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ORIGINAL COMMUNICATIONS.

ART. XXX.—Contributions to Clinical Medicine. By Jas. Crawford, M.D., Professor of Clinical Medicine, McGill College.

Case of intermittent Fever, with temporary Hemiplegia.

Alexander Craig, a native of Scotland, 28 years of age, a house painter, about two years arrived in Canada, of temperate and steady habits, and generally enjoying good health, till about 20th October, when he was seized with a chill, followed by a smart fever, and attended with delirium, which lasted about 18 or 20 hours, and terminated in a slight perspiration, the whole puroxysm lasting about 24 hours. Next day there was slight fever which confined him to bed, and on the following day he was quite free from it. From this period till I was called to see him, he states that he daily labored under more or less fever, or malaise, which prevented him from going to his work, except for two days.

He sent for me on the 11th November, when I found him in a small, ill-ventilated, dark room, in a lane near Craig Street; a situation, however, free from any known source of malaria, although evidently a very unfit residence for a fever patient. I therefore advised that he should be removed to the Montreal General Hospital. He had been previously visited two or three times by a Physician, but his case being, hitherto. slight, very little treatment was had recourse to. He was, then, labouring under a high fever, with excruciating headache; his pulse 120 full: skin hot and dry; fare flushed; eyes suffused; great thirst, and he was constantly licking or smacking his lips. He stated that he never had ague, nor was exposed to malaria, that he was aware of; Montreal being the only part of Canada that he had resided in. He attributed his attack to having lain down on the carpet of his room, while over-heated, and in all probability he was correct as to the cause, as he felt a chill at the moment which was followed by fever. On his admission into hospital, I ordered him to be cupped on the back of the neck, to have calomel gr. v.,