

*ical News*, Sept. 29, 1883): "The character of the fevers in the North-west were discussed at length, whether these were typhoid, typhoid malaria, or simple remittent. The conclusions being that they were chiefly of malarial origin, even though there may be intestinal hemorrhage and cases may reveal softened or disintegrated intestinal mucous membrane, or even some form of ulceration of Pylers' patches."

One would hardly come to any other conclusion under our present knowledge, from the pathological condition referred to above, that typhoid fever was the true cause of such lesions; and it is generally conceded that typhoid fever supplants malarial fevers if they co-exist, hence the mistakes in diagnosis.

Dr. Bartholow maintains that typhoid supplants malarial fevers during the period when populations increase in districts. He also states that typho-malaria is a misnomer and should be abolished, and assumes that where typhoid poison exists, malaria ceases to be active. Where malaria exists it is evident that difficulties arise in diagnosis. Intermittent, remittent, and simple continued fever would all tend to confound the diagnosis of typhoid fever.

In the Middle States of America, malarial fevers have been by some authorities classified intermittent, remittent and continued malarial fever. The profession, no doubt, would accept the first two named as being properly attributed to malaria; but continued malaria, in which it is self-limited and cannot be shortened, should be properly classified as typhoid fever.

Maury, on "Fevers of the Mississippi Valley," in the *American Journal of Medical Sciences*, April, 1881, maintains that continued malaria is distinct from typhoid fever; but as he was unable to obtain autopsies of his cases, cannot give the pathological condition in his fatal cases, but the abdominal symptoms were absent, and concludes that these would seem to bear no relationship to typhoid.

I quote the above to show that in various parts of the Continent fevers exist in a modified form, and that many authorities differ widely on the question of causes and classification of fevers. I believe differences exist on this coast as to the kinds of fevers prevalent. Recently, I have seen patients in this city who

came in search of health, from San Francisco and California, that had been treated for typho-malarial fever, where considerable deafness remains and is likely to be permanent from the excessive use of quinia in this disease.

I have taken these extracts for comparison, in a geographical point of view, namely, from Maine on the Atlantic, and several Middle States, in order that we may compare them with the Northern Pacific Coast. No malaria exists here, as this city may be said to be built upon a rock, being almost surrounded by salt water—the Straits Juan de Fuca. But still we find the same condition in the non-malarious districts, the same vacillation in the forms of typhoid fever.

In conclusion, the following are the chief points which I wish to draw attention to in this communication:—

1st. The peculiar mode of attack in this epidemic, the temperature being the highest on the second or third day of fever, and beginning to decline about the tenth day, with mild enteric symptoms and low mortality.

2nd. Although the sanitary condition of the city was unfavourable, the typhoid poison did not seem to cause a virulent form of typhoid fever.

3rd. The epidemic referred to was similar to the continued malaria of some writers who live in malarial districts; but as for this city and district, the presence of malaria must be dispelled as now exists.

4th. That the so-called typho-malarial and continued malarial fevers are misnomers, as in the presence of the typhoid poison malaria ceases to exist, and the continued malaria of some writers are no doubt cases of modified typhoid fever, as quinia, even in large doses, has no control over the fever, nor does it seem to check its progress.

5th. That epidemics of modified typhoid fever occurs in all parts of the Continent—the Atlantic coast and Middle States where malaria exists; and also on the Pacific coast where malaria is unknown. Taking the subject in a topographical and geographical point of view, the study of typhoid fever in a modified form is of the utmost importance, especially as to treatment.