

may be used during two months with excellent effect. Allow me to recommend those of your readers interested in this matter to give the tubes a trial. During the last ten years we have used in Rangoon a vaccinating instrument which I found absolutely necessary in using calf lymph. It consists of an ivory pencil case in one end of which are fastened the points of three or four needles, in the other is a tiny spatula of metal or ivory. With the latter lymph is well rubbed into abrasions made with the needles. I have in my waistcoat pocket a little tube holding about half a drachm of the paste; from this I can remove the screw cap and squeeze a particle of paste on to the point of the spatula and replace the cap securely in a few seconds. A portion the size of a mustard seed is sufficient for three vesicles. In England, where the paste may usually be kept much longer than in hot climates, I believe that public vaccinators and general practitioners would find the method described convenient and satisfactory.

I am, Sirs, yours obediently,

T. F. PEDLEY,

Late Health Officer and Superintendent of Vaccination, Rangoon Municipality, Member of the Burma Sanitary Board.
Rangoon, April 22nd, 1893.

THE LEPROSY COMMISSION REPORT: THE LEPER CENSUS IN INDIA.

To the Editors of THE LANCET.

SIRS,—The report of the Leprosy Commission just published and commented on in THE LANCET states that in India there has been no increase of leprosy, and in proof of this statement the Commissioners refer to a comparison of the censuses of 1880-1 with 1890-1. In my book on "The Recrudescence of Leprosy and its Causation," I have given the figures of both returns as supplied by the Indian Census Commissioner, and have furnished an analysis of the same. I have also given data to show that the circumstances, conditions, and restrictions under which the last census was made varied materially from those observed in 1880-1 and were all in the direction of minimising the result. Briefly stated these are as follows:—1. In Rule 14 of the census forms distributed in 1890-91 instructions were given that leucoderma, or "white leprosy," was to be excluded from the infirmities to be returned by the enumerators. In the forms used in 1880-81 "white leprosy" is not mentioned. 2. In the forms used in 1890-91 I find the following instruction to the enumerators:—"You are to make all the entries as the person himself or his guardian states and not to dispute his statement." In the census forms of 1880-1 no such instruction appears. Anyone who has studied leprosy in countries where the disease is endemic knows that with the exception of the very poor or those living in lazarettos or leper homes, none will admit that they are lepers. In the streets of leper districts I have encountered some of the most repulsive cases of true leprosy, where the poor victims resolutely denied that they were afflicted with this disease. 3. Leprosy is an insidious malady and can in its early stages be detected only by a leper specialist. Mr. Commissioner Ackworth, writing to me from Bombay, July 29th, 1891, says:—"I have plenty of lepers in my hospital here who could not be identified as such unless they were completely stripped and examined by a trained eye." 4. At the time the last census was made reports were circulated throughout India that all lepers were to be compulsorily segregated, and urgent demands for this segregation were made in the press. This led to a more extensive concealment of lepers by their friends than had previously obtained in India, and consequently to a serious reduction in the returns.

The Prince of Wales stated at Marlborough House, June 17th, 1889, upon what were believed by the highest authorities to be reliable data, that there were 250,000 lepers in India; and this for the reasons before mentioned may be approximately true. There is, therefore, a high probability of a recrudescence of leprosy in India and a certainty of its increase in many other countries. 5. The recrudescence, as I have shown by testimony from all parts of the world, has followed the introduction and extension of vaccination, and in support of this serious allegation I have given the evidence of distinguished leper specialists, supported by numerous medically certified cases of leprosy communicated in this way. Both the testimonies, which include those of leading dermatologists and lepra specialists (such as Drs. Gairdner, Hillis, Arning, Vandyke Carter, Bakewell, Blanc, Piffard, Alzevedo Lima,

Hellat and Munro), and the cases appear to have been practically ignored by the Commission.

I am, Sirs, yours faithfully,

WILLIAM TEBB.

Devonshire Club, St. James's, London, W., May 9th, 1893.

* * We think it right on the present occasion to make an exception to our general rule and to publish the above letter from Mr. Tebb as the opinion of a layman who has for a long time assiduously, persistently, and, we believe, conscientiously, posed as an opponent to a method of prophylaxis which we and the medical profession in general consider (equally conscientiously) to be of inestimable service to mankind. We question the ability and the right of Mr. Tebb and his followers to dictate to the medical profession on such subjects as leprosy and vaccination. We also take this opportunity to observe that Mr. Tebb's "testimony from all parts of the world" lies under the grave disadvantage of being uncertified, to a serious extent, by a full statement of details of many of the cases quoted by him in his book.—ED. L.

"CASES OF CONTRACTED TENDONS."

To the Editors of THE LANCET.

SIRS,—In reply to Mr. W. J. Tivy's letter of May 9th explaining his position in regard to the "Cases of Contracted Tendons" which were recorded in your issue of April 22nd, I readily admit that I gave too little attention to the epithet "acquired" when commenting upon Mr. Tivy's use of the word "hammer-toe." There appears to be no difference between us except that I would restrict the latter term to cases of congenital origin. I will not attempt to discuss, in reference to Mr. Warrington Haward's letter of May 8th, the cause of the deformity, which is variously explained by different authorities, and which, when all is said, must still remain a matter of conjecture. My contention was that the essential feature of hammer-toe, at least in cases which require operation, is the flexion at the first phalangeal joint. Without this flexion the word "hammer" would have little significance. Unfortunately I am not familiar with those cases of which Mr. Haward speaks in which flexion has been overcome by division of extensor tendons. In all the cases upon which I have operated, and in others on which I have seen Mr. William Adams operate, the difficulty has been to straighten the flexed first phalangeal joint, and that difficulty has been mastered by division of the lateral ligaments.—I am, Sirs, yours faithfully,

Queen Anne-street, May 13th, 1893.

J. MACREADY.

THE MOST NORTHERLY MEDICAL SCHOOL IN THE WORLD.

To the Editors of THE LANCET.

SIRS,—Some readers of THE LANCET may perhaps take an interest in the following memoranda of a brief visit made by me last summer to what must undoubtedly be the most northerly medical school in the world. I refer to the hospital at Reykjavik, the capital of Iceland, that desolate island whose northern coast is actually within the Arctic circle. The island is a trifle larger than Ireland and has an area of 39,000 miles and a population of 68,000 to 70,000. Taking it as a whole, the climate is very healthy, especially about the southern part, where the capital is. The hospital is situated in the northern part of the town on a slight eminence. It is an oblong, two-storeyed building of wood with a zinc roof and has accommodation for thirty-two in-patients. There are no regular wards, but both floors are divided into small cubicles like school dormitories, each for the accommodation of one patient. On each floor is an extra long room fitted round with cupboards for drugs and instruments and used for operations. The staff consists of three medical men (the only three in the capital), and the number of students varies from five to eighteen. They do the first three years of their work and their examination here at this school, but have to go for their final year and final examination to Copenhagen. The senior physician or surgeon—for they all seem to teach and practise medicine and surgery indiscriminately—Dr. Georg Schierbeck, was most kind in showing me over the building and giving me information, and I had the pleasure on two separate occasions of going round the wards and seeing him treat his out-patients. The