III.—ON A MICRO-ORGANISM IN THE BLOOD OF INFLUENZA PATIENTS.

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[FROM THE MUNICIPAL MOABIT HOSPITAL (SECTION OF
INTERNAL MEDICINE—DIRECTOR: DR. P. GUTTMANN.)]

DURING the last few weeks I have, under the direction of Dr. Guttman, examined the blood of twenty influenza patients in stained preparations, and in almost all cases I have found in the blood one and the same micro-organism. The examination of the blood was made in the following way: A drop of blood obtained by pricking the finger was received on a perfectly clean cover-glass; this cover-glass was placed upon another one, and the two then drawn apart. The preparations, after they had been thoroughly dried, were placed in absolute alcohol, in which they were left for at least five minutes. They were then taken out and placed in the following staining solution (Czenzynke's solution): $\frac{1}{2}$ Concentrated watery solution of methylene blue, 40 grammes; $\frac{1}{2}$ per cent. eosin solution (dissolved in 70 per cent. alcohol), 20 grammes; distilled water, 40 grammes. The cover-glasses immersed in this staining solution were placed in an incubator at a temperature of 37° C., and left there from three to six hours, when they were washed with water, dried, and embedded in Canada balsam. In the preparations of blood made in this manner where the red blood corpuscle were red, and the white ones blue, I found the above-mentioned micro-organism. It is found stained blue, sometimes in large quantities, but mostly sparingly, and only to be identified after a long search (about 4 to 20 in the preparation). Sometimes it appears as a small diplococcus, sometimes, especially when it is more deeply stained, as a short bacillus. In six cases I have found it also in numerous larger and smaller heaps of from 5 to 50 individual microbes with a very characteristic appearance. In these six cases the blood was drawn during a fall of temperature or shortly afterwards; in three of these no further rise of temperature occurred. From three to six days later I failed again to find the micro-organism in the blood in these three last cases. Sometimes I have been able to make the diagnosis of influenza when clinically it was not certain, by means of preparations of the blood alone. I have also found the bacteria in the blood, and, indeed, in considerable quantities in cases where there was no appreciable local lesion, and especially no cough or expectoration. Whilst making the preparations I have generally at the same time made streak inoculations of the blood on agar, glycerine agar, sugar agar, and *bouillon*. In six cases the *bouillon* was injected into mice, partly at once, partly on the following day after it had been in the incubator. These inoculations and experiments on animals always yielded a negative result. As on the basis of my researches I am of opinion that this micro-organism occurs in the blood of all persons suffering from influenza (at least, in that of those who have fever), and as it is not found in the blood of other persons, and as it is a micro-organism hitherto unknown, I believe that it stands in direct relation to influenza.

Privy Councillor Koch had the goodness to examine some of my preparations—for which I tender him my best thanks—and pointed out that the micro-organism visible in them was identical with the bacterium found by Staff-Surgeon Dr. Pfeiffer, which has been described in the preceding paper, which is published at the same time as mine. I began these researches about the middle of December; I have however still a large number of preparations to stain and to examine. I propose to publish the results of the further research in a later communication. I have to thank Dr. Guttman and Professor Dr. Sonnenburg, Director of the Surgical Section of the hospital, for kindly placing patients at my disposal.

PRESENTATION.—Dr. E. Bland, of Sandiacre, has been presented by the inhabitants of the district among whom he has practised for the past forty years, with a handsome brougham, a set of silver mounted harness, coachman's outfit, and a portrait of himself; a sum of £180 having been raised by public subscription and the presentation, which was accompanied by an illuminated address, made at a public dinner.

THE CASE OF THE IRISH DISPENSARY DOCTORS.

BEING AN ANALYSIS OF THE ANSWERS FURNISHED TO THE
SCHEDULE OF QUESTIONS ISSUED NOVEMBER, 1891.

VII.

For the Subjoined Analysis we are indebted to Mr. W. Thomson, F.R.C.S.I., Surgeon to the Richmond Hospital, Dublin.

11. *Do you know of any cases in which a retiring medical officer has been refused compensation, or has been inadequately pensioned? Please state particulars.*

Medical officers of workhouses and dispensaries may be pensioned by the guardians under 32 and 33 Vic. cap. 50, subject to 28 Vic., cap. 26. But this power is entirely optional, and moreover the officer must have resigned before the pension can be voted. He must also be suffering from old age, or from some permanent infirmity of mind or body; he must have completed the full age of 60 years; have served as a union officer for at least twenty years, not necessarily in the same union or district; and the amount of pension cannot exceed two-thirds of the salary.

REPLIES.

1. My predecessors, after twenty-five and thirty years' service, got no pension at all.

2. Dr. — was pensioned off after forty years' service on £50 a year.

3. Dr. —, who is over 80 years of age, still holds his appointments because he knows that the guardians would not grant him a retiring allowance.

4. Dr. —, aged about 70, retired expecting superannuation, but was refused it. Another, over 70, fears to resign although in failing health.

5. Dr. —, in Newtonards Union 10 or 12 years ago, made a strong appeal for superannuation, but guardians entirely refused. Since then three others have retired. They got no pension.

6. The late Dr. C— was refused a pension when he retired.

7. Dr. —, when about 75, and after forty years' service, was obliged, from ill health, to resign, and was point-blank refused any superannuation whatever, though he was of the religion of the large majority of the board of guardians and had performed his duties satisfactorily. When 68 years of age he feared to retire, feeling he could not be certain of being granted a retiring allowance, and could not afford to retire otherwise, was compelled to work on, and was found one day lying in a ditch by the roadside, suffering agony. He was brought home to bed, from which he never rose. He had ulcer of stomach, which had perforated, and he died next day.

8. My predecessor continued in active service until his death at 84 years. He frequently told me he would resign if he could secure a pension, but dare not trust the guardians. He was compelled to remain in harness until he literally dropped on his way to attend a red ticket patient.

9. Dr. —, over 80, bronchitic and asthmatic, very feeble, has to drag on, as the committee would not pension him.

10. My predecessor here, at the age of 70, after over thirty years' service, got only one-fourth of his usual salary on retiring.

11. Dr. — has been fifty years a dispensary doctor. They have refused him any pension, although he is anxious to retire, being very old and unable to perform his duties. The guardians of this union never pensioned an officer, and never will while they have the power.

12. Dr. — is about 80, and would be but too willing to resign if he could get a pension; but I am told he has no chance of getting any, so he has to strive to work on for his bread and butter.

13. Dr. —, after thirty-three years' service, succeeded in getting £52 per annum.

14. Dr. — resigned his appointment in 1880, was refused superannuation, and was subjected to insult for asking for it. Dr. — qualified in 1832, and now, unfit for duty, is afraid to resign.

15. My predecessor was compelled to work on till he died of old age. He was fifty years medical officer.