

free use of calomel, opium, purgatives, and quinine, when the fever will again assume its usual course: thus showing, by the evanescent character of the change, that it must have depended on some temporary state of the secretions or the blood, and not on any peculiar virus taken into the body and requiring time for its elimination; or any change of structure of the organs, or alteration of the mucous tissues or glands connected with them.

Another form of this fever is exemplified in the cases of the Pincket family, published in your Journal of November, 1849. There the skin was dry, the secretions dark and viscid, the head evidently affected, though the peculiar symptoms of it were not prominent, or the functions of the brain much deranged. In Charlotte's case the effects of calomel, purges, and of quinine, while the secretions remained in a morbid state, were seen, as well as of stimuli, which I there administered to a greater extent than I had ever done before, merely on account of the fatal tendency of the disease. Her countenance and skin lost their bronzed appearance, but none of the other symptoms gave way: and death would likely have happened in the same manner, irrespective of the affection of the throat. The suppression of the disease and the return of healthy secretions in two of the cases the instant mercurial ptyalism appeared, are to me decisive of the nature of the affection, and of the only mode of treatment at all to be depended on, as the effect of quinine was seen to be so uncertain while the secretions are depraved, and the tendency to fever is unchecked.

The morbid dissection reported is also valuable as occurring in an extreme case, the like symptoms being exhibited often without being followed by death; and in private practice the opportunities

are few of corroborating the diagnosis even in fatal cases. The most particular points seem to be the extent of the congestion of the vessels of the head with so little derangement of the functions of the brain; the normal state of the liver, lungs, and spleen, and of the peritoneal lining of the abdomen; the peculiar colour of the bile, and the secretions in the stomach and duodenum, and the offensive smell emitted, which prevented a more minute investigation.

The ochrey colour of the bile and secretions in the stomach is unusual. I have only seen it in one case besides, the history of which may have some bearing on my peculiar opinions in these cases.

In 1847, the wife of an emigrant in better circumstances, who came from Ireland about the time the emigrant fever was so fatal, but which the family escaped, was, after being some weeks here, seized with intermittent fever and bowel complaint, but which did not prevent her from taking a journey into the country for ten days or a fortnight, during which she suffered a good deal. I was called to see her two days after she got home, and found her in a state of perfect collapse, with much of the cholera expression of countenance, the extremities cold, pulse almost gone, and body covered with a clammy perspiration; there were no cramps and little pain of the belly, but great thirst and an incessant discharge of an ochrey coloured fluid, in no large quantity, from both the stomach and bowels, and that without pain or effort, as if squirted out by a sudden contraction of the tubes. I had recourse to calomel, opium, and stimulants, but relief was only partial, though the patient lived for three days. The ochrey coloured discharges became completely changed soon after taking the calomel, and she had discharged in the