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ART. XII.—Additional Remarks on the Endemic Fever of Upper Canada, by JOHN JARRON, Surgeon, Dunville.

A sketch of the endemic fever of Canada would be incomplete, without some notice of the affections denominated "bowel complaints," that occasionally prevail very generally in the country. Their dependence on malaria, and connection with the common fevers of localities are very obvious, commencing as they usually do in the sickly months, and frequently terminating with fever or ague, or at other times taking the place of their periodical attacks.

These bowel complaints can scarcely be said to be included in Cullen's Nosology. They are usually much more severe and complicated than his diarrhoea; and it is doubtful if such a disease as his dysentery now exists—at all events, it is not to be looked for as an effect of malaria.

Dr. Bampfield "has never seen anything that could lead him to suspect dysentery to be contagious"; and with him, the observations of Dr. James Johnson, and most of our modern writers have led them to agree. Dr. Bampfield "has never seen scybala in the stools of dysenteric patients."

Dr. Ballengal "objects in limine to Cullen's definition of dysentery, at least as it appears in India—as the disease often makes considerable devastation in the intestines before pyrexia becomes evident: it is not contagious, and the appearance of scybala is comparatively rare"; while Dr. Johnson, whose opportunities of observation both in India and Europe were most extensive, asserts that they are as rare in the one place as in the other. Dr. Curtis denies the existence of Cullen's dysentery in India,

and divides the diseases of that country into what he calls bilious fevers, and hepatic fluxes; the latter is a most convenient term to characterize a set of symptoms which often arise from malarious influence, but without the least connection with simple hepatitis.

From the recent work of Dr. Wood, of Philadelphia, an accurate description of the symptoms and course of the bowel complaints of this continent may be gathered; but he has so divided them up into what he calls "varieties of diarrhoea, and inflammation of different points of the intestines," as to render his descriptions perfectly useless for practical purposes, and tending rather to confuse and bewilder the anxious enquirer into the cause and course of these affections, than to direct him to their real character and the proper mode in which they should be treated.

It is to Dr. James Johnson that we are indebted for cutting this Gordian knot, and pointing out distinctly the immediate connection of the bowel complaints of warm climates and malarious districts, with derangements of the biliary and digestive functions—"that the same general cause produces bilious fevers, hepatitis, and dysentery; they are all three branches of the same stem, the organs principally affected creating the variety of the aspect." "That they are all cured on the same principle, and, with slight variety arising from local circumstances, by the same remedies—a strong proof of the connection which I have traced."

In Dr. Latham's account of the bowel complaint which prevailed in the Millbank Penitentiary, near London, we have a European disease setting at defiance the nosological distinctions of Cullen and Pringle, as well as those of the