

cular glistening white. On the forehead a few nodular swellings, varying in size from a pea to a large bean, could be observed, and these seemed to be more about the anterior attachment of the occipito frontalis muscle, and the skin in this region had become somewhat thickened and corrugated, the lobes of the ears were enlarged, the eyebrows had dropped out, and the septum of the nose had ulcerated away so that the bridge of the nose was flattened and sunken. The lips were also thickened and erupted. On the extensor surface of the forearms and back of the hands a few nodules had formed, and the nails were thickened and arched so as to be talon-like.

The testicles had almost completely atrophied away. A few nodules were found on the outside of the thighs, and the feet were swollen and somewhat tender to the touch.

The case was examined by numerous physicians, many of whom ventured the opinion that it was a case of hepra. Amongst others, I had an opportunity of examining the case while it was in the hospital, and came to the conclusion that it was a case of tuberculated leprosy; but, as it was in an early stage of development, I decided to await further confirmatory evidence before taking the patient in charge.

On the arrival of Dr. Gordon Bell, the Provincial Bacteriologist, who had been absent in Vienna, specimens of the discharge from the nasal ulcerations were submitted to him for examination, and the result of his investigation showed the disease from which Thordstein was suffering to be undoubtedly leprosy. Within a day or two after the result of Dr. Bell's examination had been communicated to me, I was called to visit a woman named Mrs. Freeman, who had that day arrived in the city from Moosomin, in the Northwest Territory, and, to my surprise, I found her also suffering from tuberculated leprosy. She also was a native of Iceland. Her age was 39 years. She has a husband with three children, all of whom are, I believe, in good health. She has

been a resident of the Territories some six years, and for the last three years had noticed nodular swellings on her face and hands. I could not elicit from her any history of marked premonitory symptoms, and the first thing which she noticed wrong with herself was a pigmented rash which appeared on her face, chest and thighs. In places the color faded out of the rash, except at the borders, and resulted in leucodermic spots on its former site. In some cases the pigment in the patches became more marked instead of fading, and at the time of my examination her skin had a very peculiar mottled appearance. She had marked thickening of the skin on the lower part of her forehead, and the cheeks were puffed out and pendulous. The lips were swollen and everted, and numerous large nodules were present on the chin, lobes of the ears and forehead. Her voice was thick and croaking, and numerous nodules were present in the larynx. The nasal mucus membrane was thickened and ulcerated, and she could not breathe through her nose, and had marked sniffing.

The extensor surfaces of the arms and hands were also covered with numerous nodules, and the finger nails had in most cases dropped out and been replaced by horny pegs. The lower extremities were oedematous, and numerous old scars could be observed on either side of the shin bones, extending upwards to the knees.

In this case the diagnosis was perfectly clear, but a bacteriological examination by Dr. Bell showed the presence of the lepra bacillus in large quantities. I at once placed these two patients in an isolated building belonging to the city, and communicated the facts by wire to the Minister of the Interior, asking him to have them admitted to the Iazeretto at Tracadie, and a prompt reply was received, stating that Dr. A. C. Smith, the Dominion Leperologist, had been instructed to go to Winnipeg at once. Pending Dr. Smith's arrival, I set on foot an inquiry with the object of ascertaining whether any more cases of a like nature