

more perfect than that accomplished in the adult stomach. Hence buttermilk, and peptonized milk are more easily appropriated and much more suitable to the greater number of individuals. (See *Therapeutics of Buttermilk*, LANCET, August, 1883.) It is in this form that the porridge eaters of Scotland and Ireland use milk. When we come to consider milk as diet for weak digestion, and those prostrated by acute disease, we tread on dangerous ground, and if possible, words must be more thoughtfully and carefully spoken. It is hard to believe that disease creates anew a tolerance for milk. It is exceedingly unlikely, that a stomach which habitually rebelled against milk, in a state of health will become tolerant in a state of disease. The chances are all against such a belief. Again, consider how irrational it is to ask a person laboring under such an exhausting disease as typhoid fever, to live, weeks together, on a diet on which he would have starved, when well. As in the case of the child with cholera infantum, we have to consider also the probability of the formation and accumulation of firm and indigestible coagula, causing gastric and intestinal irritation and increase of temperature. This last difficulty may be effectually overcome by using only milk previously peptonized. This has the disadvantage however, of sometimes causing relaxation of the bowels, especially in cases where a tendency that way already exists. There is reason to fear that many valuable lives have been sacrificed at the shrine of the goddess of unreasoning routine. The whole question needs a more careful and patient investigation than it has yet received. Until such time as we have more convincing proof of the universal adaptability of milk, a middle course will be the safest to pursue. A mixed diet of broths, minced or pulped meats and jellies, eggs, farinaceous articles, and milk, in cases believed to be suitable, will be found, on the whole, to answer any indication, and to give the most satisfactory results.

LEPROSY IN NEW BRUNSWICK.

We have before us a most interesting report on Leprosy in New Brunswick, by Dr. J. C. Taché of Laval University and Dr. A. C. Smith, of the Medical Council of New Brunswick, and visiting physician to the Lazaretto at Tracadie. The report was prepared in answer to a series of questions

submitted by His Excellency, the Minister of Foreign Affairs of the government of the Sandwich Islands.

The disease is known only in the two Counties of Gloucester and Northumberland, where it has existed for many years. It is the true Elephantiasis græcorum, and appears under two forms, viz: tubercular and anæsthetic leprosy, which so-called forms are, however, in the opinion of Drs. Taché and Smith the result of one common morbid state. In the former the skin and mucous membranes are chiefly involved; in the latter the nervous system. It is a specific disease characterized by the slow development of nodular growths in connection with the skin, mucous membranes and nerves; and, in the latter case, by the super-vention of anæsthesia, and a tendency to ulcerative destruction. The disease rarely attacks the extremes of life, and indeed early infancy seems to possess complete immunity from it, early adult life showing the greatest number of cases. The progress of the disease is very variable, sometimes destroying life in a few years, while in other cases it lasts for a long period. There are now two cases in the Lazaretto which have lasted with constant symptoms for the respective periods of forty-six and thirty years. The early symptoms are a general uneasiness, drowsiness, irrepressible instinctive anxiety, undefined and not very severe pains followed by hyperæmia, hyperæsthesia, insensibility, maculae, pemphigus, atrophic manifestations, and alopecia, especially of the eyebrows.

It is more common in the male sex than in the female, but the proportion varies as to time and place. It attacks persons of all races in proportion as they are exposed, lepers of French, English, Scotch and Irish descent having been known in New Brunswick, as also lepers of mixed origin. The persons afflicted with leprosy have with three exceptions belonged to the classes of farmers, fishermen and lumbermen and a mixture of them, being neither in affluence nor in destitution. The habits of the people generally are good, their sanitary surroundings as good as in neighboring parishes—domestic and personal cleanliness vary; food is abundant and of good quality, and they are robust, healthy and long-lived.

The circumstances which favor the development of leprosy in individuals and in groups of individuals are the close intimacy of family