

posterior. The respiratory and abdominal muscles are not involved. There is control of the rectum and bladder; the muscles of the palate, pharynx, and faeces, are all right; speech is not clear, but probably the condition of the lips accounts for this. The tongue muscles are normal. The muscles of the hand are not affected. There is no derangement of sensation; the reflexes are weak, but not abolished. There has not been much change in the man's condition for the past two years. The faradic and galvanic electrical reaction are normal as far as ascertained; there is no reaction of degeneration.

Dr. Graham considered this a rare form of disease. His attention had first been called to the condition a year ago by Dr. Pringle. There are one or two points in which this case does not correspond with the cases previously described. (1) There is apparently fibrillar twitching in this case. (2) There are also spasmodic contractions of muscles. These conditions have not been described in primary muscular atrophy. The condition of the mouth muscles might be thought due to bulbar paralysis, but there is no dysphagia. The case is probably one of primary muscular atrophy. The fatal termination in these cases is usually due to some intercurrent condition, frequently tuberculosis.

Dr. McPhedran stated that he is not satisfied with the present view as to the pathology of the condition. How could muscles atrophy primarily if the trophic nerve supply were normal? It is probable that in future some nerve lesion will be found. The disease in all probability begins in the nervous system, and the muscles atrophy secondarily.

Dr. McPhedran then exhibited a case of
ELEPHANTIASIS LYMPHANGIECTODES.

A boy, ten years of age, in whom one leg (the left) is one inch longer than its fellow, and there is a general increase in the size in the whole limb as compared with the other. The boy had two attacks of pain and swelling of the limb when an infant, and a third attack when three years of age. The prepuce is hypertrophied; the lengthening of the limb is uniform in all parts. The pathology of the condition is probably that it is due to some obstruction in the lymphatics.

Dr. Primrose spoke of the pathology of the disease. He was not satisfied with Dr. McPhedran's view that it was due to lymphatic obstruction. He quoted Cohnheim in stating that the lymphatics of the limb may be entirely obliterated without even causing cedema. He was inclined to regard Dr. McPhedran's case as one of true hypertrophy, due to increase of blood supply to the part. He did not think it a case of ordinary elephantiasis, where the subcutaneous tissues are chiefly affected in the enlargement of the limb.

Dr. Graham referred to two cases of a similar character which had come under his observation. The condition has been well described by Hebra as elephantiasis lymphangiectodes. It differs from the ordinary elephantiasis arabum in several points, one of which is the fact that it is usually congenital in origin.

Dr. Cameron had seen similar cases, and he considered the question of the pathology of the condition proven. Cutting off the blood supply is the most rational method of treatment. It has been found that the state of the limb may be associated with lymphatic obstruction; the question is whether the hyperæmia in elephantiasis is primary or secondary.

Dr. Peters referred in his remarks to the treatment. Elephantiasis arabum has been treated for many years by ligation of the main artery of the limb. A Dublin surgeon was the first to practise this, and he dressed several cases successfully. The plan of treatment seems advisable in this instance. The disease is certainly not elephantiasis arabum, because the parts are all equally enlarged, proportionately throughout the limb. All the circumferences are increased; the soft parts and bones are proportionately enlarged. Dr. Peters looks upon the case as hypertrophy rather than elephantiasis. The prepuce shows dilated lymphatics; also a cutaneous patch below the patella presents a similar condition.

April 2.

The President, Dr. Spencer, in the chair.

Dr. C. O. Ryerson read a paper on

THE MEDICAL ASPECTS OF JAMAICA.

There is great diversity of temperature in Jamaica, varying from 80-86° at the sea coast to 45-50° on the tops of the mountains, com-