Treatment.—No one can do much to help the victim of leprosy in its later stages. I have no faith in the many vaunted remedies. The patient should be removed to a healthy climate away from the cause of the malady, whatever our increased knowledge of the disease may prove it to be. Fish should not be eaten by them. The patient last mentioned returned to her native English climate, her face improved, the tubercles diminished in size until her face looked almost natural. For the last nineteen years she has been enjoying good health. Her left ulnar nerve is still completely paralysed. The only article she has taken as a medicine, latterly, is port wine; to it she attributes her improved condition. It is an interesting fact, but I do not think the wine did what she credits it with.

Prognosis.—The longest lease of life given to a leper is said to be eighteen years. Many die much sooner. The disease is incurable.

Death.—Death is brought on either by exhaustion or by the setting in of some low form of inflammation.

Comparison.—Leprosy can best be compared to gout—its nearest parallel. Both are hereditary; both are dietetic. Each may overleap a generation, and affect the next. Neither are contagious.

[Professor Schmidt, of New Orleans, recently told me that when working some years ago on the pathological histology of leprosy, he had discovered what he took to be fat crystals. They were identical with what Koch has recently discovered as the bacillus tuberculosis. Prof. S. is not a believer in Koch's theory and thinks that Koch has discovered nothing but a fat crystal.]

Were not his fat crystals true bacilli? Leprosy is a tuberculous disease; it is hereditary. If we find bacilli in tuberculous disease, they ought to be found in leprosy, and if the bacillus tuberculosis is the cause of the one I see no reason why pathological research may not yet prove it to be the cause of the other, and that thus the long mooted point, the cause of leprosy, be forever set at rest.

IS CONSUMPTION CONTAGIOUS?

BY W. J. WILSON, M.D., RICHMOND HILL.

As there was some discussion under the above head in connection with Dr. Graham's able paper on the "Bacillus Tuberculosis" at the last meeting of the Ontario Medical Association, I thought the notes of a case which occurred in my practice about three years ago might prove interesting.

B. W., æt. four months; family history good, and no trace of phthisis or syphilis discoverable in either family.

Has had no illness up to present, is plump, fat, and well nourished. The mother was forced to wean the child when about a month old, and was confined to her bed, so that she could not attend to it by cerebral anæmia. The child was fed on cow's milk from a bottle, and thrived well for a time, having no digestive troubles.

It was attended by a nurse, who was well advanced in consumption, and had free expectoration.

The child slept with the nurse, who, by the way, was in the habit of keeping it close to her face during sleep, and consequently was exposed to her breath for hours together. Nothing unusual was noticed in the child's condition for the first three or four weeks after the nurse's arrival, when it began to lose flesh and cough slightly. This cough and wasting gradually increased, and finally I was called in to see what was the matter with the child, and on examination I found well marked and far advanced phthisis, with frequent cough and great emaciation.

The child died in its eighth month, or three months after the first symptoms were noticed, and four from the first attendance of the nurse.

I may mention in connection with the above history that the same nurse, who has since died of consumption, attended five