struments, and especially needles, be sharp and in the best of repair; also that all sutures and ligatures be of the proper lengths and reliably prepared, which, I regret to say, was not the case in this, my first pylorectomy.

PATHOLOGICAL REPORT OF THE TUMOR.

Carcinoma of Pylorus, removed by Dr. England, August 28, 1897, examined by Dr. Gordon Bell, Bacteriologist to the Provincial Government.

Specimen shows pyloric end of stomach uniformly infiltrated to the thickness of an inch, for a distance of about 3½ inches along the lesser curvature and about 5½ inches along the greater curvature.

Pyloric orifice was stenosed, admitting with difficulty an ordinary lead pencil.

Microscopical examination revealed a carcinoma of the scirrhous type, which had evidently arisen from an old ulcus rotundum, some two inches from the pyloric opening.

SCROFULA AMONGST THE INDIANS

By G. T. Orton, M.D., Winnipeg.

That consumption and various tubercular diseases are very widely prevalent among our Indian population is a well-known fact, and on account of king's evil or scrofulous sores on the neck, it has been popularly believed that the first origin was syphilitic, as the result of contamination with white people, but which, from my observations of nine years as Medical Superintendent of Indian Affairs in this country, I believe to be entirely erroneous. In all the reserves on Lake Winnipeg, on the Nelson River, or the Saskatchewan, I have never come across but one instance of secondary or tertiary syphilis, though scrofulous sores and consumption were universally prevalent. As a young man I well remember Peter Jones, the chief of the Brant Indians, a well-educated Wesleyan minister amongst his tribe and a frequent visitor at our house, saying he had adopted a number of young Indian children, who had invariably fallen into decline after the age of proberty and some before, and that they could not bear the confinement of living in houses and attending school, and my father, an English physician, remarking, Well, it is for the same reason, even the wild burrowing rabbit, as well as tame rabbits, if confined in dark, damp, ill-ventilated and ill-drained enclosures, invariably contract consumption, and so the Indian, in his native nomadic condition, with constant change of scene, with no possible accumulation of filth in his tepee dwelling, is entirely free from scrofula and consumption, but taken from this mode of life to dwell in houses on reserves or around Hudson's Bay posts, as occurred in this country, before being educated in the simplest ideas of sanitary science, or cleanliness, the Indians were in the same surroundings of filth, ill-ventilation, bad drainage, as well as also, often poorly fed, and without generations of habitual training to this mode of living, like the rabbits, soon contracted scrofula and consumption, which in its turn reproduced itself by contagion.

The interesting question arises: Can the bacilli of Koch, or tubercular bacill, be generated de nova outside of the animal in the surroundings and conditions favorable to its life, and be inhaled or taken in food so as to infect the animal body, or must they first be generated within the animal organization?

That vegetable life can be created in favorable circumstances and surroundings without the presence of the seed or germ of the species, is, in my mind, absolutely certain, as evidenced in the burning down of forests and the different vegetable life which succeeds for which it is impossible to account either by the theory that birds have brought the seed or that they may have remained dormant in the soil, as the soil is burned too deep not to destroy any lying dormant, and the absence of the species of birds to carry the peculiar seed, as well as the long distance which so often intervenes between a fire in the midst of a vast forest and where the succeeding variety of trees and shrubs are found. Also the profuseness with which

the new growth springs to life cannot be accounted for in any other way than that there is a correlation of vital forces, both vegetable and animal, by which new species may be generated under surroundings, congenial to their existence, and especially the lower forms of both vegetable and animal life, just as heat, motion, electricity and other energies are converted one into the other. That the entire change of circumstances into which the inroad of the more enlightened and civilized white man has driven the poor Indian is the cause of the prevalence of scrofula and consumption amongst them and the reason of their gradual extermination, and not syphilitic contagion, is, I think, beyond doubt. What, then, is the moral and Christian duty of the Government of Canada Surely to teach them not only to read and write and grow crops, but also all the up to date sanitary knowledge, of how to guard against and lessen the ravages of this terrific enmmy of their race, so that at least a remnant of a really clever and most interesting people may be preserved. And to this end, while I occupied the position I held in the Indian Department, I endeavored, by the issue of printed sanitary rules and precepts to agents, school teachers and missionaries, with the request to inculcate them continuously, in season and out of season, as well as by occasional addresses by myself, pointing out the contagious character of these affections and the necessity of thorough cleanliness and disinfection. I may say that nearly all the missionaries of every denomination made these printed rules the subject of sermons and addresses, so that with the cordial assistance which I also usually received from both the various agents and teachers, a very marked change for the better has taken place, and now, instead of going into an Indian house where a consumptive lived, and finding the floor and walls as well as bed, often bespattered with the filthy expectoration from a breaking-down lung, and other surroundings dirty beyond description, I find, as a rule, great care taken to destroy the sputu, and a vastly more cleanly appearance in all the Indian houses. Whitewashing and thorough cleaning was done every spring and autumn, and when a consumptive dies in a house it is often burned down and a new log house built, or else it is well disinfected, the walls and floors washed with bichloride solution and whitewashed inside and outside, so thoroughly alive have the great majority become to the infectious character of consumption. And though still a great deal prevails, I notice a very marked difference from what it was nine years ago, when I first undertook the duties.

With regard to the treatment, etc., and the amount of success therein, I may in a future correspondence give some account thereof.

COMMUNICATED

RECENT THERAPEUTICS IN OPHTHALMOLOGY

By R. C. Pattilli, M.D.,C.M., Instructor in Ophthalmology in the Chicago Post-Graduate School.

During the past twelve months I have been trying to find some drugs that would take the place of iodoform and nitrate of silver in the treatment of eye diseases. Iodoform having a very disagreeable odor and nitrate of silver being irritating are objectionable.

In reading translations from German literature I was fortunate to find an article by Dr. Karl Hoor, Professor of the Royal Hungarian University in Klausenburg, entitled "Nosophen and Antinosine in Ophthalmology." Nosophen as given in Dr. Hood's paper is a tetraiodophenol phtalein, a combination of iodine and phenolphtalein, the amount of iodine present being 61.7 per cent. It is a light brown yellowish powder insoluble in water and acids. Nosophen has been used by me in the clinic of Professor W. Franklin Coleman at the Post-Graduate Medical School, Chicago, in over twenty-five consecutive cases in which there were indications for the use of iodoform, with most excellent results. In no case could be