

Lymphangiosum and its absence in Molluscum. In Dr. Van Harlingen's case, the Endothelium had not been demonstrated, which the doctor thought might be accounted for by want of care in preparation.

Dr. Duhring read a paper on "The Small Pustular Scrofuloderm." The reader reported the histories of three cases, in two of which there were positive evidences of scrofula, and in the third the diathesis could not be so well made out. The eruption was first papular, then pustular. Scabbing followed, and a cicatrix remained, having a peculiar, star-shaped appearance. Each crop of pustules remained for some months. The condition was very rebellious to treatment.

Dr. Heitzman enquired if the eruption resembled the Acne Cachecticorum, of Hebra. Dr. Duhring answered in the negative.

Dr. White asked what reasons Dr. Duhring had for distinguishing his cases from Acne Cachecticorum. In reply, the Dr. said the follicles were not affected, and the pustules were found in situations where acne seldom or never appears.

WEDNESDAY MORNING,

Dr. White presented the report on statistics. He also presented two reports on Leprosy, one from Dr. Foy, of San Francisco, and another from Dr. Graham. In the former, an account of Chinese leprosy, in San Francisco, was given, and in the latter, a short history of the disease in New Brunswick, compiled from the annual reports, which were found in the records of the Provincial Legislature.

Dr. Atkinson then read a paper entitled, "A Case of Tubercular Leprosy." The patient had been under observation for some time. He thought at first it was a sporadic case, but afterwards found that the patient—a female—had lived next door to a man who was affected by leprosy.

The latter was one of those cases, which had been previously reported from that State. Although the reader did not think that there had been any improper relationship existing between these people, he considered the case a most convincing proof of the contagiousness of the disease.

In connection with the paper, Dr. Atkinson

exhibited specimens of what had been described as the Bacillus Lepre.

Dr. Hyde then read a paper entitled "Study of a Case of Acute Tubercular Leprosy." The patient came under his observation during the past year. The disease ran an acute course, proving fatal in six months.

The author, however, thought the disease had existed previously in an unrecognized form. A drawing of the face was exhibited in connection with the paper.

Dr. Hyde then read a paper on, "Pathology of Leprosy," by Dr. H. S. Schmidt, of New Orleans. The paper was founded on the post-mortem examination of three patients. The subject was treated of in the most exhaustive manner.

EVENING SESSION,

Dr. White opened the discussion on leprosy. With regard to Dr. Atkinson's case, he did not think the proof of contagion conclusive. He, himself, was becoming more of the opinion that the disease was contagious. As to Dr. Hyde's case, he would enquire if the Dr. had taken into account the possibility of its being a sarcomatous disease.

Dr. Graham referred to reports of Dr. Keys, and of Drs. Bayard and Wilson, on Leprosy in New Brunswick. The former considered the disease contagious, but the latter could find no proof of it in their observations.

Dr. Heitzman referred to the microscopical character of leprosy, and did not think that the paper of Dr. Schmidt, although a very able and exhaustive one, threw any new light on the subject. The Dr., in the course of his remarks, asserted that the cell doctrine was antiquated, and was calculated to obstruct the progress of pathological investigation. He was inclined to think that the true origin of the disease existed in the nerve centres.

Dr. Duhring did not think the evidence of contagion sufficient in Dr. Atkinson's case. He then referred to Dr. Hyde's case, and thought it resembled in some points the case of Fungoid Neoplasm, which he had himself described.

Dr. Hyde, in reply, said he had anticipated differences of opinion in the diagnosis of his case. He had taken in all the possibilities,