

contained in it. To the members of our profession, such information is always of paramount importance, but especially during visitations like that to which we have lately been subjected, and in which not only our own lives, but those of our families, friends, and neighbours have been placed in such imminent jeopardy. If by the publication of such statistical returns, the attention of our profession can be attracted with earnestness to the subject-matter of them; if, by their means, incentives are started for more close and philosophical examination into the causes and circumstances which tend to favour death in such or other cases; and if they be instrumental in suggesting more proper hygienic, as well as remedial means for the management of any future but similar dispensation, or for the solution of questions connected with our present condition—all of which I maintain that statistical information is calculated to do—then let the members of our profession in Canada join heart and hand together in supplying these data whenever they are available, and an incalculable amount of most valuable knowledge will be acquired in reference to the diseases which may almost be regarded as endemic in this province.

The extent over which these remarks have spread, precludes the possibility of my entering at present upon the second matter referred to in my letter; I mean the disease introduced into and wafted through Canada by means of the unfortunate subjects of the above observations. Having, as one of the Emigrant Medical Commissioners appointed by the Executive last summer, had many opportunities of studying the disease in all its forms, at the hospitals, both on the banks of the canal, and at Point St. Charles; having from the 1st November to the present time been one of the attending medical officers and clinical teachers at the Montreal General Hospital; and having also, in that capacity, with a view to verify the diagnosis given by me to the pupils who accompanied me in my daily visits through the wards, made post-mortem examinations in almost every fatal case which occurred under my treatment, I shall request, at some future time, a space in your journal for the insertion of various facts and notes which I had purposed to have submitted to you for insertion in this number, on the "Irish Emigrant Fever," so aptly named, and so correctly described by Professor Drake, of the University of Louisville, Ky., in the 1023d number of the *Boston Medical and Surgical Journal*, and by F. W. Sargent, M. D., in his article transferred from the *American Journal of Medical Science* to the December number of your Journal.

Montreal, January 18, 1848.

ART. XXXVI.—ASIATIC CHOLERA.

By GEORGE DOUGLAS, M.D., Quebec, Medical Superintendent Quarantine Station.

I read with much interest an article in the last number of the *B. A. Journal*, on the advance of cholera, with suggestions for its treatment by Mr. L. W. Bell. The opportunity which this gentleman had of witnessing this disease in Persia in 1842, appears to have been turned by him to good account. It is not fair, however, to permit him to claim the merit of being the first to discover the analogy between cholera and ague. I need only remind you of Dr. Kennedy's work first published in Calcutta in 1826, in which this theory is announced, and in which is expressed a decided opinion that epidemic cholera was no new disease, but probably as old as any other pestilence, and as likely to occur again.

Accident first led Dr. Kennedy to observe the identity of the two diseases. He relates three cases in which he was applied to by patients in what both he and themselves mistook for the incipient stage of ague, but which was in reality that of cholera; three cases were treated by blood-letting, and all recovered. The use of the lancet in the cold stage of intermittent, as first recommended by Dr. McIntosh, would appear to have a potent effect, and the great benefit following the administration of *monster* doses of quinine, would seem to confirm the views of the American Army Surgeon, whose treatment of ague with large doses of this drug was lately published. The absence of spasms in ague, as well as the fearful collapse, may be accounted for from the greater nervous derangement in cholera.

Now, with reference to the vexed question of the contagious or non-contagious nature of this disease, it would be well for medical men, generally, to give the evidence, *pro* and *con*, their most serious consideration. In all human probability we shall be again visited with this epidemic in a few months, and it would serve a good purpose to prepare the public mind for it. Fear, all know to be a great predisposing cause, and in the two former visitations of this scourge, many contracted the disease and died, who, if they had been taught to look upon it as dependant upon atmospheric causes, or the electrical effects of subterranean action, or anything but contagion, would have had no more fear than people whose business takes them to places where ague prevails. To assert that cholera is contagious in the same degree as typhus fever or small pox, is against all observation and experience. We know that on its first appearance in this country in 1832, it broke out simultaneously in Quebec and Mon-