use the disease spread to almost an incredible degree. This was doubtless largely due to the lepers being allowed to marry without hindrance, but the natives were convinced of its contagiousness. In the Sandwich Islands leprosy was unknown before 1848 at earliest, at which time it was supposed to have been brought by the Chinese. A recent census places the number of lepers at 250, or about 2½ per thousand of the natives, and during this time the hygienic state of the people has improved. On the other hand Kaposi, in "Hebra on Diseases of the Skin," as emphatically declines to acknowledge the contagiousness of leprosy, and does not attach much importance to hereditary transmission. He quotes Virchow to the effect that the term hereditary can only be taken in the sense of a predisposition to leprosy, just as a predisposition to tuberculosis is generally considered hereditary, the development of the disease being dependent on certain external causes. He sums up thus: "It would, for the present, seem not unreasonable to suppose that certain physical and geographical peculiarities of particular countries serve as etiological influences in the production of the primary disease, whilst its propagation, when once developed, is more or less aided by hereditary predisposition."

These Cape Breton cases throw no light on the primary cause of leprosy, as there is nothing either in the climate or "physical and geographical peculiarities" of the island, or in the habits of the people, differing materially from many other sections of Canada. Nor does the contagion theory receive much support unless, indeed, the disease found the climate and "physical and geographical peculiarities" of the island very uncongenial soil, and the contagious principle has been sufficiently potent to overcome in some degree these obstacles. But hereditary predisposition seems to have been the most marked factor in the propagation of these cases, seeing that of the whole eleven cases eight were hereditary. Dr. Hyde, of Chicago, gives a case coming under his notice of hereditary transmission in a child, born in the United States; the father, who came from Sweden, was leprous.

WILTON AVENUE, *Toronto.*

ELEPHANTIASIS.

BY T. T. S. HARRISON, M.D., SELKIRK, ONT.

[Read before the Ontario Medical Association.]

This case which I bring before you with some doubt and hesitation, I have called elephantiasis. It has this characteristic of that disease, that the affected limb is enormously enlarged. It differs, however, from the typical elephantiasis in the absence of the thickened, indurated tuberculated and cracked integument.

Patient, aged 20, Canadian, born of German parents. Parents, and brothers and sisters, healthy; the mother's family consumptive; the maternal grandmother died of cancer.

J. A., at birth was healthy; a very large, fine child. At the age of two and a half his mother noticed that one leg was growing faster than the other. I first saw the boy when about three years of age. I then found the left leg decidedly the longer. The right was normal in contour, while the left was not only longer, but larger and abnormal in shape; the skin hung loosely and it had a soft, doughy feel, was largest at the ankle, and had no bulge or projection at the calf. I gave the opinion that there was arrest of growth in the right leg, but had to say that the left had some peculiar affection of the soft tissues at least. The mother said that other medical men had given the same opinion. The child was merely treated for his general health.

I saw the child occasionally as I attended other members of the family, for several years. The size and length of the limb increased so rapidly, that there was soon no doubt as to the abnormal growth of the tibia and fibula.

Some seven years ago, when about thirteen, I exhibited the boy at the meeeting of the County of Haldimand Medical Association. At this time, the diseaso, which at first was confined to the leg, had invaded the thigh; there was enlargement above the knee, and the femur was some three-quarters of an inch longer than its fellow. The patella was broader, thinner, and flatter than natural.

Then the entire limb was, I think, nearly or quite five inches longer than the right. The weight of opinion was against surgical interference, though amputation, resection of