and may, for an hour or two, put on a very inflammatory appearance ; but the pulse then becomes soft, partial moisture come out on the skin, and the real nature of the affection is manifested by its course, and will gradually be more slight in subsequent paroxysms, as the secretions are restored to a healthy state, and be ultimately stopped by a single dose of quinine. Such attacks are frequently preceded for days by startings, disturbed sleep, and other head symptoms, and are capable of being arrested They frequently put on in this stage. much of the appearance of epileptic fits, recurring regularly like ague, and continuing occasionally for months or even years ; their real nature being easily decided by their history and the effects of treatment. I have seen the same convulsions and epileptiform fits at the commencement of the disease in adults. but more rarely, unless where fever and delirium tremens are combined, which will be afterwards noticed.

A remittent fever, when fairly formed may also show a tendency to many of the preceding symptoms; the patient making little complaint, but appearing oppressed and to be laboring under S me affection of the head ; or more than usually restless, with general irritability but always with great prostration of The pulse may be full but strength. without decided strength, but often rather small and irritable, and always exceedingly variable; the tongue either contracted, dry and red, with a harsh, dry skin; or much coated and moist, with perspiration ; the paroxysms of fever always irregular, frequently occurring in the night, and the stages imperfectly developed. The excretions very offensive, and often of a red color, dying everything they touch of a deep yellow ; those from the bowels approaching an orange tint, which is almost as charac-

teristic of the state of depression in congestive fevers, as the rice-water discharges are of cholera. The mucous linings may become affected in time, and apthæ appear in the mouth and fauces, when the fever will become almost continued, attended by the usual typhoid symptoms. The brain, from the first, will appear muddled, and delirium will occasionally show itself; and very often a train of symptoms resembling those already mentioned in the quotation from Dr. Wood's work :--"The intellect will be at times exceedingly clear and the fancy vivid, but the patients will always be found incapable of directing their attention for any length of time to a particular object, or of attending to the least business arrangement."

Attacks of mania during the continuance of these fevers are by no means unfrequent. I once had three cases at the same time within a few hundred yards of each other. They usually sub-Side with the fever, but form a troublesome complication that always protracts it.

Maniacal symptoms will also show themselves in the state of bilious derangements preceding and following these fevers. In the first state, uneasy fullness and weight in the head will be complained of, but the general history of the case, and the slightly bilious and depressed look of the patient, may be all to guide us to the true cause of the mental malady. The bowels will generally be found sluggish, the secretions unnatural, and the skin dry. The effects of calomel purges and quinine will be decided ; either ague or aguish perspiration soon after being recognised, and the patient relieved for a time, but the whole train of symptoms may return in a greater or less degree with the bilious derangements of the season.