

establishment of provident dispensaries. I am inclined therefore to hope that the bulk of general practitioners are sufficiently prosperous not to fear the rivalry of, or need connection with, the Association. The scheme is undoubtedly most advantageous to the subscribers, and possibly (but very doubtfully) may relieve somewhat the congested state of the out-patient departments; but I cannot, for the life of me, understand how the medical members of the committee can attempt seriously to argue that such a scheme can tend to raise the self-respect of the general practitioner, or become in any way peculiarly beneficial to him. Moreover, I do not believe it can be satisfactorily shown that it will lessen the number of sham dispensaries. One of your correspondents states that nine out of every ten debts from this class of patients appearing on the ledger are bad debts. If he can prove his assertion, I truly commiserate the practitioner, who is so unbusinesslike, and advise him forthwith to join this Association. Allowing, however, a large margin for bad debts, I cannot realise how the payments made by the Association can compare in any way with those received from purely private practice. To reduce this latter statement to some degree of certainty, I have compared the payments made to me during the last twelve months by one hundred patients who would be eligible for membership of the Association, and find the actual receipts bear most satisfactory comparison with the amount I should have received from a corresponding number of Association subscribers. I hope other general practitioners will institute a similar comparison, and, looking before they leap, will hesitate long before they seek to join the medical staff of the Metropolitan Provident Medical Association.

#### RAPID STAINING OF THE CONJUNCTIVA BY NITRATE OF SILVER.

F.R.C.S. writes: In the case reported in the JOURNAL, vol. ii, 1887, p. 1339, under the heading of Therapeutic Memoranda, there is nothing in the meagre details to show that the conjunctiva was not stained prior to a one-grain solution being prescribed as an eyedrop. The report merely states that the patient was affected with chronic ophthalmia, a term that may embrace a rather wide pathology. The author gives no particulars as to whether the conjunctiva was thickened, villous, granular, or cicatricial; nor any information relating to the state of the excretory tear canals, a point of some importance in determining the probability of rapid staining from the use of silver eyedrops. I have little doubt that the discoloration under discussion existed at the time the man came under treatment, and was not discovered until his second visit, when a more careful examination of the case, including eversion of the lids, revealed the altered colour of the conjunctiva. The reporter naively remarks that at the end of three months the staining was unaltered. How could it be otherwise?

#### THE CONTAGIOUSNESS OF LEPROSY.

OBSERVER writes: In a leading article, dated December 15th, on the spread of leprosy, you remark that in countries where leprosy is common its contagiousness is sometimes not recognised or is denied. While it would be interesting to learn the whereabouts of these countries, I would point out that such is not the case in regard to Burmah, where, as far as my experience extends, the view taken by medical officers is, that the malady is, under certain conditions, certainly communicable from person to person. In all the gaols, hospitals and asylums, lepers are segregated. Among the criminal classes lepers are common, and a special gaol has been provided for their accommodation at a place called Myanong, on the right bank of the Irrawaddy.

So deeply-rooted in the minds of the people is the belief that leprosy is contagious, and with such aversion is the disease regarded, that those afflicted are often cast out from house and home, and left to live, or die, in the public thoroughfares. And national prejudices are sometimes founded on truths which have been investigated without being proved. To anyone who has been in Burmah, the spectacle of lepers begging by the roadsides, at pagoda gateways, and other public places, creates a painful impression that cannot easily be forgotten.

Some time back a Burman, about 25 years old, applied to me in consequence of two small patches of tubercular leprosy, first noticed a year or so previously, one situated on the ball of the left thumb, and the other not far from it, on the anterior and outer aspect of the forearm. There was not a trace of the disease to be found on any other part of this man's body. He had been living for the three preceding years in marital relations with a woman who, when he married her, was the subject of incipient but unrecognised leprosy, and from inquiries made at the time, the conclusion that the disease was communicated by the wife, was irresistible.

Since it has been demonstrated that a very definite bacillus, cultivable on blood serum, is constantly present in leprosy, scepticism as to the contagiousness of the malady will in due course doubtless disappear. I would not trouble you with these remarks were it not that I think they may convey news to some of your readers, for a distinguished medical officer speaking, not many years ago, in the course of a debate following a paper by Mr. Hutchinson, on the subject of leprosy read before one of the medical societies, is reported to have said that among the Burmese, who were large consumers of fish, both in the fresh and putrid state, leprosy was practically unknown, or else non-existent; I forget what the exact words used were.

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#### BOOKS, ETC., RECEIVED.

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