but the child may have been fed on it frequently by the nurse if she relished such food. Another patient was a gentleman in good circumstances who had enjoyed every comfort. He had always been a healthy man until leprosy developed. No history of syphilis. Had lived for some years at an African sea-port where prawns were very plentiful. Being fond of them he frequently indulged his appetite. He became a leper and returned to England.

Another patient had leprosy of the mixed variety; there were large tubercles on his face; his trunk and limbs were studded with numerous white anæsthetic patches; anæsthesia very marked. A pin could be run into him through the centre of the spots without causing pain. The edges were hyperæsthetic. No history of syphilis. Had used stimulants very moderately; made several voyages, as captain of a vessel to the West Indies. Remained there five or six weeks at a time, but usually lived on the ship while in port; ate food provided by natives. One cannot think that a short six weeks' stay in the tropics could cause leprosy if climate alone originates the malady.

Another case originated in a cold climate. In Norway, as I have stated, the disease is prevalent, but the English, French, Germans, etc., who visit the country, are not affected by the disease, except in very rare instances. This case is the only one of the kind known to me. A German officer went to Norway to fish. He was in easy circumstances, but lived, ate and drank with the poorest of the fishermen while there. He ate some of the very worst kinds of fish, only used by the poorer classes—badly cleaned and badly cooked. It is among these classes that leprosy is so prevalent. If the cause were climatic, rich and poor should suffer, for they breathe the same air and enjoy the same sunshine. Numbers of foreigners go to Norway to fish, but I have neither heard nor read of any other case of leprosy among them. Is it not reasonable to suppose that in this case the cause was dietetic, and the food at fault bad fish? In the tropics, rich and poor are affected; the effects of season in the hot climates on the fish would account for this; wholesome during the cool season, it is known to be unwholesome during the rest of the year. It is just as likely that the rich should use them, the year round, as the poor.

Another case was that of an Irishwoman who went to India in good health. She became a leper. The disease began in the eyebrows. She suffered from ophthalmia, caused by the formation of tubercle in the coats of the eyeball. It set up an irritation which soon ran on to the inflammatory stage. There was nothing special in her diet; no evidence that the disease was due to the eating of fish. She lived in a leprous district.

Another patient, a lady, left England to keep house for her brother in the Barbadoes; was in good health and enjoyed every comfort. Remained eight years. Indulged her appetite for turtle; it was one of her favourite dishes, and pronounced by the natives to be very wholesome food. Certain other varieties of fish were said to be injurious, but she had never eaten any of them. Although a Jewess, the long residence of her ancestors in England sets aside the theory of hereditary taint. At the age of forty she returned to this country a leper.

I have yet to see a case of leprosy primarily developed in England. All the cases seen by me in English people have been developed elsewhere. Occasionally cases are reported as true leprosy originating in England, owing to the numerous sources of error, one must accept such statements with caution. Some years ago after writing to India for information regarding leprosy, I received a reply from an eminent member of our profession, stating that in one part of the country the natives lived on the most abominable kinds of fish, but were