day to day, increasing or decreasing with exacerbations and decline of temperature.

TREATMENT.

Constitutional.—Believing the disease to be constitutional, with the bubo as a local symptom, the plan of treatment is necessarily almost entirely constitutional, and I now regard arsenic as almost a specific. A frequent combination has been the liq. arsenicalis π v, with liq. ferri per. π x in a bitter infusion, three times daily and increasing the arsenic to 10 π doses in the first fortnight; but lately I have given the liq. arsenicalis alone, and rapidly increased the dose to π xv in the first week. A few ounces of red wine daily are also given. An occasional dose of 5 to 10 gr. of quinine, especially if there be any chills or sweats indicative of malarial poisoning. Late in the disease, when the temperature is normal, a grain of hyd. c. creta two or three times daily promotes absorption.

Local.—In the acute stage, rest in bed with evaporating lotions and belladonna fomentations as may be appropriate; but fresh air is very important, and I keep my patients about as long as suppuration does not threaten. Even when suppuration does take place, I delay opening the abscess to the very last, as they certainly shrink and become more localised. When the abscess has been opened and the glands protrude, looking like walnuts and about the same size, I have several times seen their complete absorption by pushing the arsenic, and applying locally a powder of one-third calomel, one-third iodoform, and one-third zinc oxide, with a pad and gentle pressure, and I wish to remark, without the glands becoming subsequently inflamed or tender.

Unless in exceptional cases, I am entirely antagonistic to removing these glands by operation, or scraping them away. First, because I believe they can be saved and that they resume their functions; and secondly, because after operation the resulting scars are mostly very formidable and a source of weakness; take a long time healing; in some cases break down, as in Case 3; and finally, I have seen much better and quicker results from the arsenical treatment, and relapses are very rare after it.

I wish to emphasise the value of treatment by arsenic. For many years past in treating these bubo cases, I have used arsenic waveringly and in small doses; principally, at first, because it is a well established plan of treatment in lymphoid diseases, and secondly as an antiperiodic on account of the fever, with, of course, only indifferent results. Recently I have had surprisingly good results from freer use of the drug, and the patients have stood it well.

A paper by Mr. W. G. Spencer, F.R.C.S., Westminster Hospital, read at the Association meeting in London, July, 1895, strongly influenced me in pushing this remedy. Mr. Spencer speaks in no uncertain manner about arsenic. "Even when the disease (lymphadenoma) has become widespread, the administration of arsenic may cause the tumours to speedily vanish. Many cases at first diagnosed as widely disseminated cancer have been cured by this drug. . . . The poison, therefore, which causes the malignant form of lymphadenoma can be neutralised by arsenic; not only do the cells cease proliferating, but they degenerate and undergo absorption. When arsenic fails, the disease may nevertheless be a lymphadenoma. The arsenic may be administered in too small a dose. . . . Arsenic may act on a small mass though insufficient to overcome a large one. . . . The lymphadenoma may be partly removed by operation, and cure finished by arsenic; and finally, . . . a large dose of arsenic may be better tolerated in one form than another."

HEREDITARY TENDENCY TO FRACTURE.

By JOHN SPURWAY, M.B., C.M. EDIN.,

Tring.

CONCERNING the liability of members of the same family to fractures, little has been written, though Greenish (quoted by Erichsen) records a very marked example. I fancy the following facts, extending, as they do, through four generations, constitute a record in this form of heredity.

I was recently asked to examine a child, aged 4, who had just fallen down and injured her left arm. There was a simple

fracture of the humerus immediately above the condyles; there was considerable swelling and deformity, but I had no difficulty in replacing the fragments and retaining them in apposition. After setting the fracture, and remembering that I had several times been called upon to do the like for various members of the same family, I made careful inquiries into the history of the family, and the results are as follows:

Beginning with the first of the four generations—I have been unable to obtain any reliable information about the family still further back—I find that J. C. (now dead) and his brother J. C. (also dead) both sustained fractures of the ribs. The former had two sons, T. C. and J. C. (half-brothers); the latter had a fracture of his forearm, and broke one femur twice.

T. C., aged 65, had no fewer than eight fractures before he was 16. He fractured his right femur when $2\frac{1}{2}$ years old; both forearms (and in each case both radius and ulna) when 5; both bones of his right leg when 7; and between that age and 16 he broke each leg twice, and every time both bones. To complete this chapter of accidents, his left eye was gouged out by a cow some years ago; and in spite of it all, he is hale and hearty, and, with the exception of a slight twisting of one arm, none the worse. He had two daughters and one son. One daughter fractured her leg when very young; she died at the age of 5. The other has had no fractures, nor have her children.

The son has had, I believe, seven fractures, but I have only ascertained the nature of six of them. He (J. C.), I find, has fractured both humeri and both forearms (and in each case both bones were involved); and also both legs (both bones again); and, besides these, he dislocated his elbow.

He has six children, of whom only two have escaped the family trouble; the remaining four have, between them, had no fewer than seventeen fractures.

(1) M. C., aged 16, had first a compound fracture of the right forearm; both bones were broken, and in two places; twice she has fractured both bones of the left forearm, and the bandages had hardly been removed, when I was called upon to set a fracture of the humerus on the same side; the bone here also was broken in two places.

(2) H. C., aged 15, has fractured both femora; she suffered also from a greenstick fracture of the humerus and a fracture of one of the phalanges of her third toe.

(3) H. C., aged 12, has only broken a clavicle.

(4) E. C., aged 14, though so young, seems to have been the most unfortunate of the family. She has sustained fractures of the right humerus, of both clavicles, and of both forearms; in each case of both bones. She has besides had three greenstick fractures, namely, of the humerus and of both femora. Finally, she is now under treatment for the fracture of the left humerus mentioned above.

Besides fractures these four unfortunates have sustained bruises and sprains without number.

It would be interesting to know whether this form of heredity is common, and also whether, as is the case in this family, the bones unite promptly, without trouble, and without deformity. In every case union has been rapid, in no case has non-union occurred, and with the slight exception referred to not a single case of deformity has resulted. In the last case (E. C.) on the fourth day the bone was quite firm. Finally, no bone has broken twice in the same place.

With the exception of this unfortunate tendency the family has been fairly healthy, and there seems to be no other constitutional ailment. The only other feature I have noticed common to many members of the family is a curious bluish tinge of the eyeball, which in some is very marked.

My experience is so small that I feel I am scarcely justified in generalising, but it has seemed to me that this tendency to fracture, whilst affecting alike male and female members of the family, is transmitted rather through the males. I do not know whether this is borne out by the experience of others.

CHURCH CONGRESS.—At the coming Church Congress Mr. H. D. Greene, Q.C., M.P., will preside at a meeting of the Burial, Funeral, and Mourning Reform Association. The meeting organised by the Church Sanitary Association will be presided over by Dr. Thursfield, Medical Officer of Health for Shrewsbury.