. The writer, from the history of the cases, thinks it is purely contagious, many persons being attacked with the disease in whose family no previous cases had occurred, and, again, many leprous persons having healthy children. Many persons in constant attendance on the cases have not contracted the disease; but this is seen in other contagious diseases. In conclusion, the writer said—1st, The origin and early spread of the disease cannot be accounted for by heredity, though it may predispose. 2nd, Mode of life cannot be the cause, though it also may predispose. 3rd, It is contagious and brought from without, and, finding suitable material, is spread from one to the other. In order to contract it, a low state of the system and lengthened and prolonged contact with leprous persons is necessary. Certain families appeared predisposed to it.

Remarks were made by Drs. Grant, Roddick, Clarke, Hurd and Hingston.

The section then adjourned.

#### SURGICAL SECTION.

The section organized at 2.45 p.m., Dr. Tye of Chatham in the chair. Dr. Gardner of Montreal, secretary.

After a few remarks, the Chairman called for Dr. Fenwick's paper on "*Imperforate Anus, with Fæcal Fistula.*"\* The reader of the paper first described in general terms the various forms of this anomaly, and then reported a peculiar case he had recently met with, and on which he successfully operated. A colored drawing in illustration was exhibited.

\* This paper will be published in a subsequent number of this Journal.