but, notwithstanding, the fever will follow its usual course just as if no such removal had taken place; I have scarcely ever been able discover any benefit from a change made in the first stage of the disease, and have ceased to recommend it in cases where proper attention and comforts could be procured. So tenacious is this local taint that it adheres to the unfortunate victim for years, and can only be worn off by time; the ordinary recurrences and relapses of the disease will still exhibit many of the appearances of the first attack, and be very different from those occurring in other people residing around him and suffering from the effects of another local cause. An individual, seasoned as it were to a locality, will often catch fever immediately on his removal to another of even a more healthy character; a removal from one malarious locality to another will also often be the means of improving the general health of individuals and rendering their bilious attacks and agues less frequent, showing the effect of "change of air," even where the original source of disease cannot be avoided.

We have another set of causes by which the effects of the specific poison of Malaria in producing fevers is modified.

Change of climate is the most prominent of these, and is daily seen in the liability of emigrants to the diseases of the country, and the gradual manner in which they become seasoned. The clearing and improvement of the country has also a decided effect in rendering the diseases of the climate less frequent and severe, though many of the original sources of the malaria may still exist in their natural state. The congregation of people together in vilages and towns is another cause of modification, and if we connect this with the effect of the habits and mode of life of individuals, and of the epidemic constitution of the atmosphere, by both of which malarious fevers are as sensibly affected as the continued or typhus fevers of Europe, we will have results the most various and interesting, a series of facts to which few writers have directed their attention, and a view of the links by which those two diseases, the continued or typhus fever, and the malarious or paroxysmal fever, are assimilated to each other, and which the late Dr. Armstrong thought sufficient to lead him to pronounce them to be one and the same disease, resulting from one common cause, its course and symptoms only being modified by collateral circumstances.

To an accurate observer the course of malarious fevers will furnish ample evidence of their modification by the collecting of people together in permanent settlements, as in villages and towns, or in the more temporary abodes of camps and ships. In the malarious districts of Italy we have the town and the country fevers exhibiting distinct features; in France the same thing is observed, though in a less decided manner. In the East Indies it is the usual character of the disease, which in towns is often said to have every characteristic of typhus, but its origin from human effluvia and its power of propagating itself by contagion. In the new world we have the yellow fever confined in a great measure confined to the coasts and sea-port towns, prevailing chiefly at the wharves connected with the shipping, and the streets in their vicinity. The diseases appearing in camps, though exhibiting many features of those in the surrounding country, are usually very different both in their course and tendency to a fatal termination, while in a fleet of ships, anchored in a limited space, and the crews of which are subject to the same management