

he gives the proper precaution to those upon whom he is in attendance, liable to prosecution and damages by all the others in the event of typhoid fever appearing among them also? I admit freely, nay I contend, that the proprietor of a house in which fever was known to have existed, and who lets that house to new tenants, having made no honest effort to cleanse and disinfect the premises, should, in the event of their being stricken down with the disease, be held liable to damages, and so also should the corporation which is made aware, on the unimpeachable authority of its sanitary officer, of the existence of such *foci* of infection, and which neglects to disinfect them, be held liable. The doctor also who neglects the proper precautions for the disinfection of the excreta of his patient, should be held liable. Lastly, typhoid fever has been endemic at Mount Stewart for many years past. Cases were given in court as having occurred in the immediate neighborhood of Seller's house, within 75 yards of it, I am informed, a few years ago. It is well known to you all that the germ of typhoid fever will remain in the soil for a very long and indefinite period and retain its activity. The decision of the judge is based on the assumption that the outbreak in the house of the plaintiff was due to infection from Dr. Toomb's patient. On the contrary, the fair assumption is that Coffin contracted the fever on the premises, and that had he never entered the house the members of the household would have contracted the fever. In that case how would an action for damages against the doctor lie? It is to be regretted that Dr. Toombs did not see fit to appeal from the decision under review and thus afford this association an opportunity to assist him and to ascertain what the court of last resort would lay down as the law touching the responsibility of the physician under similar circumstances.

(To be concluded.)

## NOTES ON TWO CASES OF SPINA-BIFIDA.

*Read before the P. E. I. Medical Association, July 9, 1891.*

By JAMES WARBURTON, M. D., Charlottetown.

*Mr. President and Gentlemen.*—In reading these short and incomplete notes of two cases of spina-bifida I wish it to be distinctly understood that I advance nothing new.

For two chief reasons I read them, first, to get the opinion of this Association as to treatment, &c.; second, because in private practice I never saw a case before, and the two cases occurring within a few days of each other, impressed me most strongly.

On March 10th, of the present year, I attended Mrs. B. in her confinement, except that labour was tedious, there was nothing abnormal, she was delivered of a female child without difficulty.

The family history is good so far as I can ascertain. The father, a blacksmith, although rather slight, is in perfect health and has never lost a day from his work on account of illness. The mother is also healthy. They have one other child, also in good health. I could find no history of struma in the family. When the nurse was washing the child she called my attention to a spot on its back, a birth mark, as she termed it. On examining it I found a slight tumour which was about the size of the half of a small orange, being slightly greater in length than breadth. The tumour was elevated, tense and elastic, with distinct fluctuation, it was reddish-purple in color, with a very thin glistening cover over it, one part of which was ulcerated. The surrounding skin had quite a coat of short, soft hair on it. The size and tension of the mass could be diminished by pressure, which appeared to cause great pain. There was distinct impulse on crying and increased tension. Pressure on the tumor caused increased tension at the anterior fontanelle and likewise pressure on anterior fontanelle produced increased tension in the tumour. On raising the pelvis above the head the tumor became less tense and softer.

On examining the spinal column I found the laminae and spinous processes of the last dorsal and first lumbar vertebra deficient. This child has the nerve lesions so frequently found in cases of injury to or defect of the cord. She has talipes varus of the right foot and talipes equino-varus of the left foot. There is complete loss of power of the lower limbs, sensation is also very much impaired. The patient has hydrocephalus which has increased till now the child at four months has a head twenty-one inches in circumference. There have been no convulsions but the child suffered great pain, especially when moved. The pupils do not respond to light and the child is evidently quite blind. The hearing is all right. In this case I think there can be very little doubt that the spinal cord, or