

the duration of life, the health, strength and activity of the body and mind?

In reply to this question, Dr. Day states that there are no such instances to his knowledge, among either the native or colonial population. The diet of the natives is mainly vegetable, being mostly rice, cassava, and the product of the palm variously prepared. They likewise eat almost everything endowed with animal life—elephants, cats, dogs, leopards, snakes, horses, alligators, lizards, monkeys, grubs, snails, bats, locusts and flying ants.

Question XIII. What has been the effect of the temperance reformation upon the strength and health of your citizens?

As the curse of intemperance has not made rapid progress in the midst of this people, the excitement has not been great to labor in the cause of temperance with much zeal. But the custom prevails to some extent of buying ardent spirits for trading with the natives, and as far as practised must prove injurious—though it is a rare sight to see a native man intoxicated with anything but the wine made from the juice of the palm-tree, which, when a day or two old, becomes quite exhilarating.

Dr. Day promises another communication to the Medical Department of the National Institute, when more at leisure, in answer to the remaining questions of their circular.

CASE OF HEMIPLEGIA.

By A. F. Carr, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MR. B., æt. 65, farmer, tall and spare; height six feet, neck in proportion to his height; head rather small than otherwise; of respectable mental endowments, and considerable vivacity; never enjoyed robust health, but by a prudent course of regimen, has been able to labor almost every day of his life. This morning (October 8, 1843), while putting on his coat, without any premonition, his left side became paralytic. I saw him within half an hour after the attack. I could not learn that he had been comatose. He appeared lost when they placed him upon the bed, and was somewhat confused after I arrived; but there was nothing like profound coma. There was that peculiar fatuous expression of the face which characterizes palsy of the *portio dura* of the seventh pair of nerves. The tongue, when he attempted to protrude it as usual, turned towards the affected side. No sensible difference between the temperature of either side, and only partial anæsthesia. Pulse 50 and soft; pain in the right side of the head, just above the temporal fossa; respiration but slightly interfered with. There was no engorgement of the vessels of the head or neck. Some little difficulty in swallowing. His voice had lost its accustomed tone, and had become whining and childlike. Our prescription was:—Sub. mur. hyd., gr. x., assisted by senna and zingiber; foot-bath; frictions upon the limbs and along the spine with the hand, and aq. am. quad. spts rosemary, āā ʒ ij.

October 9th.—No operation of the bowels ; can draw the leg up and move the arm a very little ; but they feel large and heavy ; considerable heat upon the surface of the body ; pain in the head increased, and the veins of the neck and head fuller than on the day before, but not engorged. Did not see fit to bleed. More cathartic medicine was taken.

10th.—Better in every respect ; physic has operated favorably ; obtained the control of the muscles of the face to some extent ; the tongue still turns towards the affected side, and is a very little coated. Says he has a good appetite.

I learned to-day that several years ago his little finger upon his left hand became numb suddenly, while stooping for some purpose, and subsequently his left arm was palsied—both of which were relieved by frictions.

This patient walked about in less than a week after receiving the shock, and I did not see him again until December, when he called upon me for medicine “to make him sleep.” Had been able to walk and ride about, but had not slept for eight nights ; felt perfectly calm and easy, but could not lose himself in sleep. Musk and morphine procured a good night's rest ; but did not answer so well afterwards as an infusion of valerian and the foot-bath. I have been informed that previous to October he had not rested well at night.

March 27th, 1844. Visited the patient. He related his case in a whining voice, which had continued since his paralytic attack. Said that in January, while tying up his cattle, he awoke under their feet, and has fallen twice since while walking. Thinks he could produce one of these falling fits by raising his hands high over his head. He is easily affected to tears ; his memory is impaired, and he finds it difficult to confine his attention to his ordinary affairs. I noticed his skin to be dry, but not hot ; bowels costive ; tongue covered with a white coat ; the function of the urinary bladder healthy ; pulse 23 the minute, and remarkably regular. Complaints of dark clouds passing over his mind, which obscure his senses for a moment, and simultaneously a spasmodic contraction of the muscles of the left leg may be observed. He appeared sensible of the approach of this eclipse, as he called it afterwards when it occurred oftener, and only lost his senses when it became total. It gave him the idea of death, and depressed his spirits exceedingly. These paroxysms occur more frequently when he attempts any mental effort.

29th. Saw Mr. B. before he arose in the morning. There was not much variation in his symptoms from the 27th. He fancied himself better : his skin, in fact, felt more moist and natural, and the tongue slightly improved. He suffered no pain, and appeared less depressed ; none of the “eclipses” during the night. There had been a motion of the bowels. The pupils of his eyes, I noticed, were more than usually dilated, and throughout his disease there was no sensible variation in them, notwithstanding the different degrees of light to which he was exposed ; pulse 22 the minute.

30th.—I find his pulse as low as 20. He sits up and converses with cheerfulness, walks about the room, and feels quite encouraged.

31st.—Cheerful; has not had any of the dark spells; pulse 28.

April 1st.—Found my patient attempting some little business, adjusting accounts with a neighbor, which occupied several hours. In the afternoon I was sent for, and found him much worse. Dark clouds are continually passing over his mind, which create the most gloomy apprehensions. Notwithstanding everything like mental effort was strictly interdicted, he made his will in the evening, thinking he should not survive the night. Vomiting took place about 12 o'clock, which afforded relief, and I found him in the morning with a pulse 34 the minute, but extremely exhausted. This momentary suspension of intellect continues—perhaps he lost all consciousness twenty times during the night. Afternoon—has abstained from conversation through the day, and feels revived. His bowels answered to a cathartic.

2d.—Rested the first of the night, but the latter part was disturbed by the darkness which continued at intervals for two hours, wholly depriving him of rest for the remainder of the night. Pulse for the first time irregular—between each pulsation there is an interval of between two and three seconds; at every twenty beats there follows a pulsation of less force, succeeding which there is an intermission of seven seconds; in all, 25 the minute.

3d.—Mr. B. has had a comfortable night, but few “eclipses;” pulse 29 the minute, and regular; tongue less coated; appears better in many respects; converses well, and enjoys some anecdotes related by his brother.—About noon he felt a motion of his bowels, and arose without assistance, and walked to the stool. His wife stepped into an adjoining room, and when she returned, having been absent but a moment, he had fallen back, apoplectic, and died immediately.

What the organic lesion was upon which these symptoms depended, we are left to conjecture, it having been impossible to obtain a *post-mortem* examination. Might it not have been a case of *ramollissement* of that part of the brain from which the heart receives its nervous influence? It appeared to me that cerebral hæmorrhage, the ordinary cause of hemiplegia, would not account for all the symptoms. If there had been an effusion in October, absorption would have taken place to some considerable extent within five months, and the brain have resumed its proper influence. At last there might have been an effusion. But this is all conjecture, and perhaps not rational.

Goffstown, N. H., May 29th, 1844.

EPIDEMIC ERYSIPELATOUS FEVER.—NO. VI.

By J. A. Allen, M.D., Middlebury, Vermont.

[Communicated for the Boston Medical and Surgical Journal.—Continued from page 314.]

FROM the view which has been taken of the subject, and the facts that have been adduced, it will appear to follow as an unavoidable