

accompanied with an itching which was intolerable, and when indulged, served to make the patient more irritable. On the appearance of the erysipelatous inflammation, the patient was generally attacked with delirium. Sometimes it made its appearance at a later period, but when it did come on it gradually increased, until it arrived at a state of phrenzy. The face became turgid, eyes starting, and seemed as if bursting from their sockets, tears and sometimes blood flowing from them. The patient, during his ravings, had a constant desire to get out of bed; and sometimes it required the united strength of two or more men to detain him in it. The pulse, at the commencement of the disease, was generally full, hard, and quick, resisting the application of the finger with considerable force; and as the disease advanced, the pulse became more frequent; and when the patient began to sink into a comatose state, which was always the case at the close of the disease, it became intermittent. The stomach was much affected with nausea, and vomiting of bilious matter, which, although attended with considerable pain and anxiety during the evacuation, never failed to give the patient great relief. Respiration became less oppressive, but in a short time he would be revisited by violent spasms, with a recurrence of all the symptoms, and if not relieved by timely aid, was irretrievably lost.

*Causes.*—Various were the opinions of the medical practitioners of this country with regard to the cause of this disease, some attributing it to specific contagion, arguing from its extreme prevalence; for if it occurred in a family, or a neighbourhood, few were so fortunate as to escape the disease; others alleging that it arose from an epidemic state of the atmosphere, the latter of which, I think, from the observations I have been able to make, is the most correct. In many instances, cold appeared to have great influence in bringing on the malady; hence its frequent occurrence among the labourers of the Rideau Canal, and more particularly the stone-cutters, whose occupation required them to be exposed to the inclemency of the weather, while it at the same time abridged the exercise of the body to such an extent that cold had a powerful effect upon them. It is my opinion that cold and an epidemic state of the atmosphere were the causes of this disease, one acting as a remote and the other as an exciting cause.

On looking over my brother's (Dr. B. R. Church's) case-book, together with my own, I found that we had four hundred cases in four months, which were doubtless owing to epidemic influences. In such a large number of cases, we must look for some other cause than cold to produce a disease of such a character. No

doubt the malady might, in many instances, have been brought on by cold, but could such a cause, unaided, have produced so prevalent a disease.

*Dissection.*—The morbid effects that appeared, upon dissection, in the few cases that fell under my inspection were, first, a highly inflamed state of the larynx which generally extended to the trachea, and sometimes through the ramifications of the bronchi; but the last was not generally met with.

The abdominal viscera appeared in a healthy state. Upon examination of the cranium, its contents presented the appearances of inflammatory action. The dura mater, tunica arachnoides, and pia mater, exhibited such phenomena in a remarkable degree; effusion of coagulable lymph, adhesions, and, in some cases, pus was found covering a portion of the membranes, or the membranes themselves were found eroded by ulceration. But this latter occurrence was by no means frequent.

*Prognosis.*—Convulsions, coma, insensibility, and great prostration of strength, were unfavourable symptoms. The disease often terminated by the fourth or sixth day. The general fever, the delirium, the sparkling fury of the eyes, the dryness of the skin, abating, showed that the patient was likely to recover. A discharge from the nose or lungs, the occurrence of diarrhœa, or an evacuation from the hemorrhoidal veins, or urinary passages often proved critical, particularly if the pulse abated, became softer, and lost its febrile character.

[We consider it unnecessary to follow Dr. Church through the principles which guided the selection and application of remedial agents. Suffice it to say, that these consisted in *free* depletion, adopted at the commencement of the attack; the application of blisters to the larynx, thighs, warm pediluvia, with sinapisms to the soles of the feet, and the internal exhibition of calomel, and tartar emetic conjoined with digitalis. The following case, which concludes the essay, may be taken as an example of the mode in which the disease manifested itself, as well as of the treatment pursued.—*Eps.*]

Charles Stone, aged 22, a blacksmith, was seized with chills, which were followed by fever, pain in the fauces, difficulty of deglutition, pain in the head, inability to put the tongue out between the teeth, a teasing cough, great thirst, and inflammation of an erysipelatous character, extending from one temple across the forehead to the other. Eighteen hours after the attack I visited him, and found the pulse hard and full, bounding like the tense string of a musical instrument under the finger, face flushed, and some difficulty of breathing; complained of great soreness of throat