

has embraced during many ages, and which are dug up every day, in a state of high preservation.

Remittent and intermittent fevers are generally believed to be the usual consequences of vegetable malaria amongst mankind; and in tropical countries, when in a condensed form, these noxious exhalations also affect monkeys and other mammalia; and, it is said even birds. In Europe some diseases of sheep appear to be referable to the same cause. Malaria from animal putrescence seems to be influential in producing continued fever and dysentery, and predisposing cholera. Occasionally malaria, of unquestionable vegetable origin, passes over the two stages of intermittent and remittent, and produces continued fever.

When the writer was in charge of the Army Medical Department in Nova Scotia, in 1846, a medical officer, stationed at Annapolis, reported to him that six or seven cases of continued fever, in succession, had occurred in a farm house near the town, in a most healthy part of a very healthy country, where fever had never been known before. He added that the farmer's family were well lodged, clothed and fed; the men being of good character, and in easy circumstances. Also that the disease was mild continued fever, with no character of typhus, and that there was no indication of contagion or affection.

After reflection it struck the writer that there must be some local source of mischief, and instructions were sent to the medical officer to make a careful examination of every part of the premises, to discover, if possible, any local origin of the disease. This was done without delay; and a cellar full of decaying potatoes—the lower rows quite rotten—was found, directly under the sitting and bed-rooms of the family. The cellar was immediately cleaned out, ventilated, white washed, and well sprinkled with chloride of zinc fluid. There was no more fever. All the patients recovered.

Montreal, August 22nd, 1855.

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ART. XI.—*Extirpation of the Submaxillary Gland.* By WILLIAM H. HINGTON, M.D., L.R.C.S.E., &c.

The extreme infrequency with which removal of the submaxillary is attempted, may be inferred from the fact, that no mention is made of the operation, by any British or American writer on surgery whose work I have been enabled to consult—Pancoast alone excepted. French authors have been more explicit, and we find mention made of the operation by Velpeau and Malgaigne. Velpeau thinks that the observations published in France by Cloquet, Amussat, &c., do not re-