

The same conclusion is also strongly indicated by the results of inoculation experiments. Relapsing fever is easily communicated to a healthy person by inoculation with the blood of a patient suffering from the disease. Experiments made in Russia on individuals who voluntarily submitted themselves to this practice, show that the blood is only infective during the paroxysms, but not at the crisis or during the apyrexial periods. None of the fluids or secretions of the body except the blood are infective. All this shows that the virus is intimately associated with the spirilla, and is absent or present in exactly the same circumstances as the latter.\*

The occasionally observed vanishing and reappearance of the spirilla during the paroxysm, without a possibility of new infection, seems to indicate that when the spirilla disappear they leave behind them something in the nature of seed or spores, from which the new brood springs forth. Ocular evidence of such germs is, however, still wanting. Several observers have noticed minute particles in the blood of relapsing fever which might pass for spores, and Heydenreich observed that some of the spirilla had a dotted appearance. But hitherto all efforts to cultivate the spores out of the body have failed, and their power of developing spores is more an inference than a demonstration.

*Splenic Fever.*—The first trustworthy observation of the presence of organic forms in an infective disease was made in splenic fever. This formidable disorder attacks sheep, cows, and horses, and is not unfrequently fatal to man. In 1855, Pollender discovered minute staff-shaped bacteria in the blood of splenic fever. This discovery was confirmed in a very extensive series of researches by Brauell, and has been corroborated by Davaine and other inquirers in France.

The bacterium of splenic fever is a short, straight, motionless red, about as long as the breadth of a blood corpuscle, and, so far as is known, it exists in no other form in the living body. It is found, besides the blood, in the spleen, in the lymphatic glands, and in some other tissues. That this organism is the true virus of splenic fever has long been probable; and the labours of Davaine, Bollinger, Tiegel, Klebs, and, most of all, of Koch, have removed the last doubts on the subject. The work done by Koch is not only valuable as a triumphant demonstration of a disputed pathological question, but is noteworthy as a model of patient, ingenious, and exact pathological research.

We here come across an example of scientific prescience on the part of two distinguished men which is worth notice. It had been remarked by several observers that the contagium of splenic fever, as

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\* See a paper by Motschutofsky, in the *Centralblatt für die Medicinischen Wissenschaften*, 1876, p. 193. During the paroxysm the blood was infective whether spirilla were detected in it or not. This agrees with Heydenreich's theory, that their occasional apparent absence during the paroxysms is due to their being incompletely developed, or immature, and therefore unrecognisable under the microscope.