trench fever. To these Houston and McCloy² have added the "myalgic" type, as well as a "septicaemic" type.

The case described above belongs to the "myalgic" type, which in general characters is very similar to the other types, but differs in having a short duration of pyrexia with a long duration of the pains. The myalgic type and the "long" trench fever type in this hospital

CHART 2.—Twelfth week of "long" type of trench fever.

differ only in the temperature chart, which in the first named shows only a few days' pyrexia, while in the second there is a course of low irregular pyrexia extending over many weeks, with occasional spikes rising a degree or two higher.

The "short" type of trench fever has not been seen in this hospital, possibly because such cases do not find their way over from France. The "septicaemic" type of Houston and McCloy has also not definitely been established here.

The various types merge into one another, showing the essential identity of the symptom-complex of trench fever. There is no catarrh nor definite joint pains, but a variety of exceptional symptoms may occasionally give rise to diagnoses of "gastralgia," "influenza," "rheumatism," etc.

The excessive duration of fever and pains in the "long" type and of pains alone in the "myalgic" type were at first a source of concern, because weeks went on without any end to the condition becoming apparent. The physical state of the patients seldom gave cause for anxiety, but no form of treatment appeared to effect a cure. The passage of time, however, has shown that the most obstinate case finally yields, though the longest case took as many as fifteen weeks to do so. There is a gradual amelioration of the pains, the malaise disappears, and the temperature gradually settles upon the normal line.

In the case of Private A., given above, the pain latterly occurred in the left shin only. This is exceptional, only one other case with this peculiarity having been seen, for the leg pains are in almost every instance bilateral.

REFERENCES.

¹ BRITISH MEDICAL JOURNAL, February 12th, 1916. ² *Lancet*, October 14th, 1916. ³ *Lancet*, October 7th, 1916.

NOTES ON SO-CALLED "TRENCH FEVER" AS SEEN IN ENGLAND.

BY

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THERE is much similarity between so-called "trench fever" and a short pyrexia which is prevalent at present among the troops in England.

The signs and symptoms of "trench fever" were described recently¹ in an able article by Captain J. Muir, R.A.M.C.(T.). On reading his remarks, the medical officers of this hospital said to themselves: "Here is a description which tallies almost exactly with the cases which we are admitting daily from a large camp here in England—cases which have not been overseas at all. Are we justified in calling our cases 'trench fever'?"

Between October 1st and December 31st, 1916, the number of cases admitted to our wards from the neigh-

bouring camp with a diagnosis on their sick reports of either influenza or pyrexia was 199.

Of those men who were under my care, all had, to a greater or less extent, symptoms associated with pyrexia from any cause, such as headache, pains throughout the body, and a general feeling of "rotteness." But (and this is what I wish to emphasize) many of them showed the two principal features which Captain Muir mentions as differentiating the cases from influenza—namely: "(1) The absence of any symptoms of catarrh in the respiratory tract (or elsewhere); and (2) the absence of all complications such as so commonly follow attacks of influenza."

The average temperature of the cases on admission was 102°. In nearly all it fell to normal within thirty-six, or at the most forty-eight hours. As Captain Muir points out in the overseas cases, the sooner a man is taken to hospital after the onset of the attack the sooner will his temperature fall. Here we are exceptionally fortunate in the facilities for rapid and comfortable transport.

Our cases showed no constant remission on the third or fourth day, though in some the temperature did not settle completely until a few days had passed. This is the only particular, and it is a very slight one, in which our cases show any difference from the cases recorded from overseas.

The cases which were investigated fully were taken from those which showed no catarrh of the respiratory tract (or elsewhere), so as to exclude from our survey those that might be diagnosed rightly as influenza.

Of the cases so investigated, nasal and pharyngeal swabs showed, in one case only, the presence of a large number of influenza bacilli. In the remainder we found many of the usual organisms associated with the nasopharynx (*M. catarrhalis*, pneumococcus, Friedländer's bacillus, Hoffmann's bacillus, etc.), but no organism was found to be present constantly in all the cases.

Most of the men showed a considerable leucocytosis at the beginning of the attack—from 18,000 to 21,000, or even higher, was not uncommon. Differential counts showed a constant tendency to increase in the polymorphonuclears. A usual feature was the continuance of leucocytosis for at least twenty-four hours after the temperature had fallen.

The pulse-rate showed great variability, and was not constantly increased, or diminished, in proportion to the temperature. There is nothing to remark with regard to the systolic or diastolic blood pressure, and the kidneys were unaffected.

My colleague, Captain Crawshaw, and myself tried three plans of treatment: (1) Keeping the patient in bed on a milk diet without medicine; (2) giving a dose of calomel; (3) treating with sodium salicylate every four hours. We do not think that recovery was hastened materially by any medicinal treatment.

As a rule the patient is allowed to get up when the temperature has been normal for twenty-four hours, and complications are unknown.

SUMMARY.

It seems, therefore, that in the training camps of England we have a disease which for all practical purposes is indistinguishable from the "trench fever" of the overseas troops. It occurs in men who have never been in the trenches, and who are not infected with lice. Captain Muir has laid stress on the fallacy of the term "trench fever." The army authorities, like the relations of a patient in private practice, wish for an exact diagnosis of every morbid condition, and it should be our business to see that the diagnosis is as accurate as is possible. In the present state of our knowledge (or ignorance) it seems to me that the term "short fever" is the most honest title to give to the condition to which I have referred in the above notes. It is quite as accurate as "scarlet fever"; neither term implies a knowledge of the causative agent. And if it rings the death-knell of the indiscriminate use of the word "influenza," it will have rendered a service to medicine.

I am much indebted to Miss Hubbard, of the hospital laboratory, for help in the preparation and examination of specimens.

REFERENCE.

¹ BRITISH MEDICAL JOURNAL, November 11th, 1916.