blood corpuscles gives strength to this view, and if this is correct goes to show that these organisms are not only a diagnostic mark but also a factor in the production of malaria. Another reason that convinces me that these are stored up in the blood or organs is this: Speaking from personal experience, a sudden fall of temperature in hot weather invariably brings on in me symptoms of malaria, such as lassitude, stretching, yawning, aching of the muscles; particularly of the back, and neuralgia, which a few doses of quinine will relieve in a short time; the same thing occurs in cold weather on a sudden rise of temperature, and I can only account for this by having stored up somewhere in my system a supply of these, I was going to say, infernal germs or organisms. I speak feelingly and I think with some weight, as I have been a sufferer in this way for over a quarter of a century.

Now as to the types of malaria. We have the quotidian, tertian, quartan and remittent forms.

Why these different types should occur is hard to explain, nor has it hitherto been satisfactorily accounted for, and is a field well worthy for further study by our pathologists.

By some it is claimed to be due to individual idiosyncracies, and they offer as proof of this that in a number of people exposed to the same malarial influences we find one having quotidian, another tertian, and a third quartan ague, as is exemplified in individuals exposed to cold under identical circumstances, one will have pneumonia, another rheumatism, and a third diarrhœa.

There may be some truth in this theory, but I think that temperature as well as the intensity of infection has more to do with the different types than has individual peculiarities.

My experience and investigations have led me to believe that early in the summer we have the tertian and quartan forms. When the heat is great and the eminations from the soil reach their maximum intensity we have quotidian, double quotidian and remittent. Later, when the temperature is lower and decomposition has almost ceased, we go back to the quartan and tertian varieties, and still later when the temperature gets much lower we have dysentery, the reason for which I will presently endeavour to explain. My conclusions are, then, that it is more to temperature and date of intoxication that these different types are due than to individual idiosyncracies. In proof of which it is well known and shown by statistics that in India and other tropical countries, persons that go there who have hitherto been free from malaria will have the quotidian or remittent type, while those who have lived there for years and have been exposed to and poisoned by malaria, will have relapses at longer intervals and these only when subject to exposure or sudden change of temperature. This is I think important, and goes to prove that date of infection and temperature have much to do with the character and type of malarial attacks, and my own observations bear out this view. Thirty years ago almost the only form of malaria prevalent in the western district was of the quotidian and remittent variety. The latter was called bilious or bilious remittent fever, and the reason I assign for this is that the low country was almost constantly covered by water, undrained, and was being settled by immigrants who hitherto knew nothing of malaria. The land was being cleared and tilled allowing the germs to escape for the first time, so that those people got the full effect of the poison liberated from the virgin soil which had accumulated from the decayed and decaying organic matter, and as a consequence were attacked with regular old-fashioned shaking ague that made the dishes on the table and the tins on the walls clatter. So much was this the case that it was no uncommon occurrence to find whole families laid up at once and at the same hours leaving no one to give an-