

from the continued fever of the middle latitudes, and inspired me with a strong desire, to know whether in its symptoms, anatomical lesions and appropriate treatment, it is identical with the indigenous continued fever of the Banks of the St. Lawrence.

4. Tubercular Phthisis, so indissolubly associated with cold climates, in the minds of most physicians, seems to me to be less prevalent here than on the banks of the Ohio, in 39° or 38°, where, moreover, it is more prevalent than it is several degrees further south. If there be, as seems probable, a latitude in which it attains its minimum of prevalence, it is of importance to know it, and be able to estimate the comparative value, to the predisposed, of all emigration from that parallel to the north and to the south. Intimately connected with this malady, is scrofula and every other tubercular affection; and facts relative to the whole will be most acceptable to me.

5. Goitre is another endemial malady, prevailing in some localities and entirely absent from others, concerning which I would invite communications.

6. Malignant Pastule or Charbon, common in Louisiana, very little known in the middle states of the Union, but reappearing, in greater frequency, in Canada East, is an affection, the cause and cure of which I greatly desire to learn from the physicians of this region; and, especially, to know whether it attacks the French Canadians oftener than the British. Considered as an epizootic malady, it would be interesting to learn whether it affects other quadrupeds than the cow, and also whether it can be excited in her by the blood or pus from the human subject, if introduced by inoculation.

7. Calculus is a disease which deserves to be studied in connexion with soils, water and climates. In the latitudes 36°—40° it is a common malady. Is it equally so in the latitudes of Canada? To what extent is it connected with dyspepsia, or with any particular kind of drinking water.

8. Are verminous diseases prevalent in Canada? There is some reason for believing them more prevalent in the higher than the lower latitudes.

9. In the south, tetanus and some other plasmadic diseases, are exceedingly frequent. The former is both transuatic and idiopathic. As we advance to the north it becomes less frequent. To what extent does it prevail in Canada? and how often can it be cured?

10. The eruptive fevers, although not produced by climate, may, perhaps, be modified by it, so as to demand a variation in the treatment. Especially, what is the most successful treatment of scarlatina in this country?

11. At what period of the year are acute pulmonary

inflammations most prevalent? Does the steady cold of winter generate them? Do they require liberal venesection? Is tartar emetic well adapted to their cure? Do the constitutions of the people of Canada admit of the use of that medicine in Italian doses?

12. What is the most efficient method of treating acute articular rheumatism? Are metastases to the heart and other fibrous organs common, and what methods of treatment seem either to promote or prevent them?

13. Is gout a frequent disease here? Does it affect any but immigrants from Great Britain? Do those who are predisposed to it, escape by emigrating to this country?

14. As Dr. McCullough has endeavoured to prove that nearly all neuralgias are produced by malaria, it is desirable to know to what extent they prevail in a region in which, judging from the absence or small amount of intermittent fever, there is so little of marsh exhalation.

15. It appears that Cholera Morbus and Cholera Infantum, are common and fatal diseases in Canada. Has the liberal administration of calomel and opium, so much relied upon in the lower latitudes, been generally resorted to here?

16. Does the water of the St. Lawrence, as some have said, possess an irritating quality in reference to the mucous membrane of the stomach and bowels?

17. Are there any obvious differences in the constitutions and diseases of the French and British inhabitants of Canada?

18. Did the epidemic cholera work out any permanent change in the character of the diseases of Canada? Has it been observed that since its invasion, the lancet and active purging are less safe or beneficial than before.

The points I have raised are the most important; but facts relative to any other forms or peculiarities of disease will be acceptable.*

I hope to commit to the press, in the coming calendar year, the first volume; which will embrace febrile diseases; and would be thankful for communications concerning them at an early period. Letters may be sent at my own expense, by mail, to *Cincinnati, Ohio*, my place of residence.

With much respect, I am, dear Sir, your obedient servant,

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* In the absence of other statistics, a register for the year, of the deaths from different diseases, in the practice of a physician, throws light on the relative frequency of fatal diseases. Registers of that kind kept in different latitudes and compared, might afford interesting results.