

emphatic manner our confidence in their efficacy in the treatment of malarious diseases.

This fever, throughout the whole Northwest, so far as observed by me, is rarely a pure intermittent, but always of a severe remittent type; the nearest approach to an intermission occurring ordinarily during the first twenty-four hours, after which, if unattended or unscientifically treated, the fever frequently assumes a severe remittent character, which may well be mistaken for a continued fever, unless the clinical thermometer is assiduously and intelligently used and the temperature regularly recorded, when distinct remissions, occurring most frequently between five and eight in the morning, will be apparent; but if mismanaged, it will pass in the course of a few days into continued fever, often of a low typhoid type,* over which medicine exercises little appreciable control; the special symptoms characterising which, whether of an Asthenic, Hæmorrhagic or Comatose character, will vary much in different years.

During the first fourteen or twenty-one days, wherein alone we can hope successfully to limit its duration, the same uniform treatment will be generally applicable, and will, if faithfully and intelligently carried out and persisted in, prove efficient in the vast majority of cases. I have seen a good deal of malarial fever during the last forty years, and for the last eight have been familiar with it as it manifests itself in these Territories; during this latter period I have never lost a case which I attended personally from the beginning of the disease, and very few, where the course of treatment suggested by me was adopted and intelligently persisted in by others, even after ten days had elapsed since its inception.

The first and most important step in the management of this fever, is to ascertain *at what period in each twenty-four hours the temperature touches its lowest point*; that is, at what hour we may hereafter expect the remission to occur. *This*, in five out of six cases, will be between five and eight o'clock a.m. A temperature chart should be immediately prepared, and the temperature during the first twenty-four hours should be carefully taken every two hours and recorded thereon; and, *when it is falling*, should be taken *every half hour*, and recorded, until the exact time in each twenty-four hours when it touches the lowest point is registered.

As regards internal treatment, if the case is seen early, I sometimes begin by giving a scruple of ipecacuanha as an emetic, and as soon as this has ceased to operate I give one drachm of compound tincture of cinchona with ten minims of dilute nitric acid in sufficient water, no matter how high the temperature may be, and continue this every three or four hours, day and night, according to the severity of the case, giving at the same

* Due unquestionably, as has been clearly demonstrated by Tommasi, to "*Necrobiosis of the red corpuscles of the blood*," literally death of the life-blood by the destructive agency of the parasite. This amoeboid parasite has since been clearly demonstrated by Laveran and others.