brings on the second stage, faintness, vertico. &c. This is soon followed by a third stage of reaction, and congestion of the brain.

Amongs ta number of arguments, the following may be adduced. It is inconsistent to attribute to the same drug the power of directly exciting muscular action in one organ, and of directly paralyzing it in others. Dr. Wcod, himself. confesses, when speaking of the recommendation ergot has received, in paraplegia and paralytic conditions of the bladder, that its "applicability in these cases, would scarcely be inferred from anything that is known (according to his theory) of its physiological effects." This points to a power of inducing muscular action; as also do the cramps in the legs, chest, etc., which he does not explain. Again paralysis of the capillaries would not, as Dr. Wood asserts, arrest hemorrhage. He takes it for granted that the capillaries have, in se, the power of propelling the blood.

A BRIEF SKETCH OF RELAPSING FEVER.

By JAMES J. O'DEA, M.D., NEW YORK. Read before the Canadian Institute, Toronto, March, 1870.

MR. CHAIRMAN AND GENTLEMEN,-The disease which is now infesting certain parts of the city of New York, is generally known as Relapsing Fever (Febris Recurrens), but has also received other names, such as five days' fever, seventeen days' fever, bilious relapsing fever, mild yellow fever, synocha, and in Germany, hunger pest.

HISTORY.

It has prevailed at various times in the northern parts of Europe, and in many of the large towns of England, Ireland and Scotland, during the past 150 years.

About the first record of its appearance is contained in Rutty's "Chronological History of the Weather, Seasons, and Diseases of Dublin from 1725 to 1765." It is there stated to have occurred in that city during the summer and autumn of 1739. A similar seizure followed in 1741, about which this author writes as follows: "Through the three summer months there was frequently, hereand there, a fever, altogether without the malignity attending the former, of six

the brain (as well as other parts), and at once or seven days duration, terminating in a critical sweat; but in this the patients were more subject" (than in 1731 I suppose), "to a relapse even to a third or fourth time, and yet re-Since this account was given, the covered." disease in question has often appeared in many cities of the old world, sometimes preceding or mixed up with other epidemics, as, for example, those of Irish typhus from 1816 to 1826; sometimes happening alone, as in Edinburgh and Leith in 1843, and in Glasgow, Edinburgh, and parts of England in 1847 and 1848.

> On this side of the Atlantic, the disease was first observed in Philadelphia, where a vessel from Liverpool landed a cargo of emigrants in 1844. Fifteen of these, being sick when they landed, were sent to Philadelphia Hospital, where they came under the care of Dr. Meredyth Clymer, who, observing the disease closely, discovered it to be an unfamiliar form of fever. The description, he gives of its phenomena corresponds in every essential particular with the recorded observations of all authorities on relapsing fever. Subsequently to this the disease appeared in New York and Buffalo. It visited South America in 1854, appearing in Peru and Bolivia.

It is to be remarked that the appearance of the disease in America has hitherto followed its prevalence in the old world. This has been already demonstrated of our epidemics of 1844, 1847 and 1848, and I am now about to call your attention to the same fact illustrated in the history of our present seizure. The disease seemed to have disappeared in Great Britain and Ireland after the epidemic of 1847-8. Professor W. T. Gardner, of Edinburgh, had not seen a case from 1855 to 1868, and Dr. Lyons thought it had left Ireland. Unexpectedly, in July 1868, a case was admitted into the London Fever Hospital from Whitechapel, and by October 1869, in which month 127 cases were there treated, it had become very prevalent. By Dr. Murchison's observations, published in the Lancet, (vol. 2, 1869, p. 504), it will be seen that the disease assumed its well-known form. Fever, preceded by a chill, set in suddenly. The temperature rose rapidly to 104° or 105° Fahr., and the yulse reached 120, or even 130, within 24 hours.