

As the remissions of the fever, in this case were more distinct, I gave him quinine in large doses while the fever was off, so that he generally took about ten grains during the remissions, which lasted about four hours; otherwise the treatment consisted of salicylic acid in a solution of liq. ammon. acetatis alternately with sulphite of magnesia, every four hours. For a week, or so, after the appearance of the petechie there was very little change in the symptoms, and then the remissions became longer and the fever left entirely about the 6th of September, about five weeks from the inception of the disease.

*Case 3.* Mrs. K., *æt* 36, was attacked on the 4th of August with nausea, headache, pain in the back and limbs, etc., but thought that it was only a chill and would wear off; however as she continued to get worse I was sent for on the 13th, and found her in a high fever, pulse 95, temperature 101, tongue dry brown and crusted, great pain in the stomach and bowels, there was also severe pain in the head above the eyes, and great prostration. She had taken two or three doses of pills, but they had not operated, and the bowels had not been moved for five or six days. I immediately administered a purgative of pulv. jalap hydrg-cum creta and podophyllin, which acted freely, although vomiting took place in an hour or so after taking the powder, and a great deal of brown scybalous matter came away. In this case the stomach was very irritable and there was a good deal of pain in the bowels, although there was very little tympanitis. I ordered sinapisms to the pit of the stomach, and bowels, and prescribed bismuth every four hours, with salicylic acid and liquid amm. acetatis between times. There was little or no change in the symptoms until the 30th when she had a severe choking paroxysm, and vomited a worm about nine inches long, which was followed by a great deal of irritation of the throat and pain in the stomach: next day she had a severe attack of diarrhoea, the motions being very frequent and bloody; at this time there was also wandering delirium and great prostration. The diarrhoea was soon checked with pulv. opii. and plumbi acetatis; about this time also a small miliary eruption appeared and continued for nearly a week, after which the patient began slowly to recover, and the convalescence was very tedious, with slight relapses, which seemed to be caused by certain changes of diet, such as eating a little boiled cabbage, or part of an

apple, &c. However she eventually made a good recovery, although not entirely well until the 20th of October, nine weeks after the commencement of the disease. Since then she informed me that she had no recollection of anything that passed during two or three weeks of the fever, and that her hair has nearly all fallen out. This case was the most severe of the three, chiefly because the patient was worn out with bodily fatigue, and very weak before the disease came on. After this very brief synopsis which I have made, as our time is short, and there are other cases to come before our Association, I now proceed to consider the nature, cause, and treatment of these cases. Strictly speaking they might be called typhoid fever, as most of the symptoms were such as are usually present in that disease, although not in its severest form. Such fevers often assume various forms, and are called by different names, which after all have nearly the same meaning, such as enteric fever, gastric fever, gastro-enteric, typhus and continued fever. Some writers prefer one name and some another, but I am inclined to agree with Watson, when he says, "There is no line of genuine distinction between continued fevers that can be relied on. They run insensibly into each other, even the most dissimilar of them; and are often traceable to the same contagion." You, no doubt, have frequently met with cases which began as intermittent, or bilious fever and ultimately terminated in typhoid fever, so that the one "insensibly" ran into the other, and therefore, I think, continued fever is the most appropriate term for such disease. As to the cause of such fevers, and more particularly of the preceding cases. The houses in which the first two cases occurred were situated near the river, close by the flats where there was a great deal of rotten wild grass, which previously had been covered with water, and as the water subsided there naturally arose an exhalation of decaying vegetable matter, caused by the heat and moisture, which according to the doctrine of contagium vivum views, now generally accepted by the profession, had no doubt much to do with producing the disease in these cases. Most writers on fever, agree in attributing the exciting cause of fevers to noxious exhalations arising from certain soils, and that a combination of heat and moisture is also necessary for their production.

Lancisi gives the history of an epidemic fever,