

over the dura, and the periosteum and scalp brought into position by silk-worm gut sutures.

She remained in the Hospital until July 28th, the total number of fits during her stay being only seven, and taking place during the first ten days. The paralysis had nearly vanished. She then returned to her home, and for six or eight weeks she seemed fairly well, having only an occasional convulsion. Improvement, however, did not continue, the fits again becoming more frequent, while the paralysis recurred.

At this time was observed an accumulation of fluid beneath the scalp, which the attending physician evacuated from time to time by making a small incision with marked temporary relief to the paralysis and diminution in the number of convulsions. Such a condition of affairs led me to believe that the fluid was slowly finding its way upward through a channel established by the needle, and that the only rational treatment would be to provide for its gradual and continuous evacuation, as the symptoms were clearly due to pressure from the re-accumulation of the fluid.

The child was again brought to the General Hospital, Nov. 12th, 1895, when, with the assistance of Dr. Jones, I performed the following operation:—

The head was shaved and cleansed as before. A small flap, including the periosteum, was reflected. The pieces of replaced bones were found generally adherent, some intervals being left where they did not fit closely. One of these intervals was selected, and a small opening made into the subdural space. Into this opening was introduced a small, short silver tube about one-sixteenth of an inch in diameter, having a flange for securing its retention, thus establishing communication between the subdural space and the external surface. An antiseptic pad was then applied. She remained in the Hospital from Nov. 12th to Nov. 19th, the fits gradually diminishing in number and the paralysis improving.

One month ago I learned that the re-

covery proceeded, and she is now enjoying good health.

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### THREE CASES OF LEPROSY, BY DR. INGLIS, CITY MEDICAL OFFICER.

By a somewhat remarkable series of circumstances, I have recently been called upon to deal with three cases of leprosy, which occurred amongst the Icelandic population of the Province, and had gravitated to Winnipeg for medical treatment. The disease is extremely rare in Manitoba—so rare, indeed, that I have been unable to find any record of a previous case. As, however, this province has amongst its residents quite a large quota of Icelanders, it is not outside the range of possibilities that upon investigation more cases may be found. One other case has already been located at the town of Selkirk, and I believe it is the intention of the Dominion and Provincial health authorities to make a thorough examination of the Icelandic settlements during the coming summer, to ascertain the location of any further cases should any such exist. The three cases with which I have had to deal have been removed to the Dominion lazaretto at Tracadie, N. B., and I have no doubt that should any more cases be found in future they will be as promptly removed as these have been, thus leaving our province free from the reputation of having this scourge as an endemic disease.

Thord Thorstein, aet. 28 years, born in Iceland, and emigrated to Manitoba two years ago, was admitted to the Winnipeg General Hospital for treatment on July 20th, 1896. He was suffering from a general skin eruption of a peculiar nature, and was placed in the isolated section of the hospital, where he remained until Nov. the 6th, 1896. The patient was a well-nourished youth of medium height. His face and extremities were covered with a patchy, erythematous rash, which was somewhat pigmented in places, whilst in some of the patches the pigmented condition had faded out, except at the border, leaving the central area of a pe-