

Laprairie. This detachment, including all the women and children, had been sent there before my arrival, and about the 14th, in order to relieve the barracks, there being no medical officer there, the detachment was placed under the care of a civil practitioner. The prevailing malady appeared among them; ten men and three women were reported to have been seized, and eight men and one woman died in a few days. Immediate measures were taken for their removal to St. Helen's, and they were formed into a separate camp (in which they continued) on the 24th of June. From this camp a woman was admitted on the 28th of June, a private on the 4th of July, and a second woman on the 6th of July. From that time up to the present date, the actual and confirmed seizures admitted from the island have only been three, viz., one gunner, royal artillery, one corporal, and one private of the twenty-fourth regiment. The first of these, a man of rather weak intellect and dissipated habits, made his escape during the night in a canoe from the island to Montreal, where he was found next morning, by some of the men of his company, in a state of intoxication. For this offence, he was put into the guard-house. Symptoms of cholera soon appeared—the attack was immediately reported—collapse set in rapidly, and he died in about six hours.

The second, a corporal, a man of excellent character, and a fine soldier, was seized with premonitory symptoms while on guard in the city of Montreal. These, from mistaken views, he unfortunately concealed or neglected for between thirty-six and forty-eight hours. He died on the third day.

The third case, a healthy man, and subject to bowel complaints, had also been on guard in town, the day before he was attacked. The premonitory symptoms had been of some standing; the choleric symptoms proved obstinate, particularly the discharges by stool. They were at length removed; but a low febrile state followed, from which it was extremely doubtful whether he would recover for the space of twenty days.

The gunner above mentioned was the only man, of a company of the royal artillery stationed in barracks on the island of St. Helen's, attacked with cholera. Non-intercourse was observed as far as possible between this company and the town, as also between it and the troops encamped on the island during the greater part of the time. As far as the necessary duties to be performed by guard in the city, and the procuring of supplies, would admit of, the intercourse was likewise restricted between the people in the camp and Montreal.

The number of persons belonging to the garrison (men, women and children), treated at Montreal from 12th June to 26th September, would appear by the returns to be 106—deaths, 39. Of these, 35 took place between the 12th and 24th June. In this statement neither the attacks or casualties which occurred at out posts are included, nor are incipient or premonitory symptoms noticed; many cases of diarrhoea, with or without vomiting, and spasms, having been treated during the prevalence of the epidemic, not a few of which there is reason to believe would have terminated in confirmed cholera.

Faithfully yours,

ART. STEWART.

Query XIV.—Was convalescence slowly progressive when patients were recovered from advanced stages of the disease, and were they liable to relapses?

Answer.—Convalescence so far as my own observation extended, was always slow. Patients passed into a state resembling typhus, but still sufficiently distinct. The choleric appearance and symptoms seldom disappeared at once, but the hands would often remain cold for several days, the upturning of the eyes would continue, with more or less tendency to coma; the stomach would remain irritable; thirst considerable; the sunken and dark appearance of the eyes would remain for many days, and I have recognized a cholera case eight days and even longer after the patient had been removed from the cholera hospital, into the hospital for typhus patients. The disease succeeding cholera, though typhoid, is by no means the same with common typhus. The tongue indeed becomes dry and brown, but it is not the dry, hard, and cracked tongue of typhus; the pulse is slower and surface cooler; the affection of the head is less marked. The patient indeed often lies in a drowsy stupor, with his eyes half closed, and balls