

day the skin may have a yellowish tinge, which gradually deepens into jaundice. The liver is then tender and enlarged, the vomiting continues, the ejecta occasionally having a coffee ground appearance, and in rare cases being black. The urine is soon tinged with bile. There is generally constipation, though sometimes diarrhoea, and the stools are always bilious. From this fact it has been inferred that there is no obstruction of the common bile duct—an inference substantiated by repeated *post mortem* examinations. On the 5th, 6th or 7th day, when all the symptoms are becoming rapidly more alarming, there occurs a surprising change. A copious sweat breaks out and lasts from 12 to 36 hours. It has a sour smell, like that of inflammatory rheumatism. Rapidly the pulse and heat of skin decline, leaving the patient cool, but more or less prostrate, and still suffering from pains in the muscles of the extremities. This is the crisis, which, however, is sometimes succeeded by diarrhoea, diuresis or epistaxis, though the result remains the same, namely, the commencement of convalescence, the return of appetite, and, minus the pains and weakness, a return to comparative good health. Now follows the stage of the disease which has supplied it with its distinctive name, *Relapsing Fever*. After this apparent good health has lasted from 4 to 10 days, during which the patient may have felt well enough to go out of doors, the original series of phenomena reappear in the same order, namely, chill (not so distinct as in the first attack,) fever, headache, &c., all of which terminate in four or five days by crisis, as before. Rarely, very rarely indeed, has the patient escaped this relapse. In a few well authenticated cases, four or five relapses have happened to the same person in succession, at intervals of four or five days.

PECULIARITIES OF THE DISEASE.

The Rash—A good deal has been written about what kind of eruption is characteristic of this disease; but the question is not yet settled. In this city a few cases have presented a rose-colored rash, commencing over the epigastrium, and thence spreading over the chest and abdomen. But in the majority the eruption was

merely of sudamina or miliary vesicles, and therefore not characteristic of this disease. The rose rash is very evanescent. It appears about 24 hours after the onset of the fever, but soon fades, to reappear again and again. This is probably the rash described by the Scotch observers of 1843, Patterson, Halliday, Douglas, &c., as a "Measly looking Efflorescence," a "Measly Eruption," and by Virchow—who was commissioned in 1848 by the Prussian Government, to report on the nature and extent of the Silesian epidemic—under two forms, namely, as "Roscola Typhosa," and as a "Rubeolous Eruption."

The Jaundice—This symptom is only occasionally present. Among the 103 cases admitted into Bellevue Hospital during the past three months, December, January and February, only nine had it. It is nearly always accompanied with hepatic tenderness, though this latter symptom as often exists without the jaundice. It is a symptom more prevalent in some towns than in others, and more frequent in some epidemics than in others. Dr. Jenner (*Medical Times*, Dec., 1850,) saw it in one-fourth of his cases in London. It occurred 29 times in the 220 cases treated by Halliday Douglas. Robert Paterson met with it 4 times only in 141 cases treated during the Edinburgh epidemic of 1847-'48. In only one of the nine cases observed by myself was there an icteric hue of skin and conjunctiva, and this was very light. It is a symptom which may occur at any period of the fever, either during its first or second attack.

The Pains—The frequency with which pains are complained of in the calves of the legs, knee joints, up the thighs, across the back, in the arms and shoulders, in the back of the neck and head, is a very characteristic feature of the disease. Not one of the nine sufferers I observed, failed to draw special attention to these pains, particularly in the calves of the legs, back and head. Every one of the 103 formerly mentioned as treated in Bellevue Hospital had them, and I do not remember to have heard that they were absent in a single case of which public mention has been made in this city. They are also very persistent, continuing often during the apyrexial interval between the two