

when they do occur, may be known by their usual symptoms,—the dry skin and tongue, full and cordy pulse, remaining permanent and little affected by the motion of the patient or the intervals of the fever. But these varieties are exceedingly rare in our marsh fevers; I will frequently pass through a whole season without taking blood, either generally or locally on their account, especially as experience has convinced me of the violence to which head symptoms may proceed without inflammation being present. In 1838 I attended a detachment of Her Majesty's navy just sent up from the sea,—full plethoric active men, entirely unaccustomed to the climate.

The fever appeared late in August, and laid up half of them in a few days; the head affections and other symptoms were severe, but not of that decided inflammatory character I had often seen among the same class of men in the East. I bled to give instant relief, and as a precaution; syncope soon came on, the relief was only temporary, very like what is often seen in the sympathetic fever of confluent small pox. The fevers ran their usual course; there were no deaths, but the relapses and agues continued for years, gradually getting less and less as the men became accustomed to the climate.

Acute inflammation of the mucous lining of the stomach is very rare, but the depraved state of the secretions must produce on it, as well as on the lining of the small intestines, a degree of irritation and congestion the result of which, however, seldom extends to their peritoneal covering, but likely to be the cause of those changes in them, and that state of the smaller glands now looked on as the principal source of many fevers with typhus and typhoid symptoms.

These are not unfrequent; seldom to

be detected in the first stage, though in some cases, and in peculiar situations, the tendency to such a state may be early seen. There may be more heat and uneasiness at the epigastrium than usual, the tongue dryer and more contracted, the skin less moist, the pulse less full and rather irritable, the secretions and colour of the skin may follow their usual course, but the looked-for remissions will not take place or be more undecided, and not followed by the usual perspiration and improvement, the disease being thus protracted for a longer or shorter time; but on the discharges from the bowels becoming feculent and of a more healthy appearance, these symptoms will subside, and remissions and intermissions follow, as if none such had been present.

In other cases they will show themselves at a later period after the remissions have been established, suppressing these and creating an apparent relapse, when the fever may follow the cause above related, but at other times they will be so prominent as to alter the type entirely. We may still have the bilious skin and depraved secretions of malarious fevers with the symptoms of the typhoid or typhus even in their most aggravated form; and I have seen cases of bilious remittent not only passing into this state, but attended by swellings of the glands, open buboes, and other distinguishing marks of the plague itself. Petechiæ are frequent in such cases, and I have now and then found the red spots and maculæ of the latter class of fevers. We will afterwards endeavour to show the effects of localities and situations in varying the form of malarious fevers; but will now relate a case where constitutional predisposition was evidently the cause, in a situation productive only of common fever.

[TO BE CONTINUED.]