

frequently noticed that when such persons are ill from serious disease they readily succumb.  
 e. Fishing and farming.

Q. 7.—“What conditions or circumstances of life seem to accelerate or aggravate the disease when it has once manifested itself in an individual?”

A. 7.—I beg to refer to Dr. Taché's reply to this question, inasmuch as mine would necessarily be similar to it.

Q. 8.—“Does the disease appear often to be hereditary? Have you known instances where one member only of a family has been affected while all the other members remained free from any trace of it?”

A. 8.—I am unable to adduce *proofs* of the hereditary nature of the disease, but hold that the theories of *hereditary transmission* and *contagion* are not incompatible. The disease frequently skips over a generation.

I have known many instances where one member only of a family was affected.

Q. 9.—“Have you reason to believe that leprosy is in any way dependent on or connected with syphilis, yaws, or any other disease?”

A. 9.—I have no reason to suspect that leprosy in any way depends on, or is connected with any other disease—it is a disease *sui generis*.

L. 10.—“Have you met with instances of the disease appearing to be contagious, in the ordinary sense of that term, *i.e.*, communicated to healthy persons by direct contact with or close proximity to diseased persons? a. If so, in what stage was the malady in the diseased person? Were there ulcerations with a discharge? b. Please to describe briefly the case or cases of contagious communication which you have seen yourself? c. Does the disease seem to be transmissible by sexual intercourse?”

A. 10.—I have not met with instances of the disease of which I could affirm that they had been communicated by diseased persons; but I am convinced that leprosy is contagious, although not to the extent of other contagious diseases. The people of the leprosy district intermarry very freely, and it is difficult to exclude hereditary taint. But I am confident that in former years persons free from hereditary taint contracted the disease, while living in Tracadie.

Q. 11.—“Are persons affected with leprosy permitted in New Brunswick to communicate freely with the rest of the community? or is there any restriction imposed, or segregation enforced, in respect of them?”

A. 11.—It is not at all times easy to secure prompt removal of affected persons to the lazaretto, but once admitted, segregation is complete and permanent.

Q. 12.—“What public provision is made for the reception and treatment of the leprosy poor? Are they admitted into the general hospitals? or are there separate infirmaries or asylums provided for them? Please to describe the structural and sanitary conditions of such buildings and the arrangements made for the medical and hygienic treatment of the sick in them.”

A. 12.—To Dr. Taché's reply to this question I would refer for full particulars, which it is unnecessary to repeat.

Q. 13.—“Can you state the number of leprosy persons maintained at the public expense in New Brunswick?”

A. 13.—The number at the close of 1884 was twenty-two.