the extremities, which would become rigid or violently distorted, resembling a case of perfect tetanus. Such symptoms would sometimes be relieved in a few hours, but might last for a day or longer; in both instances they were apt to recur with any accession of fever or irregularity of the primæ viæ. In another set of cases we had much of the collapse and the expression of countenance peculiar to cholera, but none of the discharges from the stomach or bowels; the peculiar cramps of cholera, in every muscle of the body, would be most distressing and continue for a long time; the extremities would sometimes become blue and even the breath cold; the whole of these were apt to recur periodically, and not unfrequently terminated in a protracted attack of fever, accompanied by frequent returns of pains in the stomach, and pains and twitchings in the muscles, with great prostration of strength and excessive derangement of the biliary secretions. Though recoveries were always protracted yet death from these affections were rare.

In infants and young children the choleroid diarrhœa was frequent and fatal, but the peculiar symptoms would often stop suddenly, and the little patients ultimately sink from head symptoms and convulsions, and I have seen these appear within a few hours of the commencement of an attack.

During the present winter, biliary derangement and irregular agues, both in the village and surrounding country, have been more than usually frequent; excessive prostration and depression have always accompanied them, as well as severe pains and twitchings of the muscles, often amounting to perfect cramps; and the same character of fever has been mixed up with and attended affections of the bronchiæ and lungs, and an erysipelatous inflammation of the head and face. In these cases the use of diffusable stimuli was absolutely necessary, both to throw off the state of collapse, and to relieve pain and spasm; during the last six months I have, with the best effect, prescribed more camphor, peppermint and opium than I had previously done during a practice of twelve years.

Does a paroxysmal fever, originating from malaria, ever become a typhus of Cullen's Nosology, and capable of communicating itself to individuals who have not been under the influence of its original cause?

Does dysentery, or any other of the various affections, originating from a general malaria, become, under any circumstances, capable of reproducing themselves in healthy individuals not exposed to their original cause?

Does such a thing as the cumulative contagion of the late Dr. James Johnston exist, or does a number of cases of malarious fever congregated together become capable of reproducing themselves though a few of such cases, at any point or place, may not be so?

It would be easy to attempt an answer to these questions by a simple yes or no, but they are of too much practical importance to be passed over. We wish to avoid the much agitated question of the contagious or non-contagious nature of typhus, but would just allude to the real opinions of the late Dr. Armstrong on this point, as they form the basis of the sanitary regulations now so generally enforced, as well as the real doctrine of non-contagion, as professed and acted on. He