

THE
BRITISH AMERICAN JOURNAL
 OF
MEDICAL AND PHYSICAL SCIENCE.

Vol. IV.]

MONTREAL, JUNE, 1848.

[No. 2.

ART. VIII.—THE IRISH IMMIGRANT FEVER.

By FRs. BADGLEY, M.D.,

Lecturer on the Theory and Practice of Medicine in the Incorporated School of Medicine, Montreal, &c., &c.

(No. 3.—Continued from Page 288, Vol. III.)

Were collateral proof required, as to the manner in which this disease is propagated, in addition to the undeniable evidence already furnished in the three preceding instances, and which might have been multiplied to an almost indefinite extent from among my own cases as well as those that occurred in the practice of my professional friends in this city, I would only refer to the valuable tables appended by Dr. G. Douglas to his remarks on Ship Fever, published in the March number of this Journal. On referring to his 2nd table, we find that of 328 persons at Grosse Isle, whose duties brought them in contact with the sick during last season, 183, or upwards of 50 per cent., contracted and developed the disease there; and that of this number, 45, or 25 per cent., are reported to have died on the island, independently of those who, with the premonitory symptoms, immediately left the locality, and either died or recovered at places distant from the scene of carnage; and independently also of those whose physical and mental powers enabled them to resist the influence of the poison upon their blood, to variable periods after they had quitted Grosse Isle, apparently in good health. What says the able Medical Superintendent himself in his foot-note to the 2nd table? "Many of the Hospital orderlies, nurses, and cooks, were emigrants convalescent from fever, otherwise the proportion of sick would have been greater, as nearly all those who came down from Quebec and Montreal to be engaged, contracted fever either at Grosse Isle or soon after leaving it." The contagiousness of this disease may, I apprehend, be safely based upon these data.

Before dismissing this part of the subject, I must take leave to differ entirely in opinion with Dr. Douglas as to the *apparent* possession of a *certain* immunity for years after from second attacks of this disease in those who have been once affected, and I do so on the following grounds:—

1. Because the disease of the past season has had a type of its own, differing entirely from ordinary continued fever, either in its synochoid or typhoid varieties, as presented among the emigrants of former years.

2. Because cases have occurred both in the Hospital at Pointe St. Charles, the Montreal General Hospital, and in private practice in this city, where second attacks of the fever have presented themselves after lapses of

two, three, or four months, the patients having been discharged cured, returned again ill, and sunk under the second attack.

3. Because the statistics published with reference to the medical men in attendance upon these cases in Great Britain and Ireland, shew cases not only of *second* but of *third* attacks.

4. Because I consider the apparently new phases which this disease often assumed, after convalescence from the primary fever, in the shape of dysentery, purpura, scurvy, and erysipelas, were only modified types of the original *pestilence*.

In support of my first ground of dissent from Dr. D.'s *surmise*, for the statement is not made in positive terms, nor is it asserted as a fact, I will refer to and draw from Dr. D.'s own first table. In the year 1834 the admissions into Hospital at Grosse Isle were 844, or 2 $\frac{3}{4}$ per cent. out of nearly 31,000, and the deaths amounted to 264, or 31.16 per cent.; of these 844 sick cases, there were of *cholera*, 290; fever and dysentery, 404, or 1.30 per cent.; small pox, 12; other diseases, 138. In 1840 the total of emigrants was 22,065; total sick, 561, or 1 $\frac{1}{2}$ per cent.; total deaths, 41, or 7.31 per cent.; of these 561, there were of fever and dysentery, 485, or 2.15 per cent.; small pox, 60; other diseases, 16. In 1847, total of emigrants, 98,000; total sick, 8691, or 8.86 per cent.; total deaths, 3238, or 37 $\frac{1}{4}$ per cent.; of these 8691, there were of fever and dysentery, 8574, or 8 $\frac{3}{4}$ per cent.; small pox, 92; other diseases, 25. My reason for selecting these three years is, because in 1834 the per centage of mortality was the greatest of all the 15 years given in the table, except 1847; and this is accounted for by the presence of cholera, the cases of fever being only 1.30 per cent.; in 1840 the fever and dysentery cases show a per centage of 2.10, the largest of all the same 15 years except 1847; yet the mortality of that year is only 7.31 per cent.; whereas in 1847, with a per centage of 8.74 of fever and dysentery cases, 92 small pox, and 25 other diseases, there was a per centage of deaths amounting to 37.26 per cent.

With regard to my second ground of objection, I would state, that one of our most intelligent and zealous medical officers at the Hospital at Pointe St. Charles, Dr. Williams, having had the fever at sea during his voyage, and after his arrival at Quebec with his family, been for many weeks under the kind care of Drs. Douglas and Morrin for dysentery, recovered, and reached this city, was appointed to charge at our Hospital, and faithfully fulfilled the duties entrusted to him during three months; he was suddenly attacked the second time with all the symptoms of this fever, and so