

attacks, and even for some time after the relapse has been gone through.

The Crisis—The fever terminates in the great majority of cases by a crisis of one kind or other, most commonly by a profuse sweat. The water often stands out in large drops, and rolls down the patient's skin. It has often a sour smell, as if coming from one afflicted with rheumatic fever. But it sometimes happens, though not often, that this kind of crisis is replaced by another, such as epistaxis, diuresis or diarrhœa. Again it does occasionally happen that there is no crisis of any kind, the patient passing gradually from sickness to health. These are imperfectly marked cases. I have seen one of them.

The intermission is not free from complaint, for though the pulse is quiet, the temperature normal or even below the healthy standard, and the appetite pretty good, there is languor, and those persistent pains of which I have already spoken are much complained of in the legs, knees and shoulders.

The relapse occurs in by far the great majority of cases, though even this, perhaps, the most characteristic feature of the disease, is occasionally absent. It usually comes on about the 4th day, and consists of a repetition of the phenomena of the first fever, though generally modified in severity. It lasts a shorter time, and terminates by crisis. Sometimes the same patient passes through 3, 4 or even 5 relapses in succession, with intervals of 3 or 4 days.

Mortality—In general terms it may be said that the disease is not very fatal. The death rate varies, however, in different epidemics. In that of Glasgow in 1847, it was 6.38 per cent. In Edinburgh, in the same year, it was 3.14 per cent. It has varied in this city during the present epidemic according to the surroundings of the patients. When left in their own lodgings, *free* die out of every hundred, but when removed to Hospital, only about 2 per cent. die. Every day, this city is scoured for cases which, when found, are immediately sent off to the fever Hospitals on Blackwell's and Hart's Islands. Thus no new centre of contagion is suffered to remain twenty-four hours within the city limits. Pregnant women attacked by the fever are

almost certain to abort, the child being usually still-born or dying soon after birth.

Death is most frequently the consequence of some complication arising during the progress of the disease, as pneumonia or dysentery. But it should be remembered that instances of very sudden death have been recorded, as by syncope during the profuse sweats, or by epileptiform convulsions, in consequence of uræmic poisoning.

Degree of Contagion—Since the disease broke out in this city, in September, 1869, it is computed that 500 people have been attacked by it. Of this number the great majority live in the over-crowded parts of the city already described. It is in the strict sense of the word contagions, *i. e.*, communicable from the sick to the healthy, when the latter breathes, in a close room, the atmosphere surrounding the patient, or when, in a ventilated apartment, he comes close to him. It will not surprise you, therefore, to hear that some of the hospital physicians and nurses have had their attacks. Dr. Austin Flint, in his late able lecture on the subject of this paper, (*N. Y. Medical Journal*, March, '70,) has the following observations in reference to this point. "During the period in which cases were received in Bellevue Hospital, after the disease began to prevail recently in this city, namely between Nov. 14th, 1869, and February 6th, 1870, twelve persons contracted the fever in hospital. These twelve persons were especially brought into contact with patients affected with the disease, and in no instance did it attack one who had not been thus exposed. One of the senior assistant physicians residing in the hospital has had it. The orderly in one of my wards contracted it; and his wife, who came to nurse him, was attacked by it. The disease has often been diffused in localities in which it did not previously exist, after the importation of a case." Those who enter a close room where many are gathered having this fever, would do well to take a hint from Professor Tyndall's recent lecture on "Dust and Disease," (*London Times*, Feb. 23rd, '70), and wear a respirator of cotton-wool while there.

TREATMENT.

In the treatment of this disease the physician must be guided by observation and judg-