

The committee recommended that the following be added to the consulting staff:

Medicine—Drs. John L. Davison, T. F. McMahon, W. H. B. Aikins, Allen Baines and John Caven.

Surgery—Drs. Luke Teskey, R. B. Nevitt and N. A. Powell.

Obstetrics—Dr. Adam H. Wright.

Eye and Ear Department—Drs. G. Sterling Ryerson and G. H. Burnham.

In presenting its final report the committee recorded its appreciation of the excellent character of the service rendered by the staff, past and present, and expressed its grateful acknowledgment of the self-sacrificing efforts in the interests of the sick, and of medical education, on the part of members retiring, several of whom had been connected with the hospital for long periods, and had requested to be relieved from further duty. It was recommended that the committee be continued in existence for the purpose of assisting in bringing into effect the regulations adopted by the board in connection with the establishment of the new services.

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## MEDICAL PREPARATIONS, ETC.

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### A PALLIATIVE TREATMENT OF ELEPHANTIASIS.

Some striking results in the treatment of elephantiasis with Merck's Fibrolysin have been obtained by Dr. Aldo Castellani, Director of the Clinic for Tropical Diseases at Colombo, Ceylon.

In a paper read before the Ceylon branch of the British Medical Association on June 29, 1907, Dr. Castellani explained, that struck by the fact that Thiosinamin had been used by Hebra and others in the treatment of fibrous tumors, he was led to try this compound in its water soluble form of Merck's Fibrolysin in cases of elephantiasis, a disease due to a hypertrophied condition of the subcutaneous tissue from increase of fibrous tissue in various stages of development.

The method of treatment began by making the patient enjoy a complete rest in bed for a week, the affected parts being bandaged with flannel or india rubber bandages and massaged regularly twice daily, thereupon began the injecting of Fibrolysin. A sterile pad of gauze was attached to the place of the injection and the part tightly bandaged, an antitoxin syringe with a strong needle being used and 2 cc. of Fibrolysin inoculated every day or other day for almost a month. No noxious or painful symptoms of importance were observed to follow the injections.

The injections were now stopped for a week, during which time the use of flannel or india rubber bandages was resumed. In cases of verru-