contagions, and to look on the effect of these as uniform in every locality. It is one of those expressions employed to designate a set of universally admitted facts, of the immediate cause of which we are ignorant, and have not the means of ascertaining, and is just as good as any other for that purpose.

The fevers to which Sydenham applied it were often of paroxysmal character, and the series of facts denoted by the expression are as evident in them, as in the continued and exanthematous fevers to which it has lately become in a great measure limited. Indeed, too many of our systematic writers look on paroxysmal fevers as a specific and unvarying disease, the result of a specific cause, and capable of being cured by a specific remedy; and a student hurried from a medical school, and into a country where diseases are different from those in which he may happen to have been educated, will have to spend many anxious and laborious years before he fully discover the danger of this general axiom, and to visit almost every quarter of the globe, before he see the extent of the fallacy.

We never find the fevers of any two seasons, in the same localities, to be exactly alike; some minute difference may always be observed in their course and symptoms; at one time the general tendency will be congestive, at another inflammatory; sometimes affections of the bronchiæ and lungs, at others, of the viscera, with bowel complaints, will be present, and show themselves in almost every case. Such tendencies are rarely confined to one locality, but usually prevail, in a greater or less degree, over large tracts of country, or pass rapidly from one section of it to another. They will often only show themselves slightly for one season, but increase in severity for two or three afterwards, and depart and decline in the same gradual manner; but we have once or twice seen the character of prevailing fever suddenly change in the very middle of the season.

We have previously alluded to the modifications of malarious fevers with those affections of the bronchiæ and bowels to which the terms of Influenza and cholera, or choleroid diarrhœa are applied. During the autumn of 1851, a few cases of Asiatic cholera occurred in this village; they were most malignant and decided in their symptoms, and not a case recovered where the characteristic discharges were followed by collapse.

The tendency to sinking and collapse in the fevers of the early part of the season, and the prevalence of a choleroid diarrhœa had led me to anticipate this visitation though cholera had never before appeared in the village. The course of fevers occurring about the same time as the cholera were new and plainly showed a modification by many of the symptoms of this latter affection. The sinking and collapse were general, but not so the discharges from the stomach and bowels; the secretions from these were frequently almost entirely suppressed, and large and repeated doses of calomel and cathartics were often required to restore them. Pains in the region of the stomach, with apparent spasms of that organ, and cramps of the abdominal muscles, only relieved by firm pressure on the belly, for which the patients were exceedingly anxious, were very common. The cramps would occasionally pass to the other muscles of the body, and even to