

ferers scarcely ever getting out of them for hours together, and only relieved by death; at other times, they will never rally from the first fit, but sink almost immediately after it.

The diarrhœa is usually obstinate and continuous to the last. I have occasionally seen it yield to treatment early in the disease, and the bowels become rather costive than otherwise; but the febrile paroxysms and head symptoms go on in the usual manner, and the patients sink after the occurrence of convulsions.

The early comatose symptoms are often exceedingly varied; a child looking up and taking notice at one period of the day, and being perfectly comatose at another,—so different from the gradually occurring and permanent coma that accompanies the hydrocephalus of Cullen. I have known a child so far recovered from a nearly hopeless attack, as to be sitting up and playing with his toys the one day, and carried off by a protracted state of convulsions the next.

After the occurrence of convulsions, we find recoveries exceedingly rare; but should they take place in any stage of the disease, relapses are frequent, and as much to be dreaded as an original or first attack. The comatose species of fever, commencing with convulsions or fits, that frequently attacks children under ten years of age, has already been alluded to. It is general over the whole country, and not confined to villages and towns. The symptoms are alarming, and require the most active treatment; but to this they readily yield, contrasting strongly with the insidious and fatal character of the last mentioned form of disease.

The peculiar characteristics of "chill fever," are usually well marked in children; the languor and depression will be extreme, as well as the dirty yellow hue of the skin, and the soft marbled appearance of the whole body. The symptoms and mode of treatment, vary little from those of the same disease in adults.

I have several times seen, in children

labouring under this form of fever, a peculiar class of symptoms, the alarming tendency of which, as well as the obscurity of their proximate cause, demand some notice.

In patients under treatment for this fever, and taking regularly large doses of cathartics, we will sometimes find the discharges from the bowels and the secretions of urine become completely suppressed, and continue so for days. The recurrence of the discharge from the bowels will be gradual, and, at first, consist of a very small quantity of dark-green or yellowish substance, resembling the matter seen floating on stagnant waters, usually known by the term of "frog's spawn," and to which it is usually compared by the attendants of the children. The discharge of urine will also slowly return, and, at first, pass off in small quantities,—dark coloured and offensive in smell, and becoming gelatinous on standing.

The suppression of the secretions will soon be followed by drowsiness and a tendency to coma, to which will succeed twitchings of the muscles of the face, and frequently epileptic convulsions. Pain will seldom be complained of; but the stomach is usually irritable, and drink taken is almost immediately rejected with small pieces of frog's spawn looking matter floating in it. The paroxysms of fever will continue to recur, and the first convulsions will usually appear at the commencement of one of them.

When the secretions become fully re-established the urine will be offensive, muddy, and gelatinous for days, and the discharges from the bowels dark-green or black, and most offensive; and the jaundiced appearance of the skin will be much increased.

I have only seen one such case in an adult, when a severe epileptic convulsion was the first symptom of any thing more than a usual bilious attack being present.

In such cases, where no obstruction can exist, it is impossible to account for the disappearance of the natural discharges otherwise than by the idea of the