

ART. XXVI.—*A Treatise on Relapsing or Famine Fever.* By R. T. LYONS, Assistant Surgeon, Bengal Army. 12mo. pp. xii., 384. London: Henry S. King & Co., 1872.

DR. LYONS announces in his preface* that "this work is an adaptation of the chapter on relapsing fever in Murchison's *Treatise on the Continued Fevers of Great Britain to the disease as it has been observed in India.*" If it was really his intention, when he began to write, to note simply the modifications impressed upon the disease by the peculiarities of the climate and people of India, and had he adhered closely to his original purpose, we do not doubt that the book would have been a valuable one. But his aim was evidently a more ambitious one, that of forcing upon his readers the conviction of the complete identity of relapsing fever with the various forms of malarial fever. We use the word forcing, for we have never seen in print a theory which the proposer has taken so little trouble to maintain by argument. Assertion there is plenty of, and the author seems to think, that his *ipse dixit* is sufficient to establish any opinion, no matter how much it varies from what is generally held. "I absolutely reject," he says, "the malaria theory of the origin of fevers. It is unworthy of permanence. It calls upon us to believe that the fevers are due to something unknown."

Even if we admit with Oldham¹ or Black² that the so-called malarial fevers are due to chill, there does not seem to be sufficient reason for abolishing the distinction which is usually thought to exist between them and relapsing fever. Murchison, who had probably as good an opportunity of observing the fevers of India as the author, has indicated very clearly the distinguishing characteristics of the two classes of fevers. "No form of tropical remittent fever was ever observed," he says, "where the febrile paroxysm lasted continuously for five or seven days, was then followed by a complete intermission of a week, and afterward, with tolerable regularity on a certain day, by a return of the fever for three or five days." We need not point out to our readers that one disease is contagious, and that the other is not; that in one quinia is powerless to prevent the relapses, that in the other it deservedly enjoys the reputation of a specific, and that the percentage of mortality in the two diseases is very different. The last epidemic of relapsing fever has shown also that there is at least one other important difference between them. It is well known that negroes enjoy in this country a comparative immunity from the effects of malaria, but it will be remembered that in the spring of 1870 the death-rate from relapsing fever was much higher among them than among the whites.³ Moreover, the conditions under which the remittent fevers arise are entirely different from those which the author, in common with other observers, supposes to be favorable for the engendering of relapsing fever. There are many fertile tracts in our Southern country which have been rendered uninhabitable by malaria, and intermittent and remittent fevers have prevailed in the midst of the greatest abundance, and have affected the rich equally with the poor.

We have said enough perhaps to show that there is still ground for maintaining the distinction between remittent and intermittent fevers on the one hand,

¹ What is Malaria? London, 1871.

² Trans. Amer. Med. Assoc. vol. xviii., 1867.

³ At the Municipal Hospital, Philadelphia, the percentage of deaths was, among the whites, 1.6; among the negroes, 25.4.—*Report of the Board of Health, Philadelphia, 1871.*

and relapsing fever on the other. We have said that the author adduces very little argument in support of his startling proposition, and in order that we may not be thought to do him injustice, we will quote the only passage which is referred to in the index under the head of "Malaria":—

"A passing reference is due to the belief that was at one time paramount, but which is now undermined and fast crumbling away, regarding the origin of the special form of fever which is the subject of this work. It was imagined that this disease, which was described under various names, and imperfectly understood, and even hardly discriminated from other forms of fever, was due to malaria, or some subtle atmospheric agency, which was generated under certain physical conditions of locality. It is unnecessary to enter into the reasons which justify the rejection of the malaria theory of the origin of fever."

Dr. Lyons devotes one hundred pages, more than a fourth part of his book, to the history of relapsing fever as it has been observed in India. This would have more value if it were not clear that he had included under this head the reports of epidemics of remittent fever. He seems to us also scarcely justified in regarding the illness of the survivors of the catastrophe of the Black Hole of Calcutta, as being the first instance of relapsing fever occurring in India of which we have a well authenticated account. His principal reasons for thinking so appear to have been the relapse which took place in Mr. Holwell's case—under circumstances of great fatigue—the eruption of boils and the occurrence of swelling of the legs attributed by the sufferer himself to gonorrhea, a disease with which he seems to have been familiar from previous attacks. There is no evidence of the disease spreading to those whose company Mr. Holwell was involuntarily forced to keep for some time after his release from the Black Hole.

Relapsing fever as it exists in India does not appear to have differed materially from the disease as it has been observed here. Jaundice occurs in about the same proportion of cases, and hemorrhage from the stomach, occasionally resembling black vomit, is also a rare symptom; but cutaneous eruptions, on the other hand, are of more frequent occurrence. In fact the author makes an eruptive variety of the disease, although it is to be regretted that he does not very distinctly point out the characters of the rash. Murchison has called attention to the fact that in the jaundiced cases the constant scratching sometimes gives rise to an eruption of urticaria, and it may be that our author has observed nothing more than this. Pericardial effusion appeared also not to be very uncommon, having been so prominent a condition in one of the epidemics described in the book that the disease was regarded as epidemic pericarditis.

The book contains some interesting information in regard to the habits of the natives of India, their pecuniary difficulties and thriftlessness, but if the reader wishes to become familiar with the etiology, course, diagnosis, and treatment of relapsing fever, we would recommend him to read the chapter on this disease in Murchison's treatise.

J. H. H.

ART. XXVII.—*Notes on Smallpox and its Treatment.* By W. GAYTON, Medical Superintendent of the Homerton Smallpox Hospital. Pamphlet, pp. 48. London: J. & A. Churchill, 1873.

DR. GAYTON's position as Medical Superintendent of a smallpox hospital has afforded him abundant opportunities for studying the disease and for observing