

Abdomen—Liver = 6 lbs, much enlarged: very firm, not fatty, appears hypertrophied.

Spleen = 2lbs 5 oz., contains little blood; dark coloured. firm and tough; sections not very translucent.

Kidney—Right = 8 oz.—cyst, size of top of little finger in cortex; capsule not adherent; substance easily torn; not granular; rather pale; blood unequally distributed. Left = 7 oz., more anæmic, but in all other respects like the right. The above organs tested with iodine, did not give satisfactory indications of amyloid degeneration.

Chest—Recent lymph upon right pleura and pneumonic consolidations of lower three-fourths of corresponding lung. Congestion of left lung. Heart with contents = 25 oz. Decolourized fibrine in the aorta and large vessels. Valves healthy.

Head—Brain = 51 oz., membranes and substance normal, puncta vas. numerous and large. Slight venous congestion of choroid plexuses. Ventricles normal.

Both ulnar nerves appear to be considerably enlarged, more especially where they lie behind the inner condyles. One posterior tibial nerve only removed, but it also appeared much larger and firmer than that nerve usually does. Spinal cord not examined.

The above appears to have been an example of Anæsthetic and tuberculous Leprosy combined, the former features having been much more marked than the latter. The loss and impairment of sensation in the upper and lower extremities: the atrophy of the integument upon the back of the hands and of the fingers, especially of the distal phalanges throughout their structures; the bulke and insensible indolent sores upon both hands and feet; the distinct enlargement of the ulnar nerve behind the condyles: the absence of sensation in and of hair upon the *nodularly* hypertrophied eyebrows; the general thickening of the facial integuments, the destruction of the septum nasi and the husky weak voice; form a grouping of symptoms not met with, I think, in any other disease. Savage's definition of leprosy, in 1759, would apply to this case "Facies deformis tuberibus callosis; ozæna; rauceo; cutis elephantina crassa, unctuosâ; in extremis artubus anæsthesia."

It was the occurrence of large bullæ and of dark crusts upon the hands and feet, that led me at first sight to suppose the case one of Rupia, but a closer examination at once changed my opinion.

Dr. Carter, of Bombay, not long ago made the interesting discovery that the nerves of the insensitive tracts in *Lepra anæsthetica* are generally much enlarged by the formation of albumenoid material between the tubules; and he thinks it probable that the disease of the nerve trunks precedes that of the skin; it appears to me, however, as probable, that the alterations invade the peripheral terminations of the nerves and the integument before the nerve trunks, for in the two cases which I have seen, the anæsthesia was confined at some places to isolated spots of atrophied integument, although the adjacent skin supplied by the same nerve trunk preserved its sensibility and its healthy appearance.

An interesting circumstance noticed in the above case was the increase of sensibility in the affected parts during the pyrexial condition incident to the occurrence of 1 neuronæ.

Leprosy is said to be observed only near the sea-coast, but our patient never resided in the vicinity of salt water; his diet, too, was not fish; but salt pork and bread; a common diet enough among our lumbermen, for several months in the year.

It is not generally known that a leper-house and a number of inmates, the subjects of true leprosy, exist in the French settlement of Wacadie, in the northern part of New Brunswick. The first case began in the person of one Ursuli Landré about the year 1815 or 1817. Her husband next became afflicted with it, and so rapidly did the disease increase, that in 1844, some twenty-three or twenty-four cases were under observation, and according to Dr. R. Gordon's report to the Royal College of Physicians, London, in 1862, there were as many as 37 lepers in the New Brunswick Lazaretto at one time. The same report states that the disease had been "on the decrease during the last ten or twelve years." These, and many more interesting facts respecting the disease in New Brunswick are contained in a graduation thesis written in 1863 by my friend William Wallace Gordon, M.D., C.M., son of the above mentioned Physician.

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LLEWELLYN BROCK, M.D., EDITOR.

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ONTARIO MEDICAL ACT.

The new Medical Bill, introduced by the member for the South Riding of Ontario, Dr. McGill, was read a first time on the 13th of November, 1868, and has been printed by order of the House.

It may be as well to remind our readers that at the last meeting of the Medical Council it was unanimously agreed that certain amendments to the Medical Act were considered absolutely necessary. A committee was appointed to draft a new Bill, based upon the previous one, and carrying out still further the intentions of the late Dr. Parker.

After an experience of three sessions it was admitted by all the members of Council that owing to the absence of the obligatory clauses the Bill was virtually inoperative.

The Council deeming this committee to be of such importance, and knowing that there was a crying necessity for medical reform, were careful not to appoint any member of Council as a member of that committee who was connected with any of the teaching bodies in the Province of Ontario; in fact, four out of the five held what might be called