

tender to external pressure; the eyes are prominent and glass-like; the skin becomes yellow, and intensely dry and hot, or covered by a clammy exudation, especially towards the head and shoulders, but is productive of no relief. The pulse is very irregular; at one time full and bounding, at another small and feeble or quick and sharp. The tongue becomes more loaded, and dry along the middle. The Prostration is very great. The Stools are very offensive, and passed unconsciously. There is also retention of Urine. Delirium is constant, which ultimately passes into Coma, and death puts an end to the patient's suffering.

The type of the disease is usually the double tertian, or Quotidian; the former however, is the most common, for though the exacerbations occur every day, there is obviously an aggravation of all the symptoms, on the odd or alternate days. The exacerbations, in a remittent of the double tertian type, come on several hours later, than in a remittent of the Quotidian type. The former takes place about noon, and the latter some hours earlier say about nine or ten o'clock.

We come now to describe the 2<sup>d</sup> variety or Inflammatory remittents.