

*irritation.* Dr. McPhedran stated that these spinal lesions were generally due to a lesion on the surface of one of the mucous membranes or to a visceral lesion.

Dr. Cameron coincided with this view, while on the other hand Dr. Graham did not believe the actual cause or lesion could always be discovered. "Why should a blister relieve the symptoms if the mucous membranes were the seat of trouble, unless indeed, it might possibly act through the blood, where, after all, the true seat of the lesion might be."

With reference to the *diagnosis* of these cases, Dr. Oldright believed it very difficult to make a correct classification. Spinal irritation might even be confounded with pleurisy. He cited two or three cases that had come under his own observation where paralysis had been one of the later symptoms of this disease.

Referring to *treatment* the use of the galvanic current was strongly emphasized.

## GOVERNMENT REPORTS.

Diphtheria at the Institution for the Blind, Brantford.

The following is abstracted from the interesting 16th report of this institution, in which the physician, W. C. Corson, M.D, reports the details of the outbreak of diphtheria which took place in 1886-87:—

"The spectral presence of a contagious and fatal disease, projected without warning into a community of young children, was sufficiently appalling when all the possibilities were considered. It was at this juncture that yourself, as Inspector, and Dr Bryce, Provincial Secretary of the Board of Health, was summoned to our aid by telegraph. By your prompt arrival the same evening, we had the benefit of Dr. Bryce's excellent counsel, not only in regard to the treatment of sick children, but in suggesting the best precautionary measures to prevent the further spread of the disease, and in investigating the cause of the epidemic. Dr Bryce kindly approved of the treatment entered upon, but advised an additional remedy, inhalation of steam, medicated by turpentine and carbolic acid. The apparatus for the generation of steam was immediately extemporized, but all our efforts, though of the most energetic nature, could not rescue the lad Alexander, for he succumbed to the disease the following morning. The two remaining boys, aged about ten years, were now struggling heroically with the disease in a severe form, and though both were delicate in appearance, yet they maintained their ground against uneven odds, and were finally brought safely through.

The next on the list was a female servant, employed on the boys' side, whose attack proved to

be mild in character, confining her to her bed for a few days only.

Other cases now occurred in quick succession, such as the young female nurse, engaged from the J. H. Stratford Hospital, who escaped with a brief illness. Then followed a boy, a companion of the boy Alexander, whose case, though somewhat prolonged, was never the cause of serious anxiety. There then ensued a considerable period of rest without new manifestations of the epidemic, and we began to grow confident that we had seen the last of our enemy. Thus far, it will be observed, the disease had been confined to the male side of the house, and as a preventive measure all communication between the two wings had been as far as practicable broken off. But our hopes received a rude shock, for just one month from the convalescence of one of the little boys above named, his young sister was suddenly prostrated by diphtheria. A week previously the two children had been allowed to come together, but not, of course, until a thorough disinfection of the boy's clothing and person had been accomplished. Whether the disease was communicated in this way must remain a matter of conjecture. I understand Dr. Bryce believes it possible, but if that theory be correct, why, it may be asked, did not this boy communicate the disease to some or other of his companions with whom he was continually mingling?

Something more than a passing reference should be made to the case of this little girl, on account of her remarkable recovery from what seemed certain death, and by which we learn the lesson never to relax our efforts to save our patients as long as