

"such effects are not much seen, but in places where malaria is more constantly and abundantly present the race of inhabitants deteriorates; their stature is small, complexion sallow and yellowish, they are prematurely old and wrinkled; even the children early acquire an aged aspect." Later writers confirmed these statements, but it is to be noted that according to them the malarial cachexia is only to be met with in the most intensely malarious regions, and they do not justify the reference to it of various ills occurring as frequently in the cold as in the warmer parts of the year. I take it that ague is the typical disease whose phenomena occurring with marked periodicity we should bear in mind in considering malarial influences in other diseases; and before referring certain symptoms to malaria we should enquire how far that influence is shown in any healthy locality in producing ague. If we find that such cases occur at seasons of the year when marsh miasma is not likely to be generated, and if cases of ague are infrequent or if the morbid conditions present do not show some features of periodicity corresponding to those which occur in ague we should hesitate before referring them to this cause.

Last month, a patient who had given birth to a child about two weeks previously, after rising from bed began to suffer from hemicrania. The first attack occurred in the afternoon and was severe for about two hours; the next day it did not return; the day following at about the same hour in the afternoon the pain returned; she was advised to go to bed for a few days; a few doses of quinine were given and the pain did not again trouble her. This may have been a case of neuralgia depending upon malarial influence, and its recurrence upon the third day with complete freedom on the intervening day pointed to this, her residence also was in a part of the city, where, in previous years, ague had been ripe; upon the other hand, this patient had never suffered from ague. She had lost rather more blood than usual at the close of labor, and after rising the discharge had returned rather freely, this weakening the system and probably determining the neuralgic attack; the intermission of a day without pain is not unusual.

Early in the month of April last, a child aged 14 months, of not very robust constitution, was suddenly attacked with febrile symptoms and slight

cough, after being exposed in a child's carriage the day before, when the weather was somewhat harsh. The left lung presented indications of lobular pneumonia; after four days the febrile symptoms passed off. On visiting in the morning the temperature was normal. The following day I found that the fever had returned early in the morning, but had partly subsided at the time of my visit. The next day the temperature was normal, sweating having occurred as the fever subsided. A similar febrile attack followed the next day, after which quinine was administered in doses sufficient to prevent the recurrence if there had been a dependence upon malaria.

It was found, however, that notwithstanding the administration of quinine, the febrile attack recurred sometimes every day, at others, every second day, lasting from early in the morning till the middle of the day, and then gradually subsided with certain intervals of complete freedom from fever. The last febrile attack occurred after an interval of five days with the entire absence of fever. Such a case as this might, to some, appear to show the influence of malaria, but the child had never suffered of ague and no cases had ever occurred in the city, or indeed in the vicinity, to my knowledge. No doubt the exacerbations of fever were merely incidental to the pneumonic process in the lungs. The child recovered completely.

Several years ago I was called to visit a former patient who was under the care of a practitioner in the locality he at this time resided; this patient had presented a succession of chills followed by high fever and profuse perspiration, the chills came at regular intervals, sometimes of a day, and at others for a longer period; they had not occurred at the same hour of the day, and although the patient had had doses of quinine to the extent of from 40 to 60 grains in the day for almost a week, the chills returned after this. The patient suffered from pain in the lumbar regions more marked on one side and pus was found in the urine. He recovered from the illness and afterwards I had from time to time an opportunity of seeing him, and learned that he frequently suffered from the symptoms indicating the existence of a renal calculus.

Recently there was communicated to the Philadelphia Obstetrical Society the report of a case of *puerperal malarial fever simulating sepsis* in a patient delivered of a premature child by induced