clearing, and the eruption began to dry up, and the pustules withered and shrivelled. By the seventh and eighth day of the eruption, the patient was convalescent, without a sign or mark of having had small-pox after the slight desquamation of the light scales or scabs fell off. In no case by this treatment did the pustules positively mature, but always dried up before maturation. Externally any soothing application for the first three days is all that is required to allay itching, etc."

The above extract from Dr. Boyer's statement of his experience fully accords with my own observations, —which, however, have been necessarily somewhat limited—except in two particulars; first, that the eruption began in every case to wither on the second day after the remedy had been administered, and again, that no one, so far as I have been able to ascertain, contracted the disease from the patients under treatment. I am induced to report this plan of treatment with my views as to the philosophy of it, in the hope that others who may have opportunity may be induced to take it up and give it a more widespread and extended trial than it has yet received.

Case of Intermittent Fever, originating in Montreal, by Francis W. CAMPBELL, M.D., L.R.C.P., London, Professor of Physiology in the University of Bishop's College, Attending Physician, Montreal Dispensary.

Read before the Medico Chirugical Society of Moutreal, November 14.

Intermittent Fever, or Fever and Ague, is a disease which is not at all uncommon in Montreal; but when the history of the case has been thoroughly sifted, it will almost always, if not invariably, be found that the patient has resided either in a district which is known to produce ague, or at all events in a section of country which has the reputation of being marshy. During the sixteen years that I have been connected with the profession I have seen many such cases, but I have not till this summer met with a case occurring in this city, and where the evidence was conclusive as to its having originated here, as the patient was born in Montreal, and had never been absent from the city for even a single day. I was under the impression that, as a ocal disease, it was extremly rare, the only other case I remember having heard of, occurring in the practice of my preceptor—the late Dr. James Crawford,—the details of which have, however, escaped my memory. Upon my having expressed my intention one month ago to read this case to this Society, on account of its being, as I believe, a rare case, more than one member stated that they had had several such. I hope they are prepared this evening to give us the facts concerning them, and add some little information as to what has produced the disease in Montreal. I will not make any attempt to describe the causes which have been said to give rise to the disease, although perhaps some little interest might be thrown around the subject, by entering upon a discussion of the views advanced within a few years by Dr. Salsbury, of Cleveland, Ohio. My object, however, is to detail a case—not write a paper upon Fever and Ague.

Case.—On the 4th of June of this year, I was requested to see Bernard McAllister, aged 15 years, residing in McCord Street, and, on visiting him, he informed me that on Sunday, the 2nd instant, he had bathed in the Lachine Canal. The water was not warm, and, according to his own statement, he remained in it so long that, from the amount of heat extracted from the body, he became so benumbed that it was with difficulty he reached the shore. On commencing to dress himself, which he was unable to complete without the assistance of some comrades, he noticed that his body was of a purplish blue color. On reaching home, he was seized with sickness at the stomach, and with an intense pain in his head. He was placed in bed, and warm bottles put to his feet. Copious emesis followed, and the head was slightly eased, but it still continued to throb and ache, and he was unable to get warm. When I saw him on the 4th of June, he was sitting up in bed, and complained of still being cold; his head was still bad, and there was now a severe pain—heavy and dull in character, extending over the back, but worse about a hand's breadth below the angle of the scapula. The skin had the appearance familiarly known as "*goose skin.*" Eyes were heavy, tongue dirty—no appetite. Pulse 96—not at all full in volume. I directed a mustard footh bath, and gave him at once ten grains of Dover's Powder, leaving him a prescription for a mixture of Liq. Ammonia Acetates with Nitrate of Potash.

On the 5th, when I called, I could not say that there was any improvement, although he had passed a very comfortable night. Indeed, when I entered the room, although the day was comparatively a warm one—he looked as if he was in an ice house, skin was bluish, hands and feet were cold, and the nails congested. The pulse had fallen to 72. I ordered warm drinks, and bottles of hot water to sides and feet, and to continue the mixture.

6th June. On making my visit to-day, I was