tigations should be directed to ascertain in what shape it exists outside the human body, and how it gains access to the system. It is most probably by the food or through the respiratory organs. It is the firm belief of Asiatics—professional and lay—that the disease is chiefly propagated by the food, and they do not consider it contagious until the ulcerative stage, and even then isolate the person more because he is repulsive to society and unclean from a they do not consider it contagious until the ulcerative stage, and even then isolate the person more because he is repulsive to society and unclean from a caste point of view, rather than from any fear he will communicate the disease by direct contact. A leprous man may be the head of a large family, and will be duly honoured, but he is not allowed to touch the family food, but has his share given to him, and sits and eats it apart; and a leprous wife may not prepare the family meal; and in gaols the prisoners will not object to sleep in the same ward with a leper unless the disease has reached the ulcerative stage, but then they will protest against his presence. Further, as regards the contagion, I may add that for the fourteen years I have had charge of the Nueiar district the gaol has seldom been without a leper in the worst stage of the disease, and there have been two and three at a time. The cases have been treated at the hospital, and ulcers dressed by prisoners and attendants in close approximation to other surgical cases, but I have never been able to trace, or even to suspect, that contagion ever occurred.

At the present time I know of families who never partake of animal food, where the father is leprous but has not communicated the disease to his wife; and the children (several grown up) are quite healthy. But I have met with one case where two persons—brother and sister, both adults—stated their father was a leper, and the disease developed in them at adolescence.

The Asiatic believes the disease is hereditary, and by the Hindu law leprosy in one of the parties to a marriage, if not consummated, is good ground for breaking the contract, Last year a lad was brought to me for examination. He had been married to a girl in infancy, and when about 12 years of age some patches of discoloration appeared on his legs and back, and the girl's parents insisted on annulling the marriage contract, on the ground that he was leprous. Hence an important medico-legal question may arise any day—not merely, I s su

leper should he be allowed to marry, there being no signs of the disease at the time?

time?

Further inquiries, I think, would be more profitable in results if carried out in the interior of India, away from the sea coast. We have the scientific works of Dr. Lewis, of Calcutta, and of Vandyke Carter, of Bombay, but they both incline to the fish theory as the cause of the disease, and their researches do not include the vegetarians of the interior, for if the germ beacquired through food or by respiration it is something that is not confined to fish or flesh, but is found in vegetable products; or it may be the spores exist in the foul atmosphere in and around the villages, and are inhaled. Therefore future work should be undertaken without any bias to theories or existent opinions.

opinions.

GURJUN OIL IN LEPROSY.

BRIGADE-SURGEON J. W. S. HODDER, M.B. (Grouville, Jersey) writes: As the subject of leprosy is at present attracting so much attention, I should like to call attention to the treatment by gurjun oil, which I had an opportunity of seeing carried out in a proper way at the Andaman Islands some years ago, by Surgeon-Major Dougall, I.M.S., who was the first to suggest and devise a proper line of treatment by that means. As this officer is now dead, his name should not be forgotten.

In the Army Medical Department Report for 1875, in a medico-topographical report by myself published therein, I have given a sketch of how the treatment is to be carried out. I saw photographs of patients taken before treatment and the patients themselves during and after treatment, and can bear testimony as to their great improvement, notwithstanding a bad diet. The patients were convicts sent to the Andamans to undergo penal servitude.

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BOOKS, ETC., RECEIVED.

Introduction to the Treatment of Disease by Galvanism. By Skene Keith, M.B., F.R.C.S.Edin. London: Truslove and Shirley.

Foods for the Fat. By Nathaniel Edward Davies. London: Chatto and Windus.

A Textbook of Physiology. By John Gray McKendrick, M.D., LLD., F.R.S., including Histology by Philipp Stöhr, M.D. Two volumes; Vol. ii, Special Physiology. Glasgow: James Maclehose and Sons. 1889.

Lectures on Massage and Electricity in the Treatment of Disease. By Thomas Stretch Dowse, M.D. Bristol: J. Wright and Co.

Lectures on Bright's Disease. By Robert Saundby, M.D.Edin., with 50 illustrations. Bristol: J. Wright and Co. 1889.

The Clinical Use of Prisms and the Decentering of Lenses. By Ernest C. Caddox, M.B. Bristol: J. Wright and Co.

M.B. Bristol: J. Wright and Co.
Handbook for the Nursing of Sick Children. By Catherine Jane Wood.
London: Cassell and Co. 1889.

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