

in the natural reservoirs is gradually evaporated, and all noxious substances which it contains become concentrated and filled with animalcules and reptiles, which with its final disappearance become extinct. At the same time the atmosphere comes in contact with a surface from which, for a long period before, it had been protected by water. The exposure of a surface of earth suddenly to the atmosphere, from which it had for a long time before been excluded, I can readily conceive to be answerable for important results. With this view of the subject, we find a ready explanation for the fact that peat marshes do not produce malaria, and that malarial fevers seldom exist epidemically in countries which abound in springs, and then only on occasions of extreme drought, when natural ponds and mill-dams become dry, producing the conditions above described.

The doctrine, that a marsh and vegetable decomposition are both essential to the production of malaria, fails entirely to account for the prevalence of fevers in the outskirts of our cities. It is notoriously true that ague and remittent fevers are epidemic every summer in the upper wards of New York, and in many parts of Brooklyn. On going through these districts, the great number of sunken lots that are filled with water during the winter and spring months, is a matter of every-day observation, and whenever cholera prevails here, these locations are its chosen fields for doing its most deadly work. On such occasions intermittent and remittent fevers give way to a more virulent disease.

During the last summer, the frequent rains have served to keep these pestiferous sources of disease mostly from becoming dry, and consequently New York and Brooklyn have never been known to be more healthy. The same cause has served to render the country generally more free from fevers than usual. Only the most superficial of the pools have contributed to the spread of infection this season. Those who adopt this view of the cause of malaria will readily see how easily a district may be rendered exempt from the sources of fevers, for it is not the large marshes but the little superficial ponds that readily dry up and are the most productive of these diseases.

#### CASE OF TUBERCULAR DISEASE TREATED BY COD LIVER OIL.— CURE OF CAVITIES AFTER TWO AND A HALF YEARS.

(Read before the Boston Society for Medical Observation, December 17th, 1855, by HENRY I. BOWDITCH, M.D., and communicated for the Boston Med. and Surg. Journal.)

Miss — called on me Oct. 21, 1850. Her grandmother and an aunt had died of phthisis, but there were no consumptive tendencies in her immediate family. She was 18 years of age, was born and had lived all her life long near the coast of Massachusetts. In early life she had been perfectly healthy, except an occasional headache. At school she had studied closely.

Her actual illness commenced just a year previous to my seeing her. She had had a cough all the time gradually coming on. The

sputa were a thick phlegm during the winter; and a very little blood, as she believed, from the nose. She left school in May, and after that the cough had lessened a little, but it had occurred daily; chiefly on first lying down, and in the morning. No severe paroxysms. Pain at times in the left side on full breath, never in the shoulder. Able to lie on either side, but coughs more when on the left; turning to the right checks the cough. No dyspnœa, except when ascending stairs, and then it was but slight, and most troublesome during the summer. Night sweats, but no chills or fever, though at times the cheeks are flushed. Never had palpitation. Appetite and digestion good, except a little oppression during the summer. Dejections, regular. Amenorrhœa since the spring of 1849. Previously menstruated three or four times only, but naturally. Had lost some flesh and strength.

At my office she appeared somewhat hoarse, and had, at times, aphonia. No soreness about throat, but she had had some previously. Pulse 120 (possibly from agitation of mind); 96 after examination.

*Physical Signs.*—Percussion gave flatness over left lung, to the third rib in front, and to below the spine of the scapula. Doubtful *bruit de pot fêlé* under clavicle. Elsewhere normal. Respiratory murmur scarcely heard on the left side, and crackling on coughing heard everywhere in the same lung. At the top of the right lung the murmur was hardly pure; and on cough there was a slight crackle. Pectoriloquy at apex of left lung.

I wrote the following diagnosis to the attending physician. "My diagnosis is, serious, extensive, tubercular disease of the left lung, and probably a little at the apex of the right. Prognosis—A downward course. I make this prognosis because it seems to me that as the course that has been pursued (cod liver oil and iron) has been excellent, and yet no amendment has resulted, I fear that nothing that may be done hereafter will give permanent relief. While life, however, lasts, we should continue to hope. Therefore I advise a continuance of cod liver oil and tonics; and as I have perceived some good to come in some cases from wet compresses with dry cloths over them, kept constantly upon the chest, I would recommend the trial of them. If possible, let her have horseback-exercise.

Dec. 6, 1855.—Miss — called at my office in perfect health, apparently, having felt so for many months. I learned as follows: for two years and a half she took daily three or four tablespoonfuls of cod liver oil. It always was very disgusting to her, but never disturbed the digestion. She always had the pure oil, prepared at her own house. She rode on horseback twice or three times weekly for a year and a half, and was always refreshed by the excursion, except when she visited the beach which was near the town and exposed to the bleak wind of Buzzard's Bay. After riding to this place, even on a warm day of summer, she became hoarse and felt that her lungs were irritated. She never went out after 5 P. M. The cold-water applications were used for six months. Her diet

was nutritious, but simple, and her digestion was easy. During the first six months there was no evident change in the symptoms. Afterwards she began gradually and almost imperceptibly to improve, and two years ago felt and looked as well as ever. She, however, did not commence active duties until six or eight months ago, when she began to teach school.

At her visit to my office, she looked plump and in perfect health. She said, however, that though she had had no cough for two years, she still had a rattling in the left chest on lying down, and some cough on taking cold. If she is tired, she feels it in the chest. Pulse 84. On percussion, the left breast is flatter than the right at apex. Pure tubular respiration of a most dry character at apex, front and back, with great vocal resonance. Obscure crumpling, rather than crackling, below in the breast, but generally the respiration is quite fair, though a shade less soft than at the right.

If the preceding case was not one of tubercular disease, which had proceeded to the degree of softening, and probably of excavation or perfect condensation of portions of the lung, I know not how I can ever pretend to recognize any tubercular disease. I believe that it was tubercular, and that it was cured by the *thorough* use of cod liver oil, &c. The present condition of the lung is, I presume, much as it will always remain; for it may well be doubted whether a lung affected with such an amount of disease as existed at the first examination, will ever be completely restored to its pristine vesicular structure. It is a case to give us hope, even when there seems to be little or no hope.

The fact incidentally mentioned that the patient could not visit the beach without having hoarseness, is interesting to me, as confirmatory of the view that the lungs of consumptive patients are irritated by a residence near the coast.

## CASE OF OSTEO-ANEURISM.

[Communicated for the Boston Medical and Surgical Journal.]

THE subject, a young man, first discovered a lameness in the left leg in August, 1854, its immediate seat being referred to the knee-joint, and it gradually increased in severity until walking became impracticable. In January, a solid tumor appeared on the inside of the tibia, near its upper articulation, which was judged to be an ossific deposit simply. The patient continued his avocations until April, when the progress of the disease rendered further labor impossible. At intervals, the tumor would be red, and at such times less painful. In June, the case fell into the hands of a quack, whose irritating applications rapidly developed the character of the disease. Up to this time the patient could walk with the assistance of a cane, but retraction of the leg now became established, and the growth of the swelling greatly increased. It was intensely painful, and prevented sleep. In August, the case came under my treatment. The