

but the most careful examination could detect none in the freshly exposed parts, either of the clay in the trench, or in the vegetable mould.

In short, after a most patient and elaborate examination of the particular spot pointed out, as well as of the rocks in the neighbourhood, Mr. Logan had no hesitation in coming to the conclusion, that *the specimens of coal from the Bay St. Paul had so thoroughly the aspect of such as might be derived from some of the coal fields of Great Britain, as to leave in his mind very little doubt of their origin!* And he thus concludes:—

The frequency of these singular coal bearing springs in the vicinity, elsewhere so unusual, and the scarcity of fine grains of the mineral in them, rather tend to strengthen the suspicion. The number of the springs attested by the respectable persons of Bay St. Paul, whose certificate accompanied J. Bouchard and A. Menard's petition, is three, but I have been informed that another was brought prominently forward some years ago, as affording the same indications of coal, but that the late Mr. Andrew Stuart of Quebec, and *Captain Bayfield, had ascertained beyond a doubt, that the spring had been packed by the proprietor of the land with a view to enhancing the value of his property!* Probably this person may have packed his neighbors' springs at the same time, with a hope that, should others make search in consequence of his pretended discovery, their researches might disclose facts to confirm his own.

Having thus brought our gleanings from the vast field of Mr. Logan's labours to a close, we perceive that we have so thoroughly exhausted the limits assigned to us that we are compelled to reserve our observations on the co-operative investigations of his assistants for a future occasion.

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## PRACTICE OF MEDICINE.

*Cases illustrative of effusion within the Arachnoid Cavity, as a cause of Sudden Death, after Scarlatina.*—By AUSTIN FLINT, M. D.—The two following cases appear to the writer to exemplify the occurrence of effusion within the cavity of the arachnoid, as the cause of sudden death. In both cases this conclusion is based solely on the phenomena exhibited before death, there having been no post mortem examinations. They are reported not as containing evidence of arachnoid effusion, but as illustrations of the points involved in the diagnosis of that event, assuming as correct the principles deduced from observations communicated for the March number (1850) of this Journal. In connection with these cases the attention of the reader is invited to the article just referred to. The first of the subjoined cases was inadvertently omitted in preparing that article. The second case has fallen under observation at a subsequent date. As an occasional, and, in a certain sense, an accidental element in the progress of different diseases, proving the determining cause of a fatal termination, the occurrence of this lesion has, in the opinion of the writer, in several instances been apparent in cases that have been observed since that article was published; and, if the views of the writer on this subject be correct, every practitioner will have no difficulty in finding illustrations. The two cases now reported, however, appear to present the occurrence of the lesion isolated in a striking manner, from other obvious elements of disease, and to exemplify, in consequence, more vividly the circumstances involved in the diagnosis,

CASE 1.—June 15th, 1847, I was requested, at night, to visit a patient in consultation with Dr. J. Pride, of this city. I found, on arriving at the house, the patient, a young girl aged 18, unconscious, with tracheal rattle, cold extremities, and evidently in *articulo mortis*. *The pulse, however, had considerable volume (the frequency is not recorded.) The respiration was irregular and convulsive, several respirations preceding each other, followed by a long interval.* She lived about two hours after I first saw her. Dr. Pride