

He is very ataxic, and is also aphasic. You noticed that he was still fat. His appetite is good and he evidently assimilates what he eats; before very long he will probably begin to waste, become more ataxic, then bed-ridden and then will come the end—death. Now, even, he has lost control of the sphincters and is very unclean—passing his urine and faeces involuntarily. He has grandiose ideas too. He will tell you he can walk a mile in five minutes—that he weighs millions of pounds and is worth millions of dollars, everything with him is in the superlative degree, and he seems to derive much pleasure from his misconception of the real state of affairs.

(To be Continued.)

## LEPROSY IN NEW BRUNSWICK.

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BY MURRAY MACLAREN, M. D., M. R. C. S.

THE recent occurrence of a few cases of Leprosy in England and Ireland together with the death of Father Damien, a Belgian priest, who for sixteen years labored diligently among the Lepers on Molokai, one of the Sandwich Islands, where in 1885 he himself contracted the disease of which he died during this present year, have assisted in bringing this malady again into prominence, and at the present time in Great Britain the aetiology and contagion of Leprosy and the proper method to be adopted in eradicating the disease are being actively discussed.

The enormous number of Lepers widely distributed over the world, 250,000 in India alone, shows the great necessity for the fullest possible inquiry into the pathology of Leprosy so that fuller and more exact knowledge may lead to the diminution and possibly extinction of this terrible and wide-spread disease.

The history of Leprosy or Elephantiasis Graecorum in New Brunswick, with which I propose dealing, as it has existed and does now exist, though to a much less degree than in other countries may well therefore be a subject of interest to the members of this society.

*Locality.*—Leprosy in this province rarely comes under the observation of many of us, as it is confined to quite a definite area which is not readily accessible, and the Lepers, at present wholly French, move about but little and sooner or later resort to the Lazaretto.

The affected district is that portion of the north-east coast of the province, bordering on the Bay of Chaleur, the Gulf of Saint Lawrence and the mouth of the Miramichi River and embraces, in the county of Gloucester, the parishes of Shippegan, Caraquette, Inkerman (Pokemoude) and Saumarez (Tracadie) and in the county of Northumberland the parishes of Alnwick (Tabusintac and Niguac).

This district is in length about 45 miles and in breadth, from the coast inland only a few miles. Within this area all cases with a few exceptions have arisen, these exceptions being referable to this locality which is entirely rural and borders on the sea coast or near it.

The country is undulating, well supplied with good water, free from malaria and generally fairly well suited for agriculture. The soil varies from clay to sand. There are numerous rivers and streams and an abundant supply of fish. In summer the temperature is warm and in winter severely cold. The district resembles closely the large

remaining part of the northern and eastern coast of the province, which is also peopled by French and where no Leprosy exists.

*Population.*—This part of the province was settled in the latter part of the 18th century by the French who came from various parts of Canada. The present population is French or largely French, that is in proportion of nine to one. At present Leprosy is confined to this race. A few Scotch, English and Irish have suffered from this disease but none of the Indians as far as known. In 1840 the population of Shippegan, Caraquette, Inkerman, Saumarez and Alnwick collectively was a little over 5,500 and in 1881, 13,428.

The occupations of this people are mainly farming, fishing and lumbering. They are much given to social intercourse and intermarry freely. Their houses are generally small, food not very good and on the whole they are in rather poor circumstances.

*History.*—The presence of this disease in New Brunswick was first brought under the notice of the provincial government, by the grand jury at Bathurst, in January 1844, about 28 years after its first appearance. The jury drew attention to the fact "That a loathsome and frightful disease has existed in Tracadie in this county for some years past, pronounced by eminent physicians to be Leprosy, that it principally if not altogether prevails among the poorer classes, who are unable to procure for themselves medical advice, care or attention and are left to the mercy of their neighbors in their affliction. The people, however, alarmed at the disease, generally shun the afflicted and have hitherto been in the habit of confining, in some instances, the Lepers in a log enclosure constructed for the purpose and handing his food to him through an opening in the logs until he can no longer receive it when of course he dies. A practice most revolting to humanity and discreditable to the country in which it is permitted.

We have now learned with regret, that this distemper is spreading itself over that part of the country and that there are about twenty (20) cases at present in Tracadie and vicinity."

The following is Mr. H. W. Baldwin's report sent the Lieutenant Governor in March 1844:

"Sir.—About three years since some of the principal inhabitants of Tracadie, in this county, represented to me that a strange disease had made its appearance there some years before, that it appeared incurable, that it was then confined to one or two families, but that great apprehension existed lest it should spread its ravages and that it might be found necessary to assess the parish for the support of the sick; as the people, for the most part being very poor and the exacting of a money tax would be grievously felt by them, I therefore recommended them to relieve the afflicted to the extent of their power by voluntary contributions of such necessaries as they had, to be dispensed by the overseers of the poor, upon a hope that the disease might decline and finally in a year or two disappear. Upon this recommendation they have acted, up to this present period, no public grant nor local assessment having ever been supplied towards the relief of these people. The hope that the distemper would decline, however, has been disappointed. In my subsequent visits to that part of my Bailiwick I have been advised that this disease was spreading and the fear of the people for the safety of their families increasing, that relief could no longer be afforded to the extent the afflicted required