

"and that the intercourse unavoidably maintained between the diseased and their families, the want of a separate building or hospital for their accommodation has a tendency to introduce the distemper into all the houses in the settlement. Under these circumstances, Mr. Young, of Tracadie, being at Bathurst tending court as a grand juror and having consulted me again on the subject, I advised him to lay the case before the grand jury, as one that now involved the safety of the public health, not only in this county but in the adjoining counties, he did so and the presentment of the grand jury was forwarded to the executive.

"The above statement comprises all the steps that have been taken in reference to this disease in this county, but the distemper having found its way to Northumberland, the Board of Health of that county directed the medical gentleman to visit and give report on the nature of the disease, which report was forwarded to the executive."

Mr. Baldwin further reported that there had been seven deaths from Leprosy, and that there existed 13 cases in Gloucester and about 10 in Northumberland, the whole within a circuit of 20 miles.

A commission of physicians composed of Doctors A. Key, J. B. Tolderoy, C. H. Skene and Robert Gordon reported in April of the same year that 5 deaths had occurred outside the affected district, all these were English speaking people, two of whom had resided in Tracadie and one had associated with the other three who became Lepers.

The commission strongly advocated the erection of a Lazaretto.

All reports and accounts agree that the first known case was that of a French woman, Ursule Bénéot née Landré. Her paternal grandfather came from St. Malo, Normandy, where Leprosy is said to have existed but there is no history of Leprosy in either of her parents families. Ursule was born in Caraquette and on her marriage came to Tracadie. She became Leprous between 1815 and 1818 and died in 1828; her husband and her two sisters subsequently became diseased. These were a few of the early cases and the disease gradually spread from this date.

On July 19th, 1844, a Lazaretto was opened on Sheldrake Island which is situated at the mouth of the Miramichi river. It is 30 acres in area and 8 miles distant from Chatham. This position was chosen as it was a healthy district and the Lepers could be completely isolated. Dr. Kay was placed in charge and he reported in Feb. 1845 that 20 cases had been admitted.

The institution, however, proved unpopular with the Leper, who were treated as prisoners, the building being surrounded by a high picket fence and the patients locked up at night. They therefore became restive and disobedient and occasional desertions took place to the mainland by means of rafts and otherwise. The deserters were pursued and force was necessary to compel those found to return, others remained concealed in the woods. The Hospital was destroyed by fire in October 1845, and the Lepers were suspected of being the cause.

Doctors W. Wilson and Robert Bayard made a lengthy report to the government in July 1847, (Dr. Bayard afterwards contributed a paper similar to his report to the "Lancets" of September 1st and 8th 1849). They reported as strongly against contagion and in favor of heredity in the disease as the former medical report of Key, Gordon, Skene and Tolderoy had pronounced the opposite view.

In 1851 there were 37 cases in the Lazaretto which was

surrounded by a high fence and guards employed to look after the Lepers and prevent communication with the outsiders. Dr. Charles La Bellois attended the patients, about 1849 as he pronounced the disease to be Syphilis and claimed to be able to cure it. This of course ended in failure. In 1852 the buildings were destroyed by fire and re-erected the following year. In 1854, Dr. Gordon was the medical attendant and in 1861, Dr. Nicholson took charge followed in 1865 by Dr. A. C. Smith who still holds the position. In 1868 a community of nuns from the Hotel Dieu, Montreal, most unselfishly took charge of the nursing of the sick; a house adjoining the Lazaretto has been built for them. The Lepers are much better attended to than formerly and the work is done faithfully and cheerfully under the superioress, Mother Saint Jean.

In 1880 the Dominion government took over the control of the Lazaretto; the annual expenditure is the small sum of \$3,200, (increased to a slight extent during 1890). The building is wooden, of two stories, rather small and low. The females occupy the upper and the males the lower part. The high fence is abolished and the Lepers resort fairly willingly to the Lazaretto. The success of this is largely due to the influence of their priest, Father Babineau who takes a strong and active interest in their welfare. The patients have plenty of freedom being allowed to move about the grounds of the Lazaretto (11 acres in extent) to garden, fish, etc., and are contented.

(To be concluded.)

NOTES ON TWO CASES OF BACTERURIA.

Read before the Cape Breton Medical Association,

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Case 1.—Mrs. A., act. 52, married, 4 children, physique spare, countenance sallow, temperament nervous. Had been troubled for 6 or 7 years with occasional attacks characterized by frequent and painful micturition, accompanied by chills and severe colicky pains in the hypogastric region. These pains were cramp like and ran down the legs and up the sides and back. Being called to her on the occasion of one of these attacks about 9 months ago I treated her with the ordinary palliatives and took a specimen of the urine home for examination. It presented the following characteristics:

Very pale and slightly turbid.

Faintly or normally acid.

Sp. Grav. 1015

A trace of albumen.

The microscope revealed no casts or pus on repeated examination. The turbidity was found to be caused by epithelium from the bladder, urethra and possibly from the pelvis of the kidneys which epithelium had not suffered much degeneration before being thrown off. Besides this the urine swarmed with bacteria in the form of streptococci. Besides this form there was another form which is not often seen I think and which I saw once before in Belle-Vue Hospital, the case being one which had been for two weeks, unsuccessfully treated as cystitis. The segments in this last form were not more than $\frac{1}{4}$ to 1-10 the size of those of the aforementioned species. In fact it is difficult to define them clearly without a glass magnifying 800 diameters. Occasionally in the chain a segment appeared larger than the rest looking like knots in a rope.