Irish Immigrant Fever.

arterial) their tonic elasticity and power of resistance; in short, might, in establishing perfect assimilation, ensure health's restoration. It gives me much satisfaction in being able to state, as a result of this mode of treatment, that out of upwards of fifty cases of this discase occurring among physicians, medical students, cap. tains and engineers of steam-vessels, emigrant agents, and nurses, (all of whom, it must be conceded, had been abundantly exposed to the contagion, the positive proof of which was afforded by the severity of the symptoms which they presented) who were treated by two of my colleagues and myself, in private practice, not one death took place.

In the management of those cases, in which complications manifested themselves, while we maintained the same general plan of treatment, having a single eye to the amelioration of the blood's condition, the re-establishment of the due metamorphosis of this fluid, and the production of those emanations or new products consequent upon this process, we employed, I say, conjointly with the remedies above mentioned, those appropriate for the visible alterations of function and structure, which were occurring in the respective organs affected. I conceive it unnecessary, in a general view, such as this, to detail the particular and minute treatment of individual complications; moreover, the valuable space of your journal and my own avocations will not sanction it at present.

In conclusion, I will now lay before your readers some extracts from the valuable but scarce work of F. Simon, on Organic Chemistry, as well as from other authors, in support of the opinions maintained throughout my preceding articles on this disease, and which, coupled with a careful consideration and comparison of the phenomena which were presented to my colleagues and myself, during its prevalence last year, led us to the conclusions which I have now published, both as to the nature of the malady and the treatment best adapted for it. admission of the susceptibility of the blood to be directly acted upon by poisons introduced into it, the arrest of its healthy metamorphic operations, consequent upon this, and the substitution of disordered or anormal functions (for the blood, being an integral tion, sometimes passing into a brownish colour, from the tissue of the organism, must be, and is invested, in a admixture of more or less blood. Its minute structure healthy condition, with appropriate functions, which will be perverted, deranged, or destroyed under disease), and this, I consider, was the condition of the blood in this disease, to which Simon gives the generic apellation of Spanæmia, one of the characters of which is, "deficiency of fibrine, corpuscles, and millimetre in diameter ; they are conjoined with numerproper salts." Simon thus describes the physical characters of spanæmic blood : " It is very fluid, sometimes of a dark, violet, or bright colour; usually mesenteric glands, a higher degree of cell formation takes coagulates imperfectly, sometimes not at all ; the clot place. Cells are formed about the 50th of a millimetre is small, soft, diffluent, and neither covered with a in diameter, containing from two to six, and sometimes true nor false buffy coat; the serum is generally of a bright yellow colour, sometimes dark yellow or having thick edges on the addition of acetic acid, whilst the a red tint-the specific gravity considerably dimi- cell wall is partially dissolved. The same cells may nished." The chemical characters, according to the occasionally be seen in the elevated typhous deposits of same author, are, "Diminution in the amount of the intestinal glands. Sometimes the only appearance fibrine and corpusoles ; the amount of residue of the observable in the deposit, is that of numerous molecules

serum either normal or diminished; the proportion of water higher than in healthy blood; the amount of salts in the serum sometimes normal, sometimes diminished." Again, in speaking of "Typhus petechialis putrodus, yellow fever and plague as varieties of spanæmic blood disease," the following remarks are made : "The blood in these diseases is described as watery, very poor in fibrine, and of a dark colour : if any clot be formed, it is diffluent and very soft; the serum is frequently of a deep yellow or brown red colour, partly from the colouring matter of the bile. and partly from dissolved hæmato-globulin. It possesses a very peculiar smell, which probably differs in each disease. It is by no means improbable, that this smell may be produced by a volatile salt of ammonia.'

"Schonlein has directed attention to the formation" of a peculiar gas, which escapes with the blood in the post mortem examination of such patients, on opening the large vascular trunks, and which is probably developed in the blood, during the last stage of the disease."

"Chomel also speaks of the development of a gas in the interior of the veins." In quoting from Balard and Rochet's Observations on the Plague, they say: "It (the blood) frequently has a peculiar smell, but never the buffy coat."

It has been stated, in the course of these papers, that no truly inflammatory action was set up in the course of this disease, that the semblances of it were ducfirst, to the condition of the blood ; and secondly, to that of its containing vessels; and that effusions of either the coloured or colourless constituents of the blood took place into particular tissues, cavities, or upon particular surfaces. Mark the description given by Dr. H. Bennett, in the 16th vol. of Braithwaite's Retrospect, extracted from the Dublin Medical Press, Oct. 20, 1847, of the result of 63 post mortem examinations made by With the universal him in Edinburgh in 1846 and 1847. Exudation existed every where, and in favourable localities assumed a peculiar character, for which Dr. B. proposes the name of typhous deposit. He thus describes it, "The typhous deposit consists of a yellowish or flesh coloured exudavaries in different situations-in the lungs, spleen, and intestinal canal, it contains, at an early stage, a number of roundish or irregularly shaped corpuscles. They are about the 100th of a millimetre in diameter; contain several granules, with a nucleus about the 500th of a ous granules and molecules, which become more abundant as the process of softening advances. In the even more nuclei, which become very distinct, with

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