

seen a case of phlebitis in which symptoms of asphyxia, arising from a fixed condition of the chest, and abdomen, and singultus, preceded and caused death, as proved by the particulars of the case of Captain H., already published? Nay, would he not be one of the first to expose the sophistry of any attempts to account for death, on the supposition of a previous contamination of the system from phlebitis or purulent deposit, seeing that the history of the case, the progress of the disease, and the result of post-mortem examination were all strongly opposed to such an opinion?—

"3. In reference to the treatment, it may be said, that so far as it went it was sufficiently judicious. A question may arise as to the effects which local abstraction of blood, or a free exit for the matter, in the absence of contamination of the system at large, may have had."

The third comment requires but few observations. If the view of the case taken by the editor of the *Lancet* be correct, then most assuredly the local abstraction of blood was not called for; nor do I think that an individual who has suffered from the debilitating effects of severe continued fever, then typhus followed by small-pox, and lastly, from acute rheumatic fever, is a proper subject for blood-letting, even locally, and certainly not in a disease of the nature of muscular rheumatism. As the matter was not detected, or its presence even suspected during life, it is unnecessary to say, that an opening for its exit was not contemplated, for there was neither redness nor swelling to indicate its existence, and as the pain was not confined to one particular spot, but extended all over the lower part of the chest, this symptom was insufficient to point to the diagnosis.

"4. The conduct of Dr. Mahony, whose rank should have taught him to exhibit more courtesy, as his position demanded a display of greater skill, calls for some notice. We have here, however, only one side of the question, and in the absence of Doctor Mahony's statements, those of Dr. Macdonnell must be taken as they are. The whole case is one of interest. It is so by reason of its obscurity, and its complications, as well as by the character and position of those on whom its diagnosis and treatment depended."

Dr. Mahony has published his reply, which, instead of explaining his conduct, or defending his opinion as to the nature of the malady, contains, together with an amazing quantity of bad English, compressed into a small space, a few more malignant assertions equally unfounded with his former ones, and a charge against me of being a junior practitioner, (which I candidly admit,) and of being possessed of great confident self-assurance, (*sic in origin*) which he may rest satisfied, will not be augmented, in the least degree, by a victory over an opponent of his calibre. In extenuation of the heinous offence of youth with which I am charged, I may, however, be permitted to quote from the *Dublin Medical Press* the remarks of its editor, Dr. Jacob, Professor of Anatomy to the Royal College of Surgeons, Ireland, who, I suppose, will be admitted to be of sufficiently senior standing in the profession to offer an opinion on the merits of the case.

"In the *Medical Press* for May 31, we quoted from the *British American Journal* the case to which Dr. Mahony's letter purports to be an answer; we think it right, therefore, to give his reply in full. Dr. Mahony admits, it will be seen, that he, and the other members of the consultation, regarded the case of Captain H.—

R. E., as one of inflammation of the bowels, while the result of the post-mortem examination (given by Dr. Macdonnell in his communication, which we had quoted,) proved that there was no inflammation of these parts. It is clear, therefore, that Dr. Macdonnell was correct in his diagnosis, and that Dr. Mahony and the other consultants were wrong in theirs. Dr. Macdonnell, consequently, can afford to smile at Dr. Mahony's sarcastic allusions to his youth and junior standing in the profession—*gray hairs and long standing do not necessarily bring with them either diagnostic skill, or real experience.*"

From what has been stated, the following conclusions may be drawn:—

1. That muscular rheumatism may run as severe a course as articular rheumatism, give rise to as much suffering, and be attended by an equal amount of fever, as proved by the cases published by Chomel, and by the case of Captain H—, under consideration, and by that of the gentlemen alluded to in this communication.

2. That suppuration, though a rare termination of this form of the disease, (as it is likewise of the articular form,) does, however, sometimes occur, as is proved by the case of Captain H—, and by the numerous cases of rheumatic carditis ending in suppuration, published by Bouillaud and others, and by the observations of Schönlein on abdominal rheumatism.

3. That acute rheumatism of muscles may run through the whole of its course, giving rise to most excruciating agony, without being attended by arthritis. This is also proved by the cases under consideration, and by those of pre-abdominal rheumatism, published by Chomel and Schönlein, (*Leçons de Clinique Médicale, Tom. II.*)

4. That in cases like that of the late Captain H., death may be produced, not merely by the severity of the symptoms, but by *asphyxia*, produced by the fixed condition of the thoracic and abdominal muscles—the result of rheumatic inflammation,—and by singultus, caused by the irritation being conveyed to the phrenic nerves in a reflex manner.

5. That in the case of Captain H., there was no evidence whatever of the presence of phlebitis, or of the previous existence of a circumscribed abscess under the pectoral muscles; on the contrary, the facts of the case are strongly opposed to such an idea.

Montreal, July 27, 1848.

#### ART. XXVIII.—THE IRISH IMMIGRANT FEVER.

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(No. 4.—Continued from page 32, vol. IV.)

I proceed in the next place, to detail the *post-mortem* appearances which I observed and noted in 12 cases of this disease: the subjects of them had all been inmates of the Montreal General Hospital, nine having been patients of my own.

In all the cases, the examination took place within twenty-four hours after death.

The bodies presented partial, I might almost say, only slight emaciation; there was an almost universal rigidity of the limbs; in the majority, there was a