

struments, and especially needles, be sharp and in the best of repair; also that all sutures and ligatures be of the proper lengths and reliably prepared, which, I regret to say, was not the case in this, my first pylorotomy.

PATHOLOGICAL REPORT OF THE TUMOR.

Carcinoma of Pylorus, removed by Dr. England, August 28, 1897, examined by Dr. Gordon Bell, Bacteriologist to the Provincial Government.

Specimen shows pyloric end of stomach uniformly infiltrated to the thickness of an inch, for a distance of about $3\frac{1}{2}$ inches along the lesser curvature and about $5\frac{1}{2}$ inches along the greater curvature.

Pyloric orifice was stenosed, admitting with difficulty an ordinary lead pencil.

Microscopical examination revealed a carcinoma of the scirrhus type, which had evidently arisen from an old ulcer rotundum, some two inches from the pyloric opening.

SCROFULA AMONGST THE INDIANS

By G. T. Orton, M.D., Winnipeg.

That consumption and various tubercular diseases are very widely prevalent among our Indian population is a well-known fact, and on account of king's evil or scrofulous sores on the neck, it has been popularly believed that the first origin was syphilitic, as the result of contamination with white people, but which, from my observations of nine years as Medical Superintendent of Indian Affairs in this country, I believe to be entirely erroneous. In all the reserves on Lake Winnipeg, on the Nelson River, or the Saskatchewan, I have never come across but one instance of secondary or tertiary syphilis, though scrofulous sores and consumption were universally prevalent. As a young man I well remember Peter Jones, the chief of the Brant Indians, a well-educated Wesleyan minister amongst his tribe and a frequent visitor at our house, saying he had adopted a number of young Indian children, who had invariably fallen into decline after the age of

proberty and some before, and that they could not bear the confinement of living in houses and attending school, and my father, an English physician, remarking, Well, it is for the same reason, even the wild burrowing rabbit as well as tame rabbits, if confined in dark, damp, ill-ventilated and ill-drained enclosures, invariably contract consumption, and so the Indian, in his native nomadic condition, with constant change of scene, with no possible accumulation of filth in his tepee dwelling, is entirely free from scrofula and consumption, but taken from this mode of life to dwell in houses on reserves or around Hudson's Bay posts, as occurred in this country, before being educated in the simplest ideas of sanitary science, or cleanliness, the Indians were in the same surroundings of filth, ill-ventilation, bad drainage, as well as also, often poorly fed, and without generations of habitual training to this mode of living, like the rabbits, soon contracted scrofula and consumption, which in its turn reproduced itself by contagion.

The interesting question arises: Can the bacilli of Koch, or tubercular bacilli, be generated *de nova* outside of the animal in the surroundings and conditions favorable to its life, and be inhaled or taken in food so as to infect the animal body, or must they first be generated within the animal organization?

That vegetable life can be created in favorable circumstances and surroundings without the presence of the seed or germ of the species, is, in my mind, absolutely certain, as evidenced in the burning down of forests and the different vegetable life which succeeds for which it is impossible to account either by the theory that birds have brought the seed or that they may have remained dormant in the soil, as the soil is burned too deep not to destroy any lying dormant, and the absence of the species of birds to carry the peculiar seed, as well as the long distance which so often intervenes between a fire in the midst of a vast forest and where the succeeding variety of trees and shrubs are found. Also the profuseness with which