

labor on account of *placenta previa*; twelve hours after the temperature was  $101\frac{1}{2}$  F.; the day following temperature  $100\frac{1}{2}$  F.; in the evening of third day a severe (twenty minutes) chill, followed by fever and profuse sweating. These chills occurred daily for nine days, decreasing in severity, at times slight delirium, pulse rapid and full. It is said there was little tympany and no pelvic pain or tenderness and the lochia normal. The condition was attributed to malaria, not because the patient had suffered from ague, but the physician learned that during her pregnancy "she had suffered considerably at times, from an ill-defined feeling of lassitude and an aching of the whole body; and further, that the street on which she lived had been in a miserable condition, stagnant pools of water being allowed to remain, creating a favorable nidus for the germs of malaria." No marked change took place in her condition till the 17th day, when there was an abatement in all her symptoms and a rapid convalescence. When I add that the writer says the treatment consisted in large doses of quinine and stimulants, the amount of quinine given without producing cinchonism having been unusually large, in one dose 30 grains, followed in two hours by 30 grains more, it seems to me that there is reasonable grounds for suspecting that the case was one where *sepsis simulated malaria*. Formerly, ague prevailed in Hamilton and its vicinity to a considerable extent in the warmer season; it occurred chiefly to the western parts of the city and those bordering upon the bay. About four years ago we had one season of unusual prevalence. In that year the cases began to appear very early in April and continued in great numbers through the season. Since that the change has been marked, although some cases are met with every season. I cannot attribute this to any change noticeable to a marked extent in the condition of the localities. The malaria was largely referred to the Dundas marsh, in the west, which is still existent, and while the low grounds near the water are being filled up every year, yet the changed conditions in this respect are not so extensive as to account for the different degree of its prevalence, though probably the water level has been higher than usual during these years. It has been observed in other places that where intermittent fevers prevailed along certain rivers they have suddenly ceased without any known cause; and they

have been known to grow milder and less frequent and their disappearance without any change known in the conditions of the soil. It is quite possible that in other localities malarial influences are more marked than in our vicinity; in parts to the south along the Grand River and in some of the malarial districts in the west the average summer temperature is higher and the more severe effects may probably have been observed. I notice that in the returns of the Registrar-General of Ontario, each year some deaths are reported which may have been due to malarial influences. Some cases of bilious congestive and remittent fevers are reported each year. In the five years, 1882 to 1886, about 300 deaths have been returned. It is noticeable, however, that a large number of these deaths occurred in months when it would not be thought that malarial influences are potent. In the years mentioned, 130 deaths out of the 300, occurred in the months of December, January, February, March, and April. It does seem that if these cases have been due to malaria it is somewhat remarkable that a larger proportion should not have taken place at seasons when it is thought that malarial influences are most ripe. Having heard of some cases and seen others which have been called malarial fevers, I suspect that the research of the writer of the article on malaria in Zeimmen's Cyclopædia may be applicable to other places besides Germany. He says: "But not all those diseases which are regarded as remittent or continued malarial fevers in the tropics or in more northern malarial districts could maintain their claim to this title if subjected to the test of scientific criticism. Even the physicians of our own land are too liable to designate as malarial diseases attacks of pneumonia accompanied with jaundice, or simple gastric disturbances with or without jaundice, or mild grades of typhoid running an irregular course." If cases of remittent fever corresponding to those which are described by writers as prevailing in very malarious regions, have occurred in this vicinity, I have not seen them. In August, 1887, I attended a patient having a fever that set in sharply with marked symptoms of gastric and intestinal derangement, very difficult to control for almost a week; the fever did not show the marked intermissions which are seen in intermittents; then on my morning visit I found that the diarrhoea had ceased and the